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# Expanding instruction of human sexuality in counselor education

Rachel Willard

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Expanding Instruction of Human Sexuality  
in Counselor Education

Rachel Willard

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Education Specialist

Department of Graduate Psychology

May 2019

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## Acknowledgments

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Thank you, all.

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## Abstract

Though counselors are expected to be familiar with human sexuality and its impact on clients' mental health, as well as sensitive to diverse identities and expressions, training in these topics is often overlooked in counselor education. This project advocates for the inclusion of a human sexuality course in the curriculum of graduate counseling programs and provides an overview of the relevant literature. It then offers a sample training curriculum for a three-credit graduate level course in human sexuality aimed at counseling students and provides additional resources for the instructor. Special considerations for the potential instructor and classroom environment are also discussed.

## Introduction

Counselors are trained to respond to clients' thoughts, feelings, and experiences with empathy, while withholding personal bias. However, when counselors' education in a particular area is lacking, it can be difficult to separate fact from messages that have been passed down in the form of societal norms. Few topics are as steeped in misinformation and cultural taboos as human sexuality. While counselors trained in CACREP accredited programs are expected to understand diversity in sexual orientation, gender identity and expression (Council for Accreditation of Counseling and Related Educational Programs, 2015), training and education in these topics needs to be improved.

Mental health professionals' classifications for when expressions of sexuality or gender identity should be considered unhealthy is far from infallible; this history is documented in previous iterations of the Diagnostic and Statistical Manual of Mental Disorders (e.g.; 3rd ed.; DSM–III; American Psychiatric Association, 1980), which have listed both same-sex attraction and identifying as trans as mental disorders. Even its most recent edition may have room for more inclusive language. For instance, many who identify as asexual see their experiences reflected in Female Sexual Interest/Arousal Disorder as listed in the DSM-5 (American Psychiatric Association, 2013). Some asexual people may even meet the criteria, including “clinically significant distress,” if they have experienced judgment regarding their lack of interest in sex – something that is not uncommon for those who identify on the spectrum of asexuality.

With greater awareness and education on the diversity of human sexuality, many counselors now affirm their LGBTQ+ clients' identities rather than presenting them with

a diagnosis. Even so, improved education is sorely needed. Current research on the contents and effectiveness of counselor education on sexuality is sparse, but it generally supports more in-depth training on these topics for counselors (Sanabria, & Murray Jr, 2018). For example, training around sexuality is often restricted to discussions of sexual disorders and trauma rather than healthy sexuality (Millers & Byers 2010), and discussions of the LGBTQ+ community is typically confined to a single chapter of a multiculturalism textbook. Given the diversity of human sexuality and its role in a client's mental and physical well-being, such narrow discussions may leave clinicians underequipped to serve their clients.

When presented with behaviors and expressions that are outside a counselor's previous experiences and that contradict the inherited narrative of "normal" sexuality, counselors risk pathologizing or instilling shame around behaviors that are not harmful to a client simply because those behaviors are uncommon. Comprehensive education on human sexuality is needed for counselors to provide better mental health services to all clients. Being informed on a diverse range of sexual expressions will help prevent counselors from pathologizing benign behaviors, avoid putting clients in the position of educating their counselors, and help counselors develop a better understanding of and empathy for a wide range of sexual expressions.

This project provides a training curriculum overviewing the diverse range of human sexuality; explores identities and sexual expressions less frequently addressed in counselor education; attempts to help counselors distinguish between healthy and harmful sexual behavior; and provides recommendations for constructively responding to clients whose experience of sexuality exists outside the counselor's prior experience. The

American Association of Sexuality Educators, Counselors and Therapists (AASECT) outlines seventeen Core Knowledge Areas in which candidates hoping to become a certified sex therapist must gain competency (2016). With the above in mind and guided by AASECT's standards, it makes sense to include classes on topics in the following general areas: health and medical factors related to or influencing sexuality; diversity in sexual expression, orientation, and gender identity; range of sexual functioning; sexual exploitation (i.e. abuse, assault, coercion, harassment); sociocultural factors influencing sexuality; communication skills and interventions for clients' sexual concerns; and ethical considerations.

#### Review of Literature

When assessing for the presence of human sexuality related content in the education of mental health professionals, it is reasonable to first ask: Is education on these topics relevant and/or necessary? Though formal research on the prevalence of sexual problems in clients seeking mental health services is sparse, Reissing and Cherner used the Golombok-Rust Inventory of Sexual Function (GRISS: Rust & Golombok) to assess sexual functioning in clients at a community psychology clinic (as cited in Reissing & Di Giulio, 2010). They found that while 45% of women and 36% of men responded "yes" when asked if they experienced sexual difficulties, 87% of women and 79% of men scored within the clinical range for at least one sexual difficulty. Reissing and Di Giulio (2010) also noted that sexual concerns can present in a multitude of ways: as the client's primary concern, secondary to another physical or mental health condition, or as a side-effect of medication.



Even outside the DSM chapters covering Sexual Dysfunction and Paraphilic Disorders, it is easy to find mental health disorders that have a potential impact or relationship with a client's sexuality. For instance, the symptoms of a manic or hypomanic episode may include excessive involvement in "sexual indiscretions;" the diagnostic features of Major Depressive Disorder note that some individuals may experience a significant loss of sexual interest or desire; and a person with Obsessive-Compulsive Disorder may struggle with intrusive, persistent, and unwanted sexual thoughts (American Psychiatric Association, 2013). In the same way that clinicians assess for impacts on a client's social and occupational functioning during the process of diagnosis and treatment, sexual functioning can be another indicator of impairment or cause of client distress.

Furthermore, a study by Rosenberg, Bleiberg, Koscis and Gross (2003) assessed the prevalence of sexual side-effects of psychotropic medication and its impact on compliance. Of those surveyed, 62.5% of males and 38.5% of women believed their medication had sexual side-effects. Forty-three percent of participants considered stopping their medication, and 27.5% stopped their medication one or more times due to the perceived sexual side-effects. Despite the prevalence of these side-effects and its effect on clients' motivation to continue their medication, just over half of the subjects reported they "never or infrequently" discussed sex or their sexual functioning with their clinician; the most frequent reason the participants cited for avoiding this subject was fear of embarrassment if they were to broach the subject. Though this study could not show evidence of sexual side-effects for any particular psychotropic medication, it demonstrated the need for clinicians to perform routine assessment of sexual side-effects

in clients, and the importance of recognizing the value many clients place on their sexual health.

Despite its relevance to client mental health, current discussions of human sexuality in graduate-level mental health professionals' education are incredibly narrow and brief. A study by Miller and Byers (2010) assessed the sexual education and training psychologists received during graduate school. The researchers looked at a variety of topics: sexual problems and dysfunction; sexual orientation; victims of sexual violence; sexual guilt and anxiety; conflict over sexual issues within relationships; sex offenders; sexually transmitted diseases/infections; masturbation; and contraception/safer sex practices. They found that only one-third of participants had taken a course on sexuality during their graduate-level training. Other more general courses appeared to incorporate some instruction of sexuality, though topics such as sexual disorders and sexual violence were far more likely to be covered than topics related to healthy sexuality, such as safer sex practices and masturbation. This same study found that approximately 90% of participants had provided direct therapy to clients with sexual concerns, yet over 30% of participants reported never experiencing even a single observational learning experience of a client with a sexual concern, and nearly 20% reported never receiving feedback on their treatment of a client's sexual concern in *any* of the nine sexual topic areas assessed in this study. This study helps to illuminate that clinicians are encountering clients with sexual concerns with greater regularity than they are receiving training in these topics.

A later study by Miller and Byers (2012) studied psychologists' feelings of self-efficacy regarding interventions for and willingness to treat clients' sexual concerns. The results of their study suggested that clinicians who received more graduate level sex

education were more likely to seek out additional training and education. Additionally, they found that clinicians with greater sexuality education had greater feelings of self-efficacy, were more open to accepting clients with sexual concerns, and more frequently assessed for client sexual issues.

While sexual expressions such as kinks and BDSM dynamics may seem atypical, research has also shown that it is probable counselors will encounter clients who engage in these behaviors or consider themselves a part of this community. A study by Kelsey, Stiles, Spiller and Diekhoff (2013), found that of the 766 therapists surveyed in their study, 76% reported having seen at least one client who engaged in BDSM. However, only 48% of those surveyed considered themselves competent to see BDSM clients. Furthermore, Kolmes, Stock and Moser (2006) studied the experiences of BDSM practitioners in therapy. Of the participants, approximately one third did not disclose their association with BDSM for fear of their therapist negatively judging them. The majority of participants who chose to disclose their orientation toward BDSM did so almost immediately upon starting treatment with a particular professional, so as to assess if they would be comfortable continuing. The researchers identified 118 instances of “biased” or “inadequate” care among their participants’ responses. These studies provide further evidence of the gap between clients with needs specific to their sexuality and counselors who are able to provide appropriate, compassionate treatment.

Though it is likely mental health professionals will encounter clients who bring up sexual concerns in their practice, Reissing and De Giulio (2010) noted that clinicians’ failure to assess for sexual concerns or unwillingness to provide sexual health interventions may act as a barrier to clients broaching this topic. The results of their

survey found that 60% of the practicing clinical psychologists who participated “never” or “infrequently” asked clients about sexual concerns. Nearly half of the participants also reported that lack of training contributed to their discomfort in addressing clients’ sexual concerns. The authors noted that this lack of training may contribute to ineffective therapeutic interventions or completely neglecting to address a client concern that deserved treatment.

One theory on the lack of instruction on sexual topics in mental health professionals’ education, particularly sexual health topics, is that this information is believed to be common knowledge and further information is unnecessary (Miller & Byers, 2010). However, when reviewing the state policies regulating sex education in schools, this assumption seems far too generous. As of March 2019, the Guttmacher Institute found that only 24 states and the District of Columbia mandate sex education. Thirteen states require that sex education, when provided, be medically accurate. Eighteen states require stressing the importance of sexual activity occurring only within the context of marriage. Twelve states require discussion of sexual orientation; three of these states require that information provided on sexual orientations other than heterosexuality be negative. Considering such vast inconsistencies in sex education across states, it cannot be assumed students entering their graduate-level education have the foundational knowledge needed to appropriately address even basic sexual concerns, let alone be prepared to engage clients with diverse sexual experiences or who face more nuanced challenges.

Despite belief in the relevance and importance of human sexuality education to the work of mental health professionals, there are little to no requirements or guidelines

in what information should be included in graduate level programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards for counselor education programs makes references to topics that would require knowledge of human sexuality, though sexuality is not explicitly named (2015). For example, it calls for programs to include instruction on social and cultural diversity, including sexual orientation and gender identity, and human growth and development, including biological and physiological factors that affect human functioning and behavior. Without specifically calling for courses to include education of human sexuality, there is little motivation to include this content into an already packed curriculum.

As of March 2019, AASECT identified just thirteen certified sex therapists in the entire state of Virginia. The clinicians who take the time to specialize in this area have undeniably valuable expertise. However, the prevalence of sexual concerns identified earlier in this paper coupled with the relative paucity of certified sex therapists makes referrals for each client with a sexual concern impractical, if not impossible. It is imperative that counselor education expands its current instruction of human sexuality to better promote the holistic wellness of all clients.

### Discussion

This project intends to provide a sample curriculum for an introductory course on Human Sexuality aimed at graduate-level counseling students. While this course aims to be as comprehensive as possible, all relevant information on human sexuality cannot be distilled into a single course, and indeed, can be a degree program in itself. There are undoubtedly topics that are afforded too little time to adequately cover, as well as vital topics that are omitted entirely. My hope is that those who engage with this curriculum

will recognize it as laying a foundation for future learning and exploration of these issues. Additionally, I hope that students of this course develop a gentle curiosity, rather than judgment, when faced with client presentations that exist outside their previous experience.

Prior to teaching this course, potential instructors should ensure that they have had their own education in each of the class topics, have confronted and explored their biases around human sexuality, and feel competent and comfortable leading discussions on sexuality. Considering the prevalence of sexual assault and abuse (RAINN, 2017), it is also likely that survivors of sexual violence may be students of this course. Instructors may want to consider issuing a content warning before particular classes (ex. Sexual Exploitation), review the classroom policy for confidentiality around disclosures of sexual violence and mandatory reporting in accordance with Title IX, and provide resources for students affected by the topics. It is also vital that the instructor ensure that the classroom itself is a safe space for the students. Just as clients will have a variety of levels of comfort with discussions of sexuality, counseling students will have their own reactions and comfort with each topic. Instructors should work to recognize wherever students fall on this spectrum and respect the diversity of experience within their own classroom, while encouraging their students to grow and challenge themselves in their knowledge of human sexuality.

## References

- American Association of Sex Educators, Counselors and Therapists. (2016). AASECT Requirements for sex therapist certification. Retrieved from <https://www.aasect.org/aasect-requirements-sex-therapist-certification>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Council for Accreditation of Counseling and Related Educational Programs. (2015). 2016 CACREP standards. Retrieved from <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf>
- Guttmacher Institute. (2019, March). *Sex and HIV Education*. Retrieved from <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>
- Kelsey, K., Stiles, B. L., Spiller, L., & Diekhoff, G. M. (2013). Assessment of therapists' attitudes towards BDSM. *Psychology & Sexuality, 4*(3), 255-267.
- Kolmes, K., Stock, W., & Moser, C. (2006). Investigating bias in psychotherapy with BDSM clients. *Journal of Homosexuality, 50*(2-3), 301-324.
- Miller, S. A., & Byers, E. S. (2010). Psychologists' sexual education and training in graduate school. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement, 42*(2), 93.
- Miller, S. A., & Byers, E. S. (2012). Practicing psychologists' sexual intervention self-efficacy and willingness to treat sexual issues. *Archives of Sexual Behavior, 41*(4), 1041-1050.
- Rape, Abuse, and Incest National Network. (2017). *Victims of sexual violence statistics*. Retrieved from <https://www.rainn.org/statistics/victims-sexual-violence>

Reissing, E. D., & Giulio, G. D. (2010). Practicing clinical psychologists' provision of sexual health care services. *Professional Psychology: Research and Practice*, 41(1), 57.

Rosenberg, K. P., Bleiberg, K. L., Koscis, J., & Gross, C. (2003). A survey of sexual side effects among severely mentally ill patients taking psychotropic medications: impact on compliance. *Journal of Sex & Marital Therapy*, 29(4), 289-296.

Sanabria, S., & Murray Jr, T. L. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190-204.



## Appendix A. Syllabus

### Introduction to Human Sexuality for Mental Health Counselors

Class Day/Time, Location  
Fall 2020

Rachel Willard  
[willarrk@jmu.edu](mailto:willarrk@jmu.edu)  
540-568-XXXX  
Office Location  
Office Hours

#### Course Description

This course provides an introduction to the diversity of human sexuality with special consideration given to topics relevant to mental health counselors.

#### Course Objectives

Following successful completion of this course, students should:

- Have an understanding of how sexual health relates to a client's holistic well-being
- Gain awareness of their biases in response to diverse sexual expression
- Be able to identify challenges and strengths of individuals who belong to a special population or have a unique sexual expression
- Be able to distinguish between harmful, healthy, and atypical sexuality
- Think deeply about a variety of ethical dilemmas related to sexuality that impact clinicians and clients
- Understand the P-LI-SS-IT Model and how it can inform and guide their work with clients
- Gain strategies for working with partnered and single clients through a variety of sexual concerns

#### Method of Instruction

This course incorporates didactic lecture, student reflections on materials, and class discussion.

#### Required Text(s)

Buehler, Stephanie. *What Every Mental Health Professional Needs to Know about Sex*. 2nd ed., Springer Publishing Company, 2017.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Additional readings as assigned.

## **Class Assignments and Grading**

### **Weekly Reflection on Course Readings (12 x 5pts)**

Students should submit a 1-2 page reflection prior to the class start time, sharing reactions to or questions from the assigned reading or previous class discussion. Students may skip one reflection without penalty.

### **Midterm (50 pts)**

Take home exam that will include several essay questions asking you to apply information covered in the readings and class lectures up to that point in the semester.

### **Research Paper - Special Population (60 pts)**

Students will write a 7 - 9 page research paper focused on the unique needs, concerns, strengths, and special considerations of a population of their choosing, with a focus on the client needs as they relate to sexual health. If the population is one already covered in this course, students should speak with the instructor to ensure their research goes beyond the material discussed in class. Potential topics include: sex workers, intersex individuals, transgender/gender non-binary individuals, survivors of incest, individuals with a particular mental health diagnosis, etc.

### **Class Attendance and Participation (30 pts)**

Your active engagement with the course materials and participation in class discussions directly impacts the quality of this course. As such, students are expected to attend class regularly and contribute to class discussions. If you determine you are unable to attend a class, please communicate this to your instructor as soon as possible so that they can help you determine an alternative assignment to be completed in lieu of that class period.

**Total Points Possible = 200**

#### **Grading Range:**

**A = 90 – 100%**

**B = 80 – 89.9%**

**C = 70 – 79.9%**

**F = ≤ 70%**

**Course Schedule**

Date	Topics	Readings & Assignments Due Prior to Class
Week 1	Intro & Syllabus Review	Read Syllabus and Buehler, Chapter 1 & Chapter 2; Annon article; Davis, S. & Taylor, B. article
Week 2	High School Sex Ed Redux <ul style="list-style-type: none"> <li>Sexual Anatomy, STIs, Contraception, Safer Sex Practices, Psychosexual Development</li> </ul>	Read Buehler, Chapter 3 & Chapter 16 Reflection 1
Week 3	Intro to Gender and Sexual Minorities	Read Buehler, Chapter 10 Reflection 2
Week 4	Special Populations: Sex and Aging, Sex and Disability  Sexual Pleasure	Read Buehler, Chapter 17 Reflection 3
Week 5	Painful Sex, Sex and Survivors of Trauma	Read Buehler, Chapter 12 & Chapter 13 Reflection 4
Week 6	Sexuality and Medical Problems, Substance Use and Psychotropic Medications	Read Buehler, Chapter 15 Reflection 5
Week 7	Sex and Mental Health Conditions	Read Buehler, Chapter 11 Reflection 6
Week 8	Ethical Considerations	Read Buehler, Chapter 20 Reflection 7
Week 9	Paraphilias vs. Paraphilic Disorders Working with Sex Offenders	Read Buehler, Chapter 18 & Chapter 19; DSM-5 pp. 685-705 Reflection 8
Week 10	Reproduction, Pregnancy, Miscarriage, and Infertility	Read Buehler, Chapter 14 Reflection 9

Week 11	Sexual Dysfunction	Read Buehler, Chapter 6 & Chapter 7; DSM-5 pp. 423-450  Reflection 10
Week 12	Sex and Culture	Read Callander, D., Newman, C. E., & Holt, M. And Bhugra, D., Popelyuk, D., & McMullen, I  Reflection 11
Week 13	Relationship Counseling	Read Buehler, Chapter 8  Reflection 12
Week 14	Sexual Communication	Read Beres Article  Research Paper Due No Reflection
Week 15	Wrap Up	No reading; please reflect on semester and any lingering questions  Reflection 13

**Disclaimer** - the instructor reserves the right to alter the schedule as needed. Any alterations will be communicated via the students' JMU email account. Students are responsible for checking this account and keeping up to date on any changes.

### **University and Course Policies**

#### **Attendance and Participation**

Students are expected to actively participate in course by regularly attending class, completing all course readings and assignments, and contributing to class discussions. If a student becomes aware they will need to miss a class, they should let the instructor know as soon as possible. If a student is concerned about the content being presented during an upcoming class, please contact the instructor so they can give you a more detailed description of what is to be covered. If you determine you will not be attending a class, please communicate this with the instructor so that they can help you determine an alternative assignment to be completed in lieu of that class period.

#### **Academic Honesty**

Students are expected to adhere to the JMU Honor Code. When making references to other's work, make sure to properly cite the source material. Failure to do is considered

academic dishonesty and will result in consequences. To learn more, please visit the JMU Honor Council's website.

<http://www.jmu.edu/honor/code.shtml#TheHonorCode>.

### **Add/Drop**

Students are responsible for registering for courses and confirming their schedule through MyMadison. Students should check the registrar's website for dates, deadlines and procedures for adding, dropping and withdrawing from courses.

<http://www.jmu.edu/registrar/>

### **Inclement Weather**

This class will not meet in the event of inclement weather. Please check for updates from JMU regarding university closures or delay. If the university remains open, but you are concerned about your safety traveling to class, please contact the instructor.

<http://www.jmu.edu/JMUpolicy/1309.shtml>.

### **Religious Accommodations**

If you are aware of an upcoming absence you will need to take on the grounds of religious observation, please notify me by the add/drop course deadline.

<http://www.jmu.edu/oeo/>

### **Disability Accommodations**

If you require accommodations for a disability, please contact me toward the beginning of the semester so we can discuss what arrangements should be made for you in this course. If you have not already done so, please also register with the Office of Disability Services (located in the Student Success Center, suite 1202, <http://www.jmu.edu/ods/>, 540-568-7099).

### **Title IX**

JMU is committed to providing a learning environment free of sex- and gender-based discrimination, including sexual misconduct. Your personal contributions in class discussions and assignment enrich the learning experience for your fellow students. However, I feel it is important for students to first know that all faculty and staff are required to report instances of sex- or gender-based discrimination, harassment or sexual misconduct involving a JMU community member.

If you would like to make a report or learn more, please follow these links:

Title IX

<https://www.jmu.edu/access-and-enrollment/titleIX/index.shtml>

Office of Equal Opportunity

<http://www.jmu.edu/oeo/index.shtml>

For a list of confidential resources, both on campus and in the community, please follow this link:

<https://www.jmu.edu/access-and-enrollment/titleIX/resources/confidential-resources.shtml>

## Appendix B. Instructor Resources & Course Outline

### Class 1 - Intro Class

- Review Syllabus
- Examining Biases
- Relevance to Mental Health
- **Assigned Reading**
  - **Buehler, Chapter 1 & Chapter 2**
  - Annon, J. S. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *Journal of sex education and therapy*, 2(1), 1-15.
  - Davis, S., & Taylor, B. (2006). From PLISSIT to ex-PLISSIT. *Rehabilitation: The use of theories and models in practice*. Edinburgh: Elsevier, 101-29.
- **Additional Instructor Resources**
  - Taylor, B. (2006). Using the Extended PLISSIT model to address sexual healthcare needs. *Nursing Standard*, 21(11).
  - <https://www.psychiatryadvisor.com/home/practice-management/plissit-model-introducing-sexual-health-in-clinical-care/>
  - Video - <https://www.youtube.com/watch?v=jBleG8SU0NI>

### Class 2

- Sexual Anatomy
- STIs, Contraception, Safer Sex Practices
- Psychosexual Development
- **Assigned Reading**
  - **Buehler, Chapter 3 & Chapter 16**
- **Additional Instructor Resources**
  - <https://www.plannedparenthood.org/learn/health-and-wellness/sexual-and-reproductive-anatomy>
  - [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis))
  - <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/safer-sex>
  - Foster, L. R., & Byers, E. S. (2008). Predictors of stigma and shame related to sexually transmitted infections: attitudes, education, and knowledge. *Canadian Journal of Human Sexuality*, 17(4).
  - East, L., Jackson, D., Peters, K., & O'brien, L. (2010). Disrupted sense of self: Young women and sexually transmitted infections. *Journal of Clinical Nursing*, 19(13-14), 1995-2003.

### Class 3

- Difference between sex, sexual orientation, gender identity, and expression
- LGBTQ+
- Asexuality
- Consensual Non-Monogamy/Polyamory

- **Assigned Reading**
  - **Buehler, Chapter 10**
- **Additional Instructor Resources**
  - Non-exhaustive lists of LGBTQ+ terms
    - <https://www.hrc.org/resources/glossary-of-terms>
    - [https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary\\_March2016.pdf](https://www.lgbthealtheducation.org/wp-content/uploads/LGBT-Glossary_March2016.pdf)
  - Pronouns/gender-inclusive language
    - <https://www.glsen.org/article/pronouns-resource-educators>
  - Asexuality
    - <https://www.asexuality.org/>
  - S. Kisler, T., & Lock, L. (2019). Honoring the Voices of Polyamorous Clients: Recommendations for Couple and Family Therapists. *Journal of Feminist Family Therapy*, 1-19.
  - Wolf, T., & Labelle, S. (2016). Ask me about polyamory: The best of Kimchi cuddles. Portland, OR: Thorntree Press.

#### Class 4

- Sex and Aging
- Sex and Disabilities
- Sexual Pleasure
- **Assigned Reading**
  - **Buehler, Chapter 17**
- **Additional Instructor Resources**
  - Lichtenberg, P. A. (2014). Sexuality and physical intimacy in long-term care. *Occupational therapy in health care*, 28(1), 42-50.
  - Cobia, D. C., & Harper, A. J. (2005). Perimenopause and Sexual Functioning: Implications for Therapists. *The Family Journal*, 13(2), 226-231.
  - Albersen, M., Orabi, H., & Lue, T. F. (2012). Evaluation and treatment of erectile dysfunction in the aging male: a mini-review. *Gerontology*, 58(1), 3-14.
  - Esmail, S., Darry, K., Walter, A., & Knupp, H. (2010). Attitudes and perceptions towards disability and sexuality. *Disability and rehabilitation*, 32(14), 1148-1155.
  - Evans, D. S., McGuire, B. E., Healy, E., & Carley, S. N. (2009). Sexuality and personal relationships for people with an intellectual disability. Part II: staff and family carer perspectives. *Journal of Intellectual Disability Research*, 53(11), 913-921.
  - Zamboni, B. D., & Crawford, I. (2003). Using masturbation in sex therapy: Relationships between masturbation, sexual desire, and sexual fantasy. *Journal of Psychology & Human Sexuality*, 14(2-3), 123-141.
  - Mintz, L. (2017). *Becoming Cliterate: Why Orgasm Equality Matters--and how to Get it*. HarperCollins.



## Class 5

- Painful Sex, Dyspareunia
- Sex and Survivors of Trauma
- **Assigned Reading**
  - **Buehler, Chapter 12 & Chapter 13**
- **Additional Instructor Resources**
  - Meana, M., & Binik, Y. M. (2011). Dyspareunia: Causes and treatments (Including Provoked Vestibulodynia). *Chronic Pelvic Pain*, 125-136.
  - Davis, S. N., Binik, Y. M., & Carrier, S. (2009). Sexual dysfunction and pelvic pain in men: a male sexual pain disorder?. *Journal of Sex & Marital Therapy*, 35(3), 182-205.
  - Weiss, K. G. (2010). Too ashamed to report: Deconstructing the shame of sexual victimization. *Feminist Criminology*, 5(3), 286-310.
  - Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). " I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55(3), 333.
  - Survivors Talk About Consent
    - <https://www.rainn.org/understanding-consent>

## Class 6

- Sex and Medical Conditions
- Sex and Substance Use
- **Assigned Readings**
  - **Buehler, Chapter 15**
- **Additional Instructor Resources**
  - Blazquez, A., Alegre, J., & Ruiz, E. (2009). Women with chronic fatigue syndrome and sexual dysfunction: past, present, and future. *Journal of sex & marital therapy*, 35(5), 347-359.
  - Galbraith, M. E., Fink, R., & Wilkins, G. G. (2011, November). Couples surviving prostate cancer: challenges in their lives and relationships. In *Seminars in Oncology Nursing* (Vol. 27, No. 4, pp. 300-308). WB Saunders.

## Class 7

- Sex and Mental Health Conditions
- Psychotropic Medications
- **Assigned Readings**
  - **Buehler, Chapter 11**
- **Additional Instructor Resources**
  - Baldwin, D., & Mayers, A. (2003). Sexual side-effects of antidepressant and antipsychotic drugs. *Advances in Psychiatric Treatment*, 9(3), 202-210.
  - Castellini, G., Lelli, L., Sauro, C. L., Fioravanti, G., Vignozzi, L., Maggi, M., ... & Ricca, V. (2012). Anorectic and bulimic patients suffer from

relevant sexual dysfunctions. *The journal of sexual medicine*, 9(10), 2590-2599.

- Rajkumar, R. P., & Kumaran, A. K. (2015). Depression and anxiety in men with sexual dysfunction: a retrospective study. *Comprehensive psychiatry*, 60, 114-118.

#### Class 8

- Ethical Considerations
- Boundaries
- Transference, Countertransference
- **Assigned Reading**
  - **Buehler, Chapter 20**
- **Additional Instructor Resources**
- ACA Code of Ethics - [https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf?sfvrsn=96b532c\\_2](https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf?sfvrsn=96b532c_2)
- AASECT Code of Ethics - <https://www.aasect.org/code-ethics>
- [http://www.tennlegal.com/files/430/File/Statistics\\_of\\_Ethical\\_Violations.pdf](http://www.tennlegal.com/files/430/File/Statistics_of_Ethical_Violations.pdf)

#### Class 9

- Paraphilias, BDSM, Kinks
- Paraphilic Disorders, Working with Sex Offenders
- **Assigned Reading**
  - **Buehler, Chapter 18 & Chapter 19**
  - DSM-5 pp. 685 – 705
- **Additional Instructor Resources**
  - Nichols, M. (2006). Psychotherapeutic issues with “kinky” clients: Clinical problems, yours and theirs. *Journal of Homosexuality*, 50(2-3), 281-300.
  - Pillai-Friedman, S., Pollitt, J. L., & Castaldo, A. (2015). Becoming kink-aware—a necessity for sexuality professionals. *Sexual and Relationship Therapy*, 30(2), 196-210.
  - Wiederman, M. W. (2003). Paraphilia and fetishism. *The Family Journal*, 11(3), 315-321.
  - Ford, J. J., Durtschi, J. A., & Franklin, D. L. (2012). Structural therapy with a couple battling pornography addiction. *The American Journal of Family Therapy*, 40(4), 336-348.

#### Class 10

- Effects of Pregnancy, Miscarriage, Infertility on Sexual Health
- **Assigned Reading**
  - **Buehler, Chapter 14**
- **Additional Instructor Resources**
  - Abdool, Z., Thakar, R., & Sultan, A. H. (2009). Postpartum female sexual function. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 145(2), 133-137.

- Smith, J. F., Walsh, T. J., Shindel, A. W., Turek, P. J., Wing, H., Pasch, L., ... & Infertility Outcomes Program Project Group. (2009). Sexual, marital, and social impact of a man's perceived infertility diagnosis. *The journal of sexual medicine*, 6(9), 2505-2515.
- Tao, P., Coates, R., & Maycock, B. (2011). The impact of infertility on sexuality: A literature review. *The Australasian medical journal*, 4(11), 620.
- Video - <https://youtu.be/5VziM56ywZ4>

#### Class 11

- Sexual Difficulties/Sexual Dysfunction
- Practice applying P-LI-SS-IT model to cases
- **Assigned Reading**
  - Buehler, Chapter 6 & Chapter 7
  - DSM-5 pp. 423-450
- **Additional Instructor Resources**
  - <https://my.clevelandclinic.org/health/diseases/9121-sexual-dysfunction>

#### Class 12

- Sex and Culture
- Sex and Spirituality
- Race and Sexuality
- **Assigned Reading**
  - Callander, D., Newman, C. E., & Holt, M. (2015). Is sexual racism really racism? Distinguishing attitudes toward sexual racism and generic racism among gay and bisexual men. *Archives of Sexual Behavior*, 44(7), 1991-2000.
  - Bhugra, D., Popelyuk, D., & McMullen, I. (2010). Paraphilias across cultures: Contexts and controversies. *Journal of sex research*, 47(2-3), 242-256.
- **Additional Instructor Resources**
  - Gender Map - [http://www.pbs.org/independentlens/content/two-spirits\\_map-html/](http://www.pbs.org/independentlens/content/two-spirits_map-html/)
  - For discussion? <https://www.goodhousekeeping.com/life/relationships/advice/a37617/i-waited-to-have-sex-until-i-was-married/>
  - Video - <https://www.youtube.com/watch?v=tH0S8hZENpw>

#### Class 13

- Relationships, Working with partners
- Intimacy Skills
- **Assigned Reading**
  - **Buehler, Chapter 8**
- **Additional Instructor Resources**

- Metz, M. E., & McCarthy, B. W. (2007). The “Good-Enough Sex” model for couple sexual satisfaction. *Sexual and Relationship Therapy*, 22(3), 351-362.
- McCarthy, B., & Farr, E. (2012). Strategies and techniques to maintain sexual desire. *Journal of Contemporary Psychotherapy*, 42(4), 227-233.
- Weiner, L., & Avery-Clark, C. (2014). Sensate focus: Clarifying the Masters and Johnson's model. *Sexual and Relationship Therapy*, 29(3), 307-319.

#### Class 14

- Sexual Communication, Consent, Negotiation
- **Assigned Reading**
  - Beres, M. A. (2007). ‘Spontaneous’ sexual consent: An analysis of sexual consent literature. *Feminism & Psychology*, 17(1), 93-108.
- **Additional Instructor Resources**
  - Byers, E. S. (2011). Beyond the birds and the bees and was it good for you?: Thirty years of research on sexual communication. *Canadian Psychology/Psychologie canadienne*, 52(1), 20-28
  - Video - <https://www.youtube.com/watch?v=xoYxd3E3UXU>

#### Class 15

- Wrap up - Prior to last class meeting, ask students for feedback on topics not covered, or lingering questions from previous classes. Come prepared with resources to answer questions or facilitate discussion on students’ chosen topics.

#### **Resources on creating a safe classroom environment:**

- Holley, L. C., & Steiner, S. (2005). Safe space: Student perspectives on classroom environment. *Journal of Social Work Education*, 41(1), 49-64.
- Nixon, D. H., Marcelle-Coney, D., Torres-Greggory, M., Huntley, E., Jacques, C., Pasquet, M., & Ravachi, R. (2010). Creating community: Offering a liberation pedagogical model to facilitate diversity conversations in MFT graduate classrooms. *Journal of marital and family therapy*, 36(2), 197-211.