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Human Sexuality Education for Counseling Students, An Ethical Imperative: A Special Commentary

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Human sexuality is a profound and multifaceted component of the human condition that is universally experienced. As such, it is an inevitability that issues related to human sexuality will come up in counseling settings; however, there is a lack of medically accurate sex education in K-12 schools. Additionally, there is no requirement, except for in three states, for students in mental health counseling programs to complete a course on human sexuality. While human sexuality is not a specific competency outlined by CACREP or ACA, it is universally experienced by all clients and counselors. This special commentary highlights the ethical need for counselors and counselor educators to be prepared to best serve their clients, and most importantly do no harm.

Keywords: counseling sexology, human sexuality, education, counselors, commentary

Introduction

Human sexuality, the compilation of characteristics that identify and convey the sexual nature of an individual, is one of the most profound psychosocial factors in an individual's life (Kazukauskas & Lam, 2009). Despite its significance, counselors often approach this topic with caution or avoid it altogether during the counseling process (Parritt & O'Callaghan, 2000; Southern & Cade, 2011). A recent study shows that the most significant impact on counselor knowledge, attitudes, and comfort with human sexuality concerns with clients is education (McBride, 2018).

Clinical Priorities

Searches within academic research do not yield many results regarding sex education prior to 1900, as little was written about sex education before this time (Pearsall, 2001). Sex education in public schools prior to 1900 because sex was not considered appropriate topics for the school environment (Kaslow, 2006). As culture and society progressed, schools moved towards a "family life education" paradigm in the 1960s, just before the "free love" era of the 1970s

(Huber & Firmin, 2014). After the introduction of the birth control pill and government funding for sexual education, there was a large push from the 1980s until now to return to abstinence-only sex education (Kaslow, 2006). This remains a controversial topic, which impacts thousands of students and future counselors.

As of October 2021, according to the Guttmacher Institute, 39 states mandate sex education; of those, 13 states require that this instruction be medically accurate. Nine states require the instruction given is "appropriate for the student's cultural background and not be biased against any race, sex, or ethnicity" (Sexuality Information and Education Council of the United States [SIECUS], n.d.) When sex education is taught, 28 states require the classes to stress abstinence, 16 states require discussion of sexual orientation, eleven of those states require that this discussion be inclusive, and five states require only negative information be disseminated about sexual orientation when sex education is taught. The absence of sexual education in the K-12 setting not only creates potential for harm and risk factors for youth and adolescents, it means that future clinicians could be entering their counseling program without ever having received scientifically based sex education.

Some courses in counseling programs minimally cover human sexuality in their curriculum; however, unless a student takes human sexuality or similar courses in their undergraduate degree, it is entirely possible that upon completion of their degree and licensure, a student could have never received comprehensive or medically accurate human sexuality education prior to seeing clients.

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Research Priorities

This topic has room to be explored from various lenses for deeper understanding in efforts to better serve students, counselors, and clients. Future research could be conducted to explore the effects of human sexuality course work in counseling programs. Similar research has been done in medical, education fields, and with undergraduates and all have reported positive findings from incorporating human sexuality course work into the foundational framework of those professions. Additionally, future research should explore client outcomes. There is a lack of research exploring client experiences with human sexuality issues in counseling and could help to guide counselor practice and counselor educators' understanding and conceptualization of the needs of the clients in regard to human sexuality. Finally, with much of the research supporting the need for sex education a final research direction should encompass exploring methods and techniques used to teach counselor trainees skills and build knowledge around human sexuality in preparation for serving clients.

Training Priorities

The American Counseling Association Code of Ethics (2014) Standard A.1.a. states that "the primary responsibility of counselors is to respect the dignity and to promote the welfare of clients" (p. 4). In order to limit negative outcomes such as depression, anxiety, unplanned pregnancy, potential abuse/trauma, poor hygiene, and others associated with human sexuality (Alexander et al., 2014; Domar, Broome, Zuttermeister, Seibel, & Friedman, 1992; Kirby, 2008; Mueller, Gavin, & Kulkarni, 2008; Yu, 2010), counselors must be prepared to address issues of human sexuality. The concepts of understanding clients' needs, concerns, and cultural impacts are reinforced through the ACA Code of Ethics in Standard E.5.c. which requires that "counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment" (ACA, 2014, p. 11). The social prejudice and around human sexuality requires counselors to be cognizant of issues of human sexuality. The need for cultural competence and understanding of client stigmatization is addressed in the Association of Multicultural Counseling and Development's (AMCD) Multicultural Counseling and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). While the understanding of clients' needs and duty to do no harm are explicit in the code of ethics and MSJCC, human sexuality is not explicitly addressed. Despite the universality of human sexuality experiences amidst all people (Southern & Cade, 2011), human sexuality issues are minimally addressed in counselor preparation programs, and counseling

ethical standards do not specifically address human sexuality (ACA, 2014; Bloom, Gutierrez, & Lambie, 2015; Southern & Cade, 2011). The lack of scientific based sex education in schools (K-12), coupled with the minimal (3) states requiring counseling students to have dedicated curriculum in human sexuality, can lead to underprepared counselors, which Lambert, Bergin, and Collins (1977) stated can have "potential harm to their clients" (p. 27).

In examining the prevalence of issues related to sexuality in the mental health field and understanding how various cultures and demographics impact counselor preparedness for working with clients, three key points are beneficial for counselors to explore: the prevalence of sexual issues in mental health; assessment and treatment for sexual concerns; and the universality of sexuality (Zeglin, Van Dam, & Hergenrather, 2017). It is vital for all counselors to be knowledgeable about the social constructs regarding healthy and dysfunctional sexual behaviors to assess the comprehensive impact of each client's presenting issues.

The results from McBride's study (2018) have implications for counselor education and supervision training programs. Data from the study indicates that counselors who have taken courses in human sexuality, regardless of age, gender, sexual identity, spiritual identity, and geographic location, have higher knowledge, more comfort, more positive and accepting attitudes, and higher overall competencies with human sexuality. McBride's study (2018) highlights the vital need for future counselors to have dedicated coursework in human sexuality to prepare future counselors to best serve their clients, and most importantly do no harm.

Counselors and counselor educators have an ethical imperative to focus more attention to sexuality given the prevalence of sexual issues among clients. Given the relationship between sexuality and mental health, human sexuality should become a core issue for counselors to study throughout client lifespan development. Neglecting human sexuality training in counselor education programs leaves counselors incompetent to address sexual issues in their clients.

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