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*Journal of Counseling Sexology
&
Sexual Wellness*

Research, Practice, and Education

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30-38. The team sought to investigate if sexting would predict an increase in sexual satisfaction among emerging adults (18-29 years old) in a long-term committed relationship (12 months or more). We also investigated if sexting could potentially have other benefits. A sample of 272 individuals completed the survey including a demographic questionnaire and a ten-question self-constructed scale measuring sexting behavior, sexual satisfaction, and higher agreement on certain sexual facts. Results indicate sexting predicted an increase in Sexual Satisfaction scores and Sexual Facts scores. These findings support past studies that indicate sexting between couples in a committed relationship was linked to improvement in sexual satisfaction. In addition, our results demonstrated sexting may have additional benefits beyond improving romantic relationships.

Mapping Sex Therapy Across the United States: An Exploratory Study

Frances L. McClain & Dylan M. Amlin

39-49. The primary purpose of this study was to determine what someone who was interested in obtaining a provider for sex therapy would find if they simply searched for sex therapy using the Google search engine. The goal was to ascertain how someone might access providers in each state, what types of information someone seeking treatment for sexuality issues might find on provider websites, who is providing the services, what types of services are being provided, and whose services might appeal to given the content of the website. Once all of the data was compiled, the resulting data would include a listing of sex therapist providers in all 50 states. The researchers engaged in an online search for all 50 states and a target of a maximum of 10 providers were compiled from each state, however 28 states did not have the minimum of 10 providers. There were 1,007 clinicians identified in total. Of the identified clinicians, there were an almost equal number of social workers, marriage and family therapists, and licensed counselors. Of the sites identified, there were 264 private practices, 100 group practices, 6 clinics, 1 entirely telehealth practice, 2 training institutes, and 1 other. Only providers who had websites were included in the study. The study has implications for both educators and providers on several levels, including access to sex ther-

apy, professional competence and expertise in sexually related issues, questions related to sexual addiction, utilization of websites and technology, expansion of sex therapy to be more inclusive of sexual minorities and kink communities.

Sexuality and Disability in Rehabilitation Counseling Curricula: Rehabilitation Counselor Educators' Attitudes, Comfort, and Knowledge

Sharesa H. McCray, Tyra T. Whittaker, Jeff Wolfgang, Tammy Webb, & Glacial Ethridge

50-57. Purpose: To examine the attitudes, knowledge, and comfort levels of rehabilitation counselor educators towards sexuality and disability, and to determine if significant differences exist within variables. **Method:** Data was collected from a sample of rehabilitation counselor educators (N=27) via an internet-based survey. The Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale (KCAASS) and demographic questionnaire was disseminated to collect data. A MANOVA was conducted to examine if there was a relationship among the variables of attitudes, knowledge, comfort, age, gender, and ethnicity. **Results:** Results indicate educators having high comfort levels and positive attitudes towards sexuality and disability. The mean for knowledge was low, indicating a lower level of knowledge of sexuality and disability. Results indicate that there was no variance among the means of the categorical variables. The only variation that existed within the categorical variables was the gender of the participant. **Conclusion:** Further research is warranted to examine the specific needs of educators, students, and graduate programs, as well as exploring differences based upon institutional settings. Future qualitative research in sexuality and disability may also generate testimonials and theories from the perspective of students and educators in expressing their needs. The inclusion of human sexuality within various academic levels of rehabilitation education is warranted to increase competence of both students and educators.

Motivations, Expectations, Ideal Outcomes, and Satisfaction in Friends With Benefits Relationships Among Rural Youth

Amber Letcher, Jasmin Carmona, Kristine Ramsay-Seaner, & Meagan Scott Hoffman

58-69. Characterized by repeated sexual contact with a known partner without the expectation of commitment,

friends with benefits relationships (FWBRs) are increasing among youth. Yet, less is known about the motivations for, or satisfaction in, FWBRs especially among youth from rural areas. Youth from rural communities reported on their experiences in FWBRs. Findings indicated that youths' major motivation for FWBRs was sexual satisfaction, although gender differences emerged. Sexual motivation was associated with relationship satisfaction. The majority of youth wanted to maintain their friendship following the FWBR, and most described the experience as satisfying. Implications and future directions are discussed.

Understanding Education in Sexuality Counseling from the Lens of Trainees: A Critical Examination and Call for Increased Attention and Training

Kelly Emelianchik-Key, Adriana Labarta, & Taylor Irvine

70-81. Although sexuality counseling is an essential component in counselor education training, research demonstrates that counselors lack competence and willingness to explore sexuality issues with clients. Counselors must be ready to address sexuality issues to provide comprehensive and culturally competent care. Sexuality counseling education needs further exploration to inform future training and educational standards. This qualitative study uses thematic analysis to examine 524 reflective journals of counselors-in-training (CIT) engaged in a sexuality counseling course to inform future education, training, and clinical practice standards in this area. This study revealed themes reflecting common ways CIT matured personally and professionally through sexuality counseling education and identified critical factors and barriers that enhanced and hindered learning outcomes.

The Gender Freedom Model: A Framework for Helping Transgender, Non-Binary, and Gender Questioning Clients Transition With More Ease

Rae McDaniel & Laurel Meng

82-93. Transgender/non-binary experiences and identities are often represented in academic literature through narratives of distress and are often pathologized through a medical lens. This holds implications for the field of psychotherapy, as interventions aimed to support transgender/non-binary individuals often focus solely on risk mitigation. This article presents a therapeutic framework that rests on three pillars—Play, Pleasure, and Possibility—as the focal points for reimagining work with transgender/non-binary clients. This model aims to help this population explore gender transition with more ease through building practical skills, cultivating personal and collective pride, and centering pleasure equity.

Submissions

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Benefits of Sexting among Long-term Monogamous Romantic Partners

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The team sought to investigate if sexting would predict an increase in sexual satisfaction among emerging adults (18-29 years old) in a long-term committed relationship (12 months or more). We also investigated if sexting could potentially have other benefits. A sample of 272 individuals completed the survey including a demographic questionnaire and a ten-question self-constructed scale measuring sexting behavior, sexual satisfaction, and higher agreement on certain sexual facts. Results indicate sexting predicted an increase in Sexual Satisfaction scores and Sexual Facts scores. These findings support past studies that indicate sexting between couples in a committed relationship was linked to improvement in sexual satisfaction. In addition, our results demonstrated sexting may have additional benefits beyond improving romantic relationships.

Keywords: sexting, young adults, sexual satisfaction

Introduction

Sexting is defined academically as delivering or receiving sexually explicit messages, photographs, or images through electronic means (Delevi & Weisskirch, 2013; Silva, Teixeira, Vasconcelos-Raposo, & Bessa, 2016; Wiederhold, 2011). Some dictionaries (e.g., Merriam Webster, n.d.) included the term as it grew in popularity. As 21st-century technology progresses, so has the era of sexting and researching its implications on a social, psychological, and legal level (Ouytsel, Walrave, & Gool, 2014), particularly for young adults and teenagers (Dake, Price, Maziarz, & Ward, 2012; Lippman & Campbell, 2014). Therefore, it is crucial that research identify the pros and cons of this phenomenon to ensure young adults be able to make an informed decision before engaging in sexting.

The authors investigated the potential benefits of sexting behavior within couples in a long-term monogamous relationship. Existing literature has demonstrated sexting may improve romantic relationships and sexual relationships among couples (Hertlein & Ancheta, 2014; Jeanfreau, Wright, & Noguchi, 2018; Jin & Park, 2010). Hertlein and Ancheta (2014) found participants reported improved confidence in discussing and exploring sexual topics, though the authors did not specify the topic's nature. The present study was interested in investigating the relationship between sexting behavior and relationship satisfaction. To expand on Hertlein and Ancheta's (2014) findings, the authors sought to observe if sexting behavior would improve participant knowledge about sexual facts, specifically around the use of contraception and sexually transmitted infections (STIs).

Why do People Sext?

Sexting is utilized to maintain romantic relationships in adolescents and young adults (Weisskirch & Delevi, 2011). Additionally, Albury and Crawford (2012) found that couples saw sexting as a means to flirt, be intimate, show affection, and signal trust. They also found sexting can be exhibited in a "truth or dare" context (p. 205) or non-sexual situations, such as the workplace. For example, a co-worker takes a picture of his genitals and shows it to another co-worker as a joke (Walker, Sanci, & Temple-Smith, 2013). In addition, Walker et al. (2013) found that couples will sext for fun or out of boredom, sexual experimentation, or to maintain a form of intimacy in a long-distance relationship.

Prevalence of Sexting

Klettke et al. (2014) conducted a meta-analysis to review the prevalence of sexting for multiple age groups. A review of twelve studies found a prevalence rate of 10.2% to 35.37%

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among adolescents (aged 10 to 19). The rates differed due to the types of sexting (i.e., sending, receiving, reciprocal sexting) and sampling method. Findings on gender differences were also inconsistent. Some studies indicated women were more likely to engage in sexting, while others found no gender differences or that men engage in more sexting behaviors. This rate increases from 33.3% to 56.6% among adults, with an average age range of 18-30. In both groups, the lowest rate was among the more representative samples (U.S. population). A more recent meta-analysis of 50 studies published in 2020 found sexting behaviors among emerging adults to be between 15.0% to 38.3%, depending on the nature of the message (Arnett, 2015; Mori et al., 2020). The authors defined “emerging adults” as individuals between the age of 18 to 29, a definition used in the current paper.

Gender Differences in Sexting

In the 21st century, sexuality and “being sexy” (Ouytsel et al., 2014, p. 205) have become trending topics in social media, television, music, and tabloids. Celebrities have become more candid and forthcoming about their relationships, in turn normalizing these topics to the public and gradually shifting sexuality and sexiness from being taboo. This shift may convey a message to consumers that it is more acceptable to take risqué selfies (Curnutt, 2012; Ringrose, Harvey, Gill, & Livingstone, 2013; Ouytsel et al., 2014). However, studies have shown that a double standard still exists between men and women having sexual relationships and sexting (Lippman & Campbell, 2014; Walker et al., 2013).

Research has found that young men are positively reinforced and have increased desirability and popularity from others when they either collect images of women (Ringrose et al., 2013) or post pictures on social media of themselves emphasizing their muscular stature (Ouytsel et al., 2014). When Ringrose et al. (2013) conducted a qualitative study on sexting and double standards in the United Kingdom (U.K.), adolescent girls were labeled as a “slag” (p. 316) or “sket,” who are “girls who do not ‘respect’ themselves” (p. 314) if they send a suggestive image.

Despite the double standard of sexting in a heterosexual setting, Ringrose et al. (2013) also found a “new norm of feminine desirability” (p. 312). For example, a thirteen-year-old girl whom researchers interviewed discussed the dynamics of negotiating whether to send a “special photo” (p. 311). The adolescent reported feeling more attractive and desired, as the young boy who was talking to her provided compliments and described her body as ideal. The young boy did ask for a picture. However, she told him she could not; she did not have enough credits on her app (phone application) to send one. In actuality, the young girl did not want to send a picture, as she feared being called a “sket.”

Adolescents interviewed by Ringrose et al. (2013) additionally explained what it meant to attain high “ratings” (p.

312). For example, an adolescent boy described that having multiple suggestive images of young girls was not only seen as proof that he could talk to the opposite sex, but it also increased his popularity in the school’s social hierarchy. He then told researchers that he would never send one of himself, although he asked for suggestive photos. This example relates to the double standard of sexting; women are expected to send explicit pictures of themselves, but not men. A 13-year-old boy was interviewed and explained to researchers that there is a “masculine code of honor” and ethics (p. 314) not to expose the face or identity of the image, as this is deemed problematic (Ringrose et al., 2013). However, there is always a chance to reveal the girl’s identity. Although a girl may feel valued or more attractive while negotiating with a boy for a photo, he has the power and final say over what happens with the picture once it is sent to the receiver.

Risk and Consequences of Sexting

Studies on teens and young adults found a correlation between sexting and risky sexual behaviors, such as increased frequency of unprotected sex, sexual hook-ups, and substance use and abuse (Benotsch, Snipes, Martin, & Bull, 2013; Dir, Coskunpinar, Steiner, & Cyders, 2013). One study found a correlation between sexting and infidelity (Jeanfreau et al., 2018). Trub and Stark (2017) found attachment anxiety and avoidance behaviors correlated with sexting, suggesting sexting could be a maladaptive behavior to seek attachment and emotional regulation.

Sexting may also be risky and potentially a crime depending on the circumstances, such as the age of consent. The act’s legality may differ regionally. Electronic and computer-mediated communication (CMC) increases the chance of distribution crossing state lines or even the border. A receiver could share explicit photos or messages among an audience without the sender’s consent (Mitchell, Finkelhor, Jones, & Wolak, 2012). Some studies have also found that individuals are pressured or manipulated by their romantic partners to send explicit photos (Drouin, Ross, & Tobin, 2015; Ross, Drouin, & Coupe, 2016). The nature of such non-consensual sexting has been considered similar to intimate partner violence (Klettke et al., 2014). For example, a romantic partner may use control over the explicit media to blackmail the sender. An ex-partner may distribute the sexually explicit images or videos without the sender’s consent to cause them distress or embarrassment (i.e., revenge porn) after the relationship ends. These non-consensual behaviors have legal consequences. For example, in Lacey, Washington, three middle school teenagers faced charges for the sexual exploitation of a minor. A 14-year-old girl told authorities she had sent a nude photo of herself to a 14-year-old boy she was dating at the time. However, she stated they broke up, and the ex-boyfriend decided to send this picture of her to another 14-year-old girl. These three teenagers faced charges

of going to juvenile detention for 30 days, as well as the possibility of registering as a sexual offender (Associated Press, 2010; Pawloski, 2010). It is important to note that even the teenager in the photo was at risk of being charged with child pornography and sexual exploitation of a minor. Even consensual sexting between adolescents can lead to unwanted legal troubles (Albury & Crawford, 2012; Chalfen, 2009; Eraker, 2010; Ouytsel et al., 2014). An example would be disseminating sexually suggestive pictures of a teenager to older teens or adults, deeming this act as sex work, and distributing child pornography (Willard, 2010).

Benefits of Sexting

While sexting poses a substantial risk for those engaging in it and a concern for mandated reporters working with teenagers, some studies have found it beneficial within committed relationships. Research has demonstrated sexting as healthy for the growth and nurturance of romantic relationships (Jeanfreau et al., 2018). Couples also use sexting in long-distance relationships to engage with one another in a sexually intimate manner (Albury & Crawford, 2012; Walker et al., 2013). Studies of long-distance committed relationships linked sexting to strengthening the romantic relationship (Hertlein & Ancheta, 2014; Jin & Park, 2010). Other studies have found couples who engaged in sexting have higher satisfaction with the romantic and sexual relationship when compared to couples who do not wish to sext (Parker, Blackburn, Perry, & Hawks, 2013). Sexting can also act as a novel activity for committed couples (Hertlein & Ancheta, 2014), which is crucial for sexual satisfaction (Pascoal, de Santa Bárbara Narciso, & Pereira, 2013). Hertlein and Ancheta (2014) also linked sexting to reduced anxiety and increased communication about sexual topics, as sexting serves as a buffer to shyness or hesitation to face-to-face discussions.

Beyond committed relationships, sexting has also served as a way for individuals to explore their sexuality without placing themselves at risk of pregnancy or contracting STIs (Chalfen, 2009; Lippman & Campbell, 2014). Sexting is potentially a safer substitute for those concerned about their physical health or sexual intercourse conflicts with their religious beliefs (Ouytsel et al., 2014). Sexting and CMC can serve as a beneficial outlet for teenagers, specifically female and queer youth, to explore their sexuality, a safe holding space where they do not have to worry about stigmas they may face otherwise (Hasinoff, 2012; Thurlow & Bell, 2009). For marginalized groups, being able to sext may positively mediate one's identity and self-empowerment (Hasinoff, 2012).

Methods

Participants

Three hundred and forty-six participants were recruited through social media platforms (e.g., Facebook) and community listservs. Of the total convenience sample recruited, 74 responses were excluded for not consenting, failing to meet criteria, or incompleteness. To qualify for the study, participants must be American and in a long-term (12 or more months) monogamous romantic relationship at the time of the survey. In addition, both the participants and their partners must be emerging adults (age 18 to 29; Arnett, 2015; Mori et al., 2020). Due to the survey's transient nature, only surveys with 100% completions were included in the final analysis. Thus, a total of 272 participants were included in the initial analysis.

Measures

Demographics. Participants provided demographic information about their ages (18 to 29), ethnicity, gender, and sexual orientation. Detailed information on participants' demographics was included in Table 1.

Sexting Questions. The definition of sexting provided to participants was "sending sexually explicit messages or photographs via electronic means (i.e., text messages, email, social media private messages)." Four questions were constructed to measure participant perceptions of engaging in sexting. Questions were rated on a five-point scale. The first question (How often do you engage in sexting with your romantic partner?) measured the frequency of sexting and rated 0 (Never) to 4 (All the time). The second question (How comfortable are you with sexting your romantic partner?) measured comfortability with sexting, rated 0 (Very uncomfortable) to 4 (Very comfortable). The third question (Do you enjoy receiving sexting from your romantic partner?) measured enjoyment when receiving sexting, rated 0 (Not at all) to 4 (Very much enjoy). The final question (Do you feel pressured into sexting by your romantic partner?) measured any potential coercion into sexting was reverse rated 4 (Never) to 0 (All the time). Reliability analysis for the questions returned a Cronbach's alpha (α) of .690, an acceptable range (Kline, 2013).

Sexual Satisfaction Questions. Three questions were constructed to measure sexual satisfaction. The questions were worded similarly (How satisfied are you with your romantic relationship with your romantic partner?) with the second and third questions replacing "romantic relationship" with "sexual relationship" and "sexual encounter." The definition of sexual relationships and sexual encounters was provided to the participants. A sexual relationship was defined as "overall satisfaction of all sexual activities including those that do not involve penetrative sex" (i.e., kissing, mutual

Table 1
Demographic Characteristics

Measures	M (SD) or n (%)				
	Male (n = 62)	Female (n = 200)	Non-binary (n = 9)	Agender (n = 1)	Total (n = 272)
Age (in years)	23.97 (3.44)	23.06 (2.45)	23.44 (4.13)	22	23.28 (2.78)
Ethnicity					
White/European	40 (64.5%)	142 (71.0%)	8 (88.9%)	0 (0.0%)	190 (69.9%)
Hispanic/Latinx	1 (1.6%)	6 (3.0%)	0 (0.0%)	1 (100.0%)	8 (2.9%)
Black/African American	1 (1.6%)	4 (2.0%)	0 (0.0%)	0 (0.0%)	5 (1.8%)
Asian/Pacific Islander	13 (21.0%)	37 (18.5%)	1 (11.1%)	0 (0.0%)	51 (18.8%)
First Nation/Native American	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.4%)
Biracial	5 (8.1%)	8 (4.0%)	0 (0.0%)	0 (0.0%)	13 (4.8%)
Arabian	2 (3.2%)	2 (1.0%)	0 (0.0%)	0 (0.0%)	4 (1.5%)
Sexual Orientation					
Straight/Heterosexual	44 (71.0%)	146 (73.0%)	1 (11.1%)	0 (0.0%)	191 (70.2%)
Gay or Lesbian	9 (14.5%)	9 (4.5%)	0 (0.0%)	0 (0.0%)	18 (6.6%)
Bisexual	8 (12.9%)	37 (18.5%)	1 (11.1%)	1 (100.0%)	47 (17.3%)
Pansexual	1 (1.6%)	3 (1.5%)	3 (33.3%)	0 (0.0%)	7 (2.6%)
Asexual	0 (0.0%)	2 (1.0%)	2 (22.2%)	0 (0.0%)	4 (1.5%)
Demisexual	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.4%)
Queer	0 (0.0%)	1 (0.5%)	2 (22.2%)	0 (0.0%)	3 (1.1%)
Prefer not to say	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.4%)
Sexting Score	2.96 (0.66)	2.66 (0.75)	2.86 (0.79)	2.5	2.73 (0.74)
Sexual Satisfaction Score	3.20 (0.74)	3.33 (0.67)	3.22 (0.87)	1.67	3.29 (0.70)
Sexual Facts Score	3.59 (0.53)	3.71 (0.46)	3.89 (0.33)	2.33	3.69 (0.48)

masturbation).” A sexual encounter was defined as “only sexual activities that involved penetrative sex.” Reliability analysis of the questions reported an α of .739.

Sexual Facts. The final component involved the participant agreement with specific sexual facts, specifically their agreement on facts relating to STIs and the use of contraception. Participants had to rate their level of agreement on three statements: It is important to discuss the use of contraceptive/birth control/protection with a partner before a sexual encounter; It is important to discuss sexually transmitted infections (STIs) status with a partner before a sexual encounter; Both partners share the same amount of responsibility to think about and discuss using contraceptive/birth control/protection. Responses were rated 0 (Strongly disagree) to 4 (Strongly agree). The three questions returned an α of .687.

Procedure

The authors’ study was approved by the university’s Institutional Review Board (IRB). Participants completed the survey through the Qualtrics online survey platform between September 2020 and October 2020. All forms of advertisement were accompanied by a letter of information detailing the study’s nature and purpose. Once participants clicked the link, the consent form was displayed. After consenting, they

were asked to complete a screening questionnaire to ensure they met the criteria. At that point, participants were asked to complete the questionnaires in the order they are presented in the Measures section.

Data Analysis

Due to the small number of participants classifying the sample based on ethnicity, gender, and sexual orientation, these groups were collapsed into dichotomous groups during the data analysis process. This procedure collapsed ethnicity into White/European (coded 0) and non-White (coded 1); gender into Male (coded 0) and Female (coded 1); and sexual orientation into heterosexual (coded 0) and LGBTQ+ (coded 1). In addition, when collapsing the gender category, nine participants identified as “non-binary,” and one participant identified as “agender” were removed. Gender was collapsed as the groups were too small, and it was inappropriate for them to be absorbed into the “male” or “female” categories. Therefore, only 262 participants were included in the regression analysis.

The questions’ average score was used to obtain a total score for Sexting, Sexual Satisfaction, and Sexual Facts, resulting in three continuous scales ranging from 0 to 4; Sexting score, Sexual Satisfaction score, and Sexual Facts score. Two two-stage hierarchical regressions were utilized to de-

termine the overall effect that demographic variables (i.e., age, ethnicity, gender, sexual orientation) and the Sexting score have on the Sexual Satisfaction score and Sexual Facts score. The authors hypothesized that an increase in Sexting score would predict a higher Sexual Satisfaction score. The authors also hypothesized that an increase in Sexting score would predict higher Sexual Fact scores.

Results

Two hundred and twenty-five (82.7%) participants reported engaging in at least some sexting behavior. Linear regression was performed to analyze if age predicted a change in sexting behavior. The analysis found that an increase in age predicted a decrease in sexting behavior $F(1, 270) = 8.924$, $p = 0.003$, $R^2 = 0.032$, $\beta = -0.179$. Fisher's Exact Test of Independence was run on the remaining demographic variable because many cells (more than 20%) had an expected count of below five (Kim, 2017). Ethnicity ($p = 0.618$), gender ($p = 0.957$), and sexual orientation ($p = 0.635$) had no statistically significant relationship with endorsement of sexting behavior.

Testing of Assumptions for Regression Analysis

Firstly, a sample size of 262 was deemed adequate, given five independent variables in each analysis (Tabachnick, 2007). Secondly, an examination of correlations revealed that no independent variables were highly correlated (no r -value higher than 0.9). Collinearity statistics were all within accepted limits ($VIF < 3.0$; Coakes, 2001). Examination of the Mahalanobis distance scores indicated no multivariate outliers. Finally, the residual and scatter plots indicated the assumptions of normality, linearity, and homoscedasticity were all satisfied (Pallant, 2020).

Predicting Sexual Satisfaction Score from Sexting Score

A two-stage hierarchical multiple regression was conducted with the Sexual Satisfaction score as the dependent variable. The dichotomous demographic variables (ethnicity, gender, and sexual orientation) were entered at stage one of the regression to control for any impact they may have on the Sexual Satisfaction score. The Sexting score was entered at stage two. The analysis revealed that at stage one, the demographic variable did not contribute to a significant regression model, $F(4, 257) = 2.321$, $p = 0.057$, $R^2 = 0.035$. Introducing the Sexting score variable to the regression model explained an additional 8.9% of the variation in the Sexual Satisfaction score, and this change in R^2 was statistically significant, $F(1, 256) = 26.014$, $p < 0.001$, $\Delta R^2 = 0.089$. The regression statistics are summarized in Table 2.

Predicting Sexual Facts Score from Sexting Score

A second two-stage hierarchical multiple regression was conducted with the Sexual Facts score as the dependent variable. The dichotomous demographic variables (ethnicity, gender, and sexual orientation) were entered at stage one of the regression to control for any impact they may have on the Sexual Facts score. The Sexting score was entered at stage two. The analysis revealed that at stage one, the demographic variable did not contribute to a significant regression model, $F(4, 257) = 1.764$, $p = 0.137$, $R^2 = 0.027$. Introducing the Sexting score variable to the regression model explained an additional 2.8% of the variation in Sexual Facts score, and this change in R^2 was statistically significant, $F(1, 256) = 7.488$, $p = 0.007$, $\Delta R^2 = 0.028$. The regression statistics are summarized in Table 3.

Discussion

Over the years, the availability of electronic devices, such as smartphones, tablets, and personal computers, has grown tremendously. Electronic media delivery is at an all-time high, with streaming services overtaking traditional cable and satellite television and social media far outpacing traditional forums. In this modern world, sexting seems unavoidable, with newer studies on prevalence showing increased endorsement rates by adolescents and adults alike (Jeanfreau et al., 2018). The COVID-19 pandemic has also caused increased challenges for intimate relationships. For example, when the U.K. first started a nationwide lockdown, couples in a romantic relationship who did not live under the same roof were not allowed to meet indoors. Thus, the barrier to physical intimacy, traditionally a concern for long-distance relationships, suddenly became very real for couples who may have been living on the same street. As alluded to above, the advent of technology provides a logical solution to mandated social distancing for alternative methods for sexual intimacy. Therefore, it is no surprise that couples in romantic relationships may turn towards methods such as sexting to meet the need for sexual intimacy. Findings from the current paper continue this trend with a relatively high prevalence rate when compared to older studies.

Potential Benefits of Sexting at Improving Relationship

The increase in popularity of sexting also draws attention to its potential benefits. Much past research has shown potential benefits to sexual satisfaction (Hertlein & Ancheta, 2014; Parker et al., 2013) and romantic relationships (Hertlein & Ancheta, 2014; Jeanfreau et al., 2018; Jin & Park, 2010). Similarly, results from our study found that sexting predicted a statistically significant increase in the Sexual Satisfaction scores among heterosexual, cisgender individuals in long-term relationships, regardless of age, gender (male or female), or ethnicity. The Sexual Satisfaction score was made

Table 2

Results from Regressions for Sexual Satisfaction

Models	B	SE	β	F	R ²	ΔR^2
Stage 1				2.31	.035	
Age	-0.031	0.016	-0.122			
Ethnicity	0.021	0.094	0.014			
Gender	0.108	0.1	0.067			
Sexual Orientation	0.017	0.095	0.111			
Stage 2				26.014	.124	.089
Age	-0.012	0.016	-0.049			
Ethnicity	0.001	0.089	0.001			
Gender*	0.211	0.098	0.131			
Sexual Orientation	0.147	0.091	0.096			
Sexting**	0.29	0.057	0.312			

Note. * = $p \leq .05$; ** = $p \leq .001$

Table 3

Results from Regressions for Sexual Facts

Models	B	SE	β	F	R ²	ΔR^2
Stage 1				1.764	.027	
Age	-0.006	0.011	-0.032			
Ethnicity	0.126	0.065	0.122			
Gender	0.123	0.07	0.11			
Sexual Orientation	-0.026	0.066	-0.025			
Stage 2				7.488	.055	.028
Age	0.001	0.011	0.008			
Ethnicity	0.118	0.064	0.115			
Gender*	0.163	0.07	0.145			
Sexual Orientation	-0.035	0.065	-0.033			
Sexting*	0.112	0.041	0.174			

Note. * = $p \leq .05$

up of three questions asking participants to rate their satisfaction with their romantic relationship, sexual relationship, and sexual encounters with their current partner. Sexting normalizes discussion and communication of sexual topics between the couple. As past studies have pointed out, sexting could also be a buffer to shy and uncomfortable conversations about sex. For example, if a physical, sexual encounter with a partner did not go well, one may be nervous about bringing it up at the moment but may be more comfortable to bring up such a topic when sexting instead. This can avoid “ruining the moment” during sex and allows the couple to have adequate communication about their sex life.

Potential Benefits of Sexting Beyond Improvement of Relationship

The authors' second hypothesis was also supported by the result, to a more minor yet still statistically significant level. An increase in the Sexting score predicted a rise in the Sexual Facts score among heterosexual, cisgender individuals in long-term relationships, regardless of age, gen-

der (male or female), or ethnicity. Sexual Facts score measured participants agreement with three statements (i.e., importance of discussing contraceptive use, importance of discussing STIs, and both partners sharing responsibility for these discussions). It was impossible to conclude if sexting directly caused an increased in agreement with these statements. It was also impossible to conclude an increase in agreement with these statements represented any specific construct. Nonetheless, our results here demonstrated there was potential for sexting to have benefits within heterosexual, cisgender, monogamous relationships

Educational and Clinical Implications

The results of this study highlight the importance of re-evaluating sexting from being a traditionally problematic behavior (Döring, 2014) to a potentially healthy and beneficial behavior that can improve intimacy, communication (Weisskirch & Delevi, 2011), and sexual satisfaction (Parker et al., 2013) among partners. This finding is particularly important in sexual education for mental health clinicians,

physicians, teachers, and college instructors. Unfortunately, only 30 states and the District of Columbia require public schools to teach sex education (National Conference of State Legislatures, 2019). Additionally, many schools do not discuss sexting in their sex education programs, and the variability in sex education across states can vary dramatically (National Conference of State Legislatures, 2019).

Professionals can evaluate the findings of the current study as well as other similar studies and be encouraged to begin expressing to students and patients that sexting may have benefits that can improve intra/interpersonal dynamics of one's life. For example, a study by Brown et al. (2009) highlighted that the sharing of sexual content on the internet with others could be functional for individuals and assist with sexual identity development. Having sex education that includes the benefits of sexting, while also highlighting the pitfalls and danger zones, should be a new standard in the curriculum of sex education to keep up with the ever-evolving technology and platforms people utilize. Such pitfalls that need to be discussed are the power/control dynamics that can lead to abuse and manipulation, as well as criminal and legal regulations (Drouin et al., 2015), so communities can become aware of consequences and potential risks as their images may be stolen or shared without consent. Sex education should also include a thorough discussion on consent, including the non-consensual sending of lewd images. Educators must also not forget to discuss the potential mental health risks that may be of consequence if one is criminally charged, exposed, or abused/manipulated by the receiver of the sext.

Our findings showcase the potential clinical utility of sexting among patients in individual or couples therapy for sexual dysfunction(s), intimacy, and communication issues. The fact that sexting is a behavior that does not require physical proximity may be a more straightforward first step for expressing sexual wants, needs, desires, and fantasies to their partner rather than having a face-to-face dialogue. Therefore, the first step may be encouraging the patient to sext their partner to begin sexual conversations; then, a therapist may provide scaffolding for the couple to start to experiment in expressing their sexual thoughts face-to-face. This method may lead to better communication and a more profound sense of intimacy. However, sexting after this process can still be incorporated to keep communication open, be spontaneous, and engage with a partner when proximity cannot be attained. The aim of utilizing sexting as an intervention should be to improve communication, intimacy, and sexual satisfaction. Future research is encouraged on the above educational and clinical points.

Strengths and Limitations

The current study reaffirmed past research, showing potential benefits of sexting behavior on sexual satisfaction and the couple's relationship with young adults in long-term

committed relationships. Participants who reported higher sexting behavior also reported a higher rate of discussion of STIs and the use of protection between couples. Future research should expand on these relationships. The results from this study highlight the importance of not painting sexting with an overly broad brush. It is essential to understand the behavioral and legal consequences of sexting, especially among adolescents. However, one must not ignore the growing evidence of the benefits sexting behavior has, particularly among heterosexual cisgender long-term committed relationships.

Despite the critical findings of this study, it is not without shortcomings. One limitation is the transient nature of the study. While shorter length likely encouraged better participation, it limits the information collected from the participants. The results indicated the potential benefits of sexting behavior but cannot determine the specific mechanisms causing the change. In addition, the use of self-constructed measures prevented a more conclusive finding as well. Future studies should either expand on the quantitative data collection and utilize measures with better reliability and validity or turn to qualitative methods to uncover how couples perceive that sexting improves their sexual satisfaction.

Another limitation of the current study pertained to the shortage of diversity in the data. However, 272 individuals completed the questionnaire, a small number of those identified as minority groups. Most participants were cisgender, heterosexual, and identified as white or of European descent. Thus, the authors could only examine ethnicity, gender, and sexual orientation in dichotomous categories (i.e., White/European or non-White; male or female; heterosexual or LGBQ+). Future studies must identify barriers preventing the participation of these minority groups. It would be essential to conduct more research focusing on the benefits of adults sexting in the LGBTQ+ community and ethnic minorities. One potential solution is to have more specific criteria when future studies are conducted, explicitly targeting the transgender and gender non-conforming community or ethnic minority groups when studying the benefits of sexting. Also, the researchers only targeted monogamous couples in committed relationships. Future studies should dive into the potential benefits of sexting within the hook-up culture and polyamorous relationships to identify if such benefits are consistent across different types of relationships.

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Mapping Sex Therapy Across the United States: An Exploratory Study

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The primary purpose of this study was to determine what someone who was interested in obtaining a provider for sex therapy would find if they simply searched for sex therapy using the Google search engine. The goal was to ascertain how someone might access providers in each state, what types of information someone seeking treatment for sexuality issues might find on provider websites, who is providing the services, what types of services are being provided, and whose services might appeal to given the content of the website. Once all of the data was compiled, the resulting data would include a listing of sex therapist providers in all 50 states. The researchers engaged in an online search for all 50 states and a target of a maximum of 10 providers were compiled from each state, however 28 states did not have the minimum of 10 providers. There were 1007 clinicians identified in total. Of the identified clinicians, there were an almost equal number of social workers, marriage and family therapists, and licensed counselors. Of the sites identified, there were 264 private practices, 100 group practices, 6 clinics, 1 entirely telehealth practice, 2 training institutes, and 1 other. Only providers who had websites were included in the study. The study has implications for both educators and providers on several levels, including access to sex therapy, professional competence and expertise in sexually related issues, questions related to sexual addiction, utilization of websites and technology, expansion of sex therapy to be more inclusive of sexual minorities and kink communities.

Keywords: sex therapy, counselor education, counseling psychology, access to care

Introduction

According to the World Health Organization (2006), sexuality spans not only sexual orientation but gender and gender expression, erotic and relational expressions, sexual experiences, pleasure, as well as physical and biological health-related functions. The Sexuality Information and Education Council of the United States (SIECUS) contends that human sexuality is comprised of a person's beliefs, attitudes, values, and behaviors. Beyond the physiology of the sexual response system, it also includes the person's sexual identity and orientation. Sexuality is influenced by cultural, societal, and political contexts and everyone is sexual in some aspect of their lives (SIECUS, 2018). As such, sexuality is incredibly complex and multifaceted (Dupkoski, 2012). Despite sexual difficulties being reported by a substantial percentage of people throughout the world, the majority do not pursue professional assistance (Hobbs et al., 2019; Mitchell et al., 2013; Nazareth, 2003; A. Nicolosi et al., 2004). Given that sexuality encompasses so much of a person's life, sexual dissatisfaction or sexual problems can negatively impact quality of life and have been linked with depression and poor physical health (Mitchell et al., 2013).

Sexuality was a central component of early understandings of psychology, yet sexuality and the treatment of sexual issues has only recently grown as a significant treatment area in mental health. The beginnings of sex therapy can

best be traced to the publication of *Human Sexual Inadequacy* (Masters & Johnson, 1970), but professional literature makes no other references to sex therapy until 1974 (Binik & Meana, 2009). Attitudes toward sexuality have shifted dramatically in the United States since the work of Masters and Johnson (Masters, Johnson, & Reproductive Biology Research Foundation, 1966), as have the variety of treatment modalities and approaches. Unlike early psychoanalytic approaches, Masters and Johnson focused on social and cognitive sources of sexual dysfunction, resulting in a brief, behavioral technique that was generally conducted with a male and female clinician working with a couple. This early behavioral approach was in direct opposition with most conventional therapeutic approaches at that time, which conceptualized sexual dysfunction as a manifestation of un-

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derlying conflicts (Binik & Meana, 2009). Later clinicians integrated different approaches, often initiating treatment with solutions-focused, behavioral techniques, and then exploring potential underlying issues if these techniques were ineffective. In 1967, Patricia Schiller founded the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), which was the first accrediting organization for sex educators in the United States (AASECT, 2020). Certification programs now exist across the country that allow clinicians to develop competency in a range treatment of sexual issues, from biological and health-related problems to issues of communication and intimacy (University of Michigan School of Social Work, 2016).

Research has estimated that as much as half of the men and women in the United States may experience sex-related issues at some point in their lifetime (Heiman, 2002; Simons & Carey, 2001) and somewhere between 30 to 50% of couples may experience sexual problems at some point in their relationship (Flynn et al., 2015). Furthermore, these issues are not only related to dysfunction (Buehler, 2017; Hertlein, 2009; McCabe et al., 2010; Southern & Cade, 2011; Zeglin & Mitchell, 2014); it is important to recognize sexuality-related issues include sexual identity, orientation, body image, gender and gender expression, as well as intimacy concerns. The Global Study of Sexual Attitudes and Behaviors (GSSAB) surveyed over 20,000 adult men and women regarding various aspects of sex. Among sexually active respondents, 43% of men and 49% of women reported experiencing at least one sexual problem, yet less than 19% of them attempted to seek treatment for their problem(s) (Moreira et al., 2005). So, despite the prevalence of sex-related problems, there is limited information or research available that would shed light on help-seeking behaviors and barriers to accessing treatment for sexual problems. This information would be beneficial in assisting clients overcoming potential barriers to accessing treatment as well as providing clinicians with important information related to gaps in services.

Barriers to Accessing Sex Therapy

Literature indicates that access to sex therapy is not universal. McCarthy and Ross (2018) found that sex therapy is accessed primarily by middle-class clients. According to Weir (2019), sex therapy has primarily been heteronormative, couple-focused, and predominantly available to middle and upper middle class white married couples. As a result, people who fall outside the gender binary, or whose sexual expressions, orientations, or relationships fall outside societal norms do not have access to sex therapy or the options are extremely limited. After a review of current sex therapy approaches, Berry and Barker (2013), called for more inclusive sex therapy that is more normalizing and affirming of different sexual expressions. According to Barker and Lang-

dridge (Barker, 2010), research on sex therapy with sexually diverse and non-normative populations is only beginning to emerge. Currently, there is still limited information available in the literature regarding how people access sex therapy and who exactly is utilizing these services.

Obtaining adequate treatment for sex-related issues is confounded by clinicians who either lack adequate training or avoid addressing sex-related topics altogether. While sexuality issues are known to professional counselors, research has indicated that these topics are often avoided in treatment sessions (Buehler, 2017; Hanzlik & Gaubatz, 2012; Juergens, Smedema, & Berven, 2009; Russell, 2012; Southern & Cade, 2011). There may be a correlation between a clinician's discomfort with addressing sex-related issues and the lack of formal training related to human sexuality. At this time, there are only two states, Florida and California, that require a human sexuality course for licensure. Most counseling programs, if they do offer a sexuality course, only offer it as an elective. Historically, sexuality and sexual dysfunction has been viewed by the mental health professions as a specialty area (Binik & Meana, 2009). Haboubi and Lincoln (2003) reported approximately 90% of health care professionals acknowledge that addressing sexuality is an important part of health care, yet they seldom address it in treatment with their patients. This hesitancy to address sexual issues with patients is universal across health care professionals, which often results in individuals with sexual issues either not seeking treatment or attempting to find providers on their own.

Purpose of Study

There are currently two professional sex therapist directories available on the internet.

There is a directory on the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) website (<https://www.aasect.org/referral-directory>), but a person would have to know about the organization in order to access it. The other sex therapist directory website (<http://www.sstarnet.org/directory.cfm>) is a listing provided by the Society for Sex Therapy and Research (SSTAR). Again, this listing would be difficult to find if someone were not familiar with SSTAR. Additionally, after a quick review of the SSTAR directory listings for New York, 60 providers were listed for the entire state, of which 53 had office addresses in New York City or the surrounding boroughs. Using the same directory, Illinois had 14 listings for the state, with 8 office addresses in Chicago, 5 in Evanston, a city just outside of Chicago, and one in Highland Park, a northern suburb of Chicago. By taking a snapshot of two highly populated states, it appeared that access to sex therapy was extremely limited and likely to be located in larger cities. After reviewing the directories, the research team ascertained that the directories were not comprehensive. Both listed only providers who were members of the organizations, which

meant there may be a large number of providers not included. In addition, many AASECT-certified clinicians who were known by the researchers did not appear in either directory.

The present study explored what information was available via the internet for someone interested in obtaining a provider for sex therapy. The purpose was to gather information regarding what services were available across the United States for people seeking treatment for sex-related issues. The research team also wanted to determine how difficult it is to find providers in each state, what types of information someone seeking treatment for sexuality issues might find on provider websites, who is providing the services, what types of services are being provided, and whom services might attract, given the content of the website. Once all of the data was compiled, the resulting data would include a listing of sex therapist providers in all 50 states. The purpose of the study was to reveal information related to what sex therapy services were available across the U.S. when searching online. Since this area remains largely unexplored, the design of this study was to discover information that would lead to greater understanding and lay groundwork for future research.

Method

The research method chosen for this study was an exploratory approach. Given the limited information available in the literature related to clinicians providing sex therapy as well as how best to access these services, exploratory methodology allowed for gathering data without developing a hypothesis in advance. The benefits of exploratory research are that it “generates initial insights into the nature of an issue and develops questions to be investigated by more extensive studies” (Marlow, 2011, p. 334). Quite simply, the goal of this study was purposive, systematic discovery. As Stebbins (2001) wrote, “Researchers explore when they have little or no scientific knowledge about the group, process, activity, or situation they want to examine but nevertheless have reason to believe it contains elements worth discovering” (p. 6). The purpose of this study was to gather data and report on the trends and information found with recommendations for further research.

The research team consisted of a faculty member and student affiliated with the same counseling psychology department at a mid-west, professional graduate school. The faculty member is the lead instructor for the human sexuality course in the department, has taught the course for 5 years, and is a co-founder of a professional association focused on training and advocacy of counselor competency around sexuality. The student is a member of the association and has an interest in sexuality research. Prior to beginning the research, the team met to discuss their perceptions and expectations related to what they anticipated might emerge. This preparation was used to in an effort bracket the research

team’s biases and minimize their subjective perspectives. Throughout the data gathering process, the research team worked closely together to consult with one another, and determinations were made based on consensus among research team members.

The team engaged in explorative research that entailed a Google search of all 50 states to determine availability and accessibility of sex therapists across the United States. The states were divided into regions, with each of the two researchers covering the different regions. The online searches and review of provider websites took place over the course of a year. The researcher would type “sex therapy” along with the state name to bring up the listing of providers in that state. The team decided to keep the search limited and, after some trial searches of different states, “sex therapy” yielded the best results overall of providers utilizing the internet. Only those providers with websites were reviewed and included. It is estimated that 90% of people in North America have access to and use the internet daily. Of the top 10 most visited sites, Google was first on the list and is the most popular search engine (BroadbandSearch.net, 2022). For this reason, Google was chosen as the search engine for the study.

It was decided that a maximum of 10 listings would be reviewed for each state. It was decided that only 10 listings would be included given this was an exploratory study and the goal was to gather some information from each state. Additionally, after the review of the states from the SSTAR directory, targeting two highly populated states, it was felt that a listing of 10 would offer enough information to saturate the data. Once providers with individual websites listed from the search were exhausted, those listed in Psychology Today (psychologytoday.com) were reviewed and included. To be included in the study, a provider’s website had to indicate that some type of sex therapy was being offered. For each provider listing, the researchers documented the city, name of the practice, a list of the provider’s(s’) licensure/certificate (See Table 1), the type of practice (private, group private, clinic, training institute, telepractice), whether the practice was primarily focused on sex therapy, gender presentation of the provider(s), race, whether kink or alternative sexualities were mentioned, and if the website had some type of media/online resources.

The parameters for the search were determined based on the researchers attempting to gather information as if they were anyone attempting to find a provider on the internet. Therefore, certain factors, such as the race and gender of the provider, were determined based on what the researcher could ascertain from the website. Race was determined based on available pictures of the providers or if the race of the provider was referenced in their biography. When determining the provider’s gender, the researchers made the determination based on the pronouns used in the provider’s bios and/or based on their gender expression. While gathering

Table 1
Professional Licensure

License	Total	Region*			
		East	South	Midwest	West
Licensed Counselors	266	20	166	51	29
Licensed Social Workers	182	44	43	69	26
Licensed Marriage & Family Therapists	203	43	59	43	58
Psychologists	118	20	43	41	13
Physicians**	17	4	8	5	0
Sexologists	17	8	3	1	5
Certified Sex Therapists	183	44	52	45	42
Other	52	12	22	10	8
Unlicensed	51	9	16	11	15
Total	1,089	204	412	276	196

Note. ***East:** Connecticut, Delaware, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont **Midwest:** Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, South Dakota, Wisconsin **South:** Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia **West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, Wyoming; **Medical Doctor, Obstetrician-Gynecologist, Registered Nurse

this information was limited and based on the researcher's assumptions, it was also in keeping with what a person seeking services might determine based on their own biases and assumptions. The race of the providers was divided into White people of European descent and People of Color. Researchers determined the provider's race based on references in the provider's website and/or phenotypical markers and skin color. When the race or gender of the providers was not clearly defined on the website, the researchers came to a consensus or listed "unknown." The data gathered was only related to the race of the provider, not whether the provider included language or materials on the website indicating cultural sensitivity.

Given that literature has indicated a lack of inclusivity in sex research with regard to alternative sexualities, the researchers chose to include data related to whether or not the providers included mention of BDSM or kink on their website. Nichols and Fedor (2017) define kink as "a slang term meaning sex that is non-standard and may include any of the following: role play, performances of power dynamics, and unusual forms of stimulation, as well as the use of specific objects or materials or a focus on specific non-genital body parts to achieve sexual satisfaction" (p. 295). Researchers found that sites commonly referred to "kink," "BDSM," or "alternative sexualities" when referring to this type of sexual activity. The goal was to gain information as to whether or not providers were being more inclusive or if this continues to be an area that sex therapists need to focus on expanding in order to meet the needs of persons with alternative sexualities and those from sexual minority populations more effectively.

Type of Practice

Of the sites identified, there were 264 private practices, 100 group practices, 6 clinics, 1 entirely telehealth practice, 2 training institutes, and 1 other. What differentiates clinics from group practices was the website descriptions as well as inclusion of a multidisciplinary team which generally included medical professionals such as registered nurses and physicians. The training institutes were self-identified and clearly focused on training and education rather than service provision. Only 113 of 374 (30%) mentioned kink and alternative sexuality either in identifying the types of issues they address or in their explanations of sex therapy. Many listed types of sexual issues that might prompt someone to seek sex therapy such as premature ejaculation and desire discrepancy in couples, but there was a tendency to be vague in an explanation of possible sexual concerns with confusing messages about what sex therapy entails. The majority (66%) had a clear sex focus to their practice, while the remaining third often had a short sub-page explaining sex therapy. The vast majority of sites framed sex therapy as an issue of relationship intimacy for couples, with little explicit mention of working with individuals. While there were some websites which featured explicit support for the LGBTQ+ community, many sites did not, and many framed sexuality concerns in heteronormative terms.

Websites

Only providers who had websites were included in the study. Slightly less than half of the websites, 172 of 374 (46%), had some media component like a blog, podcast, or webinars. This indicates that, while the providers are online and accessible to people searching for clinicians pro-

viding sex therapy, they are not utilizing the full potential of their online presence. Whether this is related to lack of knowledge, the cost involved, or not having the time available to engage in social media is unknown; nevertheless, opportunities to provide education and promote their services were not being maximized by a large portion of the providers identified.

Since Internet use has only continued to increase, mental health professionals need to become more competent in utilizing web-based resources, not only as an adjunct to treatment but also to assist clients utilizing the internet to access mental health information effectively (Greene, Lawson, & Getz, 2005; Zalaquett & Osborn, 2007). Greene et al. (2005) reported that, of the practitioners they surveyed, few of them utilized or included the use of online tools in their practice, although they acknowledged the influence of the Internet on their clients. Vincent et al. (2017) studied a group of psychotherapists regarding the impact of technology on their practices. When asked about websites, they expressed concerns about establishing unrealistic expectations and conveying over-idealized expectations of what therapy might entail. The onset of the COVID-19 pandemic has forced mental health professionals into using online services with telehealth becoming the mode of treatment nationwide. It is possible clinicians will begin to think differently about the use of social media and their websites in the post-pandemic era.

Discussion

Sex Therapist Competence

The study has implications for both educators and providers on several levels. It was evident, when reviewing both provider listings in *Psychology Today* and individual provider websites, that clinicians frequently indicated that they provided and/or had expertise in providing sex therapy or related services with no evidence to support their claim. Clinicians would frequently include a long list of areas of expertise on *Psychology Today*, however there was no mention of them providing any of those types of services on their websites. Professional ethics require that licensed clinicians do not operate or imply they have expertise outside their abilities. Specifically, in the American Counseling Association (ACA) Code of Ethics (2014), standard C.2.a. Boundaries of Competence advises counselors to practice only within the boundaries of their education, training, and professional experience. Standard C.2.b. New Specialty Areas of Practice specifically advises counselors to only practice in specialty areas after appropriate training and supervision. Given that there are currently no specific requirements for counselors to receive training related to sexuality (Zeglin, Dam, & Hergenrather, 2017) and only two states, Florida and California, require a course in human sexuality for licensure, it is the

responsibility of providers to seek out specialized training to gain competency in working on issues related to sexuality. Just 18.2% of clinicians identified by researchers were Certified Sex Therapists, with other clinicians varying in their level of training and experience. With few guidelines for competence, there is little to ensure clients are accessing professionals with expertise in sex-related concerns (Zeglin, Goldberg, Stalnaker-Shofner, Walker, & Schubert, 2021). While there are some workshops dedicated to establishing private practices, few graduate programs offer training on how to promote oneself professionally and the potential ethical implications of misrepresenting oneself. Clinicians need to be more cautious when checking off listings of areas of expertise. If clinicians were required to provide certificates or proof of training for specialty areas, this requirement might prevent some of the misrepresentation.

Sex Addiction Therapy and Other Alternative Treatment Modalities

As reported, there were 26 Certified Sexual Addiction Therapists (CSAT), which is a certificate that is offered through the International Institute for Trauma and Addiction Professionals (2020), an organization founded by Dr. Patrick Carnes. Of the 26 CSAT clinicians, 23 were found in the southeastern states of the U.S. The issue of whether excessive nonparaphilic sexual behavior is an addictive disorder continues to be a source of debate within the counseling profession. There is some empirical and clinical support for treating excessive sexual behavior which causes distress as an addiction (Garcia & Thibaut, 2010). However, this is not the perspective held by everyone. Reay et al. (2012) suggested that sexual addiction is more of a social construct brought on by society's tension and discomfort with changing sexual mores. According to a Gallup Poll (Jones, 2018), the most highly conservative states are located in the southeastern states. As 23 out of 26 CSAT clinicians identified were located in this region, there may be a direct correlation between the pathologizing of increased sexual behavior and conservative social attitudes. According to the Association of Sexuality Educators, Counselors and Therapists (AASECT), though people may experience distress related to their sexual behaviors, there is insufficient empirical evidence to support a diagnosis of sex addiction as a mental disorder. In the AASECT Position on Sex Addiction (2016), AASECT stated:

AASECT recognizes that people may experience significant physical, psychological, spiritual and sexual health consequences related to their sexual urges, thoughts or behaviors. AASECT recommends that its members utilize models that do not unduly pathologize consensual sexual behaviors. AASECT 1) does not

find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge

The pathologizing and shaming of sexual behavior, which is influenced by the values and beliefs of clinicians, has the potential to do great harm. Providing treatment modalities without sufficient empirical support is also a risk. When addressing issues that are so clearly related to values and influenced by dominant societal discourse, clinicians would be best to operate from a much more client-centered, sex-positive approach.

In some instances, such as Pure Life Ministries in Dry Ridge Kentucky, which provides “life changing” counseling programs for people who are gripped by “sexual sin,” it is unclear whether the individuals providing services have any formal education or training to provide clinical counseling. Its director is a certified Biblical Counselor, and the director of counseling has a master’s degree in ministry. The Association of Certified Biblical Counselors website (<https://biblicalcounseling.com/training/certification/>) indicates that the organization “exists to equip you to minister the Bible faithfully to those all around you who are in need of God’s truth.” The other individuals at Pure Life Ministries referred to as “counselors” did not appear to have any education in counseling, Biblical or otherwise.

There were also some sites where there was some question as to whether the treatment being provided was conversion/reparative therapy. One provider in Indiana, who reported completing a graduate degree in marriage and family therapy as well as identifying as a Christian Sex Therapist certified by the American Board of Christian Sex Therapists (<https://abctst.sexualwholeness.com/>), lists “unwanted same sex attraction” under the types of issues addressed in treatment. Research has indicated that conversion/reparative therapies are ineffective and potentially harmful to clients (Forstein, 2002; J. Nicolosi, Byrd, & Potts, 2000; Schroeder & Shidlo, 2002). The American Counseling Association, The American Psychiatric Association, and the American Psychological Association (APA) have published position statements with strong opposition (ACA, 2013; American Psychiatric Association, 2013; APA, 2018) to the practice of conversion therapy. This type of treatment approach reinforces the misconception that any sexual orientation that is not heterosexual is pathological.

Websites

Researchers identified a number of common problems and best practices that could have a significant impact on the

experience of accessing sex therapy. The sites that were most easily found through Google search had the term “sex therapy” in multiple places on their site—often in the name of their practice, their homepage website url, a subpage url, and clearly labeled subpages indicating treatment related to sexual issues. Clinicians who had to be found through Psychology Today often lacked these features that would ensure more visibility on Google. Many of the websites, especially those that primarily offered sex therapy, either provided an FAQ section or otherwise clarified the basic components of sex therapy. This is especially valuable in locations where a Google search elicits articles about sex surrogacy or other services in the sex industry, which may confuse potential clients.

A number of websites featured images of clinicians in sexually suggestive poses and dressed in ways which may be perceived as provocative that raised questions of professionalism for the researchers. In the most extreme example, one website included an image of a female clinician wearing just a white lab coat and black lingerie top. The ACA Code of Ethics (2014) does not explicitly address professional attire, which allows clinicians to determine what is most appropriate based on their cultural context and professional setting. General recommendations are for clinicians to dress in a manner that communicates professionalism and avoids distraction in the therapeutic relationship. While no research could be found on the impact of clinician attire in sex therapy, these examples raised a potential need for more explicit guidelines in the field. Clinicians might argue that outward expressions of sexuality in attire are congruent with their sex-positive approaches with clients, but researchers imagined this type of presentation could be distracting and confusing for many clients, potentially violating section A.4.a “Avoiding Harm” of the ACA Code of Ethics (2014).

Some sites dedicated a long paragraph to explaining clinicians’ education, training, and specialized certifications. These explanations contrasted with clinicians who simply listed their licensure letters, often including more obscure certifications that would be unfamiliar to most potential clients. On other websites, it was impossible to discern licensure status. Many clinicians referred to themselves as “sex therapists” without any certification in sex therapy. Some clinicians provided more context for this designation, referencing pursuit of AASECT certification, many years of sex therapy practice, or advanced schooling in human sexuality. Reviewing the various websites from a layperson’s perspective, it might be difficult to understand who was licensed or what training they have received to qualify them to work with sex-related issues. Despite the researchers having a mental health background, it was still difficult to determine what the different professional licensure acronyms represented. Master-level social workers and counselors license titles varied by state. This variation is likely to be confusing

to the consumer without adequate explanation given on the website, which was frequently missing.

Sexual Minority Inclusion/Exclusion

Just under a third of sites mentioned kink or alternative sexuality, which often correlated with being more explicit about different types of sexual concerns in general. The guidelines developed by the Kink Clinical Practice Guidelines Project (2019) encourage awareness and sensitivity to the impact of stigmatization on clients with “kink” identities. A more expansive explanation of diverse concerns related to sexuality could help potential clients identify their own concerns, which might feel taboo, and could help clients from alternative sexuality communities feel more accepted.

Clinicians who mentioned working with the LGBTQ+ community did so in a number of ways. On some sites, clinicians simply expressed an LGBTQ+ affirming approach. Others expressed specific specializations, for example, naming the Gender Nonconforming or leather communities. Clarifying a specialization in working with specific communities under the LGBTQ+ umbrella might communicate a greater level of familiarity and comfort to potential clients.

Researchers identified many clinicians who were LGBTQ+ affirming and indicated experience working with same-sex couples. However, few clinicians addressed non-monogamous relationships and the focus across the U.S. for clinicians providing sex therapy was largely heteronormative and directed at couples. These findings are consistent with the literature, which indicates the assumption of relationships consisting of two people appears to be the norm among clinicians providing sex therapy (Berry & Barker, 2013). Additionally, researchers found that providers who listed kink and/or alternative sexualities on their websites were unevenly distributed across the United States. Most notably, there were far fewer “kink-affirming” clinicians in the southern region of the United States. This disparity could make it more difficult for kink-identified individuals to receive affirming sex therapy services.

Gender and Race

Studies attempting to identify the importance of gender matching to the therapeutic relationship have shown mixed results, though these data may be more of a result of the inconsistent methodologies used (Behn, Davanzo, & Errázuriz, 2018). The impact of gender difference seems to become negligible over time (Bhati, 2014). Little data exists on the impact of gender in sex therapy relationships specifically, so it is uncertain whether the large gender disparity in the field might have an impact on client experience. So, given the statistically significant greater number of female presenting providers offering sex therapy treatment certainly warrants additional research and study in the future.

As reported, less than 10% of the total number of clinicians included in the study appeared to be People of Color. While the method of identifying race in the study had limitations, it was nevertheless apparent that the clinicians providing sex therapy across the United States were overwhelmingly White. In general, a majority of mental health professionals in the U.S. are White of European descent (ZIPPIA, 2021), so these numbers are consistent with the overall statistics in the field. When addressing concerns related to sexuality, where the client’s culture and worldview will have a significant impact on navigating treatment, the race/ethnicity of the clinician is even more likely to influence a person’s choice in pursuing treatment. While studies have not necessarily shown that racial matching of clinicians with clients improves treatment outcomes (Maramba & Nagayama Hall, 2002), there is research to support that racial matching leads to increased treatment utilization and retention (Maramba & Nagayama Hall, 2002; Sue, Fujino, tze Hu, Takeuchi, & Zane, 1991; Yeh, Eastman, & Cheung, 1994). It is projected that by 2060 (Colby & Ortman, 2015), the U.S. will be considered a “majority-minority” or plurality nation meaning no one racial/ethnic group will be in the majority. Changes in the U.S. demographics have highlighted the need for culturally responsive mental health care. It has been well documented that the mental health needs of racial/ethnic minoritized communities are not being met (Chow, Jaffee, & Snowden, 2003; L. R. Snowden & Cheung, 1990; L. R. Snowden, 2003; L. Snowden, Masland, Ma, & Ciemens, 2006; U.S. Department of Health and Human Services, 2016). This is certainly evident with regard to issues related to sex and sex therapy in the U.S. When addressing concerns related to sexuality, which are so value-laden, having a clinician who the client perceives as sharing the same worldview and backgrounds is likely to be even more important.

Limitations

There were limitations with this study, especially given the exploratory approach. The researchers only utilized Google as the search engine and did not use a private browser when searching, which may have impacted the listings obtained. The researchers limited the search utilizing only “sex therapy” while additional searches with other words or terms may have gleaned other results. Only those providers with websites were included in the study, so the list of providers offering sex therapy may be much longer than was obtained through this study. The provider gender and race were based on what could be gleaned from the website information and were subjective evaluations of the researchers, so these figures may not be exact. Some of the results are subjective with regard to the researchers’ perspective of the material contained on the website related to content such as pictures and other information. The researchers’ goal was to provide

information based on what someone seeking services might observe if searching on the internet. The method of determining race and gender was subjective and significantly limited to the research team's impressions. While it was not possible to determine exact numbers, based on the research method, it was important to report on the overwhelming number of what appeared to be white and female presenting providers. The researchers made the decision to limit the maximum number of listings for each state to no more than 10 when several states had more than 10, which may have added to the study outcome. The research team consisted of only two people and did not have additional cross checking available from another team or auditors or methodology to mitigate the subjectivity of the researchers.

Recommendations

This study was an exploratory approach to begin to gather information on how someone might access sex therapy services and what they might find when searching on the internet. It is clear that there is much yet to study with regard to sex therapy. The data indicates that mental health professionals across all disciplines (i.e., counselors, social workers, marriage and family therapists, and psychologists as well as certified sex therapists) are offering sex therapy. While AASECT provides certification, there is no other licensure or certification available and most mental health professions do not require human sexuality as a core area of study. Despite the statistics that indicate a need for services and the importance of sexual health, this study indicates there remains an incredible need for services throughout the U.S. with some states having only one sex therapist. There is also no policing regarding what providers list on their websites related to their expertise and competence related to sexuality. It may be time to place some restrictions on what a provider might list on their website without being able to substantiate it. The results of this study also supported the literature that indicates the need for greater inclusivity in sex therapy. The trend was consistent with being heteronormative and focused on couples and not individuals or non-monogamous relationships.

Conclusion

The results of this study indicate that access to sex therapy for persons seeking a provider by searching through an online web browser yields mixed results depending on where the person lives in the United States and what their needs may be for treatment. As reported, in over half of the states, researchers were unable to find listings for 10 providers for the entire state. In many states, provider listings were only in larger, metropolitan locations. Consistent with the literature, services primarily targeted heterosexual couples. All of the services were offered by private providers and there was no evidence of non-profit agencies providing sliding scale sex

therapy services. While there are non-profit agencies that do provide services for LGBTQ+ and other sexual minority communities, none specifically identify sex therapy as a treatment option. Again, this is consistent with the literature which indicates that sex therapy is largely available to heterosexual couples with the financial means or health coverage to pay for sex therapy. It was evident there is a need in a number of areas across the United States for increased availability of sex therapy with attention to broadening the focus beyond heteronormative and couples treatment. Clinicians providing sex therapy included counselors, social workers, marriage and family therapists, and psychologists, but a surprisingly low number were certified sex therapists, raising concerns of competence and ethical practice. In reviewing provider websites, it was often confusing and difficult to determine the licensure of the provider(s) and/or the types of services provided. Given that individuals are reluctant to pursue sex therapy and that there are misconceptions of what sex therapy entails, it is critical that those providing the services utilize tools available such as websites to educate and engage people in exploring this area of treatment. Especially in 2020, during the COVID-19 pandemic, it became evident the mental health field is moving toward greater online presence and telehealth. As such, clinicians must become much more adept at technology and creating websites which convey clear, professional messages. This study provides an overview of the services available across the United States, but further exploration is needed. Finally, a more comprehensive directory would be beneficial for both providers and potential clients alike.

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Sexuality and Disability in Rehabilitation Counseling Curricula: Rehabilitation Counselor Educators' Attitudes, Comfort, and Knowledge

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Purpose: To examine the attitudes, knowledge, and comfort levels of rehabilitation counselor educators towards sexuality and disability, and to determine if significant differences exist within variables. **Method:** Data was collected from a sample of rehabilitation counselor educators (N=27) via an internet-based survey. The Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale (KCAASS) and demographic questionnaire was disseminated to collect data. A MANOVA was conducted to examine if there was a relationship among the variables of attitudes, knowledge, comfort, age, gender, and ethnicity. **Results:** Results indicate educators having high comfort levels and positive attitudes towards sexuality and disability. The mean for knowledge was low, indicating a lower level of knowledge of sexuality and disability. Results indicate that there was no variance among the means of the categorical variables. The only variation that existed within the categorical variables was the gender of the participant. **Conclusion:** Further research is warranted to examine the specific needs of educators, students, and graduate programs, as well as exploring differences based upon institutional settings. Future qualitative research in sexuality and disability may also generate testimonials and theories from the perspective of students and educators in expressing their needs. The inclusion of human sexuality within various academic levels of rehabilitation education is warranted to increase competence of both students and educators.

Keywords: sexuality, rehabilitation counseling, and counselor education

Introduction

Rehabilitation counselors should have the ability and competency to provide sexuality-related assistance, as they are experts in providing services that will enhance the quality of life of persons with disabilities (Ference, 1999). Sexuality is essential in the lives of persons with disabilities, as it impacts their quality of life, psychological state, self-esteem, and self-perception of their body image (Berkman, Weissman, & Frielich, 1978; Pibdani & Johnson, 2014). Sexuality also promotes better social adjustments within persons with disabilities' peer interactions and relationships (Berkman et al., 1978; Pibdani & Johnson, 2014). Although sexuality is important in the lives of persons with disabilities, it is often neglected within the rehabilitation process (Juergens, Smedema, & Berven, 2009; Milligan & Neufeldt, 2001; Yallop & Fitzgerald, 2010).

Persons with disabilities typically have sexuality concerns, which include sexual expression, fertility, prevention of sexual abuse and unwanted pregnancies, dating, establishing sexual relationships, sexual orientation, as well as sexual harassment (Tepper, 2000; McCabe, Cummins, & Deeks, 2000). Prior research indicates that persons with disabilities

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have a need for counseling concerning their sexuality issues, which is currently ignored within health care and rehabilitation settings, as it is likely that rehabilitation counselors often do not have the appropriate preparation to address these concerns (Pebdani, 2013; Pebdani & Johnson, 2014). Rehabilitation counselors should be adequately prepared to address contemporary concerns, such as sexuality and disability.

Given that rehabilitation counselors utilize a holistic approach, persons with disabilities may feel more comfortable with rehabilitation counselors (Burling, Tarvydas, & Maki, 1994; Pebdani & Johnson, 2014). Subsequently, rehabilitation counselors are typically the professionals to whom persons with disabilities disclose and discuss personal issues and concerns, which is justification for the necessary competency in sexuality and disability. Knowledge about sexuality and disability could also influence the level of comfort that rehabilitation counselors have towards addressing the sexuality concerns of persons with disabilities. For this reason, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) provided accreditation standards requiring addressing the impact of disability on human sexuality in the curriculum (CACREP, 2016; CRCC, 2016). This notion is supported by a study's results (Juergens et al., 2009) that indicated rehabilitation counseling students who reported more knowledge about sexuality and disabilities were more likely to feel comfortable discussing sexuality with clients. Juergen et al. (2009) also reported in their study that students who had more exposure and preparation reported higher levels of self-reported knowledge of sexuality.

Whereas this topic lends itself to importance, presently there is a lack of textbooks, book chapters, or supplemental resources that distribute valuable information regarding sexual assistive devices and sexuality rehabilitation focused counseling in the preparation of students. To date, there is a dearth of research on the extent to which rehabilitation counseling education programs and rehabilitation counselor educators incorporate sexuality and disability into the curricula (Pebdani & Johnson, 2014). The purpose of this study was to measure rehabilitation counselor educators' attitudes, comfort, and knowledge of sexuality and disability. Participants were recruited from national organizations that serve rehabilitation counselor educators and professionals. A Multivariate Analysis of Variance was conducted on the data using an alpha of .05 to determine if rehabilitation counselor educators' gender, ethnicity, and age would influence impact levels of knowledge, attitude and comfort. Implications for institutional practices and future preparation of counselors and counselor educators are discussed.

Literature Review

Although sexuality is essential in the lives of persons with disabilities, there has been no extensive discussion within

the profession regarding its implementation in rehabilitation counseling services and education, as sexuality and disability is also often ignored within clinical rehabilitation settings (Pebdani, 2013; Pebdani & Johnson, 2014). This issue is compounded by the likelihood of persons with disabilities' sexuality concerns being ignored within the entire rehabilitation process (Pebdani & Johnson, 2014; Tepper, 2000). Given that sexuality could affect the consumer's self-perception, feelings of desirability, and self-esteem, a successful rehabilitation plan must address the consumer's sexuality needs.

The extent to which this discussion goes is currently unknown. It is also unknown if there are opportunities for experiential or interactive activities regarding this topic. There is limited knowledge of into how many courses topic extends in the rehabilitation counseling curricula. This topic is likely only to be mentioned within the medical and psychosocial aspects of a disability course, which may indicate that the topic is only being discussed in a physiological aspect instead of a holistic perspective.

Rehabilitation Counselor Education and Sexuality

To date, there is a paucity of research on rehabilitation counselor educators and their implementation of sexuality and disability into the curricula. Currently, little is known about the state of training and instruction surrounding disability and sexuality within rehabilitation counseling education (Pebdani & Johnson, 2014). It is imperative to explore the current standpoint of human sexuality within the curricula, as increasing training on the topic would increase levels of comfort and competency (Juergens et al., 2009) have been a few studies that have explored the competency and comfort of rehabilitation counselors and students in addressing sexuality needs within clinical settings. All studies have collectively indicated the importance of increasing training and education (Juergens et al., 2009; Kazukauskas & Lam, 2009; Pebdani, 2013; Pebdani & Johnson, 2014).

Pebdani and Johnson's (2014) study explored the current level of training on sexuality that rehabilitation counseling students receive. The results of the study indicated that less than half of the sample size (reported to be approximately 312 participants) received training on sexuality in their CORE rehabilitation counseling graduate programs, while nearly one-third (29.8%) received training on sexuality in their undergraduate program (Pebdani & Johnson, 2014). The results of this study also indicated that 16.7% (N=52) of rehabilitation counseling students reported receiving no training at all within both their undergraduate and graduate programs (Pebdani & Johnson, 2014). Results from this study also indicated that 14.4% (n=45) reported that they received one to six class periods in graduate school, as 10.6% (n=33) reported that they received less than one semester of training in sexuality (Pebdani & Johnson, 2014).

Pebdani and Johnson (2014) noted, “the holistic nature of rehabilitation counseling and the Council on Rehabilitation Education (CORE) requires that students receive training on sexuality during their graduate studies, it is striking that more than half the students reported that they did not receive graduate training in sexuality” (p. 174). This study also expressed concern for lack of training, being that other rehabilitation professionals often ignore the sexuality of persons with disabilities (Pebdani & Johnson, 2014). These findings are similar to the conclusions of two studies (Juergens et al., 2009; Kazukauskas & Lam, 2009), which indicates that knowledge about sexuality and disability could influence and predict certified rehabilitation counselors’ and students’ comfort level of discussing sexuality of persons with disabilities.

These studies have established that increasing formal training in sexuality and disability for students addressing sexuality with consumers is critical to preposition students’ ability to implement quality holistic services to persons with disabilities’ sexuality. Moreover, the importance of teaching sexuality within rehabilitation counseling education programs should not be understated, as Pebdani and Johnson (2014) indicate that rehabilitation counselor educators should increase the intensity of preparation in sexuality and disability. An additional study conducted by Pebdani (2013), which explored rehabilitation counseling master’s students’ knowledge, comfort, attitude, and approach towards sexuality and disability, indicated similar results as the aforementioned studies: the more knowledge a student has in sexuality and disability the more comfortable he or she is with clinical approaches.

Pebdani and Johnson (2014) also implied that there should be an increase in research on the training of sexuality and disability for rehabilitation counselors, as this would have positive results for preparation on this topic. This indicates that there is a need for research that explores how rehabilitation counselor education presently incorporates sexuality and disability into the curricula. The present study is important to the profession of rehabilitation counseling, because it addresses the barriers and needs of rehabilitation counselor educators to employ sexuality and disability more fully into the curricula. This study will also aid the body of knowledge in recognizing how developing various segments within the curricula could assist students in becoming competent in the area of sexuality and disability.

It is imperative that rehabilitation counseling students engage in comprehensive and rigorous discussions surrounding topics, such as sexuality and disability, that they will encounter in practice. This study is of importance because within the field of counselor education the rigor of educator instruction could impact the implementation of concepts in clinical practice and the retention of knowledge (Buskist & Groccia, 2011; Dewey, 1933; McAuliffe, 2011; McKeachie, 2006). In counselor education, best practices en-

courage professors to use active learning methods, which encourages and influences students’ retention after the course has ended (McAuliffe, 2011). The rigor of instruction helps students become aware of problematic patterns within the field, which would help them understand the current gap and need for quality sexuality services for persons with disabilities (Herreid, 2011; McKeachie, 2006). It also allows them to consider conflicting perspectives and challenges to ideas that they may have taken for granted within sexuality and disability (McAuliffe, 2011). Exploring rehabilitation counselor educators’ level of implementation of sexuality and disability within the curricula is vital, because it will challenge any previously held misperceptions and attitudes on sexuality and disability, which will likely impact their retention of the topic.

CACREP Standards on Training in Human Sexuality

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has committed to adopting professional standards that govern the quality of programming for counseling programs. These standards ensure that rehabilitation counseling students receive training and academic experiences that prepare them to enter the clinical profession of rehabilitation counseling (CACREP, 2016). The CACREP accreditation process promotes the effective and competent delivery of rehabilitation services to consumers with disabilities. It makes efforts to produce graduates who have skills, knowledge, and attitudes that are necessary to provide rehabilitation counseling services to clients with physical, emotional, and mental disabilities (CACREP, 2016). The accreditation process of CACREP ensures that rehabilitation counseling graduate programs meet acceptable levels of quality (CACREP, 2016).

Accreditation standards for both clinical rehabilitation and rehabilitation counseling (5.H.2.h and 5.D.2.m) require student learning outcomes of identifying the impact of disabilities on human sexuality (CACREP, 2016). According to these standards, students should demonstrate an ability, a level of comfort, and competency to address human sexuality of persons with disabilities. In the context of the impact of disabilities, rehabilitation counseling students must understand how disability and sexuality can impact intimate relationships, marriages, and family systems. Considering these standards, students should also understand how the reproductive process, sexual pleasure, and expression of sexual desires can be impacted by disabilities, and what the psychosocial implications of this could mean for a client. Disabilities impact the dynamics of sexuality and intimate relationships, and sexual activity may be decreased because of a disability (Esmail, Darry, Walter, & Knupp, 2010). Rehabilitation counseling students should not only be introduced to sexuality and disability content in Medical Aspects of Disability, but also be challenged with developing possible

rehabilitation planning for case scenarios in theories, family counseling, and group counseling courses. Emphasizing this dynamic in a variety of courses should assist in encouraging students to consider how the micro and macro levels could be influential when discussing disability and sexuality.

Methods

The study examined rehabilitation counselor educators' attitudes, comfort, and knowledge of sexuality and disabilities. The data was synthesized and analyzed using computer-based software and statistical analysis software (SPSS). Data from the surveys were imported into SPSS to facilitate advanced analysis of the data, such as calculating the central tendencies. SPSS also facilitated the advanced multivariate of variance analysis of all of the factors and variables. The purpose of this study was to measure rehabilitation counselor educator's attitudes, comfort level, and knowledge of sexuality and disability, and to determine if there are differences based upon age, gender, and ethnicity. The research questions that guided this study were:

Research Question 1: What are rehabilitation counselor educator's perceived level of comfort, knowledge, and attitude towards sexuality and disability?

- **H₀:** Rehabilitation counselor educators have a perceived low level of comfort, knowledge, and attitude towards sexuality and disability.
- **H_a:** Rehabilitation counselor educators have a perceived high level of comfort, knowledge, and attitude towards sexuality and disability.

Research Question 2: Do Rehabilitation Counselor Educators' level of knowledge, comfort, and attitude towards sexuality and disability differ by their age, ethnicity, gender?

- **H₀:** Rehabilitation counselor educators' level of knowledge, comfort, and attitudes towards sexuality and disability does not differ by their age, ethnicity, gender, counselor identity, and years of experience as a counselor educator.
- **H_a:** Rehabilitation counselor educators' level of knowledge, comfort, and attitudes towards sexuality and disability differs by their age, ethnicity, gender, counselor identity, and years of experience as a counselor educator.

Sampling

Convenience sampling was employed via the non-random sampling technique to generate the sample size for this study. A total of 27 rehabilitation counselor educators were included in the study. Rehabilitation counselors

within CACREP accredited rehabilitation counseling programs were surveyed. The surveys for this study were disseminated to Listservs of National Council on Rehabilitation Counselor Education (NCRE), National Association of Multicultural Rehabilitation Concerns (NAMRC), and North Carolina Agricultural and Technical State University (NCAT).

Participants were required to teach within a CACREP-accredited program and teach rehabilitation counseling students. It is important to note that the merger of CORE and CACREP may have impacted the participant response to the study. This merger took place in July 2017 and may have influenced rehabilitation counselor educators as they were likely adapting to new policies and accreditation standards.

Participants were required to complete an informed consent and two surveys that will collect the data to measure the variables. Selection criteria for inclusion in this study are as follows: (a) taught courses in rehabilitation counseling and (b) rehabilitation counselor educators who currently instruct rehabilitation counseling courses within CACREP-accredited graduate programs. To be included within the data analysis, the participant had to indicate within the survey that they delivered content on sexuality and disability prior to participating in the study. Participants not meeting the criteria for inclusion were excluded from the study.

Analysis

A multivariate analysis of variance (MANOVA) was used to analyze if mean differences existed among rehabilitation counselor educators' age, gender, ethnicity, year of experience as a counselor educator, and counselor identity compared to their level of knowledge, comfort, and attitude towards sexuality and disability. MANOVA allows for a test to compare multivariate means (Howell, 2013). This data analysis will also allow a test of the relationship among the independent variables (Howell, 2013). A MANOVA will analyze if the rehabilitation counselor educators' age, gender, counselor identity, ethnicity, and years of experience as a counselor educator an effect on their level of comfort, attitude, and knowledge towards the topic of sexuality and disability (Howell, 2013).

The current research was subjected to the approval of the Institutional Board Review at NCAT. All procedures for this study were approved by the Institutional Board Review at NCAT. This study was conducted in accordance to ethical standards established by the American Counseling Association (ACA), CRCC, and NCAT Institutional Review Board.

Instrumentation

There was a demographic questionnaire that was disseminated to all participants to obtain the categorical variables, such as gender, age, and ethnicity. The instrument that measured the three dependent variables was the Knowledge,

Comfort, Approach and Attitudes towards Sexuality Scale (KCAASS) (Kendall, 2003). The KCAASS is an instrument that was developed for utility within rehabilitation facilities interested in identifying and targeting training initiatives and needs related to addressing the sexuality need of clients following spinal cord injury (Kendall, 2003). The KCCASS requires participants to indicate their current level of knowledge, attitude, comfort, and approach related to sexuality and spinal cord injury. With permission from the authors of the scale, the researcher modified the questions to reflect participant's knowledge, attitude, and comfort on the topic of sexuality and disability. For the purposes of this study, only three of the original four factors of the scale were measured: knowledge, comfort, and attitudes. The approach factor was excluded from the instrument because it reflects clinical practice, which is not addressed in the current research.

The original validity and reliability of the instrument are as follows: the Cronbach's alphas for the four factors to verify the reliability of the KCAASS was reported to be comfort (.97), knowledge (.93), approach (.80), and attitude (.73) (Kazukauskas & Lam, 2009). The respondents were asked to complete the KCAASS (Kendall, 2003). However, after the modifications of the instrument, we did not use factorial analysis to establish the validity and the reliability of the instrument. Because the modifications that we made were not significant, we feel that it will not affect the validity and reliability in a significant way. Nevertheless, given this limitation, precaution must be taken when interpreting the results.

The sub-scales that were used for this study were the attitude, comfort, and knowledge scales. Each subscale consisted of a Likert scale that measured each variable. The lowest response would be 1 for discomfort, no knowledge, or strongly disagree, while the highest, 4, indicates high discomfort, excellent knowledge, and strongly agree. The highest score for the subscale of knowledge was 52; for the subscale of comfort, indicating high discomfort would be 80; and for the subscale of attitude would be 0.

One of the limitations is once we modified the instrument we did not recalculate the reliability and validity; however, this study is an important step in exploring the topic, and future research is needed whereby researchers can use a factorial analysis to recalculate the validity and reliability.

Results

A substantial number of participants were within the 35-45-years-old age range (40.7%). Participants 24-34-years-old represented the second highest percentage of age range (37%). Approximately 22.2% of participants were 46 years and older. The survey provided an option for participants to respond as other and enter their respective racial/ethnic background. Twenty-seven participants responded to the racial/ethnic background question. Black/African American represented most of the respondents at 77%, followed by re-

spondents who identified as White at (11%). Hispanic/Latino and Asian/Pacific Islander represented 3.7% of the respondents. One respondent identified as "other" (3.7%). Table 1 depicts the demographics of the participants' age, gender, and race/ethnicity respectively.

Table 1
Sample Demographics

Measure	n	%
Age in Years		
24-34	10	37.0
35-45	11	40.7
46+	6	22.2
Gender		
Male	6	2.2
Female	21	77.8
Ethnicity		
Black/African American	21	77.8
White	3	11.1
Hispanic or Latino/Latina	1	3.7
Asian/Pacific Islander	1	3.7
Other	1	3.7
Total	27	100

The respondents were asked to identify their ranking as professors, as well as years they have taught in the field of rehabilitation counseling education. Over half (66.7%) of respondents reported that they were within 0 to 1 year of teaching rehabilitation counseling. The next prominent group were respondents who taught for 8 or more years (14.8%). The next two groups represented in the respondents were the 5 to 7 years at approximately 11.1%, and 2 to 4 years at approximately 7.4%. Regarding professor rank, doctoral-level respondents represented approximately 48.1% of the respondents. Respondents who were ranked as assistant professors were represented at approximately 22.2%. Adjunct professors represented approximately 18.5%, with associate professors representing approximately 3.7%. Respondents were asked to identify their clinical identity. Most of the respondents (74.1%) identified as rehabilitation counselors. Approximately 7% of the respondents identified clinically as school counselor. Clinical mental health counselors represented approximately 3.7% of the respondents. Approximately 11.1% of respondents identified addiction counseling as their counselor identity, as 3.7% identified their ethnicity as being "other".

Respondents were asked to indicate their level of knowledge, comfort, and attitude towards the topic of sexuality and disability. The results of the scores for knowledge, comfort, and attitude are presented in Table 2 below. The H_0 for research question one was rejected, due to rehabilitation counselor educators having high comfort levels and positive attitudes towards sexuality and disability. The mean for knowledge was low indicating that participants had a lower level of

knowledge of sexuality and disability.

Table 2
Knowledge, Comfort, and Attitude of Sexuality & Disability

Variable	Mean	Median	Mode
Knowledge	2.33	2.38	0.0
Comfort	1.62	1.45	1.10
Attitude	1.36	1.20	1.00

The multivariate analysis of variance (MANOVA) was used to analyze research question two. MANOVA was used to examine if there was a relationship among the variables of rehabilitation counselor educators' attitudes, level of knowledge, level of comfort, age, gender, and ethnicity. It was determined that there was no variance among the means of the categorical variables. There was not a statistically significant difference among the age, ethnicity, the level of comfort, attitude, and knowledge as $p > .05$ for these categorical variables. Gender was the only categorical variable that had a significant difference with a statistical significance of $p = .001$. Therefore, the null hypothesis for research question two was rejected due to a non-significant coefficient. Post Hoc tests were not conducted due to a non-significant MANOVA p values. Wilks Λ , Wilks V , Pillai's Trace, and Hotelling's Trace statistics were utilized to determine if there were variation among the means of the dependent variables and these yielded non-significant statistics, indicating no significant variances among the means of the dependent variables. Refer to Table 3 below for results of the significant analysis.

Discussion

Within rehabilitation counselor education, it is unquestionable that sexuality and disability is an area of concern, as it has a direct impact on consumers' quality of life and social adjustment. The data from this study revealed that participants' demographic characteristics did not significantly impact the level of knowledge, comfort, or attitudes towards sexuality and disability. No variation existed among the participants' responses and perspectives based upon their specific backgrounds. The only variation that existed within the categorical variables was the gender of the participant.

Results also indicated that rehabilitation counselor educators within this study reported high levels of comfort and positive attitudes towards sexuality and disability. However, the data yielded that participants had low levels of knowledge when it pertained to the topic. This indicates that personal cultural beliefs, associated groups (i.e. family and communities), and ethnicity did not influence their personal attitudes and willingness to discuss the topic. This may be attributed to the fact that many of the attitudes towards sexuality in society have shifted and become more permissive. The overall social construct of sexuality has progressed to consider

sexuality beyond just a physical expression (Esmail, Esmail, & Munro, 2001; Franco, Cardoso, & Neto, 2012; Gilmore & Chambers, 2010). It is likely that persons with disabilities have not benefited from this evolution of this social construction (Esmail et al., 2001; Franco et al., 2012; Gilmore & Chambers, 2010). This is evident due to their sexual rights and recognitions often being ignored on various platforms, such as media, clinical services, and education (Nucci, 2010; Franco et al., 2012; Shakespeare, 2000; Tepper, 2000).

Rehabilitation counselor educators should focus on increasing the intensity of training on sexuality and disability in rehabilitation counselor education (Juergens et al., 2009; Pebdani, 2013; Pebdani & Johnson, 2014; Kazukauskas & Lam, 2009). Increasing intensity should not be understated, as it has been documented in literature (Pebdani & Johnson, 2014) that students who received training in this topic reported more comfort and positive attitudes towards discussing sexuality with clients. The findings of this study support previous research suggesting personal attitudes about sexuality and disability have not impacted providing education and counsel related to sexuality (Kazukauskas & Lam, 2009).

Although results from this study suggests otherwise, previous studies have shown that as attitudes towards sexuality and disability increases, so does the comfort level in approach (Kazukauskas & Lam, 2009). Results suggest that participants reported lower levels of knowledge towards sexuality and disability. This is cause for concern regarding rehabilitation counselor education, as previous studies have reported that increased training and knowledge are predictive of comfort levels of rehabilitation professionals.

Higher comfort levels have been reported in the literature to increase the probability of sexuality and disability being addressed within the profession (Juergens et al., 2009; Kazukauskas & Lam, 2009; Pebdani, 2013; Pebdani & Johnson, 2014). Increasing the comfort levels of rehabilitation counselor educators could increase the instruction on this topic for students. It is likely that educators are apprehensive about instructing on sexuality, due to the nature of this topic. Future research should explore the specific needs of educators to increase the comfort level towards this topic.

Former research has endorsed a positive relationship among the variables of increased training and increased comfort (Fronek et al., 2005 as cited by Kazukauskas & Lam, 2009). Research has shown that sexuality education has a direct impact on willingness to discuss sexuality with clients (Juergens et al., 2009), which indicates that increased levels of knowledge have an impact with this specific topic. Further exploration, particular to the rehabilitation counseling curricula, should investigate if educators' instruction and implementation is impacted by their level of knowledge on sexuality and disability. This is of importance, as rehabilitation counseling graduate students have reported higher levels of

Table 3
Results of Gender Analysis

	Effect	Value	F	df	Sig.
Intercept	Pillai's Trace	0.938	115.834	3	0
	Wilks' Lambda	0.062	115.834	3	0
	Hotelling's Trace	15.109	115.834	3	0
Gender	Pillai's Trace	0.489	7.337	3	0.001
	Wilks' Lambda	0.511	7.337	3	0.001
	Hotelling's Trace	0.957	7.337	3	0.001

confidence and comfort in addressing sexuality in practice with clients (Juergens et al., 2009), which lends itself to importance within clinical practice as sexuality has an impact on the physical and emotional wellbeing of persons with disabilities (Boyle, 1993; Juergens et al., 2009).

Limitations

There are several implications for future research in rehabilitation counseling education and sexuality. The primary implication for future research is to increase qualitative and quantitative research on infusing sexuality and disability into the rehabilitation counseling education curricula. Results from the study indicates that more literature regarding sexuality and disability is needed. Future qualitative research in sexuality and disability may also generate testimonials and theories from the perspective of consumers in expressing their needs.

The data suggest there is a low level of knowledge among rehabilitation counselor educators. Moreover, the knowledge variable has been previously related to the willingness of rehabilitation professionals to discuss or address sexuality and disability with persons with disabilities (Juergens et al., 2009). Consideration should be given towards creating a special topic dedicated to the topic of sexuality and disabilities. It is practical that providing a stand-alone course would give adequate time and attention to such a complex and multicultural topic. Incorporating this topic within courses such as medical aspects, practicum, clinical internship, couples counseling, family counseling, and multicultural counseling would also emphasize the importance of developing competency. This would particularly give doctoral students an opportunity to address any professional and ethical concerns they may have in respect to instructing human sexuality.

There is a clear indication in previous research that increasing training on this subject will directly increase the level of knowledge (Juergens et al., 2009; Pebdani, 2013). Neglecting to increase training on sexuality and disability in rehabilitation counseling curricula, would have a direct impact on professionals being able to holistically address persons with disabilities' sexuality concerns. This is a direct violation of CACREP standards and expectations of clinical rehabilitation (5.D.2.m) and rehabilitation counseling

(5.H.2.h) that specifies students should be able to demonstrate professional knowledge and skills on the "effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)" (CACREP, 2016). Providing instruction on sexuality and disability in practicum and internship course may provide the opportunity for in-service learning. Intentional instruction and incorporation of this topic in doctoral programs would emphasize the importance of increasing competency and comfort levels.

There was a large percentage of doctoral-level teaching assistants, therefore increasing training on sexuality and disability within doctoral CACREP programs could influence educators to incorporate topics within the curricula as future assistant and associate professors. It is imperative for future research to focus on specific needs of educators, as they may vary across institutions. Discovering the different needs based upon variables related to the cultures and attitudes of departments and institutions is critical to understanding training needs. For example, institutions' attitudes towards instruction of human sexuality may differ based upon community needs and culture. Such investigations would likely encourage the development of materials and textbooks that provide adequate information and training opportunities to educators and students. Research and scholarly development should focus on the creation of supplemental materials that could assist with building competency for not only students, but educators, in providing standard key aspects and points to consider while instructing the topic.

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Motivations, Expectations, Ideal Outcomes, and Satisfaction in Friends With Benefits Relationships Among Rural Youth

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Characterized by repeated sexual contact with a known partner without the expectation of commitment, friends with benefits relationships (FWBRs) are increasing among youth. Yet, less is known about the motivations for, or satisfaction in, FWBRs especially among youth from rural areas. Youth from rural communities reported on their experiences in FWBRs. Findings indicated that youths' major motivation for FWBRs was sexual satisfaction, although gender differences emerged. Sexual motivation was associated with relationship satisfaction. The majority of youth wanted to maintain their friendship following the FWBR, and most described the experience as satisfying. Implications and future directions are discussed.

Keywords: friends with benefits, rural youth, relationship satisfaction

Introduction

Increasing in popularity among high school and college students, friends with benefits relationships (FWBRs) consist of a sexual relationship between friends that lacks a romantic commitment (Bisson & Levine, 2007). The literature is mixed on youth's satisfaction with FWBRs. Youth, defined as individuals between the ages of 15-24 (United Nations, 1987), have reported greater sexual risk behaviors (Letcher & Carmona, 2014; VanderDrift, Lehmiller, & Kelly, 2010), depressive symptoms (Grello, Welsh, & Harper, 2006), and substance use (Fielder & Carey, 2009) when engaging in FWBRs. However, a growing body of research suggests youth also report positive experiences in these casual relationships (Weaver, MacKeigan, & MacDonald, 2011). Additionally, the majority of research on FWBRs has focused on college students from highly populated areas (Garcia & Reiber, 2008; Snapp, Lento, Ryu, & Rosen, 2014), yet there is evidence that casual sexual activity may differ in rural versus urban environments (McGinty et al., 2007) and based on stage in the life cycle (DeLuca, Claxton, Baker, & van Dulmen, 2015).

Given the disparity in outcomes related to participating in FWBRs, it may be useful to explore youth's motivations for, and expectations when, entering a FWBR. Possibly, one's ultimate satisfaction with the relationship is related to their initial reason for establishing the relationship. It is also possible that their satisfaction is related to how they hope the relationship will ultimately end, among other factors. The current study explores the relationship between motivations, expectations, ideal outcomes, and satisfaction with the FWBR experience among an understudied population: rural youth, including both high school and college students.

Positive Sexuality as a Guiding Framework

Positive sexuality is rooted in the belief that individuals have the ability to define and understand sexuality, including their beliefs and experiences, from a strengths-based, empowerment perspective (D. J. Williams, Thomas, Prior, & Walters, 2015). Moreover, it posits that the development of

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sexual health and sexual satisfaction is a process that encompasses many contexts including mental health and cultural influences and occurs throughout the lifespan (Murray, Pope, & Willis, 2017). Adolescent sexuality is often approached from a sex-negative perspective which highlights the potential risks of sexual activity including teen pregnancy and sexually transmitted infections (STI) transmission (Fava & Bay-Cheng, 2013). Despite this sex-negative approach and the commonality of abstinence-based sex education that also tends to emphasize sexual risk, American adolescents continue to engage in sexual activity. Therefore, it is imperative that counseling professionals adopt a positive sexuality framework when working with adolescents as a sex-negative approach does not prevent sexual intercourse, but may inhibit informed sexual decision making.

Casual Sexual Relationships

Dating practices and relationship statuses continue to evolve among youth. Recent studies indicate an increasing acceptance of casual sexual relationships such as FWBRs, hookups, one-night stands, and booty calls, among others (Claxton & van Dulmen, 2013). FWBRs are a unique subset of casual sexual relationships as they involve sexual activity; however, FWBRs are more likely to involve emotional intimacy and repeated sexual interactions over time (Bisson & Levine, 2007; Lehmiller, VanderDrift, & Kelly, 2010). Although casual sexual relationship types do overlap, subtle differences exist which can lead to important implications. Because of higher levels of emotional intimacy in FWBRs compared to other casual relationships, youth may be more trusting of their FWB partner (Matthews, 2013). As a result, youth in FWBRs may be at increased risk for sexually transmitted infections (STIs) as they view their partners as less risky (Matthews, 2013). The sexual risk is especially salient as 25-40% of youth report that their FWBRs are not exclusive (Lehmiller et al., 2010; Weaver et al., 2011). Youth have also reported feeling more comfortable exploring and experimenting with their sexuality with a friend rather than a committed romantic partner, which may improve self-esteem and overall well-being (Weaver et al., 2011). The uncommitted, yet moderately intimate nature of the FWBR may allow for the freedom to experiment without fear of ruining a long-term relationship.

From a positive sexuality framework perspective of human sexuality, it is important to consider contextual influences (e.g., political views, religious beliefs, family values, etc.) that may impact youth's experiences (Murray et al., 2017). While the general public has become more accepting of sexual activity outside of a committed relationship (Garcia, Reiber, Massey, & Merriwether, 2012), it is possible that variation exists among particular subsets of the population based on characteristics commonly found among those in rural communities. Known for more politically con-

servative views regarding sexual activity (Lichter & Brown, 2011), individuals from rural communities may be less tolerant of casual sexual relationships such as FWBRs, especially among youth. Greater gender role stereotyping is found in rural areas (Pew Research Center, 2018), which may lead to different sexual expectations for youth depending on gender. Also, individuals from rural areas tend to report more church attendance (Wallace, Forman, Caldwell, & Willis, 2003), which has been associated with fewer FWBRs among youth (McGinty, Knox, & Zusman, 2007). Given the research, the expectation of limited FWBRs among rural youth may be a logical conclusion; however, previous research provides an inconsistent report on the actual prevalence of FWBRs among rural youth. While McGinty and colleagues (2007) found significantly more FWBRs among urban youth than rural youth, others have reported that rural youth participate in FWBRs at rates similar to estimates of urban youth (Letcher & Carmona, 2014). Thus, cultural factors, such as gender role expectations and conservative beliefs, may theoretically influence engagement in FWBRs among rural youth. But, the literature exploring the motivations for FWBRs among this marginalized population is unclear because of the limited number of studies.

Motivation for FWBRs

From the limited literature on youth's motivation for participating in any type of casual sexual relationship, youth report sexual pleasure (Garcia & Reiber, 2008; Lehmiller et al., 2010; Lyons, Manning, Longmore, & Giordano, 2014), peer influence (Lyons et al., 2014; Snapp, Lento, et al., 2014), being under the influence of substances (Fielder & Carey, 2009; Owen & Fincham, 2010), and seeking a long-term relationship (Garcia & Reiber, 2008; Owen & Fincham, 2010) as common motivators. Overall, sexual pleasure is the most cited reason for engaging in any casual sexual relationship, including FWBRs or hookups (Snapp, Ryu, & Kerr, 2014). Although these studies explored motivations, none separated participants based on urban or rural residency limiting the understanding of differences in motivation based on community type. More research is needed to identify whether rural youth seek FWBRs for different reasons than their urban peers, as the research on rural youth is limited. It should also be noted that the varying operational definitions of casual relationships in previous studies may have influenced the results in those studies.

For example, some researchers have used "casual sexual relationships" or "hookups" as a general term for any sexual activity with an uncommitted partner (Claxton & van Dulmen, 2013), while others have provided participants with exclusive definitions for specific subtypes of casual sexual relationships such as, one-night stands and FWBRs (McGinty et al., 2007; Wentland & Reissing, 2014). Primary distinctions between sub-types include the length of time the part-

ners have known each other prior to the sexual interaction and whether or not the sexual interaction occurred more than once. A hookup or one-night stand more often indicates a one-time sexual interaction with an acquaintance (Owen & Fincham, 2010), whereas FWBR suggests multiple sexual contacts with a known partner over time (Lehmiller, VanderDrift, & Kelly, 2012; McGinty et al., 2007). Distinguishing between types of casual sexual relationships can have important implications as the motivations for engaging in a FWBR may differ in comparison to seeking a one-night stand. For example, it is possible that youth may be more likely to initiate a FWBR, rather than a hookup, in order to transition into a long-term relationship with that friend considering the likelihood of moderately high intimacy levels in the already existing friendship (Bisson & Levine, 2007). Thus, more research is needed to investigate potential differences in motivations based on type of casual sexual relationship.

Satisfaction in FWBRs

A majority of the research on FWBRs among youth is correlational (Claxton & van Dulmen, 2013), which may contribute to the disparity in findings related to satisfaction with the experience. For example, one study found female college students were more likely to report feelings of guilt following a casual sexual experience in comparison to males (Campbell, 2008). Grello and colleagues (2006) noted that those with the most regret following a casual sexual experience also reported more depressive symptoms than those reporting no regret. Yet, others have reported relatively high ratings of satisfaction among young adults in their FWBRs (VanderDrift et al., 2010). A recent study comparing satisfaction levels between committed partners to those in FWBRs found higher levels of satisfaction among the committed partners; however, satisfaction was still high among the FWBR group (4.82 on a 7-point scale) (Lehmiller et al., 2012). Similarly, the majority (85%) of youth in one study described their FWBRs as “mostly positive” or better (Weaver et al., 2011). Therefore, evidence suggests that while some individuals may experience feelings of regret about sexual activities in uncommitted relationships, that experience is not universal.

Context likely also plays an important role in determining one's satisfaction with the FWBR experience. For example, the perspectives of close peer groups may have an impact on satisfaction with FWBRs for both adolescents and young adults. In one study, college students who perceived peer disapproval of their FWBR reported more negative experiences in their relationship than those who perceived peer approval (Hughes, Morrison, & Asada, 2005). Similarly, DeLuca and colleagues (2015) compared the satisfaction in casual sexual relationships between college students and non-college students. College students whose peers approved of their sexual activity reported higher levels of satisfaction than non-

college students whose peers approved.

Finally, a consistent finding in research with youth of varying ages is that the ability to meet sexual needs without the time and drama associated with establishing a long-term relationship is a satisfying aspect of FWBRs (Lyons et al., 2014; L. R. Williams & Adams, 2013). Fulfillment of sexual desires is the most consistent motivator for casual sexual activity and has been associated with youths' ratings of satisfaction in casual relationships (Snapp, Ryu, & Kerr, 2014). Still, more research is needed to understand the circumstances in which FWBRs are considered satisfying, and if the same associations are found among rural youth.

Gender Differences

Research is mixed on gender differences among youth in the prevalence of FWBRs. Gender differences serve as another contextual consideration; however, it should be noted that the literature is limited as much of the research focuses on cis-gender individuals in heterosexual relationships (Olmstead, 2020). While some studies report that males are more likely to participate in FWBRs than females (Eisenberg, Ackard, Resnick, & Neumark-Sztainer, 2009; Garcia & Reiber, 2008; Grello et al., 2006; Owen & Fincham, 2010), others have noted no differences (Bisson & Levine, 2007; McGinty et al., 2007; Letcher & Carmona, 2014). However, recent studies suggest that gender differences may be more nuanced. For example, males appear more motivated to participate in casual sexual relationships due to pressure from friends or peers than females (Garcia & Reiber, 2008; Snapp, Lento, et al., 2014). Although a significant number of individuals report positive casual sexual experiences (Snapp, Ryu, & Kerr, 2014; Weaver et al., 2011), females tend to report more regret in comparison to males (Campbell, 2008; Paul & Hayes, 2002; Owen & Fincham, 2010), as well as lower overall satisfaction with the FWB encounter (Snapp, Ryu, & Kerr, 2014). Additionally, males report higher numbers of casual sexual partners (Eisenberg et al., 2009; Manning, Giordano, & Longmore, 2006; Lyons et al., 2014), and more concurrent partners than females (McGinty et al., 2007; Lehmiller et al., 2010).

Both males and females have highly endorsed engaging in FWBRs and other casual sexual relationships for sexual pleasure (Garcia & Reiber, 2008). Yet, males have emphasized the sexual nature of the encounter more than females (Lehmiller et al., 2010), and evidence suggests females are more likely to engage in casual relationships to enhance an emotional connection or begin a long-term relationship (McGinty et al., 2007; Lehmiller et al., 2010; Owen & Fincham, 2010). Researchers have noted the consistent double standard that exists between males and females related to sexual behavior such that society may view engagement in casual sexual relationships as more acceptable for males than females (Conley, Ziegler, & Moors, 2012; Crawford & Popp,

2003; Lyons, Giordano, Manning, & Longmore, 2010). Additionally, gender differences may be especially pronounced among rural youth as the endorsement of traditional gender roles is more common in rural communities (Pew Research Center, 2018). Continued investigation of gender differences within FWBRs is essential to understanding potential changing norms and contextual factors that may influence the sexual experiences of youth.

Current Study

The purpose of the current study was to investigate the motivations, expectations, ideal outcomes, and satisfaction in FWBRs among a sample of youth from rural areas. Much of the current literature addresses prevalence of FWBRs among college students and has provided important insights into this distinct type of casual sexual relationship. However, less is known about the major motivations for engaging in FWBRs, especially among youth from less populated areas, as well as those outside the college campus (Claxton & van Dulmen, 2013; Lehmiller et al., 2010). Thus, participants for the current study include youth from small communities in the Midwest whose motivations, expectations, ideal outcomes, and satisfaction in FWBRs may be unique in comparison to those in previous studies.

To investigate the experiences of rural youth in FWBRs, participants were asked to complete a series of self-report questionnaires describing their casual sexual experiences. Based on previous research (Lyons et al., 2014; VanderDrift et al., 2010), researchers expected that the most common motivators for engaging in FWBRs would be to obtain sexual pleasure and to initiate a long-term, romantic relationship. Next, both religious attendance and conservative sexual views have been linked with less FWBRs among youth (McGinty et al., 2007), and both are more common in rural environments (Lichter & Brown, 2011). However, as societal views of premarital sexual activity have become more accepting (Pampel, 2016), researchers expected that FWBRs will still occur among youth from rural communities. Finally, youth report that engaging in sexual activity without the commitment of a long-term relationship is a major benefit of a FWBR (Lyons et al., 2014); therefore, researchers expected that motivation due to sexual pleasure would be related to satisfaction in the FWBR.

Researchers also predicted that youth's expectations for how the FWBR would end, and how youth would want the FWBR to ideally end, would influence ratings of satisfaction. First, because the inherent nature of FWBRs is repeated sexual contact without commitment, researchers predicted that those individuals who ideally wanted, and expected, the FWBR to end in continued sexual contact would report high levels of satisfaction with the relationship. Second, those individuals who ideally wanted and expected their FWBR to end in a traditional, long-term relationship would report

low levels of satisfaction as previous research suggests only a small portion of FWBRs transition into a more serious relationship (Bisson & Levine, 2007).

Finally, the following gender differences were expected as rural areas tend to conform to traditional gender roles (Pew Research Center, 2018). As found previously (Lehmiller et al., 2010), researchers expected males to endorse sexual pleasure and peer pressure as motivators for FWBRs significantly more than females. Due to the cited double standard regarding females' sexual behaviors (Conley et al., 2012; Crawford & Popp, 2003; Lyons et al., 2010), researchers expected that females would report participating in FWBRs for emotional needs and to initiate a long-term relationship more often than males, and researchers expected males to report greater overall satisfaction in their FWBRs than females.

Methods

Participants

High school and college students between the ages of 15-23 years were recruited to participate ($N = 100$). The U.S. Census Bureau defines urban communities as having a population of 50,000 or more (United States Census Bureau, 2013). However, to avoid potential spillover effects, researchers reduced the eligibility criteria in this study to a population of 30,000 or less. All youth met the eligibility criterion of residing in a hometown with a population of 30,000 or less. See Table 1 for demographic characteristics of the sample.

Table 1
Sample Demographics ($n = 47$)

Variable	%	M (SD)	Range
Age in Years		19.6 (1.7)	16-23
Gender			
Female	61.7		
Male	38.3		
Ethnicity			
White	89.4		
Native American	6.4		
Other	4.2		
Marital Status of Primary Caregiver			
Single, never married	2.1		
Married	80.9		
Divorced	10.6		
Other	6.4		
Hometown Population		6,691 (7,841)	30-25,000
# of FWB Partners		2.5 (2.2)	1-11
Age of 1st FWB		17.5 (1.9)	13-21

Note. FWB = Friend with benefits

Procedure

Youth were informed of the study through newspaper ads, flyers, classroom presentations, and in-person recruitment during a campus tour of the university. Interested and eligible youth between the ages of 18 to 23 years completed a consent form, while assent and parental permission were obtained from interested and eligible youth between the ages of 15 to 17 years. Youth completed an assessment battery of self-report questionnaires lasting approximately 30 minutes. Compensation included \$15 for high school youth and \$20 for college youth due to additional questionnaires completed by college students. All procedures in this study were approved by the University's Institutional Review Board.

Measures

A demographic questionnaire was administered to characterize the sample. The questionnaire captured participant age, gender, ethnicity, academic history, and employment status. Youth had the option of identifying as "male," "female," or "other" with the ability to specify their gender identity if choosing the "other" option. Additionally, the form queried the marital status, employment status, and academic history of primary caregivers.

The operational definition of FWB provided to participants was: A sexual experience with a friend without the expectation of a long-term relationship. Because validated instruments specifically focused on FWBRs do not exist, the Friends with Benefits Questionnaire was developed and modeled after measures used in previous studies (Bisson & Levine, 2007; Fielder & Carey, 2009; Garcia & Reiber, 2008). The Friends with Benefits Questionnaire consisted of 13 descriptive items that measured the frequency, types of sexual contact, motivations, expectations, ideal outcomes, and satisfaction in FWBRs. For example, participants indicated the types of sexual contact they engaged in, including kissing/making out, genital touching, oral sex, vaginal intercourse, and anal intercourse (Bisson & Levine, 2007). Motivation for engaging in FWBRs included response items on physical/sexual needs, emotional needs, peer pressure, intention for a long-term relationship, and unintentional participation (Garcia & Reiber, 2008). Participants responded yes or no to indicate whether the item served as a motivator in their relationship. Additionally, respondents were asked how they expected their FWBRs to end, as well as how they would ideally want the relationship to end (Garcia & Reiber, 2008). Options for both circumstances (expectation and ideal) included friendship, a long-term relationship, further FWB activity, or no more contact. Finally, a 5-point Likert scale ranging from highly satisfying to highly dissatisfying was used to rate participants' overall satisfaction in FWB experiences. A copy of the full questionnaire is available upon request.

Results

Participant Characteristics

For analysis, only youth reporting a FWBR were included in the final sample ($n = 47$). Participants identified as either female (61.7%) or male (38.3%); no other gender identities were indicated. A majority identified as White (89.4%). On average, youth were 19.6 years old ($SD = 1.7$) and reported a population of 6,691 ($SD = 7,841$) in their hometown. Hometown populations ranged from 30 to 25,000. Youth reported a history of one to eleven different FWB partners, and ranged in age from 13 to 21 years old during their first FWB encounter.

Motivation and Satisfaction in FWBRs

Slightly less than half (48.9%) of the youth described their FWBRs as satisfying or highly satisfying (i.e., rating of a 4 or 5 on the 5-point scale). Endorsement of satisfying experiences was greater than endorsement of unsatisfying or highly unsatisfying experiences (21.2%). As predicted, the fulfillment of physical and sexual needs was the most common motivation for engaging in FWBRs, as reported by 85.7% of youth (see Table 2). Contrary to predictions, only one fifth (20.5%) of youth reported engaging in FWBRs to establish a long-term relationship. Interestingly, peer pressure was the least likely motivator (10.5%). Multiple regression analyses were conducted to investigate the relationship between motivations, expectations, and ideal outcomes related to participating in FWBRs and satisfaction with FWB activity. A Bonferroni correction was applied to significance levels due to the number of models (3) analyzed with p -values of .01 considered statistically significant ($.05/3 = .01$). In the first model, motivation responses of yes/no (independent variables) were dummy coded with no serving as the reference group. As predicted, youth motivated by physical/sexual needs ($b = 1.45$, $SE = .49$, $p < .01$) reported higher levels of satisfaction in their FWBR compared to youth who participated in FWBRs for other reasons. No association was found between emotional needs, peer pressure, desire for developing a committed relationship, or unintentional FWB activity and satisfaction.

While not statistically significant, trends toward significance were found in the data. Trends are reported due to the small sample size and reduced statistical power. Although trend data should be interpreted with caution, they may provide support for continued study with higher powered samples. A trend toward significance was found for youth who engaged in FWBRs because others were engaging in these relationships. Youth reported lower levels of satisfaction when motivated by what others were doing ($b = -1.05$, $SE = .50$, $p = .04$). The model fit trended toward significance [$F(6, 31) = 2.35$, $p = .05$], and the total variance explained by the model was 31%.

Table 2

Motivation, Expectations, Ideal Outcomes, and Satisfaction in FWBRs among Sample

Variable	n (%)	n (%) Males	n (%) Females
Motivation for FWBRs ^a			
Physical/Sexual needs	36 (85.7)	15 (93.8)	21 (80.8)
Emotional needs	20 (46.5)	4 (23.5)	16 (61.5)
Others are doing it	6 (15.8)	3 (18.8)	3 (13.6)
Peer pressure	4 (10.5)	2 (12.5)	2 (9.1)
Committed relationship	8 (20.5)	2 (12.5)	6 (26.1)
Unintentional	8 (20.0)	2 (12.5)	6 (25.0)
Expect FWBRs to End			
Friendship	28 (63.6)	12 (66.7)	16 (61.5)
Committed relationship	8 (20.0)	1 (5.9)	7 (30.4)
More FWB activity	6 (15.4)	3 (17.6)	3 (13.6)
No more contact	9 (22.0)	4 (23.5)	5 (20.8)
Ideal Outcome in FWBRs			
Friendship	32 (72.7)	16 (88.9)	16 (61.5)
Committed relationship	15 (36.6)	3 (17.6)	12 (50.0)
More FWB activity	2 (5.0)	0	2 (8.7)
No more contact	1 (2.6)	0	1 (4.5)
Satisfaction in FWBRs			
Highly satisfied	7 (14.9)	2 (11.1)	5 (17.2)
Satisfied	16 (34.0)	6 (33.3)	10 (34.5)
Neutral	14 (29.8)	6 (33.3)	8 (27.6)
Unsatisfied	9 (19.1)	4 (22.2)	5 (17.2)
Highly Unsatisfied	1 (2.1)	0 (0.0)	1 (3.4)

Note. ^aParticipants were instructed to "check all that apply"

Expectations and Satisfaction in FWBRs

The majority (63.6%) of youth expected their FWBRs to end in friendship. Youth were least likely to expect their FWBRs to end in more sexual activity (15.4%; see Table 2). The relationship between youth's expectations for how the FWBR would end and their level of satisfaction with the relationship was again explored using multiple regression analysis with independent variables dummy coded, and no used as the reference group. A trend toward significance was found for youth who expected their FWBRs to end in no more contact with youth reporting lower levels of satisfaction in the relationship ($b = -1.26$, $SE = .54$, $p = .02$) than those expecting to maintain some type of contact. The model fit was significant [$F(4, 34) = 5.27$, $p < .01$], and the total variance explained by the model was 38%. Contrary to predictions, satisfaction was not related to any other expectations including friendship, forming committed relationships, or more sexual activity.

Ideal Outcomes and Satisfaction in FWBRs

Similar to expectations in FWBRs, the majority (72.7%) of youth wanted their FWBRs to ideally end in friendship while 36.6% of youth hoped their FWBRs would ideally transition into a committed relationship (see Table 2). Few

youth wanted their FWBR to end in more FWB activity (5.0%), and having the FWBR end in no more contact was the least desirable outcome among youth (2.6%). The same procedure was applied for the multiple regression analysis to investigate the relationship between youth's ideal FWBR outcome and satisfaction. Youth who, ideally, wanted their FWBRs to end in no more contact also reported significantly lower levels of satisfaction in the FWBR experience ($b = -3.24$, $SE = 1.24$, $p = .01$) compared to those who did not want to cease contact. The model fit approached significance [$F(4, 34) = 3.02$, $p = .03$], and the total variance explained by the model was 26%. Contrary to expectations, satisfaction in FWBRs was not related to ideally wanting the relationship to end in friendship, a committed relationship, or more FWB activity.

Gender Differences

As expected, females were more motivated to engage in FWBRs to fulfill emotional needs than males ($\chi^2 = 5.97$, $p < .05$). Also confirming hypotheses, females were more likely to expect ($\chi^2 = 3.68$, $p = .05$) and want ($\chi^2 = 4.49$, $p < .05$) their FWBRs to end in committed relationships compared to males. Additionally, females were less likely to want their FWBRs to end in just friendship ($\chi^2 = 4.01$, $p < .05$). Con-

trary to expectations, no difference in overall satisfaction in FWBRs was found between males ($M = 3.3$; $SD = 1.0$) and females ($M = 3.4$; $SD = 1.1$; $t = -.4$; $p > .05$).

Discussion

The purpose of the current study was to explore the motivations and expectations for engaging in FWBRs among a sample of rural youth. Ideal outcomes and satisfaction associated with these casual sexual relationships were also explored. Understanding youth's anticipated experiences and reasons for engaging in FWBRs may assist those who work with young populations in providing effective services to ensure the sexual health and safety of youth. Context, such as the social norms unique to rural communities, perceptions of peers, and gender role expectations are additional important considerations when working with youth. Sexual interaction with partners becomes more common as youth age, but satisfaction with the sexual experiences may be reduced if youth do not have realistic expectations for the relationship.

Varying motivations for participating in casual sexual relationships have been cited previously (Garcia & Reiber, 2008; Lehmiller et al., 2010), with the most common being the fulfillment of physical/sexual needs (Bisson & Levine, 2007). As hypothesized, youth in the current sample reported similar motivations. Meeting physical needs was the most often cited reason for FWBRs, followed by fulfilling emotional needs, and transitioning into a long-term romantic relationship. As FWBRs become more accepted in society, it is possible that youth may view these relationships as legitimate alternatives to committed relationships in meeting their sexual needs even in more conservative environments such as rural communities. Interestingly, youth were not highly influenced by peers to participate in FWBRs; peer pressure was the least commonly endorsed motivation.

It is possible that the youth's ability to experiment sexually with a partner and satisfy sexual urges may be influenced more by personal needs rather than peer expectation. The limited emphasis on peer pressure may also be due to the nature of rural communities. Cliques are less common in smaller schools (McFarland, Moody, Diehl, Smith, & Thomas, 2014), and because clique membership has been associated with peer influence (Adler & Adler, 1995; Henrich, Kuperminc, Sack, Blatt, & Leadbeater, 2000), it is possible that youth in the current sample experienced less pressure to conform overall. More research is needed to explore potential differences in the experiences with FWBRs among rural youth due to peer influence.

Researchers expected youth's motivation for participating in FWBRs to be related to their satisfaction in the relationship such that those motivated by physical/sexual needs would report higher overall satisfaction with the relationship. This hypothesis was confirmed. And, slightly less than half of youth reported that their experiences in FWBRs were ei-

ther satisfying or highly satisfying which may suggest that the experience was fulfilling. While some studies have found feelings of guilt and shame associated with casual sexual relationships, especially among women (Paul, McManus, & Hayes, 2000), the youth from this sample indicated more overtly satisfying (48.9%) than overtly unsatisfying (21.2%) feelings for both males and females similar to findings in more recent studies (Snapp, Ryu, & Kerr, 2014; Weaver et al., 2011). It is possible that the stigma associated with casual sex is continuing to decrease, even in more conservative rural areas, leading youth to focus more on the personal satisfaction of needs rather than the opinions of others. Meeting personal needs may also be more satisfying as youth who reported participating in FWBRs because others were doing it showed a trend toward lower satisfaction in their experiences.

Researchers also predicted that youth expectations and ideal outcomes in FWBRs would relate to satisfaction. Hypotheses were not confirmed; however, an interesting relationship with the role of friendship emerged. Youth most commonly expected, and ideally wanted, their FWBR to end in friendship suggesting that maintaining the friendship component of the relationship was important. Previous researchers have suggested variation in FWBRs such that experiences can be categorized in to one of seven types, including a true friends category (Mongeau, Knight, Williams, Eden, & Shaw, 2013). In the true friends type, couples have an established friendship that includes love, intimacy, and trust, and view their friend as a safe sexual partner. There is an expectation that the friends will interact in other contexts outside of the FWBR (Mongeau et al., 2013). Given the expectation of a future friendship found among the majority of youth in the current sample, possibly youth in rural communities are more likely to fit the true friends typology. Another explanation could be that this level of intimacy and trust may be influenced by the youth's rural context. In smaller communities, the number of available romantic partners is limited and students often grow up with the same small group of peers from grade school through high school. Therefore, establishing a FWBR with a partner one does not know well may be unlikely given the lack of alternative partners.

Also, youth's satisfaction with FWBRs was preliminarily linked to their expectations. Youth who expected, and ideally wanted, their relationships to end in no more contact reported less satisfaction than youth with other expectations and desires; although, levels did not reach statistical significance. Thus, youth may not only desire future contact with their FWB partners but may also report less enjoyment if they anticipated no more interaction. However, additional research with higher powered samples is needed to support this preliminary finding. Previous work has suggested that the 'friends' component of FWBRs may be the most important aspect of the relationship as youth in prior studies have reported greater interest in the friendship versus the physical

aspect (Lehmiller et al., 2010).

While FWBRs have become more common among youth, gender differences in the motivations and expected/ideal outcomes were found. The researchers predicted endorsement of traditional gender roles among this sample of rural youth leading to the expectation of males reporting greater satisfaction in FWBRs than females. However, no difference was found between the two genders in the sample; both males and females reported above average satisfaction in their FWBRs. Although gender differences in satisfaction did not emerge, slight differences in motivation were found. Females were more likely to be motivated by emotional needs than males, while males were more motivated by sexual needs which is more consistent with traditional gender roles. Females were also more likely to desire their FWBR to transition into a long-term relationship compared to males. Possibly, the relationship was still viewed as satisfying because the needs of both partners were met due to the true friends-nature of their relationships. That is, physical needs were fulfilled through the sexual interaction, and emotional needs were fulfilled through the previously established friendship. More research is needed to confirm a causal relationship between motivation and satisfaction, however.

Lastly, an additional concern related to FWBRs is the potential long-term effect of participating in sexual relationships without commitment. For example, there is a strong correlation between the quality of romantic relationships experienced during youth and the later quality of adult romantic relationships (Karney, Beckett, Collins, & Shaw, 2007; Meier & Allen, 2009). Similarly, experiencing dating violence with an adolescent partner has been related to experiencing victimization in later adult relationships (Halpern, Oslak, Young, Martin, & Kupper, 2001). Therefore, experiences in early relationships likely impact the success of future relationships. While FWBRs may provide youth with an opportunity to experiment sexually, it is unclear whether their ability to develop intimacy and an understanding of commitment will be hindered in later adult relationships. However, youth's expectations for their FWBR to end in friendship may indicate that some level of intimacy and commitment is being established which may transfer to their adult relationships.

Strengths and Limitations

The current study contributes to the literature on casual sexual relationships in multiple ways. First, this study sample included high school students in addition to college students. Previous studies on FWBRs have targeted college-aged students as casual sexual relationships appear to be especially common at this life stage; however, a growing body of work suggests that FWBRs are increasingly common among older and younger demographics (Lehmiller et al., 2010; Letcher & Carmona, 2014; L. R. Williams &

Adams, 2013). Also, the current study utilized a sample of youth from rural, Midwestern communities, which is an under-studied population who may have unique motivations and expectations when participating in FWBRs. Finally, research on the prevalence of FWBRs is more abundant than research focused on the motivations for these relationships. Of those studies examining motivations, many use qualitative methods (Hughes et al., 2005; Lyons et al., 2014; Weaver et al., 2011; L. R. Williams & Adams, 2013), which provide great depth in the exploration of individual experiences, but are less generalizable.

However, the results of the current study must be interpreted with caution given certain limitations. Although these preliminary findings fill a gap in the limited literature on FWBRs among rural youth, a small sample size prevented more sophisticated statistical analyses and limited statistical power to find differences. Statistical trends were reported to provide guidance for future studies, yet they must be viewed in context. Our sample was homogenous and may not be generalizable to other populations such as People of Color, as well as youth who identify as LGBTQ+, because all participants identified as either male or female, and sexual orientation was not queried. More research is needed to understand FWBRs from a more diverse perspective (Olmstead, 2020; Watson, Snapp, & Wang, 2017). Participants were assessed at one time point and asked to recall their previous FWBR experiences. Therefore, it cannot be determined whether one's motivation or expectations for the relationship directly predicts one's satisfaction with the experience. Additionally, participants did not disclose how their FWBRs actually ended, which may have influenced their overall satisfaction with the relationship. It is possible that the congruence between one's expectation for relationship termination and actual termination is a more salient predictor of relationship satisfaction. Finally, participants responded to surveys with predetermined motivations and expectations provided. Perhaps the most relevant variables were not included in the questionnaires. In future studies, allowing participants to report their own reasons for engaging in FWBRs, in addition to those provided, is recommended.

Implications for Youth-Serving Counselors in Rural Communities

Casual sexual relationships, such as FWBRs, among youth have been of interest to researchers, policy-makers, educators, counseling professionals, and parents, with some expressing high levels of fear related to any type of youth sexual interaction (Schalet, 2004). A growing body of research, including the current study, suggests youth view these relationships as satisfying (Weaver et al., 2011), and it follows that if youth continue to report satisfaction with FWBRs, this relationship type may increase in popularity. Unfortunately, sexuality coursework is not a universal requirement among

counselors in training, and limited research has explored potential sexual biases among clinicians (Harris & Hays, 2008). Therefore, it is imperative that professional counselors who work with youth reflect on their attitudes and beliefs related to FWBRs. If professional counselors voice negative opinions or concerns related to this form of romantic relationship, they may alienate the youth that they work with and inadvertently impose their personal values.

A more effective strategy for ensuring the health and safety of youth may be to provide strategies for remaining safe in the context of casual sexual relationships. One potential avenue for providing information on safe relationship and sexual practices is through school-based sexual education programs. School counselors working in rural communities may consider advocating for comprehensive sexual education programming that features evidence-informed sexual decision making. Integrating information on safe sex practices regardless of relationship type (e.g., monogamous, FWB, hookup, etc.) may decrease the use of substances and increase prophylactic/contraceptive use among youth as they may view the information as more directly relevant to their current experiences (Starkman & Rajani, 2002).

However, casual sexual relationships are likely not part of the sexual education programming in rural schools, which are more likely to implement abstinence-based or abstinence-only curriculums (Kohler, Manhart, & Lafferty, 2008). In fact, rural youth are less likely to receive comprehensive sexual education, and more likely to receive no sexual education at all in comparison to urban youth (Kohler et al., 2008). Thus, professional counselors in rural areas who work with youth outside of the school system should be prepared to discuss sexual risk-taking behavior and effective sexual decision-making with youth and families. Additionally, counselors may collaborate with local youth organizations to offer community-based sexual education programming. If rural youth are not provided quality sexual education, they may be less likely to receive information on how to safely participate in casual sexual relationships and engage in higher risk sexual behavior (Kohler et al., 2008).

Within school-based or outside sexual education programming, it would be beneficial for professional counselors to provide youth with skills related to healthy relationship building including effective communication, boundary setting, and assertiveness. These skills align with social and emotional skills such as self-awareness, self-management, and responsible decision-making (Collaborative for Academic, Social, and Emotional Learning, 2021), which have been associated with improved conflict resolution in relationships (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Researchers have also noted that adolescents are more likely to practice safe sex after participating in preparatory behaviors such as practicing how to communicate about condom use (van Empelen & Kok, 2006). Because FWBRs

have been associated with sexual risk behaviors such as less condom use, and earlier sexual debut (Letcher & Carmona, 2014), the development of social and emotional skills may promote more responsible sexual decision-making among youth when engaging in FWBRs.

Conclusion

Despite the growing social acceptability of casual sexual relationships, research is limited on the nuances experienced within relationship types, especially for youth living in rural communities. The current study supported previous findings related to the influence of sexual and emotional needs on the decision to engage in FWBRs, as well as the gender differences in motivations and expectations for FWBRs. Youth emphasized a desire for continued contact with their FWB partner after the relationship ended, and a large portion of the youth were satisfied with their experience. Understanding the context in which rural youth engage in FWBRs is crucial for counselors as they develop and deliver effective services, which ultimately maintain the health and safety of this marginalized population.

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Understanding Sexuality Counseling Education from the Lens of Trainees: A Critical Examination and Call for Increased Attention and Training

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Although sexuality counseling is an essential component in counselor education training, research demonstrates that counselors lack competence and willingness to explore sexuality issues with clients. Counselors must be ready to address sexuality issues to provide comprehensive and culturally competent care. Sexuality counseling education needs further exploration to inform future training and educational standards. This qualitative study uses thematic analysis to examine 524 reflective journals of counselors-in-training (CIT) engaged in a sexuality counseling course to inform future education, training, and clinical practice standards in this area. This study revealed themes reflecting common ways CIT matured personally and professionally through sexuality counseling education and identified critical factors and barriers that enhanced and hindered learning outcomes.

Keywords: sexuality, counseling, counselor education, CACREP

Introduction

Sexuality is an innate part of the human experience, impacting individuals throughout the lifespan (DeLamater & Friedrich, 2002). Throughout development, the expression of sexuality is a part of wellness and well-being. Myers, Sweeney, and Witmer (2000, p.252) define wellness as:

a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving.

Wellness is inclusive of sexuality and sexual health. Despite the normalcy of sex as a construct and component of wellness, sexuality and sexual health issues remain stigmatized, even within the counseling profession (Montejo, 2019). Clients struggling with sexual dysfunctions are often hesitant to discuss or openly disclose sexual concerns, which leaves clinicians less likely to clinically diagnose these concerns (Cleveland Clinic, 2020). Further, research has shown that many clients lie about sexuality issues in counseling (Blanchard & Farber, 2015). This reticence, in turn, leaves the task of broaching sexuality-related concerns to the counselor.

One of the most significant limitations in sexuality counseling is the lack of well-trained professionals to address this area's growing need effectively (Montejo, 2019). Behun et al. (2017) reports uncertainty regarding counselors' competency in working with client concerns related to human sexuality. Research has shown that unless specifically requested, mental health professionals avoid addressing, diagnosing, and treating sexuality issues in session, which includes sexuality growth and training opportunities due to personal discomfort (Hanzlik & Gaubatz, 2012; Miller & Byers, 2009; Ng, 2007). As a result of this discomfort, clinicians frequently evade dialogue about sexuality issues (Burnes, Singh, & Witherspoon, 2017; Dupkoski, 2012; Harris & Hays, 2008), particularly when the concerns extend beyond their content-based knowledge, further inhibiting client disclosure and dialogue around sexuality-related

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issues (Hanzlik & Gaubatz, 2012; Kelsey, Stiles, Spiller, & Diekhoff, 2013). Similarly, when counselors believe that they received inadequate training to work with the LGBTQIA+ community, they are more likely to reference personal life experiences to make up for their educational shortcomings (Owen-Pugh & Baines, 2013). Counselors must examine personal sexological worldviews (including beliefs, attitudes, and biases about sexuality shaped over a lifetime via societal, cultural, and political systems) to ensure that their personal biases do not interfere with the therapeutic relationship (Buehler, 2016; Sitron & Dyson, 2012). When these concerns are left unaddressed, the therapeutic relationship is impacted negatively, causing clients to experience greater shame and stigma regarding their sexuality-related concerns (Sanabria & Murray, 2018).

Sexuality knowledge and education increase sexual comfort, promote sex-positive attitudes in counseling, and decrease anxiety within sexuality dialogue (Juergens, Smedema, & Berven, 2009; Zeglin, Dam, & Hergenrather, 2017). Research has highlighted the need for sexuality-focused training to alleviate professionals' discomfort that prevents their willingness to discuss sexual issues with clients (Harris & Hays, 2008). Yet, after an extensive search for the purpose of this study, research that focuses on sexuality, comfort, and knowledge of counselors in training (CITs) appears to be sparse in the counseling literature. Juergens et al. (2009) conducted a study to comprehensively understand clinical rehabilitation graduate students' willingness to discuss sexuality with clients. Findings from this study demonstrated that sexuality knowledge, education, and attitudes toward the sexuality of persons with disabilities impacted their comfort and willingness to discuss sexuality with clients (Juergens et al., 2009). The literature has pointed to various rationales for students' uncertainty when initiating sexual conversations with clients, including a lack of knowledge in training and preparation, counselor bias, and hesitation regarding competent and affirming language choices and comfort levels (Harris & Hays, 2008; Miller & Byers, 2010; Troutman & Packer-Williams, 2014).

While the reasons for CITs' avoidance and discomfort with sexuality issues vary, there is consensus on the utility of integrating a sexuality class at the graduate level to help CITs develop knowledge and skills to work with sexuality issues (Harris & Hays, 2008). Scholars have suggested that including didactic sex counseling training in graduate programs is crucial, as professional counselors need to be prepared to address all dimensions of client sexual health (Blount, Booth, Webb, & Liles, 2017; Burnes et al., 2017; Troutman & Packer-Williams, 2014). Given the challenges identified in the literature and the need for this critical aspect of human development to be addressed in counseling, examining student experiences in graduate counseling training may be essential to inform pedagogical practices and im-

prove training standards.

Ethics and Training Standards

Counselors look toward the American Counseling Association (ACA) as the overarching resource for professional connectedness and knowledge source for all counseling specialties. The ACA also provides counselors with the knowledge and ethical standards to act professionally and ethically as members. The ACA Code of Ethics (2014) encourages cultural competencies and non-biased practice within the profession. Since sexuality is a core aspect of human identity, counselors face multicultural implications and ethical obligations when working with clients presenting sexuality concerns. Sanabria and Murray (2018) encourage counselor education (CE) programs to include sexuality in their conceptualization of cultural issues by bringing attention to sexuality, the role of culture, and marginalized groups, such as LGBTQIA+ people. However, counseling programs often teach CITs to refer clients to other clinicians or specialists if they lack competency for a sexuality concern, which may harm the therapeutic relationship if a referral is made after rapport has already been built (Miller & Byers, 2010). These acknowledged biases (e.g., LGBTQIA+ prejudices) and unacknowledged biases (e.g., using inappropriate terminology, only focusing on male pleasure or sexual satisfaction, etc.) towards sexuality issues present an ethical concern and further marginalize clients, who may perceive these experiences as microaggressions (Shelton & Delgado-Romero, 2013).

The literature has pointed to the inadequacy of human sexuality education in graduate counseling and counseling psychology training programs (Burnes et al., 2017; Dermer & Bachenberg, 2015; Hanzlik & Gaubatz, 2012; Sanabria & Murray, 2018). The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2015) does not require specific coursework in human sexuality. However, it does state the following: students must be aware of the "etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders" (Section 5.C.2.b; p. 24); "human sexuality and its effect on couple and family functioning" (Section 5.F.2.e; p. 31); and "the impact of disability on human sexuality" (Section 5.H.2.h; p. 36). Dupkoski's (2012) review of CE syllabi within the ACA-ACES Syllabus Clearinghouse discovered that "57 out of 395 syllabi, or 9.4%, included the word 'sex' in their content, but only four courses—about 1%—explicitly focused on sexuality," with one course focusing on counseling sexual minority clients and three courses focusing on human sexuality (p. 5). Issues of gender and sexual diversity, sexual health and functioning, and intimacy can be interwoven throughout many CACREP curriculum courses. Although these course additions could significantly bridge the gap in sexuality counseling training, counselor educators are tasked with attending to logistic challenges, such as effectively managing the already

overflowing syllabi across CE programs. Educators have discretion about the depth and breadth of course content, which may perpetuate the imbalance consistently found in sexuality counseling (Miller & Byers, 2009; Wiederman & Sansone, 1999). Given its widespread prevalence in mental health settings, sexuality counseling is a critical competency for counselors across all disciplines.

Research Needs Related to CITs

Counselor educators must support all CITs with developing competency and confidence in treating human sexuality issues (Dupkoski, 2012; Juergens et al., 2009; Mallicoat, 2014; Zeglin et al., 2017). There is a need better to understand CITs' attitudes and perceptions regarding sexuality counseling education. By understanding what challenges they face, CE pedagogy and training can be tailored, thus enhancing CITs' preparation to broach sexuality issues in clinical settings effectively. In an extensive review of relevant literature, the authors found many articles addressing specific topics of sexuality, but few articles examining sexuality counseling educational standards, competencies, challenges, continuing education, exploration of counselor sexological worldviews, or development for CITs in these areas. Zeglin et al. (2019) completed a content analysis on the top three counseling journals and found limited research informing counseling practice on sexuality-related issues, with almost half of the literature focused on sexuality identity development. This research gap leaves CITs and clinicians who seek to advance knowledge in the domains of sexuality counseling competencies with limited resources.

Furthermore, a longitudinal study on sexuality research found that counseling professionals' exposure to sexuality research is primarily quantitative (Hargons, Mosley, & Stevens-Watkins, 2017). Qualitative and mixed methodologies considerably add to the research by giving a voice to the lived experiences that span diverse perspectives and backgrounds of sexuality, ethnicity, race, gender, etc. Qualitative research helps uncover how cultural and societal messages differ and inherently impact sexuality (Hargons et al., 2017). Burnes et al. (2017) noted that increasing the production and publication of qualitative sexuality research would provide an evidence base where programs can further develop the courses or assignments in the curricula to prepare trainees to better intervene with sexual issues. Hargons et al. (2017) also call for increasing mixed methods and qualitative research to improve the scientific basis for sexuality training and coursework. Zeglin et al. (2017) stress that to comprehend the scope of the problem in sexuality counseling training and find effective and efficient methods of providing this education, continued research is essential.

Present Study

This study addresses the research gap by exploring CITs' experiences within sexuality training in CE to consider factors that influence learning. Student journals can be an excellent information source for identifying cognitive, perceptual, and affective experiences while also improving learning outcomes by connecting theory and practice (O'Connell & Dymont, 2011). Counselor educators can use reflective journaling as an activity to understand CITs' growth and development. In counseling courses, journaling helps students practice self-reflection, promote self-awareness, and develop counselor identity (Burnett & Meacham, 2002; Sperry, 2010). Journaling has also become a critical factor in increasing counselor self-knowledge, development, and maintenance of psychotherapeutic competence (Sperry, 2010). As an educational tool, reflective journaling is advantageous because it offers a qualitative means of strengthening the relationship between the instructor and CITs, thereby improving CITs' learning via an ongoing adaptation of course content throughout a semester (O'Connell & Dymont, 2011).

To explore the experiences of CITs in a master's level sexuality counseling course, the authors used a qualitative methodology with a thematic analysis design to gain a deeper understanding of the factors that impact students' learning and experiences. The investigation of CITs' course experiences, without focusing on pre-selected outcomes, will help determine the course's impact and highlight personal and professional experiences that helped increase CITs' comfort while also informing future CE pedagogical practices and training standards. Thus, the investigators analyzed reflective journals to obtain a broad understanding of students' experiences. Specifically, the authors examined the following research questions: (1) How do CITs in a 15-week sexuality counseling course reflect on their learning experiences, and what are their shared experiences? and (2) How do CITs personally and professionally perceive their course participation, course content, engagement in experiential activities, and readiness to engage in sexuality counseling?

Methods

Using a phenomenological lens, the researchers explored CITs' experiences in four graduate-level sections of an experientially based sexuality counseling course. Each semester was 15 weeks long and was structured around chapters from a well-known sexuality counseling textbook, in addition to student-selected readings from a pre-approved list. Each student spent three hours in class per week, which consisted of experiential activities, course dialogue, and educational content delivered via lectures. As per the course syllabus, students who did not opt into the experiential activities were asked to collaborate with the professor to identify alternative assignments that would enhance their learning while also

completing additional reflective writings to address any biases that could impact future clients. The professor strived to foster a seminar-like atmosphere where students could openly share their thoughts about the course. In addition to supporting self-expression in class, CITs were also asked to write about their personal and professional reflections in a bi-weekly, self-reflective practice and an experiential learning journal, both of which were read by the same professor and two graduate teaching assistants.

Participants

Counselors in Training. All 66 students were enrolled in a master's level sexuality counseling course within a CACREP-accredited graduate program in Florida. The data was collected from four sections of a Human Sexuality Counseling course spanning over a two-year timeframe. This period was considered the point of saturation because it allowed the researchers to gain a broad sample across the various degree programs. All groups were enrolled with the same professor, using the same textbook, experiential activities, guest speakers, and assignments. There were two different doctoral-level graduate teaching assistants assigned to each course during the given semester. The participants were required to take the course as part of their degree requirements (M.Ed. or Ed.S.) or had enrolled to take the course due to state licensure requirements. All students in this study had completed the following standard core counseling classes before enrollment in this course: lifespan development, psychopathology, group counseling, ethics, counseling diverse populations, and family counseling.

The inclusion criteria in the study included: (1) CITs in a CACREP-accredited program in any track (school, clinical rehabilitation, mental health, or an educational specialist degree); and (2) those in the counseling field with a master's degree and seeking additional training hours for credentialing. Seventeen of the 66 participants were non-degree seeking students already in the counseling field and needing the course for mental health licensure in the state. Of the remaining participants, 19 participants were enrolled in the clinical mental health counseling degree, 13 in the clinical rehabilitation counseling degree, 12 in the school counseling degree, and five in the educational specialist degree. Fifty-six participants self-identified as female, and ten self-identified as male. Concerning race and ethnicity, the following were the self-selected identities within their course reporting: 22 unspecified (not Hispanic or Latino), 19 White (not Hispanic or Latino), 16 Hispanic or Latino, 8 African American or Black (not Hispanic or Latino), and 1 Asian or Pacific Islander (not Hispanic or Latino). The age range of participants spanned from 25–64 years of age, with a mean age of 36.

Research Team. Researcher reflexivity is a critical factor in qualitative research (Berger, 2013). The research team consisted of one counselor educator and two doctoral

students, all identifying as cisgender women. The principal investigator is a counselor educator and associate professor in a CACREP-accredited counseling program, identifying as a white. She was the instructor of record for all of the human sexuality counseling courses examined in this study. The motivation for this study was influenced by her many years of experience teaching this course, which led her to realize how critical the course content is in preventing harm to clients in future practice. The other two researchers are doctoral students and graduate teaching assistants within the same CE program. One researcher served as a teaching assistant for this course during one of the semesters that data was gathered for use in this study. The other researcher is a teaching assistant but has not served in that role for this sexuality course. One of the doctoral student researchers identifies as Latina, and the other identifies as White. All three researchers have a background and experience in clinical mental health counseling, with research interests in sexuality counseling, infidelity, LGBTQIA+ issues, gender, supervision, and multicultural competencies.

Data Sources

CITs were required to complete a reflective journal every other week as a course requirement. The journal is intended to be a process and reflective journal for students to share experiences inside and outside of class relating to the course content and to reflect upon their learning experiences with sexuality counseling. The reflective journals targeted part of the course's goal and were denoted in the syllabus as an activity to "demonstrate an understanding of human sexuality issues encountered in professional counseling practice, as well as to increase awareness of one's perceptions, attitudes, values, and beliefs regarding sexuality that could impact future work." The specific assignment in the syllabus was as follows:

Students should reflect on the readings, guest lectures, in-class activities, required books, or assigned experiential and immersion activities. Each week denoted, you are to write a two-page, reflective journal log entry about what you learned from your textbook reading assignment, course discussions, experiential activities, guest speakers, or any other course-related activity. These journals are to cover your process and growth as a counselor, your thoughts and feelings about the material, or other process questions that still may come up for you. Be sure to integrate course concepts and terminology to reflect what they were learning and practice the intentional use of non-biased language. These should be process-focused reflections that do not restate content, but yet process your experiences with the content and activities.

There were eight journal assignments overall. Due to some students not completing the assignment during certain weeks, 524 total journal entries across 66 participants were examined for this study.

Procedures

The study was conceptualized about a year after all of the courses had ended. The data was part of the academic record and stored on a campus e-learning platform. No data was collected, accessed, or solicited until after an application was submitted to the University Institutional Review Board (IRB) requesting permission to collect and use the de-identified writings, which are part of the academic record. The study was later approved by the university IRB under category four, noting “this project does not meet the definition of human subjects research according to federal regulations. Therefore, it is not under the purview of the IRB.” Only after receiving this letter from the IRB was the data accessed and the study began. The journals were de-identified and grouped by week. Then the demographic information for students’ self-reported gender identity, race/ethnicity, age, and degree tracks was extracted without identifiers from the data management platforms. All journals were reviewed to ensure that identifying information was not located anywhere. There were two years of data, resulting in eight files with 66 or fewer journals for each of the eight assignments. Each assignment had a unique identifier assigned to it and was referred to when checking for trustworthiness and providing examples of developed codes and themes.

Data Analysis. The data were analyzed according to thematic analysis’s basic principles, including identifying, analyzing, and reporting themes within a complex data set while engaging in reflexive dialogue about emerging themes (Berger, 2013; Clarke, Braun, & Hayfield, 2015). Thematic analysis explores the themes that develop as critical to describing the phenomenon (Clarke et al., 2015). The study’s purpose was not to formulate a theory, so a phenomenological approach allowed for a comprehensive understanding of students’ course experiences and factors that helped and inhibited personal and professional growth. We followed these steps while coding: (a) familiarization with data, (b) generating initial codes, (c) searching for themes among codes, (d) reviewing themes, (e) defining and naming themes, and (f) producing the final report (Clarke et al., 2015).

Our approach was data-driven or inductive, in that we identified patterns that emerged from CITs’ journals rather than using a theoretical lens (Clarke et al., 2015). We chose this approach because of the lack of educational requirements for sexuality counseling and the dearth of qualitative research on student training experiences in sexuality counseling. Part of data familiarization was reading through all of the journals, noting initial ideas, and then reading through again (Clarke et al., 2015).

The broad research questions guided the initial coding process. Initial codes were generated by first examining sentences, paragraphs, and pages to extrapolate broad and meaningful concepts. All journals were first coded individually by each researcher and then collapsed by the journal assignment. Every week for eight consecutive weeks, team members separately developed initial codes, then met together to discuss sets of consensus codes and generate themes for each journal set. At the end of each meeting, the codebook for each journal set was drafted and then revisited the following week. The researchers reached a consensus for each theme and sub-theme before moving onto the next set of journals.

As researchers, we strived to create a trusting environment where biases and discrepancies were discussed freely and always followed up on each meeting to reaffirm consensus. The team met after all eight journal sets were coded with initial codes and themes. From there, we generated a thematic map from all eight weeks of data. Finally, we further collapsed and refined the themes while providing clear names and definitions for each theme. The final thematic map consisted of four themes and three subthemes. All three researchers had to agree on a theme before the thematic map was finalized.

Trustworthiness. The researchers address various components of rigor outlined in counseling qualitative research to ensure trustworthiness (Clarke et al., 2015). Before beginning this study, the research team examined preconceived notions and biases that could interfere with the data interpretation. This included acknowledging positionality, personal experiences with sexuality counseling education, and beliefs regarding the importance of this training in the CE curriculum, which could bias or skew how the journals were interpreted. The research team immersed themselves in the data and literature pre- and post-coding analysis. They met weekly to triangulate the data, develop codes, and ensure intercoder reliability. The themes emerging among the codes were discussed, and a consensus was reached. Last, the researchers named and defined themes and codes which produced the report. This process further assisted in data confirmability. All researchers kept an audit trail each week as they developed their codes. Additionally, each researcher has varying clinical experience and professional expertise in different aspects of sexuality, enabling dialogue of different viewpoints on codes and emerging themes. They further established credibility by linking themes and definitions to extract examples and quotes from multiple participant journals, which provided a rich description of the original research questions (Clarke et al., 2015).

Findings

Using a qualitative approach of thematic analysis within the students’ reflective journals allowed for the identification

of four main themes. The themes identified were: (a) personal development, growth, and awareness; (b) professional growth, development, and awareness; (c) critical factors that impact sexuality education; and (d) barriers to learning, which yielded three specific subthemes: encapsulation and fused beliefs, unacknowledged bias, and resistance. These themes reflect on the common ways CITs personally and professionally experienced growth throughout the course while also revealing common areas that challenge students and need to be addressed throughout the curriculum. In this section, we will describe each theme and subtheme.

Personal Development, Growth, and Awareness

This theme described the common ways CITs experienced personal growth throughout the course. Students regularly conveyed a heightened awareness of their perceptions and biases regarding sexuality, gender issues, personal sexuality concerns, behaviors, and the impact of sexual history. Culture, religion, and political factors were consistently discussed and referred to as factors that shaped their personal sexual values, beliefs, and morals. One example is noted below:

Even though I consider myself very open to homosexuality, I guess that I was not as open when it included myself. I am surprised to see these old "cultural and religious" ideas coming through for me. However, I am happy that this class has pointed this out to me and changed my attitude about homosexuality in relation to self. My immersive experience at the Pride Center was helpful in this regard.

When students shared their growth or development, they clearly identified and expressed those emotions related to their own sexual experiences while acknowledging and exhibiting insight into their lack of awareness. The feelings consistently included: shame, guilt, fear, excitement, surprise, and uncertainty. Within this theme, the students' comfort and discomfort regarding sexuality issues were consistently conveyed. This often included students' reflections on how they had grown and experienced greater comfort in their own sexuality, which continued to emerge as they engaged in the course content. One student described her comfort around a dialogue about sex with others:

I think the more we talk about sex, the more comfortable we will be talking about it with other people, like our clients... Although I said last week I am comfortable talking about sex, I feel more comfortable after seeing that presentation.

Students also expressed their emotions around the course content as the course progressed:

The very first change I noticed was that I no longer felt embarrassed or awkward completing the assessment. I remember feeling uncomfortable and feeling like I had to hide the assessment from people . . . When I first completed the assignment, I was worried about sharing and exposing my honest responses, as I feared to be judged for my biases and beliefs. I now learned that we are all entitled to our own beliefs . . . I now understand that feeling comfortable in the field of sexuality is essential for a strong and profound therapeutic alliance.

Professional Development, Growth, and Awareness

This theme is similar to the one noted above, but expressly addressed factors that impacted students' professional growth and development concerning their future roles as professional counselors. In their journals, students consistently demonstrated increasing insight into the ways that sexuality education will help shape their future professional interactions and advocacy work with clients. These students also actively practiced using affirming language and inclusive concepts (e.g., using the term "partner") while demonstrating awareness for the necessity of continuing education in sexuality. One student explored this further:

The website "Go Ask Alice" was also helpful in the Q's and A's section. Looking through the questions posted by different visitors, I found myself wondering about similar concepts. It was comforting learning information about concerns that have crossed my mind in a confidential manner...Furthermore, I believe that developing such website advocates for human sexuality and promotes society to view such concepts as natural and inevitable components of human life.

These students continually noted the importance of the course's content for professional development and recognized potential areas for future countertransference. More importantly, they used reflective journaling to make professional development plans to address potential countertransference areas. There was a persistent connection and awareness that sexuality education is a needed part of their training to be culturally competent counselors:

What comes to mind immediately relates to last week's learning log and not passing judgment on clients exhibiting atypical sexual behaviors or sexual habits, some of which could be cultural. Our speaker said "don't yuck someone's yum if it is not harming anyone, consensual, and not illegal." Not allowing the actual acts to interfere with my ability to treat clients with those specific issues will be an ongoing process, but I feel

that what I learned in this course is a great start and a great motivator to further educate myself around issues related to sexuality to enhance my ability to provide the best possible culturally alert care to my clients.

Those who actively engaged in the course were willing to discuss professional emotional experiences emerging from the course content. The most frequently expressed feelings related to the course content and newly acquired knowledge was excitement, confusion, surprise, curiosity, and gratitude during the learning process, as well as professional comfort or discomfort with the course material and its counseling application:

I was not happy about reading an additional book for the course outside of the text. But I read *Becoming Cliterate: Why Orgasm Equality Matters—And How to Get It*. I learned so much personally and professionally. I will never be fearful of talking with women about their own sexual pleasure if that is a topic that needs addressing.

Critical Factors Impacting Sexuality Education

This theme is based on students' repeatedly identified points as the most critical factors that need consideration in sexuality counseling and education. Students consistently noted the impact of societal influences on sexuality education across the lifespan. There were reoccurring statements that spoke to the importance of accessible and developmentally appropriate sexuality education and training. Students frequently discussed societal bias, double standards, and gendered views as factors that impact sexuality education. Education was considered vital to debunk sexuality myths, normalize dialogue about sex, and view sex through a cultural lens. The examples below speak to the societal norms of sexuality and the importance of sexuality education:

I am a grown woman in my 40's and I had no idea that I knew so little about STDs and sexual functioning. I have never even considered the impact of mental health disorders like depression and anxiety on sexual functioning.

Another critical factor within this theme was the importance of CE programs' inclusion of this course in the required curriculum, including active and experiential learning activities to engage learners in sexuality counseling when appropriate. The students frequently and consistently attributed personal learning and growth as a counselor to the course activities where they were engaged and immersed in experiential learning. These were the most popular activities in the course, and during those weeks, journals showed the most personal and professional growth compared to other weeks.

The two examples below, and some included above, convey the importance of immersing in experiential activities.

After attending an SLAA meeting, I was surprised to find out that individuals who attend fall under the category of difficulty making and building relationships with others! This new knowledge allowed me to reevaluate the stigma society suggests, as there is so much more behind the term "addict." I would not have learned any of this if I did not have to attend an SLAA meeting.

The more exposure I get to various sexuality topics, the more comfortable and open I am becoming. This new eagerness to learn more and dismiss what society considers normal is helping me accept individuals' sexual choices and will transfer into me helping clients work through issue.

Barriers to Learning

The last theme encompassed the commonly expressed barriers and challenges found within students' journals that prevented or limited growth in the area of sexuality counseling. These views typically stemmed from rigid and inflexible opinions, attitudes, beliefs, and behaviors. There were three subthemes in barriers to learning. The first subtheme was encapsulation and fused beliefs. These were barriers that regularly caused students to have a restricted view of sexuality based on acquired messages from society, families of origin, and personal experiences with sex and sexuality. Often, students connected the information, activities, and assignments to personal religious beliefs, values, culture, and morals to justify their opinions:

Much of this has to do with the stigma attached to the type of people I believed frequented these stores (adult stores) and a fairly staunch northeastern, Roman Catholic upbringing. Within my culture (Haitian), the topic of sex is never discussed. My parents did not talk about sex in our home because they were very traditional and religious.

The next subtheme within barriers to learning was unacknowledged biases. Several students unknowingly made statements or judgments about sexual behaviors, sexual orientation, habits, preferences, gender, etc., which implicitly or explicitly were biased. Examples included a lack of awareness when using discriminatory language, the inability to use inclusive language appropriately, and divergent personal standards of acceptable sexual behaviors for themselves versus others. Some examples of these statements from different students are:

- The first questions I asked my brother when he told me he was gay was is he using protection? Is he being treated well? Is he using good judgment?
- I also visited a few porn and sex novelty shops along the road trip for the earlier class assignment. My wife must have thought I was quite the perv on that trip.
- I think homosexuality is acceptable and I am proud to live in a country where people can (to some degree) express their own individuality without the kind of fear and persecution that those in other countries may experience. At the same time, I would feel quite uncomfortable if someone of the same sex were to make an advance at me.

The last subtheme within the theme, barriers to learning, was categorized as resistance. These students were unwilling to engage in deeper material processing beyond face value and inclined to focus on content vs. process in their journals:

I went to the drag show for my immersive experience. I sat in the back, I spoke to no one and left as soon as it was over. I was not a fan.

Further, these students avoided engagement in activities that could cause discomfort in active and passive ways despite growth fostering opportunities. For example, one student exhibited their resistance when describing their evident discomfort with continuing to explore part of an adult store with what the student noted as “more raunchy and explicit items”:

My husband tried to coax me inside. I protested, saying I had fulfilled the requirement for the assignment, as I had technically entered and explored the store. Further investigation was, therefore, unnecessary.

Other students expressed significant challenges in learning the content because they used the course as a personal outlet. For example, several students overly shared personal information that should be explored in therapy and impacted their ability to recognize potential countertransference areas:

My last two partners cheated on me and cheating is something that down to my core I know to be wrong and not allowed in a relationship. I would be fine working with couples that expressed infidelity if they wanted to stop the behavior. So I think I am fine working with this population and wouldn't be biased.

Discussion

Sexuality is an innate part of human development that impacts mental and physical health and is integral to one's well-being. Research evinces that, often, clinicians either avoid the discussion of sexuality issues (Burnes et al., 2017; Dupkoski, 2012; Harris & Hays, 2008) or are often unwilling to explore or ask about sexuality concerns (Hanzlik & Gaubatz, 2012; Kelsey et al., 2013). With a lack of confidence and willingness to discuss sexuality issues on the part of clinicians and clients, this leaves massive deficits in a client's mental health and wellness needs that should be addressed. Sexuality counseling training standards are not consistent within CE programs (Blount et al., 2017; Jennings, 2014; Southern & Cade, 2011; Zeglin et al., 2017). The lack of emphasis placed on sexuality counseling education and training standards has the potential to impact clinicians and client care (Burnes et al., 2017; Dupkoski, 2012; Juergens et al., 2009; Mallicoat, 2014). Insufficient training in sexuality counseling threatens clinical competency development in this domain and quality assurance standards within the profession (Behun et al., 2017; Blount et al., 2017; Jennings, 2014).

The first theme, “Personal Development, Growth, and Awareness,” suggests that routine, self-reflective practice was found to be a meaningful learning technique or tool to gain an awareness of CITs' biases and perceptions of sexuality when working with clients. Counseling professionals can often decrease their discomfort with sexuality dialogue or “taboo” topics by increasing their self-awareness and reflecting on personal value systems, ultimately creating a safe space for clients (Gelso & Hayes, 2007). As a course assignment, journaling can accomplish this task because it promotes self-awareness, comfort, course dialogue, and counselor identity development (Burnett & Meacham, 2002; Sperry, 2010). This theme consistently conveyed the value of CITs to go beyond content and book knowledge to examine the factors shaping personal sexual values, beliefs, and morals (i.e., cultural, religious, political, etc.). Training programs can prioritize the counselor's exploration of sexual worldviews and their potential impact on the therapeutic process (Buehler, 2016; McGlasson et al., 2013) using techniques, like journaling, to help students separate personal views vs. client needs. Personal counseling or supervision can help CITs separate personal views, attitudes, and biases about sexuality, so they do not permeate counseling sessions.

Similarly, the second theme, “Professional Development, Growth, and Awareness,” indicates the importance of engaging CITs in the content and facilitating applied learning to produce professional growth. Within this theme, the significance of this course was consistently expressed from the student's perspective. A desire from CITs to engage in more intentionally focused sexuality work was conveyed, including case conceptualizations and dialogue. This theme

supports the importance of using case conceptualization and self-reflective practice routinely in CE training (Sperry, 2010). Those who increased their professional comfort in talking about sexuality were able to recognize and confront countertransference directly. Researchers have shown that when working with issues of sexuality or challenging sexual behaviors that produce anxiety, engagement, and countertransference, management skills can be used to decrease counselor anxiety, countertransference, and negative feelings (Cartwright, Stark, & Mountain, 2018; Gelso & Hayes, 2007). Additionally, education increases comfort around discussing sexuality issues (Harris & Hays, 2008). This finding further supports the need for increased and specialized education in and training in the field (Burnes et al., 2017; Montejo, 2019; Zeglin et al., 2017) and adds the significance of having educational content that is inclusive of experiential learning activities and immersive experiences.

The third theme, “Critical Factors Impacting Sexuality Education,” highlights factors that influence sexuality education across the lifespan, namely societal factors and access to sexuality training to debunk societal biases, myths, and stigma. This theme further augments why it is important for CITs to examine personal sexological worldviews during training and learn how to set aside societal norms, values, and biases around sexuality and gender (Buehler, 2016; Sitron & Dyson, 2012). The importance of experiential learning’s impact on student insight, awareness, knowledge, and cultural competence in CE was conveyed within this theme. Arthur and Achenbach (2002) note the critical impact of immersive and experiential activities on cultural competence in counseling. This needs to extend into all course content areas. Experiential learning, community engagement, expert speakers, and immersion activities were critical in bringing about change for students in this course. Thus, experiential activities related to sexual diversity should be included in multicultural counseling courses or other courses where the information is applicable.

Finally, the fourth theme, “Barriers to Learning,” comprised the factors that limited growth in the domain of sexuality counseling, namely CITs’ rigid views and negative behaviors. This theme was vital because it illuminated the ways CITs struggle and can inform future educational practices. The absence of an explicit sexuality training course or space within CE programs may challenge counselors and leave them with feelings of discomfort, which could be triggering when sexuality issues arise (Kleinplatz, 2013). However, the students in this sample were in explicit sexuality counseling training, leaving us as researchers to wonder, if some of our students struggled throughout the course, how pervasive are these issues for students who do not have a course dedicated to sexuality counseling? Three significant subthemes emerged as present barriers for some of the students. In CE, educators infuse cultural competence into all courses and re-

spect for varying cultures, though research finds that “sexual culture” is often omitted (Blount et al., 2017; Sanabria & Murray, 2018). This theme also illuminates the need for sexuality and the culture around sex to be further explored and highlighted in courses so CITs can work through these barriers. Exploring sexological worldviews in a variety of courses and creating activities that challenge students to dig deep will assist with encapsulated views.

Dialogue and self-reflective practice can also assist in finding areas of unacknowledged bias and resistance. Sexuality continues to be an area of diversity in which bias is not directly addressed, regardless of training standards (Sanabria & Murray, 2018). Discomfort with sexuality issues in therapy can result in counselors’ avoidance behaviors (Burnes et al., 2017; Dupkoski, 2012) and feelings of abandonment by clients. To alleviate discomfort, CITs can participate in desensitization activities to find ways to become more open and inclusive of sexual behaviors, attitudes, lifestyles, etc. Desensitization will allow CITs to challenge their values and worldview (Buehler, 2016; Sitron & Dyson, 2012). Overall, this theme’s findings reaffirmed the importance of sexuality education in CE training programs pertaining to developing standards for cultural competence. Specifically, sexuality training may be enhanced by the inclusion of desensitization activities and personal exploration.

Implications for Training, Practice, and Standards

To date, training programs have inadequate and varying sexuality standards in graduate counseling programs (Behun et al., 2017; Blount et al., 2017; Burnes et al., 2017). This study poses several implications for the field, including informing training and educational practices across CE programs, specific course standards, and teaching techniques. Given the prevalence of sexuality-based concerns in counseling and that sexuality is part of wellness and lifespan development, competency in this domain is essential. In this study, the students experienced barriers (a significant theme) and were required to take the course. This finding leaves additional unanswered questions, such as whether these same barriers are more pervasive for those who are not required to have this training. For this reason, CE programs need to advocate for mandating a course dedicated to training students in sexuality counseling concepts. In addition, CE programs must be deliberate in implementing and infusing sexuality counseling education into specific syllabi and finding enough time to dedicate to this culturally complex area. This intentional infusion of content needs to critically examine the core classes to find the most appropriate way to integrate this material into existing course goals. Comfort, willingness, and engagement were part of the critical factors that influenced CITs’ education. Research has shown that more exposure to sexuality issues increases therapeutic comfort (Zeglin et al., 2017). Assignments such as experiential

activities (such as sitting in on an open sex and love addictions group) and cultural immersions (with groups that are non-heteronormative and gender normative) will assist with the challenge of exposure while also enhancing learning, decreasing bias, increasing insight, and reduce anxiety and countertransference (Cartwright et al., 2018; Gelso & Hayes, 2007; Harris & Hays, 2008; Zeglin et al., 2017).

A further consideration for this study includes that participants all took the standard core counseling courses (i.e., multicultural counseling, ethics, psychopathology, etc.). Yet, many were still challenged and struggled in areas of personal and professional growth in sexuality counseling. When examining the journals chronologically, there was tremendous growth from the beginning to the end of the course. If this course had not been required, these students may have missed out on critical information or may not have challenged their subjective sexological worldviews. The study illuminates and supports the literature that calls for CE programs to examine the current state of CITs' development concerning sexuality in their core curriculum (Dermer & Bachenberg, 2015) and critically analyze ways to expand CITs' future learning in other course content areas. If programs do not have a dedicated course and intentionally focus on sexuality, their students are at a deficit.

Personal counseling and additional clinical supervision can also assist CITs in decreasing anxiety and increasing comfort and confidence. Ethically, counselors should also seek out individual therapy when faced with recognized countertransference or when faced with issues that could impact their professional decision-making (ACA, 2014; Standard A.4.a and A.4.b) to avoid potentially harming clients and imposing values. Individual therapy will also assist in processing it from areas of discomfort and working through anxiety that could prevent counselors from broaching issues of sexuality (Gelso & Hayes, 2007). CITs and those in practice should seek out supervision and additional resources and training when working with diverse clients and issues (such as sexuality concerns) with which they are unfamiliar (ACA, 2014; C.2.a; C.2.b). Supervision helps counselors navigate challenging client issues effectively while also decreasing discomfort and managing countertransference (Gelso & Hayes, 2007). Although direct supervision was not provided in this study, offering feedback on journal assignments and processing interpersonal concerns when discussing challenging content fostered CITs' growth and professional development in this area.

Limitations and Future Research

Although the study's findings present significant implications for counselor educators, there exist several limitations. The qualitative analysis was conducted on previously written student journals that were course directives. The reflective journals were inherently evaluative; therefore, social desir-

ability and attaining a good grade may have influenced the reflections, potentially skewing the findings. Additionally, each instructor will have their theoretical framework and worldview from which they teach. This philosophy and approach to teaching, and the content they choose to include, can considerably impact that learning process. Thus, the professor's pedagogical approaches and selection of inclusion activities may have affected the course's overall outcome.

The data was collected from a CE program in a southeastern university that requires human sexuality to obtain licensure as a mental health counselor in the state. Therefore, findings in other states that do not require the course could yield different thematic results. Other programs may have more or less sexuality counseling content infused in other areas of their curriculum, which compensate for learning differences. The participant pool spanned three different degree track programs (clinical mental health counseling, professional school counseling, and clinical rehabilitation counseling) and included unlicensed professionals to practice within the state, which could have affected the themes found in this study. Lastly, the present study focused on a large sample of 66 students with about eight journal entries per student, totaling 524 journal entries. As such, future research could focus on interviewing a smaller sample of students, providing a more in-depth exploration into counseling students' needs to broach sexuality more confidently and competently. Research exploring pedagogical approaches that are the most effective for students to learn and understand issues of sexuality needs to be examined. Additionally, a content analysis may be conducted to further examine how accredited programs without a sexuality counseling course meet training standards and CITs' needs. A more comprehensive understanding of the barriers for counselors and CITs that prevent them from broaching sexuality issues requires further insight so that education programs can prepare students for addressing these critical sexuality issues.

Conclusion

Counselor educators are tasked with preparing CITs to serve their clients in an ethical and culturally responsive manner. Although human sexuality is not commonly conceptualized as an essential component of CE programs, the present study illuminates critical sexuality counseling education implications. The authors hope that the study's findings can normalize common CITs' experiences during sexuality counseling courses and encourage counselor educators to empower students to engage in the learning process actively, thereby positively impacting clients and destigmatizing sexuality-related concerns. Sexuality is part of wellness and well-being (Myers et al., 2000). This study revealed many critical components that helped students broach sexuality issues and grow professionally while promoting client wellness in areas of sexuality. We hope that coun-

selor educators will incorporate targeted activities in the CE curriculum to facilitate learning in this critical area required to be a multiculturally competent counselor. Finally, this study's findings highlight the potential need to revisit professional training standards and advocate for increased focus on sexuality counseling inclusion within CE curriculum.

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The Gender Freedom Model: A Framework for Helping Transgender, Non-Binary, and Gender Questioning Clients Transition with More Ease

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Transgender/non-binary experiences and identities are often represented in academic literature through narratives of distress and are often pathologized through a medical lens. This holds implications for the field of psychotherapy, as interventions aimed to support transgender/non-binary individuals often focus solely on risk mitigation. This article presents a therapeutic framework that rests on three pillars—Play, Pleasure, and Possibility—as the focal points for reimagining work with transgender/non-binary clients. This model aims to help this population explore gender transition with more ease through building practical skills, cultivating personal and collective pride, and centering pleasure equity.

Keywords: transgender, non-binary, transgender health, gender affirming psychotherapy, gender transition

Introduction

The field of transgender/non-binary healthcare has a storied history of pathologizing the transgender/non-binary experience, through the assumption that being trans means something has gone wrong in the normative process of gender identity development. In this viewpoint, practitioners believe the distress associated with a transgender/non-binary identity is caused by incongruencies between sex assigned at birth and gender identity, which is eased by social, medical, and legal transition (Bockting & Coleman, 2007). Physicians began to take notice of the transgender/non-binary experience in the late nineteenth and early twentieth centuries, introducing a number of terms in medical literature that suggested the incongruence that transgender/non-binary people felt was some form of psychopathy or psychotic delusion (Stryker, 2017). Notably, this medicalized approach originated in the United States and Western Europe, with many non-Western cultures and countries celebrating gender diversity beyond the Western binary system of gender (Thorne, Yip, Bouman, Marshall, & Arcelus, 2019).

In the 1960s, health providers began to administer medical solutions for this incongruence, through hormone treatments and, what were then called, sex reassignment surgeries. The medical literature of this time treated the transgender/non-binary experience as a disorder to overcome. Controversially, the fourth edition of the Diagnostic Statistical Manual (DSM-IV) introduced the official diagnosis of gender identity disorder (GID) in 1980, which simultaneously validated the transgender/non-binary experience in the eyes of the medical establishment and further contributed to the marginalization of transgender/non-binary identities (Bockting, 2009). Over time, transgender/non-binary ac-

tivists pushed for a more affirmative understanding of the transgender/non-binary experience, arguing that diverse gender identities were not sources of pathology. Instead, the distress felt and struggles faced, such as poverty, social isolation, underemployment, and difficulty securing housing, is largely due to social stigma. A lack of financially and geographically accessible health care and a lack of affirmative, culturally competent healthcare providers may increase this distress.

Discourse around gender also began to expand the boundaries of gender identity beyond the male/female gender binary, making space for the acceptance of non-binary identities. The approach to transgender/non-binary care started to shift from a sex reassignment process to a transgender coming out process (Bockting & Coleman, 2007). Bockting (2009) names this transition as “a shift from a disease-based model...to an identity-based model of transgender health” (p. 104). In 2013, the DSM-5 replaced GID with the new diagnosis of gender dysphoria, formally disassociating pathology from transgender/non-binary identity (Stryker, 2017). This diagnosis refers to the experience of discomfort or distress caused by an incongruence between a person’s gender iden-

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tity and assigned sex at birth, rather than the act or identity of gender nonconformity itself (Coleman et al., 2012).

In recent years, the field of transgender/non-binary health-care has been increasingly adopting an informed consent model, giving transgender/non-binary people access to transition-related services without excessive gatekeeping from the medical and mental health systems. The informed consent models moves even further away from the tradition of diagnosis upheld by the World Professional Association of Transgender Health (WPATH), the International Statistical Classification of Diseases and Related Health Problems (ICD), and the DSM. The WPATH Standards of Care continues to recommend that transgender/non-binary individuals seeking medical intervention should receive an assessment from a qualified mental health professional first (Coleman et al., 2012). Although these are not strict requirements for care, many medical providers adhere to these standards by requiring clinical documentation and letters of support from a mental health professional. Major health insurance providers and state Medicaid plans embraced these Standards of Care at the policy level, requiring significant documentation in support of a Gender Dysphoria diagnosis before approving coverage for medical services (Schulz, 2017). Today, a growing number of providers are adopting an informed consent model for care, which only requires that an individual should “possess the cognitive ability to make an informed and independent decision about their health care” and should understand all the risks and benefits involved (Informed Consent for Access to Trans Health Care [ICATH], n.d.). With more providers adopting this model of care, the role of the mental health practitioner can shift from a gatekeeper of necessary services to a source of support in the client’s transition process. This shift has led to an increase in trans-inclusive and trans-affirming counseling practices that aim to provide that support to transgender/non-binary clients. Examples of such counseling practices include TA-CBT, a trans-affirming adaptation to cognitive behavioral therapy (Austin & Craig, 2015), and LGBTQ* responsive sand tray, a creative arts approach that assists clients or students in exploring and making meaning of internalized struggles (Luke & Peters, 2019). The developers of these approaches cite the discrimination against transgender/non-binary individuals, both in society at large and within the therapeutic field, as the reason for the necessity of these tailored practices (Grant et al., 2011).

Indeed, the discrimination and stigma against transgender/non-binary identities and experiences are inextricably linked with poor mental health outcomes for transgender/non-binary individuals. For example, studies found that increased risk of violence and abuse towards transgender women may be predictors of depression (Hoffman, 2014). Further, there are high rates of suicidal ideation and suicide attempts in the transgender/non-binary

population, likely due to gender-based victimization, gender-based rejection, gender-based discrimination, and identity nonaffirmation (Testa et al., 2017).

Within the therapeutic field, transgender/non-binary clients often encounter biased and unaffirming providers, discrimination, or providers who lack the training and knowledge necessary to effectively treat this population. Prior negative experiences with mental health providers, both experienced personally and learned through the reports of peers, lead many transgender/non-binary individuals to avoid seeking therapeutic services (Shipherd, Green, & Abramovitz, 2010; Mizock & Lundquist, 2016). Thus, it is imperative for mental health practitioners to become skilled in providing affirmative care to transgender/non-binary clients.

The minority stress model, which addresses the external stressors that individuals with stigmatized identities experience due to a minority social position, has inspired many intervention models for the transgender/non-binary population (Meyer, 2003). However, the literature currently lacks intervention models that emphasize the positive aspects and self-growth potential of transgender/non-binary experiences and gender nonconformity. As an expansion to the minority stress model, which suggests resilience factors can buffer against the impact of minority stressors, Matsuno and Israel’s (2017) transgender resilience intervention model (TRIM) was designed to help clinicians cultivate resilience-based interventions for transgender individuals. The model focuses on group-level resilience factors (e.g., social support, community acceptance, role models, etc.) and individual resilience factors (e.g., hopefulness, self-esteem, identity pride, etc.) as areas around which clinicians can build interventions. While this model does indicate a shift towards acknowledging and bolstering positive aspects of the transgender/non-binary experience, the researchers continue to center a response to negative stressors. For example, one resilience factor that TRIM highlights is “family acceptance,” with a suggested intervention of family therapy. This suggestion tailors an intervention around family exclusion, a common stressor that transgender people may experience while coming out, but also may perpetuate a deficit-based perspective on transgender/non-binary individuals’ coming out processes and ignores a history of resiliency in the transgender/non-binary community based on “chosen family” acceptance.

Previously, the literature on minority strengths has only focused on strengths as moderating variables for the effects of stressors on mental health outcomes. Perrin et al. (2019) offers an alternative to the minority stress model by introducing the minority strengths model, which focuses on strengths consistently found in the LGBTQ+ population and the direct and indirect effects on individuals instead of a deficit-centered model. Through the statistical validation of this model, Perrin et al. (2019) found the strengths-based vari-

ables combine and causally link with other strengths to create resilience and positive mental and physical health outcomes. Increased social support and community consciousness are strongly associated with greater identity pride and higher self-esteem, which then led to better mental and physical health outcomes. These findings suggest interventions affirming the positive aspects of LGBTQ+ community can serve to bolster this causal chain.

In an analysis of emerging positive psychology literature providing a strengths-based perspective on the LGBTQ+ population, Vaughan et al. (2014) identified a lack of literature on strengths like curiosity, with respect to the exploration of gender and sexuality, among others. Ruff et al. (2019) argues the lack of strengths-based knowledge “limits society’s ability to support [transgender women]” (p. 1992). The researchers assert that gathering more qualitative data about these strengths would allow the voices of transgender women themselves to inform societal narratives about this community, providing a more complete representation of their resilience. To address this gap, Ruff et al. (2019) conducted a photovoice study to capture narratives of agency amongst communities of transgender women of color. The study found hope, courage, and resilience played major roles for participants, arguing that fostering these strengths should lie at the center of solutions designed to support this community. A study of transgender and gender expansive youth and young adults experiencing homelessness also demonstrates personal agency and future orientation as main components of resilience in overcoming struggles and in reframing challenges as positive experiences (Shelton, Wagaman, Small, & Abramovich, 2017). These studies provide growing evidence that clinical practices serving the transgender/non-binary population must shift the focus from distress and risk-management to the cultivation of positive narratives surrounding these identities.

Furthermore, mental health practitioners must expand beyond the gender binary and accommodate non-binary identities within the clinical scope. Even as the transgender/non-binary community receives increased attention and support, there is still a lack of competence in clinical settings around supporting non-binary identities (Matsuno & Budge, 2017). The Gender Affirmative Lifespan Approach (GALA; Rider et al., 2019) is a trans-affirmative psychotherapy framework, designed for use with non-binary clients, that provides key recommendations to develop gender literacy, build resilience, expand beyond the binary, explore pleasure-oriented positive sexuality, and make positive connections to medical interventions. Clinicians have since applied this approach to other therapeutic interventions and populations, as Spencer and Vencill (2017) did in the development of a pleasure-based sexual health group therapy curriculum for clients on the transfeminine spectrum, with modules focusing on concepts such as mindfulness, sexual self-esteem, media representa-

tion, psychoeducation about sexual functioning and diverse bodies, and exploration of dating and relationships.

While Spencer and Vencill (2017) provide a valuable and grounded curriculum focusing on sexual pleasure for transgender women, the curriculum excludes non-binary and transmasculine identities and focuses heavily on the technical aspects of a positive sexuality, such as the impact of medical transition on sexuality and dating, considerations related to disclosure of a transgender identity, and psychoeducation about sexual anatomy and functioning (Spencer & Vencill, 2017). Similarly, the GALA Model (Rider et al., 2019) is a valuable resource for work with non-binary clients. The authors of this article endorse the necessity of identity-specific spaces and these important topics.

The development of the Gender Freedom Model expands on these critical works as a theoretical model that focuses on the process of gender transition from an affirming, non-pathologizing, resilience-building, and pleasure-positive perspective for all identities under the transgender umbrella, including non-binary and transmasculine identities. The Gender Freedom Model also works to expand the definitions of eroticism, intimacy, and pleasure beyond romantic and sexual relationships to create greater connection to self and others. Additionally, the inclusion of Budge’s (2017) model for facilitative coping in the transgender population is a strength of the Gender Freedom Model not included in either the GALA model (Rider et al., 2019) or Spencer and Vencill’s (2017) curriculum. The authors of the present article hope the Gender Freedom Model will serve a key role in the mental healthcare literature as a guide for clinical competence in working with transgender/non-binary clients through the process of gender transition, in a way that centers possibility and exploration.

Brief Overview of the Gender Freedom Model Developers

The Gender Freedom Model is a theoretical framework grounded in the integration of psychology and sex therapy theory and literature, principles from human-centered design, as well as the authors’ clinical expertise and experience as a Licensed Clinical Professional Counselor (LCPC) and Licensed Clinical Social Worker (LCSW) in Illinois, respectively. Additionally, one author brings experience and training as a Certified Sex Therapist (CST) and lived experience as a member of the transgender/non-binary community.

The Three Pillars and Nine Subtopics of the Gender Freedom Model

The Gender Freedom Model (see Figure 1) is a dynamic model consisting of three key pillars: (1) Play, (2) Pleasure, and (3) Possibility. Each of these pillars has three subtopic areas. The three key pillars are the general topic areas to focus on during gender transition within this model. The nine

subtopics dive into each general topic in a practical way. The subtopics build on skills in previous subtopics. However, clinicians and clients can go through the subtopics in any order, dependent on the client's needs. The figure represents general topic areas to cover during gender transition rather than a static, stage-based model. It is expected that clients will engage with each pillar and subtopic multiple times throughout the transition journey.

Play

In order to transition gender with more ease, the Gender Freedom Model asserts that clients need a sense of play. The subtopics of the Play pillar are: (1) Master Your Mind, (2) Uneath Resiliency, and (3) Own Your Magic.

Much research has been done on the positive psychological effects of play on children, but the positive effects of adult play are often left out of these studies. Magnuson and Barnett (2013) found significant reductions in stress and an increase in active coping, acceptance, and positive reframing in adults who scored in the medium-high playfulness scale. Proyer (2017) defines playfulness with four main facets: (a) Other-directed; (b) Lighthearted; (c) Intellectual, and (d) Whimsical. In clinical work, this might look like engaging with gender presentation around clothing choices in a way that feels fun and less pressured by encouraging the client to thrift-shop with a friend for gender-affirming clothing and then put on a fashion show at home.

The Gender Freedom Model suggests that transgender/non-binary individuals who adopt an attitude of play while exploring gender identity and expression will experience decreased stress and an increased sense of ease, curiosity, and pleasure during the gender transition journey.

Master Your Mind. The subtopic Master Your Mind focuses on three key mindset shifts: self-efficacy, self-love, and transition as self-actualization. Budge et al. (2017) identifies the theme of “active engagement throughout the transition process” as a key, overarching component of trans-specific facilitative coping skills (p. 22). The emphasis on personal agency and self-efficacy throughout the gender transition journey should not ignore the significant cultural and systemic barriers that transgender/non-binary individuals face, nor should it engage in “toxic positivity” by enabling the emotional suppression of negative emotions (Chiu, 2020; Gross & Levenson, 1997). Rather, this model focuses on self-efficacy and agency, defined as the client's belief in the ability to do hard things in the face of significant personal and systemic challenges, emphasizing acceptance and moving through difficult emotions and thoughts related to both the personal experience of gender and the experience of microaggressions and aggressions related to a transgender/non-binary gender identity and gender expression (Ford, Lam, John, & Mauss, 2018). The clinician can facilitate this by combining affirming, interpersonal processing with tenets

of existing therapeutic interventions such as Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Narrative Therapy, and Internal Family Systems (IFS) applied to the content of gender identity, gender expression, and gender transition (Austin & Craig, 2015; Budge, 2013; Budge et al., 2017; Nylund & Temple, 2017; Sloan, Berke, & Shipherd, 2017).

This subtopic suggests that self-love and self-compassion form a core mindset and value underlying positive coping skills. Allen and Leary (2010) discuss self-compassion as positive cognitive restructuring and reframing negative events or emotions with less self-critical thoughts and self-judgment. In the Gender Freedom Model, we reframe gender transition as a process of self-actualization and self-growth, positioning gender exploration and expansion as a goal-oriented process rather than risk-management (Budge et al., 2017). In this subtopic, clinicians help clients consider a “why” for transitioning beyond gender transition itself (e.g., to be more present with family or partners, to have more capacity to engage in advocacy, to have more mental space for creativity).

Uneath Resiliency. This subtopic focuses on moving the key mindsets discussed in the previous subtopic from theory to action. Using Budge's (2017) model, clients are able to reduce avoidant coping and increase facilitative coping throughout transition, including individual, interpersonal, and systemic factors.

In the Gender Freedom Model, we draw from human-centered design principles to frame gender transition as a wicked problem (Burnett, 2016). A wicked problem in human-centered designs is a problem that is seemingly impossible to solve because of the many intersectional factors and stakeholders involved. By using the human-centered design principles of curiosity, bias to action, reframing, awareness, and radical collaboration, clients begin to think differently and iteratively about their gender identity and expression while acknowledging and depersonalizing the cultural and systemic factors that make gender transition a process that is often emotionally difficult for the individual. This subtopic provides a reframe for uncertainty, the possibility of regret, and the fear of detransitioning often associated with anxiety and self-doubt in clients seeking to explore and expand their gender identity (Dhejne, Öberg, Arver, & Landén, 2014; Johansson, Sundbom, Höjerback, & Bodlund, 2009; Joseph-Williams, Edwards, & Elwyn, 2010; Leahy, 2005; Morain, Wootton, & Eppes, 2017; Murad et al., 2010). In this subtopic, clients critically examine the use of avoidant and facilitative coping strategies thus far in transition and intentionally begin to incorporate more facilitative coping strategies into the transition journey.

Own Your Magic. One interpretation of Budge's et al. (2017) study on facilitative coping in the transgender

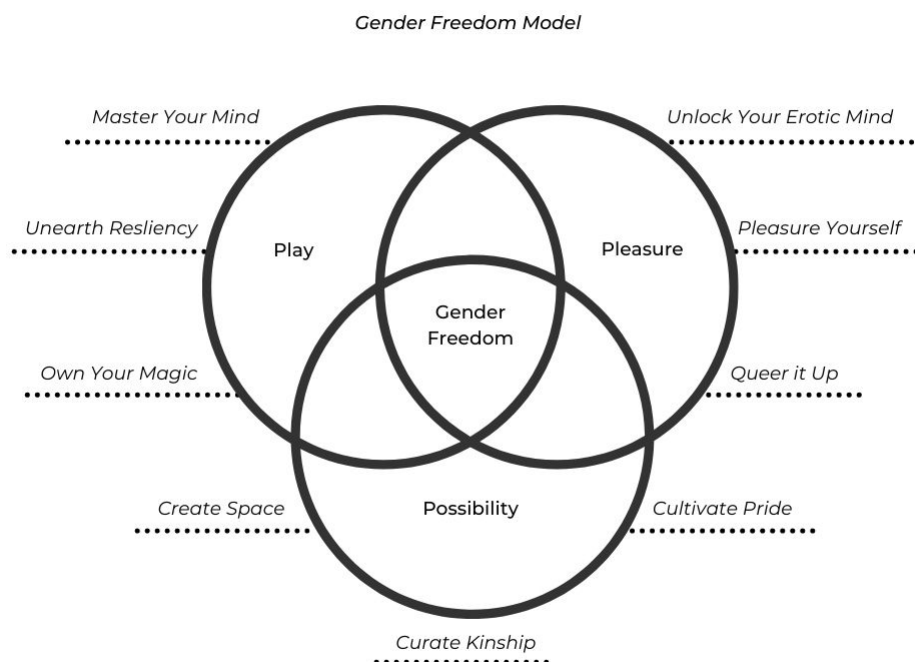


Figure 1. This figure shows a Venn diagram of the three major pillars of the Gender Freedom Model, with three subtopics for each pillar directly beside the pillar it is associated with. Rather than a stage-based model, this figure displays an interconnected and overlapping circular model with Gender Freedom as the goal at the center of the figure.

community are the three highest order categories in the study: communicating about transgender identity, coming out, and dressing as coping. While the positive impact of communicating about an LGBTQ+ identity and coming out is well documented in the literature, dressing as coping is a new concept. Budge et al. (2017) asserts that transgender identity development often includes actively experimenting with gender expression. In this subtopic, clients are asked, “What makes you feel like magic?” with magic defined as congruency between who the client is at their best, desired feelings, personal beliefs, and behaviors. This subtopic focuses on clients finding the things that bring them pleasure, lights them up, and makes them feel most like themselves.

This subtopic is applicable regardless of a transgender/non-binary person’s social location, privileges, and sense of safety. While “magic” often includes actions such as wearing a new style of clothes, haircuts, and presenting in a way that feels congruent in public, this subtopic is not solely focused on external appearances. For many transgender/non-binary individuals, it is not safe (emotionally, physically, financially) to present in a congruent manner in all the areas of their lives and may lack financial resources to purchase gender-affirming clothing or services, such as a haircut or electrolysis. In

Own Your Magic, clinicians acknowledge this reality, help clients process the feelings of loss and grief that may emerge, and affirm that the most authentic way forward is sometimes to prioritize one’s safety. In this subtopic, clients explore alternative means of expressing gender that are safe, accessible, and congruent, such as wearing gendered underwear, finding private spaces where they can express gender freely, and exploring ways to express femininity and masculinity that focus on attitudes and values instead of external appearance.

Pleasure

The Pleasure pillar of the Gender Freedom Model focuses on intimate justice and pleasure equity. The subtopics of the Pleasure pillar are: (1) Unlock Your Erotic Mind, (2) Pleasure Yourself, and (3) Queer it Up. McClelland (2010) coined the term *intimate justice* as a theoretical framework that examines and links how systemic oppression impacts imagination about what is possible for sexual and relational satisfaction and how individuals from marginalized identities evaluate the quality of existing sexual and romantic relationships based on what levels of satisfaction they believe they deserved. Intimate justice is a concept that raises the question for clinicians of how mental health providers can

help clients from marginalized identities achieve pleasure equity and increase their belief in how much relational and sexual satisfaction is possible and deserved (McClelland, 2010, 2017). Lorde (2007) speaks about the erotic as a place of personal power, collective power, and resistance. Feeling pleasure connects each of us to the feeling of personal power, fulfillment, and expansiveness that, once felt, experiences anything less as unacceptable. Mindfulness and a focus on pleasure compel one to action in order to create a world of infinite possibility, a world of satisfaction and pleasure. This is facilitated by a ubiquitous focus on mindfulness, a bias to action, and Human-Centered Design Thinking throughout the Gender Freedom Model, creating greater awareness of pleasurable physical and emotional feelings and an opportunity for “tiny steps” towards goals such as advocacy in the subtopic of Cultivate Pride.

Unlock Your Erotic Mind. Many people, especially those assigned female at birth, experience physical, emotional, and mental barriers to eroticism and pleasure and feel blocked in this area. Transgender/non-binary sexuality is often talked about in literature from a standpoint of risk. This is an important conversation as, specifically transgender women of color, often have disproportionately high rates of an HIV+ status (Ruff et al., 2019). However, pleasure-focused healthy sexuality is frequently left out of the conversation (Spencer & Vencill, 2017).

Using a biopsychosocial frame, the dual control model of sexual response, and concepts of responsive desire, this subtopic focuses on clinicians naming, normalizing, and introducing practical skills to clients in order to reduce barriers to relational and sexual satisfaction for transgender/non-binary individuals (Bancroft, Graham, Janssen, & Sanders, 2009; Brotto & Basson, 2014; Nagoski, 2015; Spencer & Vencill, 2017). In this subtopic, we introduce the concept of intimate justice and demonstrate ways to reduce anxiety, spectating, and shame related to sexuality and eroticism while simultaneously working to expand the sexual imagination and repertoire (Brown, 2015; Lacefield & Negy, 2011; McClelland, 2010; Nagoski, 2015; Spencer & Vencill, 2017). This subtopic provides psychoeducation about trans-affirming, pleasure-positive, healthy sexuality and asks clients to reflect on how sexual shame, spectating and anxiety, disconnection from their bodies, and stress are hitting the client’s sexual desire and arousal “brakes” and demonstrates practical skills for addressing each of these barriers to sexual and relational satisfaction (Nagoski, 2015).

One unique application of research from another discipline is adapting the five skills in planned happenstance learning theory (Mitchell, Levin, & Krumboltz, 1999) to sexual and relational satisfaction. The skills of curiosity, persistence, flexibility, optimism, and willingness to take risks are all highly applicable for creating change in one’s erotic life with greater ease. One application of this subtopic

might be to ask a transfeminine client to experiment with slowing down in what feels like a “safe and sexy” sexual context to allow for the possibility of responsive desire as a solution to stress/anxiety related to sexual activity and the change in sexual desire and arousal styles as a result of hormone therapy (Nagoski, 2015).

Pleasure Yourself. While the previous subtopic focused on the transgender/non-binary client’s cognitive and somatic barriers to experiencing more pleasure, eroticism, and satisfying sexual and romantic relationships, Pleasure Yourself focuses on the transgender/non-binary client’s relationship with their body through practical interventions.

Mindfulness-based interventions show significant efficacy for improving sexual desire, arousal, and sexual and relational satisfaction (Brotto & Basson, 2014; Nagoski, 2015; Spencer & Vencill, 2017). Pleasure Yourself suggests basic mindfulness principles and invites clients to practice clinically appropriate, sensual mindfulness exercises en vivo during session, such as experiencing an object in the room (e.g., a rock, a piece of fruit, a pen) slowly and with all five senses. This subtopic also provides participants with the basic tenets of sensate focus (Weiner & Avery-Clark, 2014) as a tool for greater sexual and relational satisfaction within relationships and by focusing on sensations of temperature, pressure, and texture while experiencing the object. This subtopic also focuses on pleasure and eroticism as a muscle built with mindful attention (Morin, 1996) and suggests clients record peak erotic experiences and keep a pleasure journal.

Queer it Up. The prioritization of dyadic romantic and sexual relationships as superior to friendships and other relational orientations is an idea rooted in patriarchy, misogyny, and capitalism. Marriage has historically existed as a patriarchal practice for securing financial interests and social standing, relegating wives to the status of property who existed primarily for the continuation of a bloodline (Glaeser, 2014; Ryan, 2010). With this history in mind, a critical “queering” of ideas about intimacy and the erotic as reserved for monogamous, heterosexual, committed sexual and romantic relationships is in order. Through the expansion and “queering” of the concepts of intimacy, eroticism, and pleasure beyond dyadic sexual and romantic relationships, we create space for intentionality in relationships and more opportunities for intimacy and connection (McDaniel & Twist, 2016; Michaels, 2015; Spade, 2006). Lorde (2007) speaks of the expansion of the definition of eroticism as a cornerstone of being able to use this energy collectively as connection and inspiration. Spade (2006, p. 31) captures the essence of this subtopic well:

One of my goals in thinking about redefining the way we view relationships is to try to treat the people I date more like I treat my friends, to be respectful and thoughtful and have boundaries and reasonable expectations-and to try to treat

my friends more like my dates-to give them special attention, honor my commitments to them, be consistent, and invest deeply in our futures together.

This subtopic focuses on bringing intentionality into relationships of all kinds through a critical queer lens and suggests clients use the key mindsets of human-centered design, introduced earlier in this model, to evaluate what types of relationships would feel good (Burnett, 2016).

Possibility

Research shows that individuals with marginalized gender and/or sexual identities struggle to imagine positive futures and limit themselves (Hirsch, Cohn, Rowe, & Rimmer, 2016). The subtopics of the Possibility pillar are: (1) Create Space, (2) Curate Kinship, and (3) Cultivate Pride. This pillar focuses on envisioning a positive future, addressing internalized transphobia, helping clients develop a sense of personal and collective pride in a transgender/non-binary community, and developing a strong foundation of support.

Create Space. One common fear for clients exploring gender identity and expression is a fear of being a burden on their family, friends, and work relationships with the impact of gender transition (Testa et al., 2017). This subtopic focuses on directly addressing this fear and normalizing gender transition as a time that requires intense self-reflection and a focus on self-growth. Through this, we seek to help clients bring intentionality to the creation of space for this process and remind clients that the discomfort of others is not synonymous with harm.

It is also the authors' experience that many transgender/non-binary clients, as they begin to experience a more congruent gender identity and expression and develop skills related to self-efficacy and boundaries, also begin to notice other parts of their life that are incongruent with their values or how they want to live their lives. For example, clients have quit jobs, pursued new jobs, started or ended relationships, moved, began new hobbies, pursued creative endeavors, and become more involved in advocacy.

This subtopic suggests clients assess their lives holistically to determine what is feeling good and what is not and develop Specific, Measurable, Achievable, Relevant, and Time-bound (S.M.A.R.T.) goals to address areas that do not feel good and to further invest in areas that do feel good (Lawlor & Hornyak, 2012). In this subtopic, clinicians normalize and demonstrate compassion towards the thoughts and behaviors that have served to protect clients in the past but are now holding clients back.

Curate Kinship. For many in the transgender/non-binary community, family is a complicated topic. Research shows that familial and social support is a key resiliency factor (Matsuno & Israel, 2018; Puckett, Matsuno, Dyar, Mustanski, & Newcomb, 2019; Scandurra,

Amodeo, Valerio, Bochicchio, & Frost, 2017). However, many transgender/non-binary individuals experience rejection from their family of origin. The colloquial term *chosen family* is often used to describe the deep and rooted relationships that many LGBTQ+ individuals form with loved ones (Weston, 1991). While social acceptance for LGBTQ+ people has grown and legal barriers to relationship recognition and parenthood have decreased in recent years, notably, the year 2021 is the worst year on record since 2015 for anti-transgender legislation (Human Rights Campaign, 2021). The concept of chosen family continues to resonate and be a source of emotional safety amongst LGBTQ+ communities, evidenced by prominent featuring of chosen family members in study respondents' definitions of family (Hull & Ortyl, 2018). This subtopic focuses on chosen family and reimagining what kinship can look like. In this subtopic, clinicians help transgender/non-binary clients give themselves permission to set boundaries that reinforce their needs. Using questions like "What has felt good in past relationships?" and "What do you want more of?" clients can focus on what they can obtain, rather than what the limits are in existing relationships. Additionally, Curate Kinship utilizes Brown's (2018) trust factors to evaluate quality of relationships.

Cultivate Pride. This subtopic focuses on both individual and collective pride, as well as self-compassion and relational resilience. Identity pride was identified as an inherent strength in minority populations in the minority strengths model (Perrin et al., 2019). Sánchez and Vilain (2009) discuss collective self-esteem and positive feelings about the transgender/non-binary community as a powerful resiliency factor for transgender/non-binary individuals.

Continuing to be challenged by systemic oppression, especially for those with multiple intersecting marginalized identities, is disheartening for many. However, cultivating self-compassion as a primary response to inequity and discrimination helps clients recognize that transgender/non-binary identities are not inherently lacking or deficient and reaffirms that the difficulties related to a transgender/non-binary identity are often a response to a world that does not celebrate these identities and actively perpetuates systemic oppression. Self-compassion is "compassion directed inward" and facilitates resilience by moderating reactions to negative experiences (Germer & Neff, 2013, p. 856).

In this subtopic, the authors of this article discuss pride as a process—based in both a grounded confidence and in actions that affirm one's worth (Brown, 2018). To combat learned helplessness, this subtopic suggests clients take action, broadly defined as that which centers one's own agency that still exists, even in an oppressive world. Building relational resilience instead of prioritizing individualized resilience is a strong focus of this subtopic. This can look, for example, like advocacy for the larger transgender/non-binary

community by using personal experiences as a model for others, connecting with folks at different places in their gender journeys, and engaging in political activism. In this subtopic, clinicians invite clients into basic narrative work—building new ways to tell our stories and making meaning out of adversity, while imagining a future worth having (Meyer, 2015; Puckett et al., 2019; Singh, Hays, & Watson, 2011).

Aims of the Gender Freedom Model

With the Gender Freedom Model, the authors of this article aim to provide a research-based, comprehensive, practical, and integrative theoretical framework for providing transgender/non-binary affirming care that challenges the ubiquitous narrative that gender transition is, by definition, a process that centers on great suffering, anxiety, and self-doubt. Drawing from positive psychology and research on facilitative coping and resiliency, this model focuses on both asking and beginning to answer the question, “How can clinicians support transgender/non-binary/gender questioning clients in transitioning gender with a sense of ease, joy, curiosity, and pleasure?” (Budge et al., 2017; Vaughan et al., 2014). In order to decrease distress and improve quality of life, this model uses clinical interventions that acknowledge the systems of oppression creating barriers to surviving and thriving for transgender/non-binary individuals while focusing on strengths-based coping skills, resiliency, personal agency, and self and community care (Ford et al., 2018; Sloan et al., 2017).

With this model, the authors of this article intend to make gender transition easier by building the client’s confidence, personal agency, and resiliency skills while acknowledging and integrating the client’s intersectional identities and the importance of community care on the transition journey (Budge, Thai, Tebbe, & Howard, 2016). Through this model, clinicians can address common sources of anxiety throughout transition and use practical and evidence-based psychotherapy interventions to help clients feel more comfortable in their gender identity and expression. By creating a “bias to action” for exploring the client’s desire and readiness to medically/socially/legally transition and come out (if the client desires to come out), the Gender Freedom Model demonstrates how to develop and implement facilitative coping skills at each phase of transition (Budge et al., 2017; Burnett, 2016).

By learning practical skills for helping clients decide how to identify and express their gender to themselves and to the world, the authors of this article will continue the conversation about how to change the narrative of gender transition into a process of self-growth, curiosity, and discovery. This model focuses on pleasure equity, personal and collective pride, as well as practical therapeutic skills for guiding transgender/non-binary clients through the transition journey.

Clinical Applications

As a theoretical framework, a formal academic research study has not been completed on the Gender Freedom Model. In clinical applications of this model, the authors found, through informal feedback surveys and informal conversations with clients and participants in a group program utilizing the Gender Freedom Model, that clients feel more able to take actionable steps towards their transition goals and are able to hold more positive narratives about themselves than before beginning treatment. While any definitive conclusions about this model’s efficacy require further empirical testing, the Gender Freedom Model has shown promise as a practical and comprehensive theoretical framework that focuses on personal and collective empowerment and resiliency in the experience of the authors, clients, and participants in a group program utilizing the Gender Freedom Model.

The Gender Freedom Model provides a validating, accepting, and playful environment for exploration of gender identity and expression. It is the clinician’s responsibility to educate themselves on transgender/non-binary identities, concepts, and language in order to provide holistic, gender-affirming care. This is essential for utilizing the Gender Freedom Model effectively.

One of the strengths of the Gender Freedom Model is the reliance on existing evidence-based theoretical frameworks and interventions. Many psychotherapists will have existing education and skills in many of the modalities discussed, such as mindfulness-based practice, dialectical behavior therapy, cognitive behavioral therapy, acceptance and commitment therapy, and narrative therapy. The application and integration of these evidence-based theories and interventions creates a strong foundation for psychotherapeutic work in an under-researched community.

Therapists who use this model in its entirety will need at least a basic understanding of sex therapy and sexual health topics such as anatomy, arousal, responsive and spontaneous desire, sensate focus, and mindfulness applied to sexuality.

Limitations and Future Directions

The Gender Freedom Model is a theoretical framework developed from integrated research within the fields of transgender health, psychology, positive psychology, and sex therapy, as well as from fields outside of psychology such as human-centered design, community knowledge, and the clinical experience of the authors. The Gender Freedom Model is new and iterative. It will require refinement and clarification over time, as well as empirical testing. The Gender Freedom Model needs a formal study on the full impact of this intervention model on mental health outcomes for transgender/non-binary clients. The authors are not affiliated with an academic institution, which creates barriers and a lack of resources for conducting independent research

studies.

The existing scholarly literature on transgender/non-binary experiences is narrow in scope, lacking in funding, and often limited to small, qualitative studies. Much of the research cited in this article is older than the typical 5– to 10-year range used in academic articles because of the lack of significant literature on this population. Affirming language and concepts change quickly in the transgender/non-binary community, and finding research studies that reflect the current lived experience of the transgender/non-binary population and/or do not focus on a deficit model, as described in this article, is difficult.

This may be, in part, due to the fact that there is a long history of oral tradition and mutual aid in the transgender/non-binary population for distributing knowledge and coping skills for surviving and thriving. Discussion of these resources often occurs in non-academic settings such as online message boards, community conversations, and self-published work. The prioritization of formal academic studies in professional journals and academia creates barriers for researchers and mental health/medical providers to receive this community-based knowledge, with lived experience and community-based knowledge being undervalued. As queer and transgender authors with extensive clinical experience, our community knowledge, personal experience, and clinical observations are a powerful source of knowledge that the authors of this article maintain is not only valid, but necessary.

The “queering” of what knowledge and voices are valid is a hegemonic consideration for academic literature about transgender/non-binary folks. The authors developed the Gender Freedom Model as a response to the lack of research on transgender/non-binary thriving and the positive mental health aspects of transition. Most research on this population focuses on risk factors or resilience related to coping with minority stress. It is the authors’ hope that the Gender Freedom Model will inspire more research and therapeutic interventions that center the inherent strength factors of the transgender/non-binary population.

Conclusion

As the field of transgender/non-binary health care grows and wrestles with challenging conversations about the institutional pathologization of transgender/non-binary identities, the need for competent and affirming psychotherapy remains. The three pillars of the Gender Freedom Model—Play, Pleasure, and Possibility—make up a radically affirmative framework for reimagining therapeutic work with transgender/non-binary clients. In creating this model, the authors of this article held the positive assumption that transgender/non-binary clients can transition with more ease, in whatever way is most affirmative for them. In order to address the significant health disparities and the risk for negative mental health outcomes in this population, the Gen-

der Freedom Model is an assertion that the necessary center and focus of the work is holding the core humanity of transgender/non-binary people in high regard and cultivating hope for a positive, gender-affirming future for all.

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