

---

2022

## Sex-Positive Clinical Supervision: A Special Commentary

Beda A. Bjorn  
Yorkville University

Follow this and additional works at: <https://digitalcommons.unf.edu/jcssw>



Part of the [Counseling Commons](#)

---

### Recommended Citation

Bjorn, B. A. (2023). Sex-Positive Clinical Supervision: A Special Commentary. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 4 (2), 88-90. <https://doi.org/10.34296/04S11076>

This Article is brought to you for free and open access by the Brooks College of Health at UNF Digital Commons. It has been accepted for inclusion in Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education by an authorized administrator of UNF Digital Commons. For more information, please contact [Digital Projects](#).

© 2022 All Rights Reserved

# Sex-Positive Clinical Supervision: A Special Commentary

Beda A. Bjorn  
Yorkville University

This commentary focuses on clinical competencies, research frameworks, training implications that elevate the meta-competence awareness for the clinical supervisor. There is an identified need to expand sex-positive clinical supervision guidelines. The supervisory setting is created for the safety and personal-professional growth of the supervisee, where it is an opportunity to conceptualize the thematic development of our clinical evolution. In this space, we set a foundation for clinical frameworks to guide the applicability of specific intervention methods and strategies that allow for the critical formulation of a healthy therapeutic outcome. Without established and robust sex-positive frameworks in supervision, the clinical supervisor is exposed to incompetent practices that miss an adequate assessment, detection, and treatment, all critical elements of the conceptualization process. To make matters worse, the lack of training and preparation in sexual wellness and other sexual topics is transferred onto the supervisee, creating a circuit of uninformed clinicians and left to fend on their own when encountering a future client seeking treatment. Not only are we causing a disservice to our supervisees, but we are perpetually injuring the clinical community as a whole. This commentary will examine the clinical, research and training priorities in clinical mental health counseling.

*Keywords:* counseling sexology, clinical supervision, clinical supervisors, supervisees, commentary

## Clinical Priorities

To address the root of the problem, we must examine the variability in the 53 supervisory jurisdictions (Henriksen, Henderson, Liang, Watts, & Marks, 2019). This shows that clinical supervisory competency-based standards differentiate among each other substantially. Since accrediting standards are not consistent and require different sexuality training requirements, how can we expect optimal supervisory competencies from clinical supervisors to be efficacious in an ethically-legally and culturally sound manner to develop the supervisees' knowledge, skills, and attitudes? For instance, licensing boards in Florida require licensed mental health counselors to attend a three-hour HIV/AIDS course to complete licensing status (Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, n.d.). However, the course does not address human sexuality advances and treatments that are interconnecting sexual issues within biopsychosocial domains without pathologizing human sexual clinical treatment. The state-required training is essential without a doubt, except it is missing other positive aspects of sexual wellness. The greater the avoidance by licensing boards to integrate robust sex-positive clinical supervisory and academic training, the greater the disparities in clinical approaches, reducing the counseling process's efficaciousness. De Menezes-Franco et al. (2016) found that 62.5% to 77.7% of clinical supervisors experienced personal and professional interferences affecting

the adequate implementation of sexual intervention strategies within the supervisory setting.

Infusing sex-positive experiential activities sets the foundation of integrating sexual topics in a scaffolding method within the supervisory process. This pedagogical approach promotes supervisors in masters and doctoral academia to discuss sexual wellness in a clinically efficacious manner (Burnes, Singh, & Witherspoon, 2017a). The goal is to reshape the supervisory journey by expanding one's sexual views and raising awareness in conceptualizing sexual health care (Schuermann, Harris, & Lloyd-Hazlett, 2018). Enlisting supervisory competency courses in master's and doctoral programs by adopting sex-positive frameworks models breaks the cycle of academic institutions from banning essential core clinical competencies within the CES field (Sanabria & Murray, 2018; Sousa, 2018; Zeglin, Van Dam, & Hergen-

### Corresponding Author

Beda A. Bjorn  
Yorkville University  
1761 N Young Circle #3  
Suite 326  
Hollywood, FL 33020  
E: bjornbeda@gmail.com  
P: (305)771-3385

rather, 2017; Zeglin, Niemela, & Vandenberg, 2019).

### Research Priorities

The dearth in the body of literature examining the depth of discussion of sexual topics in supervision is prevalent. In a predictive study, Bjorn (2021) could not determine whether gender and sexual attitudes predicted the level of preparedness with sexual topics in supervision. However, the same study in a post-hoc analysis found that male clinical supervisors are substantially more flexible and have less rigid sexual attitudes when discussing sexual topics in the supervisory setting. Miller and Byers (2008) recommended further exploring the supervisor's willingness to treat sexual concerns and self-efficacy skills in addressing sexual issues to quantitatively investigate personal areas of discomfort that implicate a sound supervisory experience. The lack of appropriate measurement instruments contributes to underreported and skewed studies in addressing sexual wellness. Miller and Byers (2008) are the only authors to date that piloted several tools assessing sexual competencies and efficacy in the clinical supervisory setting. The lack of supervisory self-assessments tools can inhibit an overall comprehensive understanding of one's aptitudes and skills in addressing sexual topics in supervision (Miller & Byers, 2008). Leveraging the research in identifying gatekeeping standards in measuring a supervisors' internal sexual attitudes and competencies increases the pre-emptive status that is acknowledged by the licensing board to direct responsibility to clinical supervisors in maintaining optimal training and preparation in sexual topics in order to maintain supervisory accreditation (Burnes et al., 2017a; Burnes, Singh, & Witherspoon, 2017b; Miller & Byers, 2008; Weir, 2019). Ultimately, integrating a sex-positive lexicon within the research standards requires a swift modification to be inclusive and less pathologizing. Working to bridge research language in a way that our participants comprehend the material and prevent directly or indirectly instill shame through the act of macro-micro-aggressions (Ard & Keuroghlian, 2018). Lastly, enlisting peer-reviewed journals to incorporate sex-positive publications to expand scholarly research is necessary to close the gap in the body of literature (Zeglin et al., 2019). Hargons et al. (2017) reviewed *he Counseling Psychologist* and *Journal of Counseling Psychology*, finding that 5% of the literature published contained sex-positive content further supports the expansion of studies relevant in addressing supervisory standards and competencies.

### Training Needs

Increasing sex-positive training with access to continuing education credits has an influential ability in leading clinical supervisors in seeking added preparation skills to build supervisory resiliency and competency. Integrating the Sexual

Attitude Reassessment Seminar (SARs) within all 53 supervisory jurisdictions as requirements for licensing renewal or newly licensed individuals increase the likelihood of mitigating supervisors reflecting negative-rigid-coercive sexual attitudes in the clinical setting (Henriksen et al., 2019). Gatekeeping standards can be applied if clinical supervisors cannot remediate biased beliefs and views. Also, infusing the ten domains of human sexuality competency skills elevating effective supervisory conceptualization frameworks by addressing sexual topics in supervision: (a) ethical/professional behavior, (b) history and systems, (c) anatomy/physiology, (d) sexual identity, (e) sexual development, (f) intimacy and interpersonal relationships, (g) pleasure and sexual lifestyles, (h) sexual functioning, (i) health/medical factors, and (j) sexual exploitation (Zeglin et al., 2017, 2019) and expanding training workshops in conferences through recruiting premier organizations (i.e., ACA, CACREP, NBCC) to acknowledge the inclusion of such training standards as part of the supervisory curriculum.

### Conclusion

Closing the lacuna in clinical mental health counseling by addressing the supervisory standards for sexual health and wellness is critical for the mental health field. Addressing supervisory competencies within clinical, research, and training priorities embraces the shift towards comprehensive standards. Whereby setting the foundation for robust sex-positive supervisory frameworks sustaining the development of novice clinicians to be prepared to discuss sexual topics in supervision adequately (Bjorn, 2021; Burnes et al., 2017a; Miller & Byers, 2008; Sanabria & Murray, 2018).

### References

- Ard, K. L., & Keuroghlian, A. S. (2018). Training in sexual and gender minority health — expanding education to reach all clinicians. *New England Journal of Medicine*, 379(25), 2388–2391. doi:10.1056/nejmp1810522
- Bjorn, B. (2021). *Qualified clinical supervisors' gender, sexual attitudes, and preparedness with sexual topics in supervision* (Unpublished doctoral dissertation). Capella University.
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017a). Graduate counseling psychology training in sex and sexuality: An exploratory analysis. *The Counseling Psychologist*, 45(4), 504–527. doi:10.1177/0011000017714765
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017b). Sex positivity and counseling psychology: An introduction to the major contribution. *The Counseling Psychologist*, 45(4), 470–486. doi:10.1177/0011000017710216
- de Menezes Franco, M., Driusso, P., Bø, K., de Abreu, D. C. C., da Silva Lara, L. A., de Sá Rosa e Silva,

- A. C. J., & Ferreira, C. H. J. (2016). Relationship between pelvic floor muscle strength and sexual dysfunction in postmenopausal women: a cross-sectional study. *International Urogynecology Journal*, 28(6), 931–936. doi:10.1007/s00192-016-3211-5
- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling. (n.d.). *Licensing requirements*. Retrieved from <https://floridasmmentalhealthprofessions.gov/licensing/licensed-mental-health-counselor/>
- Hargons, C., Mosley, D. V., & Stevens-Watkins, D. (2017). Studying sex: A content analysis of sexuality research in counseling psychology. *The Counseling Psychologist*, 45(4), 528–546. doi:10.1177/0011000017713756
- Henriksen, R. C., Henderson, S. E., Liang, Y.-W. M., Watts, R. E., & Marks, D. F. (2019). Counselor supervision: A comparison across states and jurisdictions. *Journal of Counseling & Development*, 97(2), 160–170. doi:10.1002/jcad.12247
- Miller, S. A., & Byers, E. S. (2008). An exploratory examination of the sexual intervention self-efficacy of clinical psychology graduate students. *Training and Education in Professional Psychology*, 2(3), 137–144. doi:10.1037/1931-3918.2.3.137
- Sanabria, S., & Murray, T. L. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190–204. doi:10.1080/15546128.2018.1457461
- Schuermann, H., Harris, J. R. A., & Lloyd-Hazlett, J. (2018). Academic role and perceptions of gatekeeping in counselor education. *Counselor Education and Supervision*, 57(1), 51–65. doi:10.1002/ceas.12093
- Sousa, R. (2018). *Counseling supervisor self-efficacy and theoretical orientation as predictors of comfort with sexuality* (Unpublished doctoral dissertation). Capella University.
- Weir, K. (2019). *Ce corner: Sex therapy for the 21st century: Five emerging directions*. American Psychological Association. Retrieved from <https://www.apa.org/monitor/2019/02/cover-cecorner>
- Zeglin, R. J., Niemela, D. R. M., & Vandenberg, M. (2019). What does the counseling field say about sexuality? a content analysis. *American Journal of Sexuality Education*, 14(1), 55–73. doi:10.1080/15546128.2018.1518175
- Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017). An introduction to proposed human sexuality counseling competencies. *International Journal for the Advancement of Counselling*, 40(2), 105–121. doi:10.1007/s10447-017-9314-y