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Implications for Supervisors and Counselor Educators in Human Sexuality

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This article reports a phenomenological analysis of 13 counselor educators about their supervision experiences with sexuality counseling topics. The eight resulting themes were managing conflicting emotions, creating conditions, values, advocacy, student focus, language, multicultural competency, and student autonomy. Findings suggested the importance of supervisors working with process rather than sexual content when supervising Counselors in Training (CITs) for sexual health topics they encountered during counseling training. Participant experiences and tools were discussed, such as allowing CITs personal processing, and teaching contextual understanding. Implications for supervision and future research shared.

Keywords: counselor education, supervision, human sexuality, sexuality counseling

Introduction

Supervision plays an important role in informal sexuality counseling education (Berman, 1997; LoFrisco, 2013; Rutter, Leech, Anderson, & Saunders, 2010). Counselors in Training (CITs) have been hesitant to initiate human sexuality conversations with clients, and research has varied in the conclusion of reasons. For example, lack of adequate preparation (Decker, 2010; Miller & Byers, 2010; Reissing & Giulio, 2010), lack of knowledge from didactic training (Harris & Hays, 2008; Troutman & Packer-Williams, 2014), uncertainty regarding proper language use, or unwillingness and discomfort (Harris & Hays, 2008; Juergens, Smedema, & Berven, 2009) have been examined as contributors to avoidance of sexual health topics by graduate students with clients. Interestingly, CITs struggle with initiation of sexuality topics in counseling sessions, even when they report increased knowledge and comfort with sexuality topics (LoFrisco, 2013).

Supervision could be a helpful context to mitigate these challenges. While findings have been mixed as to why human sexuality topics are avoided by CITs in their training process, consensus exists that incorporating a sexuality class at the graduate level is helpful for CITs to increase knowledge, willingness, and efficacy in working with human sexuality topics in counseling sessions (Bidell, 2005; Cardona & Farago, 2017; Harris & Hays, 2008; LoFrisco, 2013). Currently, not all graduate programs offer a human sexuality class, which highlights the importance of supervision to address sexuality counseling needs that clients bring to CITs. This phenomenological study aims to understand supervisors' lived experiences in counselor education who have provided supervision in human sexuality topics. The term human sexuality encompassed any client or CIT topic related

to sex, sexuality, sexual functioning, behavior, or attitude.

Few programs across the United States require sexuality counseling classes as part of the regular graduate level curriculum (Troutman & Packer-Williams, 2014). Therefore, if CITs face client human sexuality topics in practicum and internship, supervision becomes crucial for processing internal reactions, and making decisions in how to respond to a client. Broaching sexuality topics in counseling sessions can be difficult for CITs without adequate sexuality training (Hanzlik & Gaubatz, 2012; K. Hays, 2002). This reluctance could effect both client disclosure of sexual concerns (Hanzlik & Gaubatz, 2012) and disclosure in supervision about client sexual topics. Supervisors' role in increasing student comfort and efficacy could be crucial, as often supervision is the only opportunity for CITs to share and process experiences that include client sexual topics. Counselor Education and Supervision (CES) programs include extensive supervision training but, with the lack of training specific to human sexuality in graduate programs, supervisor experiences with client sexual health concerns is not yet understood.

Over the past decade, there has been a shift in public dialogue regarding sexuality across the world and in the United

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States (Ford Foundation, 2005). Socio-political issues embedded in legislation (Troutman & Packer-Williams, 2014) have created a divide in communities and families, creating opportunity for counselors to learn how to talk with clients who may face such issues. The increased exposure to sexuality related topics in daily life has created the need for counselors to receive training and development in helping clients through counseling. In addition, CITs increasingly inquire about how to effectively talk about human sexuality issues with clients (Decker, 2010; Harris & Hays, 2008; LoFrisco, 2013), further increasing the need to address these topics during training. It has been clear that sexual issues have continued to permeate public awareness both inside and outside of academic settings, which has created the need to understand how to prepare CITs better for these conversations in counseling settings.

Literature related to how to best train CITs to work with client sexual health has increased (Burnes, Singh, & Wither- spoon, 2017; Hanzlik & Gaubatz, 2012; Troutman & Packer- Williams, 2014). A growing body of research has emphasized the benefits of sex positive training in higher education (Burnes et al., 2017) to include expanding knowledge and competency in a wide range of topics. Research has focused on contributing factors to clinicians addressing sexual health with clients, such as knowledge (Hanzlik & Gaubatz, 2012; Harris & Hays, 2008), and willingness (Berman, 1997; Miller & Byers, 2010; Reissing & Giulio, 2010). Due to rigorous supervision training requirements in CES programs, supervisors are well-positioned to work with graduate students' ability to effectively address client sexual health topics. Supervision provides an individually tailored opportunity to understand the client's sexuality and sexual health related concern from a contextual standpoint, as well as help students grow in their own awareness and understanding of human sexuality. The purpose of this study was to understand the lived experiences of supervisors in counselor education who have faced sexual health topics brought forth by clients to CITs.

Literature Review

Supervision is the second highest predictor of counselors initiating sexual discussions with clients (Harris & Hays, 2008). Further, supervision's role in building CIT willingness and comfort to address sexual issues in counseling has been shown to be more impactful than counseling experience or sexual knowledge (Harris & Hays, 2008; Juergens et al., 2009; LoFrisco, 2013). Specifically, supervisory support is essential for processing CIT worries and fears (Rutter et al., 2010) and decreasing CIT anxiety (Harris & Hays, 2008) with client sexual issues. Supervision provides an opportunity for informal education which has been a key component in increasing CIT comfort levels (Berman, 1997). Comfort level with sexual topics is a key predictor in taking ac-

tion to discuss sexual topics with clients (Harris & Hays, 2008; LoFrisco, 2013). Supervisor support is essential in increasing CIT comfort level with sexual issues (Berman, 1997; Harris & Hays, 2008) but currently more understanding through research is needed in how to manage sensitive topics in supervision (Hardy, 2016). Clinical supervision for sexual health issues is an "understudied area in the literature" (Decker, 2010, p. 19).

Supervision and Counselor Development

The supervisory relationship provides a unique opportunity for counselor development on multiple levels: working through feelings, discomfort (Heru, 2006; Ridley, 2006), enhancing skills, developing reflective ability, increasing administrative skills, and knowledge and can be tailored to the individual needs of the supervisee (Bernard, 2014; Borders, 2005; Hardy, 2016; LoFrisco, 2013). Clarifying CITs subjective, internal worldviews (Ridley, 2006) is helpful for a variety of reasons, such as enhancing cognitive complexity (Borders, 2005) and self-awareness (McAuliffe, 2011). Regarding sexual health topics, it could possibly promote counselor's ability to help clients address their own subjective worlds as well. A key element in processing feelings is for supervisors to assist CITs in their sexual reactions such as disgust or arousal (Ridley, 2006) towards clients as both can be difficult in a professional setting. At times, supervisors may be in the same position as CITs with their levels of discomfort, perhaps leading to an avoidance of the topic altogether. However, supervisors have several functions, and they will likely have less trouble addressing uncomfortable feelings than new counselors or interns (LoFrisco, 2013). In addition, a positive supervisory relationship can enhance CIT comfort level with sexual topics more than clinical experience (Harris & Hays, 2008; K. Hays, 2002).

Comfort Levels

Research has been inconclusive regarding the relationship between counselor knowledge and comfort in addressing sexuality issues in counseling (Berman, 1997; Decker, 2010; Harris & Hays, 2008). Comfort levels may increase with conceptual discussions in sexuality outside of sessions, such as in the classroom or supervision, but knowledge itself did not translate to comfort in counseling sessions in all studies. Another significant finding has been that CITs who have shown high motivation and report willingness to address sexual health with clients did not actually initiate these topics in counseling sessions (Harris & Hays, 2008; Rutter et al., 2010). While there has been no clear correlation found between sexual knowledge and increased comfort levels for CITs in sessions, research has shown that CITs were more comfortable discussing sex-related topics with clients of the opposite gender (Decker, 2010; Ford & Hendrick, 2003).

In terms of educating CITs in human sexuality, Berman (1997) found informal methods of delivering sex education more effective than formal classroom education, such as supervision opportunities. Comfort with sexual issues has been studied (Decker, 2010; Fluharty, 1996; Haag, 2009) and the factors contributing to it, however, supervisors must keep in mind that the increased comfort built through formal classroom work does not translate into behaviors of initiation in the counseling room (LoFrisco, 2013). This would leave opportunities to help CITs develop in their comfort levels, knowledge, and initiation in supervision.

Studies regarding supervisor comfort levels in a related field conducted by Decker (2010) explored the degree to which supervisors ($n = 103$) from the California Association of Marriage and Family Therapists (CAMFT) addressed human sexuality counseling issues with marriage-therapy trainees with a survey instrument created by the researcher. Findings indicated that over 50.0% of CAMFT supervisors felt they had adequate knowledge to address sexual values or relationships within the context of supervision but lacked comfort in addressing sexual issues when it was the primary concern. This was the same finding for CITs; even when adequate knowledge was reported, there was still a high level of discomfort and willingness to address sexuality in counseling or supervision. For example, supervisors were least comfortable with discussing sexual variations such as alternative lifestyles and fetishes (31.1%) and sexual issues with clients with disabilities (33.0%). Other scores included medical factors influencing sexual issues (40.8%), sexual dysfunction (45.6%), sexual relationship enhancement (41.7%), with addressing sexual compatibility issues (46.6%) being the highest among these ratings for comfort level. Looking closely at these findings, higher discomfort topics were intersectional and layered concerns, while higher comfort topics included a conceptual understanding. Human sexuality knowledge and comfort levels had no correlation to supervisors providing supervision in human sexual topics, which matched the same findings for counselors who also had no correlation in these two variables when counseling clients. In another study (Hanzlik & Gaubatz, 2012), findings indicated that, whereas, male and female trainees reported similar levels of comfort discussing sexual issues with female clients, female trainees reported significantly less comfort discussing sexual issues with male clients than did male trainees.

Normalizing Human Sexuality Concerns

Historically, treatment of sexual health concerns has followed a path from intrapsychic psychodynamic theory to the sexual dysfunction focused medical model followed by behavior therapies, all having a primary focus on genital functioning. The medical model has dominated understanding of sexual behavior since the 18th century (Bullough, 1975; Mallicoat, 2013), leading to sexual concerns understood as

an illness or dysfunction. Medical understanding has been rooted in the disruption in the sexual response cycle (Kaplan, 1974; Masters, 1966) where healthy functioning equates to “the ability to experience desire, arousal, orgasm and satisfaction” (Bradley & Fine, 2009, p. 76), often identifying one partner as the cause of disruption in the cycle (Bullough, 1975). From a medical perspective, sexual health issues have been a medical concern and alleviating the symptoms of the disorder has been the primary goal. A new humanistic approach to sex therapy and human sexuality has focused on the client’s internal process of self-regard and worth and its interactions with others (Walker, 2012). With no clear predetermined explanation of sexual health and a view of disorder, this approach was, and still is, concerned with the nature of human experience, not symptoms or problems (LoPiccolo & Miller, 1975). The focus on interpersonal conflicts rather than anxiety and performance was believed to improve a person’s functioning rather than symptom treatment. The current understanding of sexuality and sexual health have shifted the focus from an oversimplified view of genital functioning, desire, and lack of orgasm to viewing human sexuality in the full context of the clients’ identity and life.

Sex Positivity

A positive sexuality framework is a contextual model of human sexuality. It allows a view of the human sexual experience, and sexuality, as multidimensional and contextual (Murray, 2017). Each individual has influences on their sexuality and personal sexual lens, both within themselves and relationally. Positive sexuality views a client’s sexual health from a developmental perspective and is rooted in growth, acceptance, consideration of cultural background, individual mental health, gender identity, intimate relationships, and physiology (Murray, 2017). Moving away from diagnosis based on genital functioning and frequency, supervisors and CITs have a new opportunity to explore a multidimensional view of clients rather than a unidimensional view of sexual functioning as a separate construct from the individual. Using a contextual theoretical view of client experience is a fitting and familiar practice in both counseling and supervision. A conceptual understanding of client sexual topics within this framework allows supervisors, CITs, and the researcher to seek a wide-lens, contextual understanding of what is happening in not only the counseling room but how to address client sexual health and difficulties in supervision sessions.

Multicultural Considerations

Counselor educators, regardless of their supervision training years, arrive at their supervisory role with a wide range of training experience (Borders, 2005). One aspect of supervision training is learning how to apply existing knowledge in the supervisory role. A second part of training is developing a framework for conducting supervision, a map in organizing

the acquired skills and knowledge with deciding “how and when to use them” (Borders, 2005, p. 2). Third, supervision training includes interventions and legal considerations (Dye & Borders, 1990). There are multiple supervision models and frameworks to choose from, but supervisors never fully divorce themselves from their underlying theoretical beliefs (Bernard, 2014). One of the ongoing tasks of a supervisor, therefore, has been to identify personal beliefs, with close reflection on the strengths and limitations of their beliefs and values (Borders, 2005). Beyond these set of tangible skills, lies the ability to conduct supervision from a multicultural perspective, taking into consideration both the CIT and client worldviews, in both a narrow and broad sense (Hardy, 2016) arriving to a contextual and meta understanding of nuances of subjective worlds. Within this cultural and highly individualized contextual space, supervisors can help CITs recognize both overlaps and blind spots to assist clients with sexual health concerns and conversation in counseling.

Methods

Using qualitative methodology (Creswell, 2014), I aimed to gain a rich understanding of supervisors’ lived experiences with supervising sexual health topics in graduate programs. I used interpretive phenomenological analysis (IPA) to explore how participants make sense and meaning of their experiences with this phenomenon (Creswell, 2014; Moustakas, 1994; Smith & Osborn, 2003). Using IPA also allowed a broad range of meaning into reflective awareness (Manen, 2014). Further, IPA allowed for the inclusion of a conceptual or theoretical framework, in this case, positive sexuality and a multicultural sensitive perspective. I used semi-structured interviews lasting approximately 1 hour with each participant. This type of data collection allowed the exploration of the participants’ subjective experience with the phenomena (Moustakas, 1994). The semi-structured interview format also allowed open expression from participants. Data analysis specific to IPA was used to find common themes and capture the “essence” of supervisor experiences.

Participants

All 13 participants held a Ph.D. in Counselor Education from a Program accredited by the Council for Accreditation of Counseling and Related Programs (CACREP), with 11 participants working as faculty members, including 3 participants’ primary supervision work in a clinical setting. Supervision experiences included practicum supervision, internship supervision, and live supervision. Four participants stated their primary responsibility was supervision, not teaching. All participants were licensed as a mental health provider. Participant ages ranged from 33-69 years. Participants self-identified as White, Caucasian, Hispanic, Latinx, Asian Indian, Caucasian/Hispanic, Black, and

White/Mexican. Three participants identified as male, 10 as female.

Employed supervision experience in academia ranged from 3 1/2 years to 23 years, and clinical experience ranged from 4 years to 41 years. Geographic locations represented Midwest, South, Southeast, East, Northeast, North, Northwest, and the Rocky Mountain Region. I refrained from specific participant profiles, as age, gender, years in the field, region, experience, work within the field, and professional interests may all or in part reveal participant identity, which I intend to safeguard.

None of the participants had supervision training specifically in working with sexual health topics. Ten participants had sexuality counseling training in undergraduate, graduate, or doctoral-level training and stated that more extensive training was needed and wished it was mandatory in their current programs. Two participants had not received any formal coursework in human sexuality. All participants spoke about being self-taught, due to either a clinical experience encountered or a supervision experience encountered, or due to teaching a sexuality course, such as human sexuality. One participant received coursework in four or more topics related to sexuality counseling, which was the highest number of formal training among all participants. Seven participants stated that consultation with a trusted colleague, mentorship, supervision of supervision, or experience in how to have difficult conversations prepared them to supervise sexual health issues. All supervisors engaged in self-directed education to broaden their skills to work with sexuality and multicultural issues. Self-directed learning included categories of workshops, self-study, learning on the job, looking up information, career long learning, and learning from modeling. Table 1 summarizes participant demographics and training.

Role of Researcher

During and prior to the engagement of this study, I found it important to explore my relationship and possible biases that would be relevant to this study (D. Hays, 2012). As a single author engaging in phenomenological research, this reflection process was also crucial for journaling and bracketing. I identify as a heterosexual cisgender female. At the time of this study, I was a doctoral candidate, self-employed as a licensed professional counselor and certified sex therapist in private practice, and co-teaching graduate-level courses in sexuality counseling, among other counseling courses, as a Graduate Assistant. This study was my dissertation for my Ph.D. in Counselor Education and Supervision. My teaching experience at the time of the study allowed insight into CITs’ feelings and thoughts about working with human sexuality topics. Working with couples as a sex therapist, I was able to feel and explore how my own knowledge and comfort was impacted in counseling sessions. In live supervision training at this time, as a doctoral student supervisor in sev-

Table 1
Participant Demographics

Supervision	Years Employed as Supervisor	Years Employed in CES	Years of Clinical Experience	Sexuality Training Types
Live	4.0	1	4.0	Masters
	11.0	12	15.0	Teaching CEUs
	4.0	4	11.0	Undergraduate Masters
Field-Based	10.0	10	22.0	Multiple Graduate
Private Practice	3.5	4	24.0	Graduate
Clinic	20.0	10	36.0	Doctoral
	2.0	4	9.0	None
	2.0	< 1	3.5	None
University Clinic	17.0	20	22.0	Masters
	23.0	18	41.0	Masters
				Doctoral
			Workshops	
			Conferences	
			CEUs	
	5.0	7	8.0	No courses
				CEU
				Clinical Work
Training Clinic outside of University	9.0	9	12.0	CEUs
				Teaching
	19.0	6	26.0	Undergraduate
				Masters

Notes. Counselor Educators participants (N = 13) held a Ph.D. in Counselor Education. Continued Education Units (CEUs) 10 participants (76%) completed coursework in human sexuality and 3 participants (23%) have not received training in human sexuality. Years employed in Counselor Education and Supervision (CES) ranged from < 1 to 20, with a median of 8.6 years. Employed supervision experience ranged from 2 to 23 years with a median of 9.96 years. Regional information not reported for the protection of participant confidentiality.

eral Couples and Family Practicum, I was able to witness and address human sexuality topics with masters level CITs who expressed desire to effectively approach human sexuality with couples. My relationship with addressing human sexuality was present in my counseling work, my dissertation work, and in my supervision training work.

Data Collection

In this study, I was interested in exploring the experiences of counselor educators who have supervised CITs experiencing human sexuality topics in their counseling sessions during training. I received Institutional Review Board (IRB) approval from my university prior to beginning the study. Recruitment was conducted through a professional counselor educator listserv. Purposeful sampling was used (Merriam, 2009) to select participants who fit the inclusion criteria of the study. This allowed the exploration of counselor educator experiences who had the same training background. The recruitment criteria included: (a) Have a doctoral degree, (b) licensure by any state as a professional counselor

or hold a certification in counseling, (c) history of providing supervision in their employment setting regarding sexual health, and (d) have verbally addressed any topic within human sexuality pertaining to adults with CITs in supervision. Potential participants were asked to email me if they were interested in participating in the study. I screened potential participants for eligibility for the study and, when criteria were met, I emailed each participant a consent form and demographic sheet which included a request for a pseudonym. To ensure participant confidentiality, pseudonyms were used throughout the study. Description of specific client sexual health issues and CIT-supervisor experiences in supervision was avoided to protect participants, CITs and clients, as these specifics would allow both supervisors and students to identify themselves and one another when reading this study.

Participants were informed in the recruitment email that the study would require an hour-long interview, therefore, at this stage they were asked if they choose video conferencing or phone call for the interview. As confidentiality was important for all participants, each participant elected a phone call for the semi-structured interview. I used a semi-structured

interview protocol, adapted from Smith and Osborn (2003) and Creswell (2014). Example questions from the interviews included: Please think back to an experience in which you were supervising a graduate-level CIT for a client's sexual concern, one on one. Can you describe that experience for me (how you introduced the topic, what was the conversation like)? How is this experience different from supervising CITs in other issues brought to you in the supervision process? What are your concerns, if any, in addressing client sexual issues with CITs? Please think back to one of the experiences you talk about, can you describe how you handle language and communication about sexual topics in supervision with CITs? These questions were a few examples in answering my two overarching research questions: How do supervisors in graduate level counseling programs understand the meaning of their experiences in one on one supervision with CITs regarding client sexual issues and How are supervisors addressing client sexual topics with CITs?

Data Analysis

Each semi-structured interview was transcribed verbatim (Smith & Osborn, 2003) and sent to each participant for accuracy (D. G. Hays, Wood, Dahl, & Kirk-Jenkins, 2016). This allowed participants to provide feedback, ask questions, and establish accuracy of the data. I journaled after each interview to help bracket my own thoughts and biases (Creswell, 2014). Identifying information was redacted from the transcription as requested by the participants.

Next, I began reading the transcripts for reflection and bracketing and, using Smith and Osborn's (2003) recommended sequence for IPA analysis, I began taking notes on the margins in an effort to summarize and paraphrase noting connections that came to mind. Emerging themes were noted in the transcripts, looking for connections between them, then clustered, referring back to the original text ensuring its connections to the transcript. This allowed isolating themes based on the meaning of the phenomena, giving voice to supervisor experiences. I sat each transcript and its notes and themes aside, to start new with each interview transcript, but also acknowledging new emerging themes and noting re-occurring ones. Overarching themes emerged in subsequent interviews, which helped illuminate them further. Themes were broken into categories. I produced a table of themes with supporting participant quotes. Prevalence and richness of passages helped determine the focus of the themes. In an effort to establish confirmability, I used peer debriefing in the data analysis process with two other doctoral candidates from the department who were also engaged in qualitative research projects. I aimed to provide thick description and rich context for the reader to decide transferability to their own supervision context (D. G. Hays et al., 2016). Each participant expressed concerns with confidentiality for their students and themselves and requested that the findings or

any reporting include only general descriptions of their professional identity. Seven participants requested to exclude geographical locations with their participant quotes to ensure confidentiality further. Each participant quote, therefore, included only pseudonyms, because any combination of description of years of experience in counselor education, location, and ethnicity in addition to the quote ran the risk of identifying either the participant or their CIT's experience.

Trustworthiness

To ensure trustworthiness of the study, I used the same interview protocol with each participant. I read the interview question exactly as written and in identical order (Smith & Osborn, 2003). Semi-structured interviews allowed for the same questions to be asked with flexibility in follow-up questions to deepen and illuminate participant experiences. I provided each participant with the verbatim transcript of our interview, allowing participants any comments or clarifications. In this process, participants asked to redact identifying information from their interviews, including case information and geographical location. This member-checking process (Lincoln, Guba, & Pilotta, 1985) enhanced the trustworthiness of the research process, ensuring that I analyzed data that was accurate. In the data analysis process, I checked my emerging themes against the interview content and research questions, to ensure my findings were consistent with the data collected. Each participant was employed at a different university to bolster credibility (Shenton, 2004). I triangulated findings pertaining to the supervision process and relationship with the literature. I asked two peers not involved in this study, who were familiar with phenomenological methodology, to provide feedback between the congruence of the interview and the themes found in the analysis. Reflexive journaling after each interview helped monitor any assumptions I may have held throughout the study. Additionally, I tracked my reflections during the data analysis process in the same journal. Last, I aimed to offer a rich, thick description of participant experiences to allow readers to determine transferability (Merriam, 2009) to their own supervision experiences (D. G. Hays et al., 2016).

Findings

This study included the following topics and number of occurrences within human sexuality; same sex attraction (5), religion (9), values conflicts (8), crime (4), teenage issues (2), transgender topics (6), victimization (5), sex and disability (2), attraction (2), heterosexual couple concerns (3), fantasy (2), sexual inadequacy (5), ethics (2) and boundaries (3). From the analysis of the data, eight central themes emerged that described participant experiences with sexual topic supervision. These included: managing conflicting emotions, creating conditions, values, advocacy, student focus, language, multicultural considerations, and student autonomy.

Managing Conflicting Emotions

A central theme that emerged for the majority of the participants ($n = 10$) was managing CITs conflicting emotions about client sexual health topics. Each CIT had a unique history and their own meanings regarding sexual health, so it is expected that they would have personal reactions to client sexual health topics. Instead of focusing on specific client concerns, supervisors first address personal emotions from CITs that could often be conflicting. As a first step in supervision, participants described this as an opportunity to check in with the CIT before client conceptualization would begin. Making time for CITs' own reactions allowed insights into potential barriers to explore sexuality topics. Diane, who has been teaching and supervising CITs for four years explained,

I also encourage people, students, counselors, to explore that discomfort, not with the client. If they're uncomfortable asking this question, think about that. Explore that. Where does that come from for you? And wherever you want to explore that is fine because if you're not ready, you're not in a place where you feel like you can walk with the client through their answer, then there needs to be some work done just like anything else. If you have trauma in your past and you haven't processed through that, then it might be difficult to walk with a client through that.

According to Mary, who has worked as a counselor educator for over ten years,

If they can't be inclusive then we have a problem, you know, and, and so as we try to find out their own background with whatever issue is coming up because usually if there's a barrier, it's just something related to their background, whether it's their values, their family of origin, something traumatic that happened to them. And they don't have to tell me everything, but I do try to get an understanding of their point of reference with that particular content. So, whether it's a sexual concern or orientation or whatever it may be, I do try to get a little bit of a where I'm working with, when it comes to the supervisee because it makes a big difference.

Participants allowed CITs time to think through their values and feelings before conceptualizing the client concern. Participants explicitly stated that they ensured this time in supervision "does not become a counseling session," per Diane and AD, who has supervised CITs for over two years, with nine years' clinical experience. However, "it sometimes resembles one," says Mary, depending on the personal processes the CIT was going through at the time of clinical

training. The goal, however, was that supervision became a time when CITs could take a moment to understand and reflect on their own relationship with the sexual health topic the client had raised. This may include thoughts, feelings, messages from childhood, or experiences. In either case "intentionality," says Leslie, who has worked with human sexuality in supervision for four years on a regular basis "was extremely important." In other words, supervisors asked CITs to become aware of their own reactions and provided a space where they could express these reactions if they chose to. Joya, a counselor educator for twenty years, expressed a CIT experience as "going places where she couldn't reach" due to this awareness. This illuminates the growth CITs can experience as they learn to understand themselves in relation to their clients' human sexuality concern.

Creating Conditions

Participants ($n = 7$) found it crucial to create an environment in supervision sessions where CITs felt they could bring up sexual issues clients raised. Intentionality was crucial in order for the CIT to raise both client sexual topic and openly discuss their own potential struggles with the topic. According to Lilly who has been a counselor educator for over 10 years and a clinician for over 20 years, there's more responsibility on me, as I see it, as a supervisor to create the conditions of supervision than my supervisee created the conditions in the therapy session." Dr. J., who has been teaching and supervising for four years and has over 20 years' experience as a clinician, stated,

I think, internally, I'm thinking, okay, I have to make this something that we can talk about, I had to train myself not to approach it so that it becomes that way because the students themselves have spent more hours doing this and talking about it [...] but I have to just try to make it okay to talk about. And I take the lead from the students on this.

Creating an "atmosphere," says Corky, who runs a training clinic in addition to a faculty role, is where CITs were comfortable enough to raise questions, keeping in mind that too much formality may hinder permission to talk about client sexual topics. Participants believed that the relationship they were able to create with CITs would influence the likelihood for open communication.

Values

Participants ($n = 6$) found it important to understand both CIT and client values, to foster a counseling and supervision environment that was inclusive of all values. Value conflicts centered in reconciling religious beliefs with sexual attraction and sexual identity. Supervisors helped CITs learn

how to hold onto their own values and simultaneously help the client hold onto theirs, which was an intentional developmental milestone participants worked towards. “Someone helped you hold onto your values all your life, now the client needs you to help hold onto theirs,” explained Aurora, who has been supervising for two years. Leslie, a counselor educator who has been a clinician for over ten years explained,

I encouraged her to maybe explore what the consequences of that might be, especially if it [extramarital affair] was consensual within the partnership. But my student had a pretty heavy, strong boundary based on her own beliefs about an extra relational intimacy, sex really, she has a very strong belief that that’s not okay. And so she set a pretty strong boundary with that.

Aurora, who has supervised CITs for over two years, spoke about navigating multiple, value-based points of views. She explained,

It was a values conflict and a values conversation. The question for me was how to navigate that. How do we navigate conservative or religious views? It’s the counselor’s job to be authentic, be ourselves but not put ourselves on top of the issue because then how are we impressing the client.

Diane expressed feeling “unsettled” by CITs expressing religious beliefs as a barrier to addressing client sexual topics, as did several other participants. Supervisors were very clear that they were not attempting to change the CITs’ viewpoints but struggled with “navigating” working with client needs and CIT values that seemed to be opposing. According to Aurora, it was crucial to not “impression” the client with CITs beliefs, especially when it was opposing to the clients’ value. Supervisors used these times as an opportunity for CITs to explore new ways of thinking, in order to continue working with their client.

Advocacy

The theme of advocacy was present in two ways, participants ($n = 7$) expressed a need to advocate for the client at times, and at times for the CIT. The need to advocate arose from protecting CITs from discrimination or discomfort caused by client judgement and advocating for clients by challenging CITs resistance to human sexuality topics that clients needed to share. Advocacy was applied in a variety of ways, such as participants using motivational language with CITs, or offering another perspective through reframing. Diane stated,

I feel like an advocate. I feel like I’m advocating for people, absolutely, because I think we,

as counselors, do our clients such a disservice by not talking about sexual issues in counseling and I think it’s so common for counselors not to address this topic, but it’s rare that you hear about a counselor saying, okay, you know, you’re feeling depressed or feeling anxious. All right. You’re not sleeping well. All these things. What about your sexual health? It’s so rare.

Mary also spoke about her students with a sense of advocacy, saying

No discrimination was going to occur, and this was not going to impair our student along the way, you know. So, a lot of advocacy on their part, the student’s part. And for us, for the university as advocates for our students, while they’re getting their supervision experience done.

Supervisors felt an ethical responsibility to advocate for client needs with sexual topics. Advocacy took on two separate forms: when there was a need to advocate for client needs and when supervisors experience CITs in need of advocacy. In reflecting in a general manner during the interviews, supervisors felt that neither training programs nor society as a whole addressed sexual issues in a healthy manner. The lack of exposure to human sexuality discussions left counselors uncomfortable and ill-equipped to effectively address client sexual issues. Sometimes supervision was the only opportunity for CITs to explore where they stood regarding sexual issues. This left supervisors feeling the pressure in counseling programs to be one of the few resources CITs had during their training programs to explore their own views. Supervisors created meaning from this responsibility and approached such conversations as a need for advocacy.

Diane called the lack of addressing sexual topics a “disservice” to clients. She added that “as a society we do not do a very good job” and that she felt she was advocating for clients when addressing sexual topics in supervision. Corky stated, “We are not here for us, we are here for the clients” because “everybody deserves counseling,” so he found meaning in speaking in a motivational manner about being competent counselors. This mindset was advocacy in and of itself for client well-being. Dr. J., who had also been a faculty member and supervisor for over four years, explained concerns for client well-being without advocacy on their behalf to the CIT:

It concerns me that she would say she wasn’t going to treat somebody in a category with whatever the category was. So, we explored that a little bit. She was still adamant that she was not going to do it. So it was, it was like I said, a developmental process for her.

Regarding CIT advocacy, Mary expressed that “empowering” CITs to advocate for themselves with their own sexual expression could contribute to a strong professional identity. Supervisors felt equally protective of client advocacy and CIT advocacy.

Student Focus

When supervising for a sexual topic in counseling sessions, all supervisors (n=13) initially focused their attention on the CIT. Shifting the focus from client need to CIT reactions and impact was an important conceptual shift for supervisors. Diane explained,

What that looked like in supervision was first I always like to check in with a counselor and ask them how it was for them to talk to their clients about that because I think depending on the counselor’s experience with talking about such things, I think a lot of different personalization can come up.

Dr. J. spoke about focusing on the relationship and getting to know the CIT in order to nurture the possibility of sexual topic conversations. She stated,

Building rapport, getting to know the folks and just getting them to talk about some other things early on. And tell me about yourself. What are some things you like to do? Just something, to sort of ease. I think everybody’s apprehensive because most clients don’t necessarily want to talk about those [sexual topics] things either.

Joya explained the process of students coming to new realizations:

[When students say,] ‘Oh I don’t know. I don’t know how to ask him. So, I asked what are you imagining would happen?’ And essentially, she didn’t actually want to hear details about sexual orientation, and she didn’t want to hear about anything that would sort of make her uncomfortable. And then we process what she thought she would hear. So essentially, she thought that if she broached the subject it would become this sexualized discussion. So, for me as a supervisor, it’s the clinical work she does, who the client is, is less important than the overall realization. That she can go places she didn’t know she could reach.

Lilly described the importance of focusing back on the student when supervisors observed a lack of progress in the counseling process over multiple counseling sessions:

I’ve been watching this for three sessions, four sessions, five sessions, and you’re not touching this generally, how, what, what will be helpful for you to open this up because this has got to be dealt with. So, I can’t continue to say, gosh, what do you think about gender and power? I’m really wondering about in this case, you know, if a student’s not doing it, then if I’ve tried all that, and then we need to be direct.

Participants described using the student-focused perspective both in the beginning of the relation-building process as well as if the CIT was stuck in the counseling process. This was an important step tied into creating conditions as well to help student barriers and initiation of sexual topic conversations.

Language

All Participants (n = 13) described the need to address CIT hesitation in context to both values discussed previously and in lacking correct terminology. Language was not explicitly described as reason for barriers in supervision per se, more so in context of CIT worries of offending a client by lacking up-to-date knowledge in correct language specifically in relation to gender and sexual minority (GSM) clients. Participants experienced CITs as having mixed experiences in efficacy in how to address sexual topics. While some CITs thought they were committing an ethical violation, others worried about the counseling dialogue becoming too graphic. AD has supervised for two years and MM for over 10 years and both are employed as faculty members. They describe their experiences with language use,

AD: I definitely think that there are two extremes, therapist students who can barely talk about it. And then there the ones who can sometimes take it too far and I’ve had to remind them, okay, this is a professional setting. It’s good to know the street lingo, but when we’re talking about this in a professional setting, when we’re trying to work their case, use professional terms. So, they would sometimes say terms that you wouldn’t say is professional or academic. It was more slang or something. And you had to redirect that. I think that’s because they’re uncomfortable.

MM: And sometimes I defer to the fact that everyone uses different language. You don’t have to use the language of your client, but it doesn’t hurt if you’re not completely offended by the language [. . .] I always tell them, if I’m saying the word penis or vagina or something like that and it causes you to be uncomfortable, then

I want you to go out and say that word 10 times this week.

Supervisors were comfortable offering students correct language use, even looking up together what the correct terminology was but emphasized the importance of saying the words out loud to practice before session. As language and terminology can change quickly in areas of human sexuality, supervisors felt it was appropriate and normalizing to look up terms together with CITs during supervision.

Multicultural Competencies

This section contains themes that fell within the understanding of Multicultural Competencies in Counselor Education. Participant experiences ranged from emphasizing the importance of multicultural considerations, including intersections of constructs, to understanding their supervision experiences from the multicultural competency point of view. All participants (n=13) incorporated multicultural considerations into their supervision work when discussing sexuality topics. Joya explains,

I'm on multiple levels as well, as the relationship that the supervisee has with their clients on multiple levels. And ultimately how I respond to the supervisee is to some extent, is shaped by how I perceive the clients. [. . .] My listening to him is impacted by the fact that I, on a personal level, I am myself in a [. . .] relationship. How much is impacted by the fact that my supervisee is, a heterosexual man. How much is impacted by how he then with all his identities, gender, race, and sexual orientation experience, and so I want to kind of work with all of those patterns. They are complex, and we address them all in the time we have. So, I've asked to also go very intentionally and get the supervisees' sort of explicit understanding, decide where we choose to focus.

Additionally, Mary also addressed multiple layers in the following:

We really want [CITs] to examine multiple layers when they're working with their clients [. . .] I mean not everyone's the exact same. You still have to examine those intersection. So there's an ongoing check in that the students have to do with themselves to understand their own locations [. . .] okay, sex doesn't come up, gender doesn't come up, but the client keeps saying they just don't like themselves. They don't love themselves. They're stuck. Which is actually a very common thing.

Dr. Sit explained his viewpoint on sexual topics being part of a larger, contextual cultural picture in the following way:

Sexuality is a part of life, part of what clients bring. Just part of who they are. The one thing that I think that supervisors should do is, make sure that sexuality is assessed., I do think that when I, when I am supervising other issues, I will ask my supervisees you know, what, what's the orientation? What'd you find out about? What's their sex life basically? And I don't know that other supervisors do that. [. . .] Can I also ask about their religious life? There are a lot of things that I ask about. Probably those two things more than maybe many supervisors.

When supervisors have deep awareness of multiple dimensions overlapping in personal perception, multicultural awareness and conceptualization would offer a helpful framework to understand all the layers of interaction and belief systems. Based on this understanding and solidifying this understanding as a common ground with CITs, multiculturally aware and responsive treatment decisions could be made for the client.

Student Autonomy

When CITs became increasingly open to discussing sexual topics with clients, supervisors (n=13) understood the importance of the implementation fitting for the CIT. For example, some students thrived in methodical steps, others wanted to address sexual topic "right," within ethical boundaries, others had to create their own phrasing for broaching the topic. Once CITs allowed themselves to be influenced by the supervisor's direction of addressing sexual topics, autonomy in delivery was seen as important developmental step for CITs. JW explained, "[We] processed that piece to a point where she feels she can take off and be autonomous now."

Corky explained the importance of fostering CIT independence in the following,

I think developing them and what their box [comfort zone] is, it's the only way that you can really develop good therapists because they're going to be without their supervisor in a short period of time and I want to develop them during that time. Not giving them, this is the way you do therapy, this is the way you got to do it. These are the rules. That's not [what I want] because it's part of the science [they learn in school] and I want to develop their art.

Dr. J. explained taking the time to allow students to formulate their own way of approaching counseling in the following:

They have a particular series of steps they go through. So, each client I think, does step one and step two and step three, so that helped this particular person who likes everything very methodical and predictable. So, I think that in and of itself gave her and the whole situation some predictability. That's a very fortunate event, certain circumstances that she's able to get steps for this type of work and that she's the person who can follow that too because it fits with her style.

The interview process highlighted the importance supervisors placed on student autonomy. Regardless of the training level of the student, supervisors enjoyed seeing CITs creating their own way of working with client sexual health issues. Counselors in Training have faced various barriers to be able to address sexual topics, sometimes rooted in lack of training, other times rooted in moral or ethical concerns. However, once supervisors were able to work through personal or professional barriers with CITs, their willingness and motivation to address sexual topics were strong. When CITs understood themselves and learned to empathize with client struggle, they could build confidence if allowed personal and professional autonomy in how to go about introducing the topic in counseling. Cory acknowledged that CITs would be "without their supervisors" before long, meaning taking safe risks while still under supervision created freedom and allowed space for CITs to work through broaching sexual topics with their clients.

Discussion

The findings suggested that counselor educator supervisors were reflective and intentional when addressing human sexuality topics in supervision with graduate students. The interviews demonstrated that supervision training in doctoral programs has prepared counselor educators to handle the complexities of CIT and client topics surrounding human sexuality, even without extensive sexuality counseling training. Rather than the specific sexuality topic, supervisors in this study focused on the process within the CIT, as well as the process between CIT and client with regard to human sexuality and contextual considerations.

Participant experiences in this study could indicate that a process and context focused discussion in supervision could be helpful for CITs to feel ready in addressing client sexual health. Rather than focusing on client sexual symptoms and words, supervisors focused on CIT reactions and empathizing with clients. Based on participants' experiences, a sequence of steps could aid in focusing on the client process in regard to sexuality, rather than the sexual topic itself. Supervisors in this study employed a few common steps: First, begin with checking CIT reactions to the client concern. Participant experiences all included spending time processing

these emotions as a first step. Participants shared two reasons for this, which is supported by the literature as well; CITs need time to reflect and understand where they themselves stand on various issues. This foundation shifts and expands CIT worldviews. This shift was commonly practiced in graduate level counselor training for CITs to build awareness, and working towards cognitive complexity (McAuliffe, 2011). Second, as a required multicultural competency, CITs can be sensitive and competent counselors only when they understand their own attitudes and beliefs, within the context of their own influences (Arredondo, 1999). This critical self-reflection was a key approach to multicultural competence, to engage CITs to consider worldviews that differ from their own, leading to meaningful self-reflection and CIT growth (American Counseling Association [ACA], 2014; McAuliffe, 2011; Roysircar, 2004; Tomlinson-Clarke, 2013). This step fostered the idea that multicultural competence began with knowing oneself (ACA, 2014; Hardy, 2016). After examining (a) CIT reactions to the sexual health topics the client raised, supervisors in this study typically encouraged students to (b) consider the origins of these beliefs. Participants have stated they were mindful of not making the discussion a counseling session, rather holding space if the CIT would like to share anything about the origins of their reactions. Next (c) supervisors built empathy in CITs toward the client by wondering what it might be like for the client, with their own particular worldview, to experience their concern. Lastly, (d) supervisors invited CITs to consider this tension for the client and explore what it was like for the CIT to consider this tension.

Implications for Supervision

This study could help counselor educators consider how to approach human sexuality topics in supervision. Similar to any study and intervention in supervision, counselor educators and supervisors must keep in mind that there are limitations to these findings. For example, page numbers limit somewhat sharing all relevant quotes that can help the reader make decisions for their own supervision sessions. Data was rich, and the more I added, the more I had to reduce each one. Further studies could focus on more specific nuances in supervision based on these findings, as this study answered more broad questions.

While listening to the participants' experiences and careful analysis of the data about participant meaning-making, it appears that the goal of a process-oriented sequence was to (a) move away from content discussion of the sexual topic and deepen the meaning of the client concern, (b) foster self-awareness in the CIT about their own beliefs and values, (c) foster awareness and empathy about client struggle, (d) assist supervisors in creating a shift in barriers in CITs, (e) foster "both and" thinking for holding more than one viewpoint of values simultaneously, (f) begin conceptualizing the client in

a multiculturally sensitive manner with considerations embedded in a positive sexuality framework (Murray, 2017), (g) meaning focusing on contextual and multicultural considerations (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) for each client. Further research is needed to explore this process-oriented approach in supervision with human sexuality topics.

Previous research related to supervising human sexuality concerns has been primarily quantitative in nature. This study was the first qualitative analysis in supervision of human sexuality and more research is needed to understand a process, rather than topic-focused approach. Additionally, future research could examine each topic within human sexuality topics represented in this study, with a larger sample to create deeper understanding of each area for supervision.

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