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Research, Practice, and Education

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25-26. The ability to understand and address sexuality issues is a critical skill set for all mental health professionals. This comprehensive review of the second edition of *What Every Mental Health Professional Needs to Know About Sex* includes an overview of the contents with emphasis on the strengths and weaknesses of the text. Written by Stephanie Buehler, a licensed psychologist and AASECT certified sex therapist and supervisor, the contents are educational, promote increased self-awareness for the reader, and facilitate

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Sex is Not a Four-Letter Word: Sexuality Counseling Training for School Counselors

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Although sexuality counseling training is not a requirement for Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited Counselor Education programs or for licensure in most states as a professional counselor, there is increasing dialogue taking place among professional counselors regarding the need for additional training in this area. The current article highlights techniques for incorporating and enhancing sexuality counseling training in Counselor Education programs based on the eight CACREP core competencies. After a review of the relevance of sexuality counseling within each area, with attention given to implications for school counselors.

Keywords: sexuality, counselor education, school counselors, CACREP

Introduction

Sexuality concerns stemming across one's lifespan makes it a topic relevant in all settings to all concentrations within counselor education programs, including school counseling. Researchers in the counseling profession have increased the emphasis on the need for generalization of sexuality counseling training in counselor education programs (Behun, Cerito, Delmonico, & Campenni, 2017; Diamond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin, Dam, & Hergenrather, 2017). In addition, the counseling profession has increased sexuality awareness through the creation of such professional organizations as the Sexual Wellness in Counseling Interest Network (SWIC) in the American Counseling Association (ACA) and the Association of Counseling Sexology and Sexual Wellness (ACSSW) (ACSSW; Rubow, 2013). The purpose of this manuscript is to highlight the importance of incorporating sexuality counseling training in counselor education for school counselor trainees (SCTs) within the context of the CACREP (2015) standards as well as the importance of including the ACA Code of Ethics (2014) and the American School Counselor Association (ASCA) National Model (2020a). Taking into consideration both the expectation that school counselors demonstrate competency in the areas relevant to their professional practice and the role that sexuality concerns have in human development and overall wellness, counselor education programs have a responsibility to move beyond recognizing the need for sexuality training and take action to incorporate this training into programs, in spite of training requirements for each

specialization (Sanabria & Murray, 2018).

Sexual Wellness and Sexuality Counseling in the Counseling Profession

As authors have demonstrated a consensus that sexuality is a normative, developmental experience (Behun et al., 2017; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018), understanding the most current available definition for sexual wellness and sexuality counseling is essential to determining how to move forward with training efforts. According to ACSSW (2019, para.3), sexual wellness is defined as:

The unique, subjective experience of physical, emotional, mental, and social well-being in relation to sexuality is essential to overall wellness. While sexual wellness can include the absence of disease, dysfunction, or infirmity, the holistic and subjective nature of sexual wellness extends beyond one's physical health status to include a

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positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sensual experiences, free of coercion, discrimination, and violation. Sexual wellness encompasses diversity in both expression and influences, respecting, protecting, and fulfilling the sexual rights of all persons.

In addition, according to Behun et al. (2017), human sexuality concerns can be categorized into five domains, which can be used to assess and measure the extent of sexuality concerns and effectiveness of counselor training interventions: sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence. School counselors should be aware of the definition and five domains when thinking about needed services for youth.

After decades of inconsistency regarding the definition of “sexuality counseling” (Mallicoat, 2014), scholars in the past several years have begun to clarify what is included in sexuality counseling interventions provided by professional clinical mental health and school counselors. In a phenomenological study to clarify the construct and experience of providing sexuality counseling, Mallicoat (2014) noted that participants perceived sexuality counseling as a dialectical process that includes balancing a wellness versus dysfunction conceptualization; subjectivity versus objectivity; and providing both flexibility and structure throughout the process. Meanwhile, Millner and Upton (2016) focused on the role of the school counselor when addressing students’ concerns related to sexuality, specifically as it pertains to prevention and support of marginalized populations and the need to balance the roles of counselor and educator in sexuality interventions. According to ACSSW (2019, para. 2):

Sexuality counseling is a professional relationship that empowers diverse individuals, families, and groups to: “Increase comfort and awareness of sexuality and sexual experiences,” “Validate sexuality as a core aspect of the human experience that is actively included throughout the counseling process based on the needs of clients,” “Provide empirically-based education, guidance, and resources regarding sexual health concerns,” “Support clients as they navigate various influences on their sexuality in their goal toward overall wellness,” “Empower clients to express their sexuality with respect to their individual and other’s sexual rights,” and “Promote sexual wellness.”

Efforts to clarify the specific tasks in sexuality counseling have been informed by research studies focused on the experiences of counselors providing sexuality counseling (Behun et al., 2017; Mallicoat, 2014). However, many counselors,

regardless of their concentration area, are providing sexuality counseling without training or are relying solely upon their individual review of information (Behun et al., 2017; Dupkoski, 2012; Millner & Upton, 2016; Sanabria & Murray, 2018).

Licensure and Certification Requirements for Sexuality Counseling

In general, the counseling profession has certifications at a national level and licensure at a state level. The National Board for Certified Counselors (NBCC) provides certifications, and each state’s professional licensing board oversees licensing. Although national certification provides continuity, professional counselors must meet each state’s specific requirements, which involves incomplete continuity across state lines. Regarding sexuality counseling, training required for state licensure lacks clarity and consistency. Sexuality counseling is not included as a unique content area outlined by the NBCC as required in their graduate level training for national certification (NBCC, 2015). While generalization of the content areas can provide flexibility for programs to determine how to provide sexuality counseling training, it may also contribute to a lack of motivation or emphasis to include training in counselor education programs.

State Licensure

Among licensure requirements regarding education for professional counselors in each state, sexuality counseling is not often required, with some exceptions. Three states specifically require such training. Florida requires a course specific to sexuality counseling equivalent to three semesters or four quarters (Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling [CSWMFTMHC], 2020). California requires ten contact hours in human sexuality training (California Board of Behavioral Sciences [BBS], 2020). Finally, Nevada requires that sexuality training be included in human development training (State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors [CPC], 2019). Other states allow applicants to indicate sexuality counseling training as an elective or additional course to meet licensure education requirements, including Massachusetts, Oklahoma, Vermont, and West Virginia (Massachusetts Board of Allied Mental Health and Human Services Professions [AMH], 2020; Oklahoma State Board of Behavioral Health [SBBH], 2020; Vermont Board of Allied Mental Health [VBAMH], n.d.; West Virginia Board of Examiners in Counseling [WVBEC], n.d.).

School Counselor Certification and the ASCA National Model

According to the American School Counselor Association (ASCA), Professional School Counselors (PSC) must meet each state's requirements (ASCA, 2020b), which align with the requirements outlined in the core curriculum of CACREP programs for most states. There is some variation in additional certification, training, experience, and examination completion. The only state that requires training specific to sexuality concerns is Massachusetts, which only specifies training related to sexual abuse (ASCA, 2020b).

According to the ASCA National Model (2020a), guidance for school counselors regarding their role within the schools affirms programs developed by PSCs are "based on data-informed decision making; delivered to all students systematically; include a developmentally appropriate curriculum focused on the mindset and behaviors all student need for postsecondary readiness and success; close achievement and opportunity gaps; and result in improved student achievement, attendance and discipline" ("Get an Overview" section). In addition, ASCA has published three position statements that pertain to addressing sexuality concerns focusing on HIV/AIDS/STD prevention, at-risk student behavior, and sexual minority youth. While these position statements may serve as a guide, ASCA has not provided an avenue for PSCs to develop competency in sexuality counseling or collaborate with other PSCs on this specific topic.

Specialty Training

Although sexuality counseling training may not be required for general licensure or certification, professional counselors may seek specialty certification in this area through specific academic or professional organizations. Options available to all counselors seeking specialty training and certification include an additional degree or certificate through specific academic institutions or certification through professional organizations focused on sexuality, such as the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), which offers a resource identifying training programs on the undergraduate and graduate levels focused on sexuality, as well as certification resources (AASECT, 2020).

Counselors electing to seek certification through AASECT can incur a significant financial strain in post-graduate specialized training. AASECT is a multi-disciplinary organization that offers resources, training, and certification for sexuality educators, sexuality counselors, and sex therapists (AASECT, 2020). It is important to note that professional counselors "with a master's or doctoral degree who hold valid state regulatory licenses or certificates in a discipline that provides psychotherapy will not be eligible for AASECT

Sexuality Counselor Certification but are encouraged to apply for AASECT Sex Therapist Certification" (AASECT, 2020, "Academic Qualifications" section). PSCs choosing to pursue sexual counselor certification will need to complete a minimum of sixty hours of training in specific content areas through an AASECT-approved educational institution, ten hours of training related to attitudes and values, and 100 hours of supervised clinical experience in sexuality counseling (AASECT, 2020). However, should PSCs pursue licensure in their states, they would then be required to apply for certification as a sex therapist, adding more training requirements and financial burden.

Counselors may also seek membership with AASECT without pursuing certification to benefit from available resources. Other professional organizations are available for membership. However, these organizations do not specifically meet the unique needs of PSCs, whose roles and restrictions vary from those of counselors trained and working in clinical settings.

Current Training Standards for Sexuality Counseling

CACREP, the dominant entity monitoring counselor education programs at the graduate level, offers standards for training practices, accreditation, and, as a result, increased portability in licensure across states (CACREP, 2015). According to CACREP, program objectives should "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society" (CACREP, 2015, p. 9). While sexuality counseling training is incorporated into CACREP standards for rehabilitation counseling and marriage, couple, and family counseling, making this a requirement across concentrations would be in alignment with the increased emphasis of the universal nature of sexuality and need for baseline training in sexuality counseling interventions for all counselors (Behun et al., 2017; Malli-coat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin et al., 2017). Currently, sexuality-related topics specified in the CACREP standards include: (a) reviewing the American Counseling Association code of ethics and legal issues related to sexuality counseling, (b) working with sexual minorities, (c) effects of client disability on sexual functioning for rehabilitation counseling, and (d) effect of sexuality on couple and family functioning for marriage, families, and couples counseling (CACREP, 2015). However, sexuality is not specified for the school counseling concentration. Furthermore, isolating the competency expectation to Marriage Couples Family Counseling programs may discount the relevance of sexuality in other contexts, such as with individuals or in school settings, where counselors are likely to encounter clients with presenting sexual concerns (Behun et al., 2017; Dupkoski, 2012; Jones, da Silva, & Soloski, 2011; Millner & Upton, 2016; van der Kwaak, Ferris, van Kats, & Dieleman, 2010).

Often there is hesitation within schools to address sexuality concerns. This is due to a lack of knowledge and fear of what is appropriate and inappropriate to discuss within the confines of a school setting (Millner & Upton, 2016). PSCs are well positioned to be able to assist parents, school administration, and staff in communicating with youth about their development. PSCs may advocate in school systems through educating about appropriate sexual behaviors at each developmental stage. Interventions targeting healthy sexual behaviors have reported decreases in risky sexual behaviors among adolescents (Henderson et al., 2020). PSCs are trained to meet the needs of youth from pre-school through twelfth grade throughout which sexual development is ongoing. PSCs need to be able to identify normal sexual development and when an outside referral may be necessary (e.g., pediatrician & counselor). PSCs in training are required to take a course in school ethics, which could incorporate sexual development while addressing imminent danger and confidentiality as it pertains to addressing sexual issues with school aged youth (Millner & Upton, 2016). Within school counseling programs, sexuality can be incorporated throughout academic studies by integrating sexuality competencies into required coursework. Training could be incorporated into courses that focus on working with parents, school administration, and staff (e.g., Coordination of School Counseling) and into a school counseling course focused on counseling children and adolescents. The eight CACREP core competency areas of counselor training need to be examined through a school counseling lens to incorporate sexuality training for school counseling programs.

Professional Counseling Orientation, CACREP and Ethical Practice

Relevance. Counselor education programs could reasonably explore the role and responsibility of a PSC with regards to addressing sex and sexuality concerns with students in initial courses within the program. The CACREP competency standard outlines training requirements for counselors-in-training regarding the counseling profession, roles, ethics and legal issues, and credentialing, as well as other aspects relevant to becoming a professional counselor (CACREP, 2015). These courses tend to emphasize specific topics related to sexuality, including multiple relationships, ethical standards of conduct, and multicultural considerations in counseling. In addition, courses focused on meeting this competency standard review the roles and settings of PSCs.

Recently, the generalization of sexuality counseling training to increase competence for all counselors to address sexual behavior with clients has been emphasized (Behun et al., 2017; Sanabria & Murray, 2018). In one study, most PSCs believed addressing sexuality concerns with students, providing an opportunity to review the scope of school counseling as it pertains to sexuality topics would be valuable to their

development and preparation for student issues (Behun et al., 2017; Millner & Upton, 2016). Another relevant concern that can be explored in professional orientation courses is when sexual behaviors warrant a referral for focused sexuality counseling and if a referral to a pediatrician is necessary. Professional counselors are not required to be trained in sexuality counseling; therefore, PSCs will need to be careful not to assume a clinical mental health counselor would be more competent to address sexuality concerns unless areas of specialty training are made known (ACA, 2014). Indeed, PSCs are expected to demonstrate competence in addressing concerns related to developmental experiences impacting students' functioning and pose a risk for marginalization, negative academic impact, and prematurely discontinuing their education (Millner & Upton, 2016). PSCs would need to be aware of potential barriers to accessing clinical mental health services, such as when a student resides in a rural area where such services are limited. To address the concern at the school in these situations, PSCs would need to consult with a counselor with more experience, comfort, and expertise in the area of sexuality, seek supervision specific to sexuality, or otherwise advocate for the student's sexuality concern to be addressed.

The perception that sexual behavior is addressed by sex therapists and marriage, couples, and family counselors provides a distorted impression to counselors-in-training of the role of PSCs with regards to addressing sexuality with students that could lead to professional discomfort, avoidance, or incompetence (Dupkoski, 2012; Mallicoat, 2014). Introducing information and dialogue regarding sexuality counseling in professional orientation courses could provide a foundation for PSCs to begin to examine their own perspectives regarding sexuality, increase their comfort with the topic, and address any potential personal barriers that may impede their performance in the counseling role.

Recommendations and Practical Applications. If PSCs are uncomfortable with the topic, unaware that it needs to be discussed, or assume that sex is "too private" to discuss with students, dialogue regarding students' sexual functioning may be delayed or even avoided altogether (Alvarez, 2010; Juergens, Smedema, & Berven, 2009). Thus, counselor educators may introduce the role of PSCs in addressing sexuality in professional orientation courses guided by four specific recommendations for addressing sexuality counseling in these courses, including: (a) increase comfort/decrease avoidance, (b) increase knowledge/decrease myths and biases, (c) emphasize sexuality wellness over dysfunction, and (d) emphasize ethics (Alvarez, 2010).

To increase the comfort of school counselor trainees (SCTs) regarding sexuality, we recommend exploring personal values and biases regarding sexuality in relevant discussions and assignments (Dupkoski, 2012; Mallicoat, 2014; Sanabria & Murray, 2018; Zeglin et al., 2017). For example,

ask students to write a personal exploration paper regarding their own values that led them to decide to pursue school counseling as a career, including a statement on how their sexual values may impact their work with students or to analyze their stance regarding the role of a PSC addressing sexuality concerns. Students may be encouraged to include sexuality in advocacy projects or include a question for PSCs regarding how they approach/include sexuality in their work with students in an interview assignment. Case examples may be introduced when discussing ethics that include sexuality examples beyond professional boundaries. For example, a case example may include how to navigate a situation that includes working in a rural area with a student who presents with disruptive sexual behaviors, and the local clinician to whom the PSC usually refers has no specific sexuality training beyond a high school sex education course.

To increase SCTs' knowledge regarding sexuality, counselor educators could make recommendations for free training and resources that SCTs may access through the internet as a resource for themselves, students, and students' families. One example of such a resource is the Sex Positive Families (2019) website (<https://sexpositivefamilies.com/10-best-sex-ed-resources-for-families/>) or Amaze (n.d.) website (<https://amaze.org/?topic=puberty>). In addition, counselor educators can inform SCTs about and encourage them to join professional organizations such as American Association of Sexuality Educators, Counselors and Therapists; ACA's Sexual Wellness in Counseling Interest Network; Association for Counseling Sexology and Sexual Wellness; and the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), which will increase their access to resources and connection to other counselors regarding sexuality counseling. Providing information regarding organizations may also serve to emphasize sexuality wellness rather than sexual dysfunction, a paradigm shift essential to normalizing students' sexuality-related experiences (Dupkoski, 2012; Mallicoat, 2014).

In addition to providing resources, counselor educators should address the context in which the sexuality concern is presented and interventions that are provided, as ethical and legal implications vary depending on these factors. For example, state regulations often limit how PSCs may address sexuality with students, and PSCs need to be informed about laws regarding mandatory reporting and confidentiality. Developmental level plays a role in how to address and present information to students. Providing information regarding state and district school board policies to SCTs and enriching discussions with case examples, articles, and scenarios can emphasize the responsibility for counselors to address sexuality in a professional manner, in accordance with ACA (2014) and ASCA (2016) Codes of Ethics and Professional Standards (e.g., treat students with respect and dignity regardless of sexual orientation/gender identity, monitor and

expand social-justice, and report sexual abuse).

Social and Cultural Diversity

Relevance. ACA's Code of Ethics highlights the importance of attending to diversity and inclusion in counseling, supervision, and training practices (ACA, 2014). CACREP standards 2.a-h focus on theories of multicultural counseling, cultural identity development, and addressing issues of oppression and discrimination (CACREP, 2015). As such, courses in multicultural counseling will likely incorporate some issues related to sexuality. A review of the syllabi in the ACA-ACES clearinghouse revealed that most multicultural counseling courses include lectures and readings related to working with LGBTQ+ populations, both in general and among specific racial minority groups (e.g., perceptions of LGBT individuals within the African-American community; ACA, 2009). Coursework often addresses gender issues, societal oppression of sexual minorities, and advocacy and social justice issues. Given the breadth of material that is covered in most of the syllabi reviewed, these topics are generally covered in one or two lectures, and sexuality information does not permeate the entire course.

A variety of literature exists related to the intersection of sexuality counseling and diverse populations. For instance, many multicultural counseling courses include a segment related to counseling diversely abled individuals (Feather & Carlson, 2019). Much of the literature is focused in rehabilitation counseling, where research emphasizes the intersection between disabilities and various aspects of sexual wellness (Valvano et al., 2018). However, as disabilities impact persons of all ages and settings, PSCs also need both to develop an awareness of sexuality issues specific to this population and examine their own attitudes towards sex and disability (Pebdani, 2013).

According to the ASCA National Model (ASCA, 2020a), PSCs have a responsibility to address issues that contribute to students being considered "at-risk," which may include diversity considerations. For example, sexual minority youth (e.g., lesbian, gay, bisexual, transgender, gender fluid, queer, and questioning) face significant problems and even violence in school environments that place them at risk for mental health issues that negatively impact their academic performance (Bidell, 2012). PSCs have an advantageous position to have a positive impact on concerns related to students' sexual identity development and healthy sexual behaviors, which can have a positive impact on educational outcomes (Behun et al., 2017; Millner & Upton, 2016). In spite of increased risks for sexual minority students, PSCs do not feel confident in addressing multicultural and sexual minority concerns. They may view training in sexuality counseling as insufficient to prepare them for addressing students' sexuality-related concerns (Behun et al., 2017; Bidell, 2012; Mallicoat, 2014). Furthermore, pregnancy is directly con-

nected to adolescent girls dropping out of school, and sexual identity questioning is an indirect cause of attrition (Millner & Upton, 2016). As such, PSCs need to be able to address healthy sexual decision making to promote student sexual wellness.

Recommendations and Practical Applications. If PSCs indicate feeling ill-prepared and insufficiently competent to address concerns related to sexual diversity, they risk not acting in accordance with ACA Code of Ethics (2014) codes C.5. and E.8., and ASCA Professional Standards (2019) standards M 4., B-PF 6., B-SS-1., B-SS 3., B-PF 6., B-SS 4., and B-SS5. Counselor educators can intentionally include issues related to sexual diversity in multicultural course content through active discourse regarding SCTs' personal and environmental challenges intervening with and advocating for sexual minority youth and other marginalized students. Exploring biases, prejudices, and fears can enhance SCTs' self-awareness, in alignment with the ACA Code of Ethics (ACA, 2014; Bidell, 2012). Private journal assignments and discussion with the class community can emphasize the dynamics of potential school environments SCTs anticipate serving. SCTs could also be asked to demonstrate increased knowledge regarding the intersection of sexuality and morality, religion, ethnicity, gender, and SES, as well as populations that may be at higher risk for sexual health concerns that could lead to increased marginalization (Behun et al., 2017) through incorporating free resources into the curriculum. For example, The Safe Zone Project (n.d.) has various trainings available for supporting sexual minority youth (<https://thesafezoneproject.com/activities/>). SCTs could benefit from inviting PSCs into the classroom to share their experiences with sexuality interventions and advocacy. Learning experiences and assignments should incorporate restrictions and policies in school districts to explore how SCTs might navigate these challenges, possibly creating community resource lists and references to use when advocating on the behalf of students. Finally, counselor educators should highlight the sections of both ACA Code of Ethics (2014, C.5. and E.8.) and the ASCA National Model (2020a, M 4., B-PF 6., B-SS-1., B-SS 3., B-PF 6., B-SS 4., and B-SS5) that address and apply to sexuality concerns in assignments.

Human Growth and Development

Relevance. The human growth and development CACREP competency standards outline training requirements for counselors-in-training that are wide-ranging and cover both normal and abnormal personality development, as well as individual and family development (CACREP, 2015). An examination of the syllabus clearinghouse in the "Human Growth and Development" section illustrated these courses tend to emphasize aspects of lifespan development that include the emotional, social, cultural, physical, and cognitive aspects, as well as

developmental theories. While a few syllabi included gender roles or sexual minorities as a special topic within the course, only one available syllabus was specifically designed for a course on sexuality development and counseling (ACA, 2009).

SCTs need to be able to address and assess child sexual development, which includes being able to understand normalcy of sexual behaviors in pre-adolescent children and identify problematic behaviors when necessary and sexual development issues that would require a referral to a pediatrician (Behun et al., 2017; Millner & Upton, 2016). Furthermore, awareness of the five domains of human sexuality—sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence—will ensure that SCTs are able to assess students for specific concerns that arise external to normal sexual development (Behun et al., 2017). As SCTs become competent in these areas, they are better equipped to broach this topic with parents, caregivers, and school administration, advocating for students and providing education regarding normative behaviors.

Sexuality is an integral part of human ontogeny, with a spectrum of sexual feelings along with behaviors beginning in early childhood, and adolescent sexuality is a pivotal stage in one's lifespan development (Behun et al., 2017; Vrangalova & Savin-Williams, 2011). When adolescents recognize sexual curiosity and exploration as being normative and healthy processes, they can experience positive sexual wellbeing (Millner & Upton, 2016; Vrangalova & Savin-Williams, 2011). PSCs should be able to understand the link between healthy development and healthy ways of expressing sexuality during the adolescent period, influenced by media and prone to misinformation and misinterpretation (Bleakley, Hennessy, Fishbein, & Jordan, 2011). PSCs can provide support for parents and aide adolescents in making healthy media choices by providing an environment to speak freely about sexuality.

Sexually vulnerable youth need to understand sexual wellness and have access to models for healthy sexuality to help inform their behaviors (Millner & Upton, 2016). PSCs play a particularly important role for adolescent girls (Bay-Cheng, Livingston, & Fava, 2010). As sexualization of youth informs their sexual development and cultural messages impact their sexual self-perception, PSCs can enhance social, emotional, and academic growth by advocating for youth to build self-worth independent of their sexual appeal (Choate & Curry, 2009). To maximize their effectiveness in these roles, PSCs need to have access to training specifically focused on sexuality development for children and adolescents (Behun et al., 2017; Millner & Upton, 2016; Mallicoat, 2014).

Recommendations. School counseling course work should include preparation for addressing sexuality-related concerns with students throughout the P-12 setting, with specific focus on adolescence due to the explicit concerns

related to this stage of development (Jackson, 2017). Human Growth and Development and Counseling Children and Adolescents courses offer several opportunities for addressing the needs of PSCs with regards to sexual development. Personal lifespan reflections and family genograms could include sexual development to help SCTs analyze the role of personal sexual development in their overall wellness throughout their lives. SCTs could use the genogram to explore their family's views of sexual development, messages received about gender roles, communication about sexual development and sexuality, accepted norms and inclusion of sexual minorities. SCTs could present genograms to the class to get a better understanding of differences and experience speaking about sexuality development. SCTs examining their own values may enhance their ability to relate to youth (Pearson, 2003). Some states, such as Florida, that require a formal sexuality course may utilize this type of assignment but SCTs benefit from intentional exploration. Focusing on human sexuality in discussions and readings for each stage of youth development can expand understanding of sexuality development and increase comfort for SCTs when addressing the topic. Experience discussing sexuality development will prepare SCTs for discussions they will have with students, school personnel, and parents regarding future students' sexual behaviors.

Career Development

Relevance. The career development CACREP competency standard outlines training requirements for counselors-in-training regarding understanding career development and how career development relates to life factors (CACREP, 2015). An examination of the syllabus clearinghouse in the "Career Development" section illustrated that these courses tend to emphasize theories, application, and ethics related to career counseling. These courses do not include discussion of sexuality-related topics (ACA, 2009). Although the connection between career development and sexuality may not be initially apparent, career decisions are connected and subsequently impact individuals in other arenas of their lives specifically related to sexual behavior and expression (Durante, Griskevicius, Simpson, Cantú, & Tybur, 2012; Fisher, Gushue, & Cerrone, 2011). There are several considerations in this content area relevant to incorporating sexuality counseling training for PSCs tasked with incorporating career development into their work with students, particularly at the high school level (ASCA, 2020a), which include the social and relational impact of career and the needs of sexual minorities.

With regards to sexual minorities, the coming out process itself can be viewed as a career management process (Guittar & Rayburn, 2015). Specifically, the coming out experience, which often begins in adolescence, is viewed as a lifelong process that sexual minorities need to address throughout

their lives. The coming out experience has relevance to the selection of a career and satisfaction with one's career choice and quality of life (Guittar & Rayburn, 2015). While working with sexual minority youth, PSCs should be aware of the relationship between sexual identity and career choices. The degree of family and peer support of career aspirations with sexual minority women can have a negative impact on their sexual identity (Bay-Cheng et al., 2010; Fisher et al., 2011). Career development and sexuality may impact heterosexual youth depending on their prescribed gender roles, career expectations, and relationship expectations they receive from their family system. For all students, awareness of social, gender, and cultural influences on career choices with regards to relationships is important for PSCs.

Recommendations and Practical Applications. Given the connection between career aspirations and sexuality, there are several recommendations for counselor educators to include sexuality counseling training into career development courses. To include discussion of sexuality/intimacy, instructors can incorporate role play of conducting values inventories with clients that include sexuality, relationships, and family planning in the discussion. Instructors can employ articles, discussion, role play, case examples, guest speakers, and media which include sexual minorities, women, and military families to increase awareness of the impact of career on sexual functioning. Value inventories can be used in school settings with youth to help create understanding of values and how these values may shape career choices. Environments that foster inclusivity generate a climate of safety for students to feel free to explore and make career choices that best suit them (Strear, 2017). Therefore, PSCs need to be able to construct career counseling interventions that attend to sexual and gender diversity.

Counseling and Helping Relationships

Relevance. The counseling and helping relationships CACREP competency standards outline training requirements for counselors-in-training regarding counseling theories, case conceptualization and treatment planning, fundamental counseling skills, and evidence-based counseling strategies (CACREP, 2015). An examination of the syllabus clearinghouse in the "Helping Relationships / Counseling Techniques" section illustrated these courses tend to emphasize: the role of the counselor, basic counseling skills, applied theories of counseling, and activities to increase counselor self-reflection. The topic of sexuality is only overtly mentioned in reference to the need to develop skills that will enable the counselor to work with diverse clients including sexual orientation (ACA, 2009). Nevertheless, courses focusing on helping relationships could provide opportunities to introduce sexuality as a topic to be covered in basic needs assessments. Counselors may feel ambivalent and not sufficiently competent to address sexuality (Dupkoski,

2012; Mallicoat, 2014; Sanabria & Murray, 2018). PSCs, in particular, may feel uncertain about what is appropriate to address within their school counseling role and within the specific parameters of their school district and school board (Behun et al., 2017; Millner & Upton, 2016). Much of the information in the literature highlights issues related to supporting sexual minority youth in their educational environments using evidence-based approaches (Asplund & Ordway, 2018; Craig, Austin, & McInroy, 2013; Mims, Hof, Dinsmore, & Wielechowski, 2016). However, sexuality development and concerns impact all students, and therefore, sexuality interventions are essential to address for SCTs. From childhood through adolescence, sexuality is a key component of personal, social, and emotional development of all P-12 students (Behun et al., 2017). PSCs may provide help for children and youth who are questioning their sexuality, trying to understand gender roles, learning to embrace a family member who has changed their gender expression, feeling curious about human anatomy, or one who identifies as non-binary, in addition to helping parents who are struggling to understand their children's sexual development. These are all situations a PSC may encounter at some point in their career and in which they must be capable of helping children and youth with their personal and social development (Behun et al., 2017).

Recommendations and Practical Applications. Integrating sexuality counseling training for SCTs into helping relationships courses can involve intentional structuring of current assignments to include child and adolescent sexuality-related concerns into current role plays. Encouraging SCTs to demonstrate interventions reflective of ASCA National Model (2020a) recommendations in their conceptualization of case studies would ensure the opportunity to explore potential barriers and relevant resources. SCTs can deepen self-awareness and identify areas to increase competency in preparation for supporting students through self-reflection papers and journal exercises. This will allow SCTs to process their own sexuality and level of comfort in helping others with sexual issues, in alignment with ACA and ASCA Code of Ethics (ACA, 2014; ASCA, 2016). Counselor educators can incorporate the exploration of personal and regional spiritual, cultural, and moral beliefs regarding sexuality to prepare for how to address these topics with sensitivity. SCTs can be encouraged to establish goals related to sexuality or sexual issues within the educational environment and assess when a student may require a referral to a clinical mental health counselor or other helping professional. PSCs can develop a resource list for providers and specialty areas for consultation and referrals.

Group Counseling and Group Work

Relevance. The group counseling and group work CACREP competency standard outlines training require-

ments for counselors-in-training regarding theories and process of group work, therapeutic factors, effective group leadership, and types of groups and populations served (CACREP, 2015). An examination of the syllabus clearinghouse in the "Group Work" section illustrated group courses tend to emphasize: theories of group practice, types of groups, group stages, ethical guidelines of group work, counselor self-awareness (e.g., interpersonal group experience, understanding how the leaders' personal and cultural characteristics affect group members in theory and personally), an understanding of group counseling theories, dynamics, processes, and other group skills. Other topics of group courses include multicultural issues, ethical and legal concerns, and professional preparation standards. PSCs utilize groups as a common method of delivery for mental health services to reach more students and target specific challenges students are facing within schools. Adolescents are more than 21 times more likely to attend school-based mental health treatment than community-based, and school-based groups represent a much-needed approach for all youth but in particular, sub systems of youth such as sexual minority youth (Craig et al., 2013). SCTs need to understand diagnostic and demographic variables such as ethnicity, gender, social class, sexual orientation, on the group process and group interactions. SCTs need to be able to understand how these variables inform children and youth's sexual development and be able to address them ethically within a group context.

Recommendations and Practical Applications. Incorporating training for groups which target sexual development for children and youth in group courses will help prepare SCTs to facilitate groups to meet the needs of the whole child. SCTs could create group curriculum projects addressing sexuality and sexual development for students as a course assignment, role play in group sessions to address sexual development, and learn more about group ethics and school policy regarding sexuality in group formats. SCTs could use self-reflection of their own group experiences during P-12 and be tasked with analyzing what they may have needed during these developmental stages. SCTs could learn how to develop a multi-family group curriculum to address sexual development with school families. School-based groups that foster healthy sexual development could include an array of topics (e.g., gender roles, media influences on sexuality, sexual minority youth inclusion, sexual wellness, etc.). When SCTs gain the knowledge to address sexual development of students through a group format, it is reasonable to infer SCTs mental health services will reach a broader span of students and increase positive outcomes for students.

Assessment and Testing

Relevance. The assessment and testing CACREP competency standard outlines training requirements for counselors-in-training regarding an understanding of in-

dividual and group approaches to assessment and evaluation in a multicultural society (CACREP, 2015). An examination of the syllabus clearinghouse in the “Testing/Measurement/Assessment” section illustrated that these courses tend to emphasize supervision and consultation, and therefore, may not be representative of assessment courses in counselor education masters level programs (ACA, 2009). Sexuality counseling is particularly relevant to assessment courses. Even when a PSC may not have developed competence in addressing sexuality concerns with clients, they still need to be able to assess the nature of the concern to determine the most appropriate course of action to meet the student’s needs.

Counselors need to be familiar with and, perhaps wary of, assessment instruments available to assess sexual functioning and behavior, as some of these may invite stigma surrounding clients’ sexual concerns and/or may not be based on the most current research. With increasing emphasis on sexual wellness rather than sexual dysfunction (Diamond & Huebner, 2012; Dupkoski, 2012; Jones et al., 2011; Southern & Cade, 2011), sexuality in assessments of overall wellness may be helpful for SCTs. In addition, SCTs need to understand the context of the assessment instrument, as the theory motivating the assessment provides a particular lens through which the sexual concern is evaluated. Sexuality can be viewed in terms of an ecological model (Jones et al., 2011), the medical model (Dupkoski, 2012; Mallicoat, 2014; Zeglin et al., 2017), social learning theory (Hogben & Byrne, 1998), or wellness perspective (Diamond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014). Additionally, it is significant for SCTs to be familiar with the connection between sexual behavior and psychiatric diagnoses (Dupkoski, 2012) and understand the limitations of the Diagnostic and Statistical Manual in addressing sexuality from a developmental, wellness perspective (Dupkoski, 2012).

Recommendations and Practical Applications. Given the support in the literature for incorporating sexuality into routine assessment, there are several approaches and methods counselor educators can utilize to accomplish this goal. Instructors can emphasize collaboration with other support persons in the community, agency settings, and professional organizations to acquire assessment tools that are most useful and unbiased to determine the sexual functioning of students. For example, the SWIC within the ACA or the ACSSW could be avenues to access other counselors and determine what culturally responsive assessment tools they use in practice. When working with child and adolescent populations, such as in a school setting, instructors can target training in this area by role playing how to talk with parents in a manner that encourages a collaborative relationship when addressing the needs of students. Open discussion in assessment courses regarding types of testing for sexuality concerns, as well as how and when to administer these assessments, is

essential. Instructors can incorporate resources and research articles, as well as having SCTs administer assessments to themselves and others, followed by a reflective discussion or written assignment about the students’ experience. Strength-based curriculum emphasizing sexuality wellness rather than sexual dysfunction is key to normalizing students’ sexuality-related experiences (Dupkoski, 2012; Mallicoat, 2014).

Research and Program Development

Relevance. The research and program development CACREP competency standard outlines training requirements for counselors-in-training regarding the importance of conducting research, evaluation of research design, outcomes, intervention programs, and using data to inform counseling practices (CACREP, 2015). An examination of the syllabus clearinghouse in the “Research” section illustrated these courses tend to emphasize critical thinking and analysis of journal articles, statistics, and multicultural considerations within research. These syllabi did not specifically identify topics related to sexuality, although several provided an option for students to focus on a topic of interest through the completion of structured assignments, such as literature reviews, article critiques, and research proposals (ACA, 2009). This competency area presents a significant opportunity to introduce current research and stimulate dialogue regarding sexuality to SCTs.

The literature shows specific trends regarding sexuality in the counseling field. The first pattern noted is the greater number of positional publications and literature reviews in the area of sexuality and sexuality counseling. Research studies in this area have been increasing as well, indicating that more researchers are emphasizing the relevance of sexuality counseling (Asplund & Ordway, 2018; Millner & Upton, 2016; Sanabria & Murray, 2018; Strear, 2017). In addition, there has also been a shift toward recognizing sexual wellness and sexuality as a developmental experience rather than emphasis on disease/medical model approaches and sexual deviance/dysfunction, in addition to a surge in emphasis on social and cultural aspects of sexuality, such as gender, sexual minorities, and wellness (Bhugra, Popelyuk, & McMullen, 2010; Diamond & Huebner, 2012; Elders, 2010; Petersen & Hyde, 2010; Tiefer, 2010), and sexuality counseling training (Dupkoski, 2012; Riggs, 2012). With regards to school counseling, recent research has indicated the PSC’s role when addressing sexuality concerns with students and PSC preparation to meet the needs of students in this area is necessary (Behun et al., 2017; Bidell, 2012). However, research regarding sexuality counseling in school settings is focused largely on sexual minority youth in high school environments (Asplund & Ordway, 2018; Millner & Upton, 2016; Strear, 2017).

Recommendations and Practical Applications. Given these patterns, the inclusion of sexuality counseling into

research and program development courses could be one avenue to heighten awareness of the current research gaps and trends in counseling and encourage an increase in sexuality-specific research in the school setting for children and adolescents. Recommendations for including sexuality counseling training into these courses involve increasing the focus on research in sexuality counseling, training, and competency, and exploring research from other disciplines that may be relevant to the counseling profession and can help inform SCTs and PSCs.

To accomplish such inclusion, counselor educators can provide both direct and indirect training by incorporating research articles into course syllabi for critique and discussion regarding methodology and implications. They may also have students actively participate in research projects focused on sexuality counseling and sexual abuse research for PSCs. The research could be running focus groups with PSCs and asking them what issues they are seeing in the schools, or asking how they could be better supported with sexuality issues on campuses. Or, students could conduct a group research project collecting all research about sexuality/sexual development and dividing the research into development domains pertaining the school level where they would like to work. Students may be presented with scenarios that may take place in schools and review how assessments could be used to inform decisions for students. SCTs could have classrooms discussions focused on working with use other parts of the systems in the school setting (e.g., school psychologist) to use assessments to inform practices with students. It is important for SCTs to be able to understand the research in this area so they can appropriately support students who may be or have been sexually abused. This support may come in the form of being able to recognize abuse, take the appropriate steps to report abuse, and make the necessary referrals to support the students and potentially the family. Students could utilize the research to create a short professional development for local school district faculty and staff about sexuality in the schools and then present to each other in class. To target program development, counselor educators can review competencies and certification requirements with SCTs related to sexuality counseling. Instructors can also include research conducted in related professions to illustrate trends and gaps in the research and identify areas of need within the counseling profession.

Conclusion

In the past decade, research and recommendations regarding incorporating sexuality counseling training in Counselor Education programs has increased. While authors may have different suggestions for how this could be accomplished, the recognition of the need for CACREP to consider integrating sexuality counseling into requirements for all concentration areas of counseling is consistent (Behun et al., 2017; Dia-

mond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin et al., 2017). As the current literature reviewed had not addressed specific training considerations for SCTs, the authors would like to emphasize the need to ensure PSCs are prepared for the issues they will need to address with students when they enter the field, taking into consideration the specific challenges presented in the school setting (Behun et al., 2017; Millner & Upton, 2016). As the inclusion of sexuality counseling into CACREP standards is not currently known to be a topic of consideration, we call on counselor educators and counselor education programs to begin taking steps to integrate sexuality counseling throughout courses and curriculum for PSCs in accordance with ACA Code of Ethics (2014) and ASCA National Model (2020a) assertions. While an additional course in Sexuality Counseling for PSCs could address these recommendations, integration throughout the curriculum could maintain an ongoing dialogue throughout PSC training to address students' sexuality counseling needs.

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Deconstructing Sexual Shame: Implications for Clinical Counselors and Counselor Educators

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Although clients often seek treatment for sexuality-related concerns, counselors may lack the competence, comfort, and skills to adequately address these issues. Counselors may address these treatment barriers by developing a sex-affirming counseling framework. The following article outlines the importance of deconstructing sexual shame within clinical counseling settings and provides specific strategies to enhance the sexual empowerment of clients.

Keywords: sexuality, intimacy, shame, counseling, sex affirming

Introduction

Over the last decade, topics related to sex and sexuality have experienced a resurgence. As counselors began to shift their focus away from the medical model, a new, holistic, sex-positive worldview emerged. The medicalization of sex therapy was replaced with a more salutogenic view of sexual health. The dominant model for sex-positive counseling focuses on achieving or maintaining sexual health (C. Murray, Pope, & Willis, 2017; Southern & Cade, 2011). Because sexual health is intimately linked to wellness across the lifespan (Flynn et al., 2016), the ways in which topics related to sex and sexuality contribute to mental health disorders are of paramount importance within the counseling profession. Although topics related to sex, sexuality, and intimacy represent important areas of foci within clinical and research areas, many mental health professionals lack basic competence and comfort to address sexuality issues (Harris & Hays, 2008; Russell, 2012) due to the complexity of these topics and lack of training in counselor education programs (Authors, 2019, 2020; Russell, 2012).

The construct of sexual health represents more than the relative absence of symptoms and considers opportunities to obtain sexual fulfillment (Southern & Cade, 2011). According to the World Health Organization (2002), sexuality represents a central aspect of being human and encompasses sex, gender identity and roles, sexual identity, eroticism, pleasure, intimacy, and reproduction (para. 7). While clients often seek counseling to address sexuality-related concerns (C. Murray et al., 2017; Southern & Cade, 2011), many counselors struggle to address these issues in ways that produce meaningful change (C. Murray et al., 2017). Given the expansive definition of sexual health in combination with the apparent need to increase counselor competency in this area, counselors are called to develop a sex-affirming counseling framework and learn strategies to address sexuality concerns successfully within the therapeutic setting. The authors de-

fine a sex-affirming counseling framework as a therapeutic relationship characterized by unconditional acceptance and celebration of salutogenic human sexuality wherein clients are empowered to achieve a worldview about sex, sexuality, and intimacy without the presence of sexual shame. The following article identifies contributing factors to the development of sexual shame including the influence of religious messages, social messages, and sexual trauma. Next, the importance for deconstructing sexual shame in counseling is described. Specific strategies to help counselors develop a sex-affirming framework and common issues related to sexual shame are provided. The article concludes with ethical considerations as they relate to referring clients to specialists and feelings of countertransference.

Sexual Shame

Sexual shame is a specific form of shame caused by negative evaluations of one's sexual identity, behaviors, attractions, thoughts, or feelings (Gordon, 2017). Sexual shame is related to one's past sexual experiences and behaviors (Pulverman & Meston, 2020), and often encompasses topics related to sex and sexuality, sexual desires, and deeply personal aspects of sexual identity that are not changeable, such as attraction and gender. The need to understand sex-

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ual shame better has been clearly established in the literature (Levison, 2012; Shadbolt, 2009). Although past studies have sought to quantify sexual shame by correlating global shame experiences with measures of sexual attitudes, behaviors, and beliefs (Kroll et al., 2007; K. M. Murray, Ciarrochi, & Murray-Swank, 2007), these efforts overlooked the experiences of people who functioned well overall but who experienced sexual shame with regard to sexual experiences or sexual identity (Billard, 2018). Psychometrically sound measures that assess shame are additionally limited (Rizvi, 2009), and a clear need continues to exist for measures that provide clinical utility and accurately assess sexual shame across genders (Gordon, 2017; Kyle, 2013).

Factors That Influence Sexual Shame

Religious Messages. The extant body of research indicates religious or theologically conservative individuals who view pornography and engage in non-marital lust and masturbation may experience profound guilt from violating moral codes and expectations (Grubbs, Exline, Pargament, Hook, & Carlisle, 2014; Grubbs & Hook, 2016; Thomas, Alper, & Gleason, 2017). When religious ideologies emphasize how sex acts should only occur within the institution of marriage, individuals' abilities to explore their sexual identities, engage in sexual behaviors, or seek information about contraception, abortion, and safer sex practices may be limited. The marked incongruence between internalized religious values with one's own experiences of sexual desire may contribute to feelings of guilt, shame, and internal conflict (Grubbs et al., 2014; Grubbs & Hook, 2016). Indeed, individuals from conservative religious backgrounds appear to be at higher risk for developing relational distress and experiencing sexual shame compared to their non-religious counterparts (Leonhardt, Willoughby, & Young-Petersen, 2017; Perry, 2015).

Religious messages endorsing a patriarchal worldview that undervalues the role of women while prioritizing the male contribution are embedded within Roman religious ideologies (i.e., Judaism and Christianity; Holland, 2012) and exist across diverse religious traditions. Religious and cultural messages about sex, sexuality, and sexual health may additionally carry undertones that convey moral judgment and gender-based assumptions which counter sex-positive approaches (Bay-Cheng, 2003; Manning, 2014; Rubinsky & Cooke-Jackson, 2016, 2017). Scholars have identified disparaging messages about the inferiority of women compared to men across Muslim (Huassain, 2017), Buddhist (Paudel & Dong, 2017), and Hindu (Franiuk & Shain, 2011) teachings. Religious messages additionally venerate the values of chastity, purity, and abstinence (Cooke-Jackson, Orbe, Johnson, & Kauffman, 2014) while advocating for the desexualization of women's bodies (Huassain, 2017). These religious-based messages about sex and sexuality may ad-

ditionally lead to feelings of sexual shame as evidenced by the fact that the majority of sacred texts promote abstinence (Cooke-Jackson et al., 2015), position sex as dirty and dangerous (Rubinsky & Cooke-Jackson, 2016, 2017), contain oppressive gender stereotypes (Heisler, 2014), perpetuate rape myths (Franiuk & Shain, 2011), and avoid directly addressing issues related to sexual health and intimacy (Holman & Kellas, 2018).

Rigid teachings about sexual identity also permeate religious messages. Strict adherence to heterosexual identities and monogamous partnerships exist in Muslim law (Huassain, 2017) and are notoriously grounded in the Bible (Moses, 2020). Clobber passages, traditionally marginalizing scriptures used out of context to condemn same sex activity (Miner, 2002; Moses, 2020), may create additional disparaging messages that promote the presence of sexual shame. Christian dogma conceptualizes same-sex behavior as diseased, perverse, sinful, and inferior (Barton, 2010). Consequently, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals may experience conflict as they negotiate disparate religious and sexual identities. These challenges may be especially marked for religious LGBTQ people of color, particularly those who reside along the Bible Belt in the United States (see Litam et al., 2020)—a geographical region associated with religion and encompassing northern Texas to western North Carolina and stretching from Mississippi to Kentucky (Brunn, Webster, & Archer, 2011). Existing research has linked feelings of shame, guilt, inadequacy, trauma, and suicidality in LGBTQ persons who lack affirming religious messages (Hattie & Beagan, 2013; Sherry, Adelman, Wilde, & Quick, 2010). Lesbian, gay, and bisexual individuals may also experience rejection from their religious communities and family members (Barrow & Kuvalanka, 2011; Dahl & Galliher, 2012; Hattie & Beagan, 2013), which increases the likelihood of developing mental health symptoms and rates of homelessness.

Social Messages. From an early age, children begin receiving messages about reproduction, their bodies, and sexual health. These internalized messages about sex, sexuality, and bodies may influence the development of sexual shame. Early messages girls receive about sexual health and reproduction have lasting impressions on identity development, conceptualization of sexual activity, and relationships with their bodies across the lifespan (Rubinsky & Cooke-Jackson, 2016, 2017). Children who are punished or ridiculed for engaging in sexually curious behaviors often experience feelings of guilt and shame (Southern & Cade, 2011). The taboo nature of topics related to sex and sexuality often perpetuates the internalization of sexual shame. Girls and women who have internalized the prohibited nature of sexual topics may be more likely to keep the details of their sexual abuse hidden (Carnes, 2002; Morrison & Ferris, 2002), which only serves to maintain and perpetuate feelings of sexual shame. Indeed,

early messages from families of origin may lead to the stifling of natural sexual expression, exploration, and curiosity, and result in ongoing experiences of sexual shame.

Women uniquely face contradicting societal messages at the intersection of ageism and sexual desire. On one hand, media perpetuates endless messages that attribute women's societal value to their sexual currency. Thus, women who are perceived as young, attractive, and within child-bearing years are given more power. The presence of sexual currency is juxtaposed against another societal message that vilifies women who demonstrate overt sexuality, on the other hand. Women may be marginalized through slut shaming, the double standard which stigmatizes the sexuality of women but praises the character of men who engage in the same types of overt sexuality (Ringrose & Harvey, 2015). Although women are negatively affected by childhood lessons and ongoing media messages, the harmful societal messages which contribute to the presence of sexual shame are not limited to gender.

Boys and men are subjected to societal messages that communicate conflicting notions about the nature of sex, intimacy, and sexual expression. For example, boys and men exposed to societal messages that center cisheteronormativity may endorse attitudes that value sexual performance and aggression, rather than demonstrating vulnerability, communicating feelings, or enhancing intimacy (Southern & Cade, 2011). Boys and men may additionally become subjected to shaming messages when they are perceived by others as embodying traits perceived as feminine, such as expressing emotions, endorsing fairness and equity, and engaging in help-seeking behaviors. Following experiences of male sexual victimization, endorsement of heteronormative scripts and toxic cultural messages about masculinity may perpetuate the presence of sexual shame in boys and men (Hlavka, 2016). The experiences of sexual shame in men appear to be distinct from women and may include specific aspects related to sexual inexperience distress, masturbation/pornography remorse, libido disdain, body dissatisfaction, dystonic sexual-actualization, and sexual performance insecurity (Gordon, 2017). Counselors are therefore encouraged to adhere to a feminist, strength-based, and sex-affirming counseling approach that enables boys and men with sexual shame to reframe harmful patriarchal narratives surrounding masculinity.

Technology has ushered in a new wave of sexual social messaging and provides novel opportunities for facilitating sexual health education. Increasing numbers of children, teens, and adults are looking to the Internet and social media as an informal source of sexuality education (Mitchell, Ybarra, Korchmaros, & Kosciw, 2013). Several websites, mobile applications, and forms of game-based learning have emerged to improve the sexual health education of adolescents (Haruna et al., 2018), which may help to address es-

sential knowledge gaps young people may experience in the absence of formal comprehensive sex education. For example, the gamification of sexual health education may be more motivating for adolescents compared to traditional teaching methods (Chu et al., 2015; Kashibuchi & Sakamoto, 2001), and can promote safer sexual behaviors through storytelling, role-plays, and avatars (Haruna et al., 2018). However, while there are benefits associated with the increased accessibility of sexuality information online, there are also increased opportunities for the spread of sexual misinformation. Individuals who access sexually explicit online content may be exposed to unrealistic and potentially harmful portrayals of sex, gender roles, objectification, sexual communication, and consent that may be internalized and contribute toward the development of sexual shame. While pornography and erotica may be useful tools in achieving sexual satisfaction and exploring erotic desire, there is a clear need for increased pornography literacy among viewers in light of growing evidence that the messages inherent in mainstream pornography can shape viewers' attitudes and expectations about sex, intimacy, and relationships in problematic ways (Owens, Behun, Manning, & Reid, 2012). Porn literacy can be cultivated through curriculum and sex-positive conversations that empower viewers to interpret sexually explicit media while learning to identify and challenge their own pre-existing notions, beliefs, and values about sex, bodies, and intimacy.

Sexual Trauma. Extant literature has linked the development of sexual shame to experiences of sexual trauma. Women who have survived child sexual abuse (CSA) report higher levels of sexual shame and experience greater difficulty recovering from psychological and sexual dysfunctions (Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Pulverman, Kilimnik, & Meston, 2018). Involvement with forced or coerced sexual acts deemed wrong and dirty by society may contribute to the internalization of feelings of sexual shame (Feiring, Taska, & Lewis, 2002). For survivors of sexual trauma, shame may be associated with feelings of powerlessness, inadequacy, self-condemnation, disgrace, humiliation/embarrassment, or feeling damaged (Weiss, 2010). In a study conducted by Vidal and Petrak (2007), 75% of female survivors of sexual assault reported feelings of shame following the traumatic event. Moreover, a study of adult women with histories of childhood sexual abuse (CSA; $N = 120$) indicated the role of sexual shame completely mediated the relationship between CSA and sexual function (Pulverman & Meston, 2020). Based on these findings, counselors must be knowledgeable about strategies to deconstruct sexual shame to promote wellbeing and improve sexual function in clients with CSA histories.

Lack of Sex Education. Several factors exist that may influence a disparity of sex education for children and teens. Many educators and teachers lack the awareness, knowledge, and skills needed to confidently address topics related to sex,

sexuality, intimacy, and bodies. Sexual shame may be inadvertently communicated through messages from parents and educators who experience discomfort when addressing these topics. Indeed, the adults responsible for discussing topics related to sex and sexuality often report barriers in doing so. Feelings of discomfort, communication issues, and lack of knowledge on topics related to sex education result in avoidance of sex related discussions in parents and educators (Jerman & Constantine, 2010). As a result, young people are left unable to develop a deeper understanding about sex and intimacy. These topics remain taboo, and young people may internalize incorrect beliefs related to reproductive and sexual health as something shameful that should be kept a secret (Rubinsky & Cooke-Jackson, 2017).

When sex education does occur within educational settings, topics are often addressed in problematic ways. Although research has clearly illuminated how safer sex practices reduce occurrences of unplanned pregnancies and rates of sexually transmitted infections, sexual education programs most often disseminate abstinence-only education or abstinence until marriage education (Malone & Rodriguez, 2011; Santelli et al., 2017). It is also common for sex and health education in K-12 settings to be segregated by gender, which prevents teens from accessing information about other genders, and reinforces the mystification of sex and health issues of the opposite sex (Luker, 2006). This segregation may also contribute to harmful gender identity-related microaggressions and decreased access to knowledge for transgender, non-binary, and intersex students who may be inappropriately placed into single-sex classrooms. Additionally, the overt and covert messages that silence topics related to intimate health often minimize young girls' need for intimacy and pleasure (Gunning, Cooke-Jackson, & Rubinsky, 2019).

Deconstructing Sexual Shame in Counseling

Sexual shame is pervasive across cultures and communities, and throughout the lifespan. Thus, counselors must be prepared to encounter clients who are experiencing mental, emotional, and sexual health issues related to, and impacted by, clients' feelings of shame. While sexual healthcare has historically been viewed as beyond professional counselors' scope of practice, scholars in the mental health field have urged the integration of sexual wellness discussion throughout the counseling process, regardless of presenting issue or concern (Buehler, 2017; Southern & Cade, 2011). As evidenced by a professional identity rooted in wellness, human development, and social justice, professional counselors are uniquely positioned to address sexual health concerns within the context of clients' holistic wellbeing.

Developing a Sex-Affirming Counseling Framework

The primary tool in addressing sexual shame with clients is the counselor's ability to embody a sex-affirming stance

within the therapeutic relationship. Notably, affirming beliefs about sexuality may not come naturally to counselors due to their own personal histories of sexual shame. Consequently, it becomes imperative for all mental health professionals first to examine their own beliefs, values, and biases about sexuality critically and consider how these attitudes may impact their ability to approach sexuality from a positive, empowering perspective (Wilson, 2019). Scholars have demonstrated how sexual beliefs that are rigid, rooted in conservative religious ideologies, and discriminatory in nature (e.g., sexist, heterosexist, transphobic) can be deleterious to affirming therapeutic relationships (Author, 2019; Bidell, 2014; McGeorge, Carlson, & Toomey, 2013). Thus, it is vital that counselors seek out opportunities to increase their sexuality knowledge and self-awareness through continued sexuality education, sexuality-focused supervision, peer consultation, and personal counseling (Author, 2020; Russell, 2012; Wilson, 2019).

A sex-affirming framework of counseling centers on the assertion that sex is a natural part of the human experience and offers important contributions to clients' mental and emotional wellbeing, relational health, and overall life satisfaction. Counselors can exemplify a sex-affirming stance with clients by normalizing the topic of sexual discussion with congruence and comfort. Sexuality is also viewed as expansive, emergent, and pluralistic—that is, counselors acknowledge that sexuality is experienced in innumerable ways that are shaped by the client's unique social, cultural, and environmental contexts. Although values related to consent, equality, and responsibility are emphasized, sex-affirming counselors also recognize that there is no one "right" kind of sexuality and that all individuals create their own meanings related to sexual morality. In other words, sex-affirming counselors regard all sexual behaviors occurring between informed and consenting partners as potentially healthy and beneficial forms of intimacy.

A sex-affirming approach to counseling is also responsive to multicultural diversity and intersectionality. Clients that possess marginalized identities (e.g., LGBTQ+ individuals, people of Color, people with disabilities, people from impoverished backgrounds) often face increased sexual health risks, such as decreased access to sexual healthcare and increased sexual stigmatization (WHO, 2011). As such, counselors must recognize how discrimination systems such as white supremacy, patriarchy, and cisheteronormativity inform societal values about sexuality, as well as how discriminatory sexual norms may impact clients' sexual wellness. As each client possesses multiple identities that contribute to their unique position of privilege and oppression, counselors should explore the sexual health implications of their clients' intersectional lived experiences.

Common Issues Related to Sexual Shame

Counselors are called to explore the existence of sexual shame and its impact on the client's presenting issues even when clients present into counseling for non-sexual reasons. The existing body of research has illuminated the negative effects of sexual shame on wellness (Feiring, Taska, & Chen, 2002; Feiring, Taska, & Lewis, 2002; Pulverman & Meston, 2020) and the intimate relationship between sexual health and wellness across the lifespan (Flynn et al., 2016). Sexual shame has a broad range of implications for clients' overall health and may have negative associated outcomes for psychological, sexual, and relational functioning.

Internalized sexual shame may be a contributing factor to symptoms of depression and anxiety (Tangney & Dearing, 2002; Willie et al., 2016). Impairments related to sexual shame may also include difficulties with sexual desire and arousal, increased genito-pelvic pain, difficulty achieving orgasm, and may also lead to out-of-control sexual behaviors (Braun-Harvey & Vigorito, 2016; Pulverman & Meston, 2020). According to findings from Pulverman and colleagues (2018), approximately 65 to 85% of women who present with sexual dysfunction have experienced CSA. Additionally, individuals with high levels of sexual shame may experience challenges related to intimacy within their sexual and romantic relationships, which may contribute to asymmetrical desire, increased conflict, and resentment between partners (Sellers, 2017).

The insidious effects of shame on gender and sexual minority (GSM) persons are especially marked. Internalized homophobia and concealment have been linked to higher rates of shame (Show & Cheng, 2010; Sherry et al., 2010). Indeed, GSM persons who experience shame about their affectional and/or gender identities may struggle with embracing aspects of their authentic selves in ways that disconnect them from partners, peers, and GSM community members (Mereish & Poteat, 2015), and contribute to poor quality of relationships (Liang et al., 2002). Counselors are therefore encouraged to assess for the presence of sexual shame with all clients, regardless of presenting concern.

Addressing Sexual Shame in Therapeutic Settings

Because sexuality is considered taboo by many cultures, clients are often denied the experience of openly and honestly discussing sexual health within social networks, which may contribute to feelings of reluctance and discomfort in initiating sexual discussion in therapy. A client entering into counseling for the first time may not feel like sexuality is appropriate or relevant to their reasons for seeking counseling, so the counselor is responsible for conveying that sex and intimacy are significant facets of overall health and wellness (Sellers, 2017). The PLISSIT model (*Permission, Limited Information, Specific Suggestions, and Intensive Therapy*;

Annon, 1976) details the importance of giving clients explicit permission to discuss sexuality in counseling, which can begin as early as the informed consent and continue throughout the counseling relationship. Clients facing sexual shame can benefit from the assurance and normalization provided by a trusted professional that their sexual concerns are a valid and meaningful aspect of their lives.

Upon normalizing sexual discussion and establishing rapport with clients, counselors may gain more information related to the client's current level of sexual health through formal and informal assessment. In addition to basic intake questions related to sexual and affectional identity, gender identity, and partnership status, the counselor may also include open-ended questions related to sexual wellness, such as: 1) How would you describe your current level of sexual or intimacy satisfaction? 2) What barriers do you face in experiencing healthy and pleasurable sexual intimacy? 3) What changes might you like to see in this area?

Because clients may come from religious or cultural backgrounds that discourage the open discussion of sex, counselors should strive to develop a strong therapeutic rapport and may convey sensitivity by framing questions as voluntary and directly related to the client's mental health. If the client indicates some distress related to sexual wellness, the counselor may explore the issue in more depth by incorporating questions geared to assess the role of culture and religion, family upbringing, relationship history, and previous sexual trauma in the client's sexual health concerns. From this discussion, the counselor acquires a more illustrative conceptualization of the impact of sexual shame on the client's presenting concerns. An additional structured assessment such as The Kyle Inventory of Sexual Shame (KISS; Kyle, 2013) may be useful in tracking changes in perceptions of sexual shame throughout the course of therapy.

While most clients can experience positive therapeutic outcomes by simply being accepted as sexual beings, some clients may require additional therapeutic interventions to recover from sexual shame (Annon, 1976). Counselors may provide clients additional information related to the presenting sexual issue, such as resources related to healing from religious sexual shame (Sellers, 2017) or sexual abuse (Maltz, 2012). This may also include providing clients with medically accurate information about their bodies, safer sex practices, variations in sexual activities, or other aspects related to intimacy enhancement. Many clients may experience relief from sexual shame by accessing increased information about sexuality, which can address the knowledge gaps incurred from prior sex education deficits and sexual stigmatization.

Specific Strategies to Enhance Sexual Empowerment

While permission-giving and psychoeducation are essential elements to addressing sexual shame, clients may also benefit from therapeutic interventions that further encourage

the development of sexual empowerment. Given that sexual shame is primarily developed through the internalization of sex-negative messages, it can be especially helpful for clients to analyze their sexual shame narratives critically as they work toward envisioning a narrative of sexual empowerment. Interventions geared toward externalizing shame, exploring pleasure and desire, increasing body acceptance, and inspiring sexual creativity are essential in the journey to heal from sexual shame.

Narrative Interventions. Due to its focus on the externalization of problems and re-storying distressing narratives, narrative therapy may be a particularly useful approach for deconstructing sexual shame. Sellers's (2017) framework of healing from religious sexual shame captures key narrative therapy concepts by working with the client to: 1) confront sexual misconceptions and stereotypes with accurate sexual health knowledge (i.e., "framing" the session); 2) embrace positive elements of sex and intimacy through claiming and celebrating meaningful sexual pleasure; 3) address feelings of secrecy and shame by sharing personal sexual narratives with the counselor and other compassionate support members; and 4) envision future goals related to sexual empowerment by considering the question, "What story do you want to write that will honor the beautiful, unique gift that is the sensual, powerful *you*?" (italics in original; Sellers, 2017, p. 111). Inviting clients to externalize their personal stories related to sexual shame empowers them to explore and deconstruct the hidden ideologies that have contributed to their sexual wellbeing and self-determine which beliefs and values are congruent with their current sexual worldview. Many clients are unaware how much of the baggage they carry with respect to sexuality are based on ideas in which they no longer agree. Identifying and illuminating these conflicts allows clients to propose sexual worldviews that are reflective of their enhanced understanding of sexuality, cultural and religious values, and future sexual wellness ambitions.

Somatic Interventions. Clients who have formed negative associations related to sex may report feeling disconnected or out-of-touch with their bodies, genitals, or other erogenous areas—body- and/or genital-shame, and sexual self-consciousness (Sanchez & Kiefer, 2007). As defined by Hartley (2004), somatic therapy is a "holistic approach to therapy and healing that embraces body, mind, and spirit within a changing social, cultural, and spiritual context" and provides a useful supplement to traditional talk therapy by inviting clients to explore the embodiment of their cognitive meanings about sex (p. 1). Examples of somatic therapy include breathing, meditation, dance/movement-based interventions, and other body-based exercises that may assist clients to integrate newfound sexual knowledge within the body, allowing for deeper exploration of the barriers that clients may experience around accessing pleasure, desire, and empowerment. An example of this is the "Mirror Ac-

ceptance" exercise, wherein clients are invited to explore and affirm the uniqueness of their bodies in the privacy of their own home. Once in a safe and private location, the client is encouraged to position a mirror that allows for them to gaze upon their unclothed body while offering positive affirmations such as "I accept myself, in this moment, just as I am" with mindful intent. This somatic intervention may also include observance of one's genitals, with more specific affirmations about the smell, taste, and appearance of the client's breasts, vulva, anus, penis, or testes. Clients are encouraged to develop their own personal affirming mantras in counseling to use as an anchor when negative thoughts are encountered during the exercise. It is important that counselors prepare their clients to address any feelings of discomfort, guilt, shame, and disgust that may arise during the exercise beforehand, including permission to discontinue the exercise when it no longer feels therapeutic. Somatic homework assignments including sensual self-touch, masturbation, and partnered intimacy (e.g., sensate focus) may also be used to generate self-acceptance with pleasure, desire, and eroticism.

Expressive Arts. An essential component to deconstructing sexual shame involves the client's "practice of possibilities," or the process of generating unique, novel, and emergent sexual meanings that serve to empower the client's sexual wellbeing (Author, 2018, p. 169). Because negative messaging about sex can be deeply engrained in the client's sexual self-schema, interventions involving creativity and self-expression may be particularly useful in enabling clients to re-imagine personal sexual meanings. Expressive interventions provide the client a non-verbal pathway to explore topics related to sex, allowing a process of "working through, clarifying, organizing, and expressing what is often felt and unnamed or named in ways that reduce the fullness of the experience" (Metzl, 2016, p. 6). Sexual shame and empowerment may be explored through paint, sculpture, collage, photography, music, and numerous other mediums. One example is the "Nourishing Pleasure" exercise, which is intended for established counseling relationships where the client has already been working on sexual shame-related issues. The exercise involves the client sketching or painting a portrait of their body, while imagining their body in the midst of joyful pleasure. During the sketch, the client reflects on the following questions: 1) How does pleasure nourish you? 2) Where do you feel it most profoundly? 3) What messages empower your joy? Your pleasure? Your sensuality? Through this exercise, the client can express and affirm their right to feel joyful pleasure, as well as document the empowering messages that enable their experience of joyful pleasure. The exercise may also be used to cultivate body acceptance, self-compassion, and increased awareness of sexual and erotic desires.

Group Interventions. Shame, by nature, is an emotion of isolation. Several researchers have suggested that "speak-

ing shame,” or sharing one’s shame experiences with others, is a pivotal aspect of shame recovery (Brown, 2006; Kyle, 2013; Sellers, 2017). Group counseling and peer-support group models have shown to be effective in reducing shame and increasing shame resiliency in diverse populations (Gilbert & Proctor, 2006; Milliken, 2008) and may be particularly suited to address the needs of clients experiencing sexual shame. Core processes involved in the group treatment of sexual shame include: 1) normalization of the existence of sexual shame, 2) mutual empathy development, 3) consciousness-raising about sociocultural norms related to sex, 4) peer support and guidance, and 5) cultivating empowerment through relational closeness (Kyle, 2013).

Referral to Specialists

Engaging in ethical sexuality counseling requires counselors to reflect on their scope of practice and areas of expertise to recognize when clients may require referral to other specialists. Whereas sexuality counseling addresses developmental influences on individual and relational sexual functioning (Southern & Cade, 2011), sex therapy reflects a more specialized form of treatment that utilizes known technical interventions to treat sexual dysfunction (Althof, 2010). Additionally, if a client’s sexual concern is related to a medical issue (e.g., weakened pelvic floor after childbirth, erection difficulties related to prostate cancer treatment), consultation and referral to a medical specialist may be advised. Thus, it is important that counselors build a referral network that includes sex therapists, gynecologists/urologists that specialize in sexual health, physical therapists that specialize in pelvic health, sex educators, and sexual product specialists and/or retailers.

Counselors must also acknowledge the treatment and ethical implications that may arise when referring clients to specialists. Specifically, counselors must carefully consider whether referral to a specialist is in the best interest of the client or due to their own feelings of personal discomfort (Binik & Meana, 2009). Counselors are additionally encouraged to engage in open, honest conversations with their clients when topics related to sex and sexuality venture into areas of which the counselor has limited competence or training (Corley & Schneider, 2002). Indeed, counselors are called to reflect on their professional scope of practice and refer clients to specialists, when applicable, to avoid doing harm (ACA; 2014).

Attending to Countertransference

Counselors may face countertransference during sexuality counseling as the result of their own sexual experiences or internalized feelings of sexual shame. Clients who explore intimate topics related to sexual, affectional, and gender identities, sexual activities, and experiences of sexual

trauma may elicit feelings of countertransference in counselors. Counselors who experience countertransference in response to clients are encouraged to pursue supervision, process their feelings with colleagues, or engage in their own counseling to obtain valuable insight as to the reasons for their reactions (Fisher, 2004; Rodgers, 2011). Experiencing countertransference, including sexual feelings towards clients, may be normalized and in and of themselves, do not constitute sexual misconduct (Fisher, 2004).

Conclusion

As counselors continue to move away from the disease model of pathology, sexual health topics such as the implications of sexual shame on wellness must be conceptualized from a sex-affirming, holistic, and biopsychosocial perspective. The present article outlined the various factors and experiences that may contribute to feelings of sexual shame. To support clients, counselors may employ specific strategies to enhance sexual empowerment, including narrative interventions, somatic exercises, expressive arts, and group interventions. When countertransference occurs as clients explore issues related to sex, sexuality, and intimacy, counselors are encouraged to seek supervision, process their experiences, and pursue their own counseling to obtain insight. Finally, counselors must reflect on their areas of competence and consider referring clients to specialists when appropriate.

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Book Review: *What Every Mental Health Professional Needs to Know About Sex*, 2nd ed., by Stephanie Buehler

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The ability to understand and address sexuality issues is a critical skill set for all mental health professionals. This comprehensive review of the second edition of *What Every Mental Health Professional Needs to Know About Sex* includes an overview of the contents with emphasis on the strengths and weaknesses of the text. Written by Stephanie Buehler, a licensed psychologist and AASECT certified sex therapist and supervisor, the contents are educational, promote increased self-awareness for the reader, and facilitate insight into the lived experiences of clients while also providing practical and useful exercises and resources that are valuable regardless of a clinician's depth of experience. The book is highly recommended for inclusion in counseling and sexual wellness education at the master's and doctoral level.

Keywords: book review, mental health professionals, sex education, textbook

Review

The ability to understand and address sexuality issues is a critical skill set for all mental health professionals. The second edition of *What Every Mental Health Professional Needs to Know About Sex* (Buehler, 2017) is an informative and comprehensive text that provides information, tools, and exercises to facilitate comfort and skills related to sexuality within the therapeutic process. Written by Stephanie Buehler, a licensed psychologist and AASECT certified sex therapist and supervisor, the contents are educational, promote increased self-awareness for the reader, and facilitate insight into the lived experiences of clients while also providing practical and useful exercises that are valuable regardless of a clinician's depth of experience.

Divided into three parts, the text opens with dialog intended to lay a groundwork of conceptual understanding. Part I, entitled *The Courage to Treat Sexual Problems*, sets a tone of encouragement to speak openly on the topic of sexuality. Buehler promotes addressing physical and psychological sexual development with candidness and acceptance while also giving voice to societal influences that have impacted the stigma associated with talking about sexuality. She calls out professional literature that has highlighted the trends of sexually conservative views in mental health practitioners and, from the beginning, readers are challenged to honestly reflect on their current perceptions and opinions about sex and set aside existing beliefs in an effort to expand their worldview. Four chapters comprise Part I, including an entire chapter dedicated to developing comfort with the topic, before moving into a review of sexual anatomy, psychosexual development, and the evolution of the field of sexology and sexual health. Buehler literally gives voice to the topic with

an offering of language including terms and definitions. The content is easy to read and grounded in research.

Part II moves into the assessment and treatment of sexual concerns. The largest portion of the book, the content in Part II is expansive and includes 15 chapters addressing sexuality in relation to a variety of topics including trauma, reproduction, relationships, and mental illness. Practitioners who work with families will appreciate the section dedicated to answering parents' questions about children's sexual development across the lifespan and learning to address sexual issues with their children. Other chapters include content dedicated to the specific sexual health problems of men and women as well as sexual minorities and transgender clients. The book includes education and guidelines for application of strategies to promote sexual wellness and decrease sexual dysfunction that are useful to educators, supervisors, and clinicians. A great element included in this section of the book is the "Step into my Office" portion of each chapter, which offers a case study to promote clinical conceptualization. Every chapter creates a framework for exploring attitudes, gaining knowledge, and growing skill. While there is

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no doubt that Buehler promotes affirmative treatment, more information or case studies related to clients who are gender non-binary or post-transition transgender would be useful. What is superb, however, is the practical information on issues common to clinical practice such as STIs, sexuality and aging, and sexuality and medical problems. The content is aligned with the DSM-5 (American Psychiatric Association, 2013), addresses theoretical approaches, new pharmacological treatments, and sex addiction making it a great choice for educators and supervisors to use in training curriculum. What is threaded throughout the book is the reminder to all treatment providers that they have an obligation to expand their knowledge and maintain open attitudes in order to be effective in their clinical practice. These reminders become especially relevant in the sections dedicated to alternate sex practices and out of control sexual behavior.

Finally, in Part III, the book transitions into ethics and practice of sex therapy. All clinicians, regardless of practice setting or years of experience can benefit from the useful review of maintaining appropriate boundaries and issues of transference and countertransference. Those considering or participating in work with couples will certainly appreciate the exploration of managing secrets in conjoint therapy. The book concludes with discussion on the ethical management of sex therapy casework and further directions in the field.

Overall, this book is a great tool for mental health professionals who are motivated to address sex in a comfortable and effective manner in clinical practice. The variety and depth of information included in this book sets it apart from other texts. It is highly recommended as an excellent choice for use in counseling and sexual wellness education at the master's or doctoral level. The content is thought provoking and encourages readers to reflect on personal beliefs and biases about treating sexual health. Included are downloadable templates such as worksheets and client handouts, a glossary, and resources to promote access to more in-depth information and collaboration with other health professionals. The sample vignettes, diagrams, and case studies have educational value for clinicians and clients alike. *What Every Mental Health Professional Needs to Know about Sex* is a comprehensive text designed to expand the reader's fund of knowledge related to sexual issues with diverse populations and serves as a guide filled with practical tools and techniques for professionals to utilize in their clinical work.

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Book Review:

The Psychology of Human Sexuality, 2nd ed., by Justin J. Lehmiller

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Sex education is important both to individuals and to overall public health outcomes. In the United States, sex education curriculum is not guided by any federal standards, meaning materials and approaches vary widely. Drawing inspiration and evidence from countries with successful sexuality education standards, we know that comprehensive, evidence-based methods are the most effective for improving health outcomes across myriad domains. Materials that are guided by this standard of empirical basis should be identified and used in conjunction with other tools for providing responsible and effective sex education. This is a review of one such undergraduate textbook: *The Psychology of Human Sexuality* (Lehmiller, 2018). Lehmiller's (2018) textbook is not only guided by a rigorous commitment to empirical basis and medical accuracy, but features an understanding of the roles of psychological, social, and cultural issues in sexual development and behavior that other sexuality textbooks lack. Additionally, the intentional tone of sex-positivity and attempts at inclusivity present in this textbook set it apart from its counterparts. Benefits and shortcomings to this approach are discussed.

Keywords: book review, psychology of human sexuality, sex education, textbook

Review

Culturally and academically, the United States suffers from a lack of comprehensive, medically accurate, evidence-based sex education. A lack of federally accepted national standards dictating what must be taught, and when (Guttman Institute, 2021), means that many American adults never get the sex education they deserve. Poor sex education has impacts beyond those to the individual. Sex education is a matter of public health, a lack of which contributes to adverse outcomes (Weaver, Smith, & Kippax, 2005) like increased rates of unintended pregnancy (Williams & Bonner, 2006), the spread of STIs (Fonner, Armstrong, Kennedy, O'Reilly, & Sweat, 2014; Vivancos, Abubakar, Phillips-Howard, & Hunter, 2013), and ignorance about sexual diversity that increases stigma and exacerbates poor health outcomes (Bezreh, Weinberg, & Edgar, 2012; Valdiserri, Holtgrave, Poteat, & Beyrer, 2018). The importance of sex education means that, when it is taught, it is imperative that the curriculum be held to exacting standards. *The Psychology of Human Sexuality*, Second Edition, (Lehmiller, 2018) is a textbook that goes far toward meeting those exacting standards.

This textbook features 13 illustrated chapters that each begin with an introduction, followed by a comprehensive, albeit foundational, discussion of the content. The chapters are followed by a glossary of key terms, presented in bold throughout the chapters, an index, and a complete list of references. Throughout the book there are sections called "Digging Deeper" and "Your Sexuality" that invite readers to

more thoroughly consider additional information and context related to the topics presented in the book. Each chapter closes with a summary list of the key terms used in that chapter, and a list of discussion questions. There is additional and robust content available to instructors who wish to use this in their courses, including summary PowerPoint slides, a test bank, and additional discussion content.

Like each chapter, the book also begins with an introduction, titled "Foreplay," and ends with an epilogue. Lehmiller uses both as an opportunity to address the reader about what to expect from the book, and from him as an author. In "Foreplay" Lehmiller makes it clear that his approach is "all based in science" (p. xiv) and defines his philosophy as a sex-positive researcher, educator, and author (p. xiii). He also discusses his motivation for writing a human sexuality textbook that features psychology so prominently. Previously, books dedicated to the study of human sexuality have given "short shrift" to much beyond anatomy and physiological

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development (p. xiii). This book is like other sexuality textbooks in that it provides important, medically accurate information on anatomy, contraception, and STIs. This book goes beyond other sexuality textbooks to provide empirically based information on the “roles that psychology and the social and cultural context play in shaping human behavior” (p. xiii). In the epilogue (p. 416), Lehmiller reminds the reader that no single book could possibly cover all that one needs to know about human sexuality, encouraging readers to “go out and keep learning about sex.”

Lehmiller makes good on his promise to write a sex-positive, empirically based textbook that covers not just the basics, but also includes a closer look at a diverse array of topics in identity, relationships, and behaviors (e.g., gender and sexual orientation diversity, ethical non-monogamy, fetish). He manages to present a well-organized tool that discusses myriad sensitive and unfamiliar topics in plain but intelligent language and a clear tone of open-mindedness and inclusivity. Where there is a gap in the literature, Lehmiller makes an effort to acknowledge this and explain how those gaps can be handled. Most issues of this nature are resolved by the standard of empirical basis to which each topic is held, both for inclusion and discussion. This standard of empirical basis is both the book’s greatest feature and its most notable shortcoming.

Any educator who has ever had to correct bad information about human sexuality that a student found online or heard from friends will surely welcome and appreciate this foundational textbook that is so thoroughly rooted in scientific literature and committed to medical accuracy. The citations provided cover a span of disciplines, making it easy for folks from any field to follow up on topics of interest to them personally or professionally. Because this rigorous standard is not the result of any broad accuracy mandate on the provision of sexuality education, this textbook is a shining star. However, what this textbook fails to do is carefully consider the ways that science has done disservice to some of the diverse topics and communities this same book heralds as noteworthy and valuable.

Empirical basis is an important educational standard, but it means nothing without a commitment to inclusivity and affirmation. “Empirically-based” as a standard, is necessarily limited to only what is available in empirical research. Research in all fields, and certainly in the fields involving human sexuality, has historically been dismissive of (and even harmful to) marginalized communities. To be properly comprehensive and responsible, educators should consider this, go beyond what exists in the literature, and listen to the voices of those who occupy these communities. That is something this textbook has failed to do.

Most notably, throughout the book Lehmiller adheres to language use that is scientific and, in many cases, highly medicalized. For example, despite several brief state-

ments about the diverse and non-binary nature of both sex and gender, the book still resorts to “male/female” dichotomous language throughout. Chapters are organized in terms of male vs. female, subjects compare male response/behavior/preferences to female response/behavior/preferences. Furthermore, this dichotomy is presented as foundational, and conversations about diversity in gender and sex are given short shrift. When diversity discussions are included, that discussion reads like an afterthought at best, and like othering, rather than affirmation, at worst. By using language reflected in science, mental health, and medicine in favor of language used by the communities who embody these identities (i.e., the use of “transsexualism” to describe what most people living in and doing work in LGBTQ+ communities call “transgender identity”), the book contributes to stigma that medicalizes and further marginalizes members of these communities. Ideally, chapter introductions could more completely address these kinds of concerns head on, rather than burying any mention of these issues in the larger text.

Overall, this is a valuable and sex-positive contribution to academic study of the psychology of human sexuality. Educators who wish to use this book would be well advised to consult members of marginalized communities on the presentation of these topics in their courses, but as a foundational undergraduate textbook there are few available that match this text for quality and comprehensiveness.

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