

University of Northern Colorado

## Scholarship & Creative Works @ Digital UNC

---

Dissertations

Student Research

---

5-2019

### Supervision of Sex Counseling in Counselor Education: a Phenomenological Study from a Sex Positive and Multiculturally Sensitive Perspective

Reka K. Farago

---

Follow this and additional works at: <https://digscholarship.unco.edu/dissertations>

---

#### Recommended Citation

Farago, Reka K., "Supervision of Sex Counseling in Counselor Education: a Phenomenological Study from a Sex Positive and Multiculturally Sensitive Perspective" (2019). *Dissertations*. 565.  
<https://digscholarship.unco.edu/dissertations/565>

This Text is brought to you for free and open access by the Student Research at Scholarship & Creative Works @ Digital UNC. It has been accepted for inclusion in Dissertations by an authorized administrator of Scholarship & Creative Works @ Digital UNC. For more information, please contact [Jane.Monson@unco.edu](mailto:Jane.Monson@unco.edu).

© 2019

REKA K. FARAGO

ALL RIGHTS RESERVED

UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

SUPERVISION OF SEX COUNSELING IN COUNSELOR EDUCATION:  
A PHENOMENOLOGICAL STUDY FROM A SEX POSITIVE AND  
MULTICULTURALLY SENSITIVE PERSPECTIVE

A Capstone Submitted in Partial Fulfillment  
of the Requirements of the Degree of  
Doctor of Philosophy

Reka K. Farago

College of Education and Behavioral Sciences  
Department of Applied Psychology and Counselor Education  
Counselor Education and Supervision

May 2019

This Capstone by: Reka K. Farago

Entitled: *Supervision of Sex Counseling in Counselor Education: A Phenomenological Study from a Sex Positive and Multiculturally Sensitive Perspective*

has been approved as meeting the requirement for the Degree of Doctor of Audiology in College of Education and Behavioral Sciences in Department of Applied Psychology and Counselor Education

Accepted by the Doctoral Committee

---

Betty Cardona, Ph.D., Research Advisor

---

Basilia Softas-Nall, Ph.D., Committee Member

---

Linda Black, Ed.D., Committee Member

---

Valerie Middleton, Ph.D., Faculty Member

Accepted by the Graduate School

---

Linda L. Black, Ed.D.  
Associate Provost and Dean  
Graduate School and International Admissions  
Research and Sponsored Projects

## ABSTRACT

Farago, Reka K. *Supervision of Sex Counseling in Counselor Education: A Phenomenological Study from a Sex Positive and Multiculturally Sensitive Perspective*. Published Doctor of Philosophy, University of Northern Colorado, 2019.

While existing literature indicates the importance of supervision in counselor training (Bernard & Goodyear; 2003; Harris & Hayes, 2008; Lofrisco, 2013) and counseling efficacy with sexual topics (Bidell, 2005; Harris & Hayes, 2008), counselor educators' role with supervising client sexual issues is unknown. Currently, 50% of American Counseling Association (ACA) members report uncertainty in how to address sexual concerns with clients (Blount, Booth, Webb, & Liles, 2017). As supervision is paramount in counselor training (Bernard & Goodyear, 2003) and Counselors in Training (CITs) increasingly inquire about working with sexual topics, a study in supervisor experiences with sexual topics is timely. Supervisors' role in increasing student comfort and efficacy could be crucial, as often times supervision is the only opportunity for graduate students to speak about practicum and internship experiences that include client sexual topics. Counselor Education and Supervision (CES) programs include extensive supervision training but with the lack of training specific to sexuality in both masters and doctoral programs, the experiences of supervision of sexual topics is not yet understood.

This dissertation study addresses the gap in the literature through the phenomenological examination of 13 counselor educators about their supervision experiences with sexual topics. Data were collected via semi-structured interviews.

Resulting eight themes were *managing conflicting emotions, creating conditions, values, advocacy, student focus, language, multicultural competency and student autonomy*.

Findings suggest participant experiences include working with process rather than focusing on content expertise in human sexuality. Participant tools include checking student reactions, the origins of reactions, helping students access empathy, and encouraging students to reflect on the tension the client might be experiencing, to move the supervision conversation into a process focus when it comes to human sexuality topics. Future research suggestions include closer examination of the research themes, to help supervisors develop specific tools and perhaps a supervision model, to assist with human sexuality supervision.

## **ACKNOWLEDGEMENTS**

I have arrived to this point in my doctoral career only by the support of those around me. Without my village of support, this day would not be possible. I have a deep sense of gratitude and accomplishment on this day.

To my committee, Dr. Basilia Softas-Nall, Dean Linda Black, Dr. Valerie Middleton- thank you for your enthusiasm about my research topic and encouraging me about the importance of this study. Your words, kindness, and support are with me forever. I also thank you for your time, flexibility, and suggestions about this study.

To Dr. Betty Cardona, my advisor in my research, and mentor. You have supported me more than I could ever dream of. Your insights, clarity, compassion, and time are what helped make these pages what they are. Your investment and commitment in my success can never be matched. I am forever grateful for your mentorship.

To my parents, who have encouraged me, watched and loved my girls, stayed in the U.S. for months at a time to help with this milestone happen. This has truly been a family commitment and affair. Thank you to you for all of support in all my education.

To Morgan, my love. My rock. You. Every single day you made this Ph.D. a possibility. Your endless support, cooking, driving the kids, tech support, making my office beautiful, providing, asking about school, listening about every single thing. Your selflessness. Your love. You have been my biggest fan. You will be missed at every single turn in this new life. Rest in Peace, love. Thank you.

## TABLE OF CONTENTS

<b>CHAPTER</b>		
I.	INTRODUCTION .....	1
	Statement of the Problem.....	6
	Supervisor Preparation.....	7
	Incorporating Multicultural and Social Justice Counseling Competencies with Context Talk .....	8
	Statement of Purpose .....	9
	Research Questions .....	11
	Definitions of Terms .....	13
	Summary .....	16
II.	LITERATURE REVIEW .....	17
	Historical Overview .....	17
	Humanistic Sex Therapy.....	21
	Sex Therapy and the Medical Model.....	21
	Sex Counseling and the Wellness Model.....	23
	Teaching Sex Counseling in Higher Education .....	24
	Counselor Knowledge and Willingness.....	25
	Clinical Supervision.....	26
	Clinical Supervision in Human Sexuality.....	28
	Theoretical Framework.....	37
	Summary .....	41
III.	METHODOLOGY .....	43
	Qualitative Research and Constructivist Epistemology.....	43
	Phenomenological Methodology .....	45
	Research Questions .....	49
	Theoretical Framework.....	50
	Phenomenology and Cognitive Complexity in Supervision.....	53
	Methods.....	53
	Overview of Data Collection .....	62
	Phenomenological Data Analysis .....	70
	Establishing Rigor and Trustworthiness .....	72
	Ethical Considerations .....	78
	Researcher Personal Stance .....	79
	Summary .....	80

<b>CHAPTER</b>		
<b>IV.</b>	<b>FINDINGS .....</b>	<b>81</b>
	Participant Confidentiality .....	82
	Demographic Information.....	83
	Interview Recruitment .....	85
	Data Analysis .....	87
	General Supervision Experiences .....	94
	General Supervision Themes .....	94
	Themes.....	101
	Research Questions and Themes .....	106
	Conclusion .....	137
	Researcher Reflexivity.....	138
	Summary .....	140
<b>V.</b>	<b>DISCUSSION AND IMPLICATIONS .....</b>	<b>142</b>
	Answers to Research Questions.....	142
	Discussion of Findings.....	144
	Implications for Supervision.....	156
	Connection to Foundational Theories .....	162
	Implications for Sex Positivity.....	167
	Recommendations for Supervisors .....	171
	Researcher Voice and Ongoing Self-Reflexivity.....	172
	Limitations and Delimitations.....	176
	Recommendations for Research .....	177
	Summary .....	179
<b>REFERENCES .....</b>		<b>181</b>
<b>APPENDICES</b>		
A.	Institutional Review Board Proposal .....	202
B.	Consent Form.....	208
C.	Recruitment Letter .....	211
D.	Demographic Questionnaire .....	213
E.	Interview Questions .....	215
F.	Debriefing Statement .....	217
G.	Institutional Review Board Approval .....	219

## **LIST OF TABLES**

### **Table**

1.	Participant Demographics.....	86
2.	Research Questions and Theme Development .....	93
3.	Sexual Topics in Supervision.....	108

## **CHAPTER I**

### **INTRODUCTION**

A sex positive approach in counseling, allows clinicians and clients to address client sexual health from a contextual perspective, seeing individuals and couples in the totality of their context. In positive sexuality, a contextual model of human sexuality allows a view of the human sexual experience and sexuality itself as multidimensional and contextual. Each individual will have influences on their personal sexual experience, both within themselves and relationally, from their development, cultural background, individual mental health, gender identity, intimate relationships and physiology (Murray, Pope, & Willis, 2016). Moving away from diagnosis based on genital functioning and frequency, supervisors and Counselors in Training (CITs) have a new opportunity to explore a multidimensional view of clients, rather than a unidimensional view of sexual functioning as a separate construct from the individual. Contextual theoretical view of client experience is a fitting and familiar practice in both counseling and supervision. Conceptual understanding of client sexual topics within this framework allows supervisors, CITs and the researcher to seek a wide-lens, contextual understanding of what is happening in not only the counseling room, but also how to address client sexual difficulties in supervision sessions.

Sex Positivity. This notion is rooted in the idea that sex counseling can and should be normalizing, affirming, with a developmental perspective (Murray et al., 2016) and multicultural and social justice considerations (Burnes Singh, & Witherspoon,

2017; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) seeing clients through their own unique intersections (Adams, Bell, Goodman, & Joshi, 2016; Constantine, 2002; Robinson-Wood, 2016). This approach to sex counseling embraces the developmental nature of a client and their sexual worlds and provides a more complete understanding of sexual behavior and functioning within each individual and Fasserts the absence of “impairment” (Southern & Cade, 2011, p. 247). A wellness approach considers unique contributing factors in a clients’ life (Hertlein, Weeks, & Sendak, 2009), such as culture (Murray et al., 2016), parenting (Perel, 2007), trauma, sexual messages or scripts (Kleinplatz, 2012), ability status (Kaufman, Silverberg, & Odette, 2007), personality factors, relationship and relational factors (Bowen, 1966; Nelson, Barnes, Evans, & Triggiano, 2008; Perel, 2007), body image (Ingersoll & Satterly, 2016), ability status (Kaufman et al., 2007), gender and sexual orientation factors (Berry & Lezos, 2017 Cardona & Farago, 2017; Goodrich & Luke, 2009; Robinson-Wood, 2016) , among others, to adequately enter the client’s complete subjective world and experience to view sexuality as unique to each individual client (Murray, Pope, & Willis 2016; Schnarch, 1997).

Including social and cultural discourse into sex counseling helps redefine normality of sexual functioning, and such normalizing is a profoundly important experience across all disciplines of counseling (Barker & Duschinsky, 2012; Berry & Lezos, 2017; Levine, 2007). Through a lens of engaging social, cultural and other unique characteristics clients possess, counselors and supervisors are simultaneously attending to the required multicultural and social justice competency considerations required by the

counseling profession (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2016).

Sexual “issues” and sexual “health” can, therefore, be understood and conceptualized in a new way, unique to the counseling field, as any topic of sexual nature, including sexual functioning, intimacy concerns, even sexual and affectional orientation. A key consideration is to view the sexual concern from a multicultural (Ratts et al., 2016) and contextual (Murray et al., 2016) lens, honoring a client’s various intersections (Constantine, 2002; Robinson-Wood, 2016) in order to move away from sexual concerns away from medicalization and specialization, into the realm of sex counseling.

Research is increasing in how counselors are trained in sexual health issues (Bridges, Lease, & Ellison, 2004; Burnes et al., 2017; Hanzlik & Gaubatz, 2012). Graduate programs across the United States vary in the extent of sexual health training with some focusing on disease and dysfunction (Nagoski, 2015), others on a multimodal approach (Burnes et al., 2017), some may not yet offer classroom training specific to sexual health for counselors at the graduate level (Miller & Byers, 2010; Reissing & Di Giulio, 2010; Troutman & Packer-Williams, 2014). Studies using quantitative methodology (Glaser & Strauss, 2017) have contributed to understanding variables that contribute to CIT willingness and efficacy in discussing sexual health with clients, and these studies have been invaluable for the Counselor Education and Supervision field to help prepare CITs for clinical counseling in sexual issues. Variables which explain CIT hesitancy to discuss sexual topics in graduate level counseling courses have been

acknowledged as important barriers to willingness and comfort with sexual issues (Harris & Hayes, 20008).

Current understanding of counselors discussing sexual topics with clients during graduate level training has been rooted in barriers to initiation of sexual topics (Lofrisco, 2013). Students are hesitant and refuse to initiate sexual conversations with clients, and research varies in the conclusion of reasons, for example, lack of adequate preparation (Miller & Byers, 2010; Reissing & Di Giulio, 2010), or lack of knowledge from didactic training (Harris & Hayes, 2008; Troutman & Packer-Williams, 2014), and uncertainty around proper language use, willingness and comfort levels (Harris & Hayes, 2008; Juergens, Smedema, & Berven, 2009). While findings are mixed as to why sexual issues are avoided by CITs in their practicum training process, there is consensus in the counseling field that incorporating a sexuality class at the graduate level is helpful for CITs to be willing to (Harris & Hayes, 2008), or have the knowledge (Bidell, 2005; Cardona & Farago, 2017) to work with sexual issues with clients (Lofrisco, 2013). 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 (Burnes et al., 2017; Murray et al., 2016; Troutman & Packer-Williams, 2014). Miller and Byers (2009) explain sexual intervention self-efficacy as the “confidence in one’s ability to treat clients with sexual concerns, to relay accurate information, and to exhibit comfort and lack of bias when discussing sexual issues” (p.138). Supervision sessions can be a time when self-efficacy is fostered in specific areas that CITs may be struggling with. If didactic training such as a sexuality class is helpful in acquiring sexual knowledge and appropriate language use (Harris & Hayes, 2008), yet students continue to be reluctant to

broach sexual topics in counseling sessions (Lofrisco, 2013), the role of supervision in assisting CITs in initiating conversations about sexual issues may be important.

In addition to the importance of graduate level didactic training, supervisors are in a unique position to increase counselor effectiveness in sexual issues in counseling. Supervision yields opportunities for CITs to gain additional skills beyond the classroom (Berman, 1997; Harris & Hayes, 2008; Juergens et al., 2009), process feelings (Decker, 2010), manage projections (Mallicoat, 2013) and developmental needs (Bernard & Goodyear, 2003; Stoltzenberg, 1981) on an individual basis. Clinical supervision has become the “hallmark” of clinical training in counselor education (LoFrisco, 2013, p. 2) and a foundational pillar in clinical preparation.

Supervisor support is essential in increasing CIT comfort level with sexual issues (Berman, 1997; Harris & Hayes, 2008) and more understanding is needed in how to manage sensitive topics in supervision (Hardy & Bobes, 2016). Clinical supervision for sexual issues is an “understudied area in the literature” (Decker, 2010, p. 19). The counseling profession values a comprehensive approach to training; with emphasis on strength, growth, development, resilience and social justice, providing a helpful framework to view sexual health from a sex positive framework (Burnes et al., 2017; Murray et al., 2016), which may have the potential to inform supervision practices when considering sex issues. In addition, supervision is the second highest predictor of counselors initiating sexual discussions with clients (Harris & Hayes, 2008) and supervision’s role in building CIT willingness and comfort to address sexual issues in counseling has been shown to be more impactful than experience or sexual knowledge (Harris & Hayes, 2008; Juergens et al., 2009; Lofrisco, 2013). Specifically, supervisory

support is essential for processing CIT worries and fears (Rutter, Leech, Anderson, & Saunders, 2010), and decreasing CIT anxiety (Harris & Hayes, 2008) with client sexual issues. Supervision provides an opportunity for informal education which has been a key component in increasing CIT comfort levels (Berman, 1997). Comfort is a key predictor in taking action to discuss sexual topics with clients (Harris & Hayes, 2008; Lofrisco, 2013).

### **Statement of the Problem**

Research specific to facilitating supervisee development in sexual topics is limited at this time (Berman, 1997; Lofrisco, 2013). Supervision's role in facilitating CIT efficacy and ability to work with client sexual topics is not yet understood. With an increased emphasis on multicultural and social justice competency considerations (MCSJCC; CACREP, 2016 Kaplan, Tarvaydas, & Gladding, 2014; Ratts & Pederson, 2014), and increased attention to the way in which counseling programs train counselors in sexual topics (Bridges et al., 2004; Burnes et al., 2017, Hanzlik & Gaubatz, 2012), it is timely to understand CIT preparation in working with client sexual topics at the graduate level such as a Master's or doctoral level practicum, from a supervision perspective. The MCSJCC provides a framework to understand how clients may be different in culture, social location and worldview, which, could possibly help supervisors begin to assist supervisees with understanding clients conceptually, folding in positive sexuality conceptualization to understanding clients. This study aims to understand the issues and themes supervisors face in CIT development when it comes to client sexual topics in counseling.

Approximately half of CITs surveyed (47%) are hesitant to broach the topic in supervision for fear of an adversarial reaction from the supervisor (Hartl et al., 2007), embarrassment regarding their personal reactions (Ridley, 2006) or discomfort such as shame (Heru, Strong, Price, & Recupero, 2004). Understanding the supervisors' personal and professional process through this study may help inform the Counselor Education and Supervision field in how to prepare supervisors to best serve CITs with client sexual issues; if counselors are uncomfortable with sexual issues, supervisors are likely uncomfortable, too (Lofrisco, 2013). It is documented that CIT knowledge and comfort are the main indictors for a CIT to address sexual issues in counseling (Harris & Hayes, 2008).

### **Supervisor Preparation**

Supervisor training includes application of existing skills through an organized framework, paying special attention to interventions and needs, with unique ethical consideration (Borders et al., 2011; Borders & Brown, 2006;). Supervisors have “courageous conversations” (Hardy & Bobes, 2016, p. 1) on a regular basis with trainees, as program requirements and ethical codes require conversations that are rooted in individual and systemic diversity considerations. Counseling as a field supports a wellness and developmental model, unique to counselor identity (American Counseling Association [ACA], 2014; CACREP, 2016; Hardy & Bobes, 2016). Both client and CIT needs have increased to include counseling discussion on sexual and intimacy concerns on an individual and systemic level (Burnes et al., 2017). Supervisor knowledge in how to best navigate supervision sessions in sex positive sex counseling seems to be a helpful next step in counselor preparation in discussing sexual health issues.

Sensitive issues in supervision training (Hardy & Bobes, 2016) are frequently rooted in issues surrounding sexual identity (Goodrich & Luke, 2009; Murray et al., 2016) multicultural identity (Ratts et. al., 2016) and intersections of oppressed and privileged identities (Ratts et al., 2016; Robinson-Wood, 2016).

### **Incorporating Multicultural and Social Justice Counseling Competencies with Context Talk**

A wide-lens view regarding sexuality counseling, as opposed to symptom-oriented treatment, means that counselors and supervisors will need language to initiate discussing client sexual issues. Hardy and Bobes (2016) makes suggestions for supervisors to focus on the counseling context as a wide lens approach to understanding a multiculturally sensitive approach. According to Hardy and Bobes' model, counselors must develop knowledge about how to address multicultural topics. First, counselors must understand themselves, and each of their identities, as well as how others perceive them. For example, who the person of the counselor is in terms of gender, sexuality and professional identity. Counselors must also know themselves, such as the ability to identify blind spots, supervision needs and areas to reflect and develop to be effective with clients. Understanding ones' social location and taking ownership of that location, and most importantly only speaking from their own location contributes to being a multiculturally sensitive counselor. Last, knowing and understanding the tasks of counselor privilege and using said privilege to effectively address sensitive issues. Using this approach can help supervisors move away from an uncomfortable topic or phrase by facilitating open ended discussions on clients' worldview, identity and concerns. Together with Positive Sexuality and the MSJCC framework, this study can

conceptualize supervisors' experiences with positive and negative supervision outcomes about client sexual issues.

Sex counseling concerns are sensitive on their own and in addition, can overlap with existing intersections. The supervision environment is an ideal opportunity to develop students beyond the classroom (Lofrisco, 2013), and with its effectiveness in counselor education training (Bernard & Goodyear, 2003, Borders & Brown, 2006) it can provide a crucial piece in developing counselor efficacy in sex counseling training issues.

### **Statement of Purpose**

In completing this study, I hope to fill a research gap in understanding the lived experiences of supervisors working with CITs through client sexual issues in supervision. The focus of the study is an in-depth look at how supervisor's experience the phenomenon of sex topics with CITs when it comes to clients. Sex topics may include any concern or question that arise in the counseling session. The study aims to be as inclusive as possible of all concerns, for example, sexual expression, sexual behavior, sexual compatibility, sexual experiences, sexual affectional orientation, psychoeducation regarding sex topics, to name a few. As the phenomenon of how supervisors work through sex topics with CITs is a new area of research, a broad and inclusive approach is appropriately fitting.

Currently there is discrepancy in the literature regarding gender differences in counselor comfort levels with sexual topics (Lofrisco, 2013). Some studies say male counselors or health professionals are more comfortable with sexual topics (Ford & Hendrick, 2003; Haag, 2009; Papaharitou et al., 2008), while Fluharty (1996) states female counselors are more comfortable discussing sexual topics. A recent national study

between counselors, psychologists, sex therapists and social workers, both licensed, and interns working towards licensure, concluded that 94 % of psychotherapy professionals are most comfortable discussing sexual topics with clients of the opposite gender (Lofrisco, 2013). This is likely due to societal and counselor comfort with heteronormative discourse (Murray et al., 2016). These conclusions further note the emphasis on research focusing on barriers to incorporating sexual topics in counseling. This current study aims to move beyond reasons and explore supervisor experiences with helping CITs with client sexual topics.

The manner in which supervisors encounter and approach CITs' challenges with sex counseling questions in individual supervision contexts is not yet understood. While studies inform the counseling field of the benefits of supervision, how supervisors experience sexual issues brought forth by CITs is not yet understood. Supervisor preparation has substantial implications on counselor preparedness and client welfare (Borders & Brown, 2006), therefore, this study aims to understand supervisors' unique experiences in how supervisors support CIT's development through challenges with sex counseling in counselor education.

Much of the current research has emphasized the need for didactic and experiential training in client sex counseling issues at the graduate level (Bidell, 2012; Burnes et al., 2017; Cupit, 2010; Harris & Hayes, 2008; Juergens et al., 2009; Miller & Byers, 2009; Reissing & DiGuilio, 2010; Speciale, 2015; Weerakoon, Jones, Pynon, & Kilburn-Watt, 2004). While classroom training is crucial for students to acquire knowledge, competency and awareness (Burnes et al., 2017; Fyfe, 1980; Murray et al., 2016; Smith, Resick, & Kilpatrick, Weerakoon & Stienrnborg, 1996.), opportunities for

CIT development in addressing client sexual health in supervision have been overlooked. In this present study, I hoped to address this gap by gaining an understanding of how supervisors can be supported with navigating CITs struggles with client sex counseling questions in supervision.

### **Research Questions**

The purpose of this research was to better understand the lived experiences of supervisors in graduate level counselor training programs who supervise or have supervised CITs in client sexual issues. Participant experiences provided a foundation upon which supervisors could build supervision interventions and researchers in the counseling field can build additional studies to better understand the nuances of specific interventions to be used when developing supervisees in sexual issues in supervision sessions. Two primary research questions guided my inquiry, the first question was specific to understanding overarching experiences supervisors may face in supervision sessions with client sexual health issues, whether sexual issues arise from within themselves or the CIT, or perhaps another lived experience. The second question pertained to the manner in which supervisors may have chosen to address client sexual topics thus informing the readers about experiences with various interventions or methods supervisors may have used that were helpful in developing and exposing CITs to such sensitive conversations. The following research questions were used to guide this inquiry:

Q1     How do supervisors in graduate level counseling programs understand the meaning of their experiences talking to supervisees in one on one supervision regarding client sexual issues?

Q2     How are supervisors addressing sexual topics with CITs?

In performing this research, I hoped to inform the Counselor Education and Supervision field in ways it can continue to assist CITs in developing their skills in working with client sexual issues. CIT sexual intervention self-efficacy (Miller & Byers, 2010) could perhaps be bolstered in supervision sessions if there is in-depth knowledge in how client sexual health topics are discussed in supervision. While in-depth sexual counseling termed *sex therapy* is an important specialty, without training more supervisors in navigating client sexual issues in counselor education, CITs may not have adequate supervisory support in the ability to manage discussions about sexual issues that clients may have. Sexual issues are common in the U.S. population with 43% of women (Shifren, Monz, Russo, Segreti, & Johannes, 2008) and 31% of men (Laumann, Paik, & Rosen, 1999) suffering from sexual concerns, meaning that CITs are likely to be sitting with clients who have a sexual issue. Currently, 8% of training programs in the U.S. include sex positivity in their curriculum (Burnes et. al., 2017) but nearly half of clinical supervisors (43%) believe supervision is an appropriate setting to address client sexual issues with CITs (Lofrisco, 2013).

Supervision provides a space for CITs to increase their knowledge through informal education (Berman, 1997) and learn how to manage anxiety (Harris & Hayes, 2008) in a non-judgmental environment (Rutter et. al., 2010). This study explored the ways in which supervisors perceive sexual issues in the supervision process and provided valuable insight into their unique experience, where common themes can assist the researcher with implications for supervision training.

### **Definitions of Terms**

*Positive Sexuality or Sex Positive Training.* Positive Sexuality (Murray et al., 2016) and Sex Positive Training (Burnes, Singh, & Witherspoon, 2017) refers to sex issues in a normative and affirming manner. This lens allows sexuality to be developmental, an opportunity for growth (Schnarch, 1997) and as a part of the totality of the human being. The term conveys a new lens to look at sexual issues, which may allow CITs and supervisors to view sex issues in a more manageable way, as an intersection rather than the in-depth specialty or medical lens (Hough & Ishak, 2008) that has been known historically.

*Sex Counseling.* Sex Counseling refers to a CIT encountering a sexual issue during training, raised by either the client or CIT that is stated and acknowledged in the counseling process with the intention to provide skills or interventions to help the client.

*Sex Counseling Education.* Sex Counseling Education refers to the systematic way CITs may be trained in client sex issues during masters and doctoral level training programs. It refers to curricular, didactic and experiential training that takes place in a classroom or practicum lab setting.

*Sex Health or Sexual Health.* According to the World Health Organization (WHO, 2006) sexual health refers to a combination of mental, social, physical and emotional well-being, beyond the “absence of disease” (2006 para.4). The American Sexual Health Association (ASHA) explains sexual health as a complex phenomenon that is dependent on culture and subculture and goes beyond the prevention of sexually transmitted diseases or avoiding unwanted pregnancy. ASHA (2018)

explains that sexual health is an important part of emotional and physical wellbeing, and a natural part of life. Sexual health transcends sexual behavior and includes respecting sexual rights, having access to sexual health education and information, and being able to experience sexual pleasure, intimacy and the ability to communicate about sexual health with partners and healthcare providers. This multi-layered explanation is in-line with counseling professions' value based in wellness.

*Sex Supervision.* Sex supervision refers to supervision sessions where sexual topics are brought to the forefront to work through with a supervisor. It refers to sex issues encompassing all topics within sex, such as sexual functioning, interest, desire, gender identity, gender expression, sexual affectual orientation, fantasy, initiation of sexual topics, heteronormative sexuality, alternative lifestyles, as well as supervision for language, knowledge, intervention and skills. The authors' reference to sex supervision means a sexual issue or topic entered the session, and specifics were given as appropriate for the study and themes discussed.

*Sex Therapy.* I refer to sex therapy as an in-depth, sexual and intimacy related systematic counseling practice in a clinical setting, from both a humanistic (Tiefer, 2006) and existential viewpoint (Kleinplatz, 2012) with the purpose of change and development occurring in the individual or between a couple in sexual functioning, and intimate relatedness. When I refer to sex therapy, I am speaking to an in-depth training and certification that is not part of typical graduate level curriculum, rather it is a specialty post licensure.

*Sexual Issues or Sexual Topics.* Sexual issues in this study refers to client sexual concerns. Whether addressed or unaddressed in the counseling session, it stands for the concerns the client has in any area of sex, such as sexual functioning, interest, desire, gender identity, gender expression, sexual affectual orientation, heteronormative sexuality concerns, alternative lifestyles, fantasy, education or questions regarding sex. The author's reference to sexual issue means any topic within sex. This is interchangeably used with sexual topics.

*Sexual Knowledge.* Knowledge within sexual issues encompasses information a CIT has about sexual topics, to include human anatomy, reproduction, functioning, heteronormative issues, physiology, STDs, and LGBTQAI information. While sexual knowledge alone has been deemed insufficient (Harris & Hayes, 2008; Sansone & Wiederman, 2000) in fostering CITs initiating and working with sexual topics, basic knowledge is important as without it, application would not be possible.

*Sexual Self-efficacy.* Miller and Byers (2009) explains *sexual intervention self-efficacy* as the "confidence in one's ability to treat clients with sexual concerns, to relay accurate information, and to exhibit comfort and lack of bias when discussing sexual issues" (p. 138).

*Supervision.* Supervision is defined as development and oversight of a junior member of the profession by a more senior member of the same profession (Bernard & Goodyear, 2003; Borders et al., 2011) for the purposes of facilitating independent functioning within the profession. While supervision can be both administrative and clinical (Kreider, 2014), as well as dyadic, triadic or group formats (Bernard

& Goodyear, 2003), in the context of this study it refers to one on one, face-to-face interaction between supervisor and supervisee in a structured supervision session during graduate level training.

### **Summary**

In this chapter, I introduced the need to understand sexuality issues in relation to counseling supervision. I began with the statement of the problem; that currently, there is a lack of research and understanding in how sexuality topics are handled in supervision, as well as discussing the importance of supervision of counselor preparation. Next, I discussed the increased use of Multicultural and Social Justice Counseling Competencies in the field of Counselor Education, and how this framework could possibly assist in understanding supervision of sexuality counseling. I then discussed the purpose of the study, followed by my two research questions. The chapter ends with definition of terms used throughout the study.

## **CHAPTER II**

### **LITERATURE REVIEW**

A contemporary and integrative approach to sexual health is congruent with the counseling professions' foundation of wellness, development and prevention (Dollarhide & Oliver, 2014; Southern & Cade, 2011; Speciale, 2015). While sex therapists work with specific sexual and intimacy concerns (Tiefer, 2006) that may need specialized training, counselors are well-suited to explore client sexual health as a regular part of the counseling process. Counselors are invited to conceptualize sexual health from a holistic point of view, where sexual relatedness and well-being is an integral part of client's multiplicitous identity (Speciale, 2015). This positive sex lens allows counselors to view sexual health, topics and concerns as part of client's multicultural identity. The contemporary view on sexual health in counseling began to emerge during psychoanalysis (Walker & Robinson, 2012) and has been reconceptualized over the past century in an effort to best understand and help clients.

#### **Historical Overview**

Prior to the development of psychoanalysis, stemming from the Victorian era, sexuality was perceived as a moral phenomenon, as an activity reserved exclusively for procreation (McCary, 1978; Obler, 1975; Walker & Robinson, 2012). Freud built on the work of contemporary sexologists and brought sexuality into mental health and was the first to theorize that sexual health had a significant impact on mental health (Walker & Robinson, 2012). While Freud's techniques have not proven to be successful in treating

sexual health issues specifically, his work in creating discourse and a foundation to bring sexuality into therapeutic work is significant (Ellis 1975; Walker & Robinson, 2012).

Psychoanalysis was a long-term psychotherapeutic approach, rooted in uncovering inner childhood conflicts and trauma that were responsible for adult sexual dysfunction, hence sexual symptoms were not as crucial as understanding a client's inner mental state (Atwood & Klucinec, 2007).

Ellis (1975) refuted the psychodynamic approach by claiming that three major components are missing from Freud's treatments; namely a) providing direct sexual information to clients b) assigning and following-up on homework assignments and c) teaching clients how to actively change their negative beliefs (Ellis, 1975; Walker & Robinson, 2012). Ellis' rationale demonstrates and ties into contemporary beliefs held in sexuality counseling. Namely the importance of acquiring correct, accurate and up-to date information in terms of knowledge in reproduction, physiology, human anatomy and sexually transmitted diseases (Fyfe, 1980; Weerakoon & Stiernborg, 1996), incorporating use of homework to practice assimilating acquired knowledge (Kazantzis, Deane, & Ronan, 2000; Kazantzis, Whittington, & Dattilio, 2010; Kazantzis et al., 2016) as an experimental component (Mosher, 1979) and challenge mistaken beliefs (Murray et al., 2016; Schnarch, 1997) that become barriers in thinking and sexual health practices for clients and introduces the need for counselors receiving adequate preparation (Miller & Byers, 2010; Reissing & DiGuilio, 2010; Sansone & Wiederman, 2000).

In the post-Freudian era, sexual problems were conceptualized as incorrect or distorted beliefs clients held, stemming from messages from childhood, and the new goal was to provide clients with insight and a new way of thinking about sexuality (Bieber,

1974), suggesting a cognitive approach. In the 1960s, a shift began into the examination of physiological responses to intimacy and therapy centered around falling in love, maintaining marriages, while examining inter and intrapersonal factors contributing to inhibitions and anxieties surrounding sex and intimacy, while postpartum concerns also entered the treatment arena (Bieber, 1974; Walker & Robinson 2012).

Kinsey, Pomeroy, Martin and Sloan (1948) and Kinsey (1953) sought to understand sexual activity without any knowledge yet about physiological and biological considerations but had detailed data on men and women's sexual behavior, in an effort to understand what behaviors are happening in the typical person when it comes to sexuality. Kinsey's contemporaries, Virginia Masters and William Johnson conducted laboratory based, live-observation of physiological responses to sexual behavior and desire (Walker & Robinson, 2012), resulting in the groundbreaking *Human Sexual Response* (1966) book, where techniques such as Sensate Focus (1976) are still used in sex therapy today, due to its conceptualization of sex as a natural function (Weiner & Avery-Clark, 2014). The new understanding within sexual health explained that sexual gratification was available to all persons and wanting to enrich and improve one's sexual relationship became a trend, entering public dialogue through newspapers, self-help books and education (Masters & Johnson, 1966; Schover & Leiblum, 1994; Walker & Robinson, 2012; Wiedeman, 1998).

The key barrier to healthy sexual functioning could be found in the relationship itself and was conceptualized as causing great anxiety to either gender, resulting from negative sexual experiences (Dengrove, 1971; Husted, 1975; Wolpe, 1954). Systematic desensitization (Husted, 1975) to further alleviate anxious feelings was incorporated into

cognitive behavioral therapy practices (Walker & Robinson, 2012). Homework within cognitive frameworks included instruction to not engage in sexual activities that cause anxiety, instead only engage in the type of sexual activities that do not cause any worry or pressure, thus alleviating patient worry, moral judgement and negative self-talk, which in turn contributed to alleviation of symptoms (Maddock, 1975). As behavior, thinking and emotions were newly understood as interconnected from the 1960s, briefer, solution focused methods rooted in behavior change became popular and effective (Matthews et al., 1976; Schover & Leiblum, 1994; Walker & Robinson, 2012).

Behavioral therapies evolved after an understanding of what is “normal” within the sexual response cycle, and a new book, Human Sexual Inadequacy (Masters & Johnson, 1970) became a gateway for shorter and behavior-based therapies, focusing solely on sexual symptoms, rather than unconscious forces (Atwood & Klucinec, 2007; Schover & Leiblum, 1994; Walker & Robinson, 2012). A shift emerged into the non-biological basis of sexual behavior; now in the absence of physiological issues, sexual health was conceptualized as breakdowns in communication, lack of information, attitudes and unrealistic expectations (Schover & Leiblum, 1994). A combination of behavior components and direct education entered the world of therapy for sexual topics (Runciman, 1975), which continues to permeate contemporary couples counseling and sex therapy practices.

Concurrently, social psychology research had unveiled findings that attitudes, emotions and behavior are all intricately linked to one another and a change in one, can lead to changes in another; for example, a change in sexual behavior in the relationship may lead to changed or more positive attitudes (Dengrove, 1971; Walker & Robinson,

2012). The impact of change in one person in counseling effecting a partner or family is very significant in working with couples' sexual health, as the counselor must be trained to think and work with a system, rather than an individual. Similarly, Bowen (1966; 1974) emphasized the importance of considering the entire family or couple system regarding change, and the influence of self and emotions on the system. Partners engaging in the therapeutic process together were learning new behaviors without the pressure to perform (Dengrove, 1967) and the considerations of systemic relations within sexual functioning (Tiefer, 2006) became a new lens.

### **Humanistic Sex Therapy**

Following the psychodynamic and behavioral techniques in sex therapy, a new approach emerged, with a focus on the interpersonal nature of sexual difficulties. A humanistic approach to sex therapy focused on the client's internal process of self-regard and worth, and its interactions with others (Walker & Robinson, 2012). With no clear pre-determined explanation of sexual health and disorder, this approach was, and still is, concerned with the nature of human experience, not symptoms or problems (LoPiccolo & Miller, 1975). The focus on interpersonal conflicts rather than anxiety and performance was believed to improve a person's functioning. Sexual functioning and behavior naturally improve within clients according to this model, who do not present with any sexual concerns, highlighting enhancement, health and wellness, with the goal of positive sexual relationships (Barbach, 1976; Ellis, 1975).

### **Sex Therapy and the Medical Model**

The medical model has dominated understanding of sexual behavior since the 18<sup>th</sup> century (Bullough, 1975; Mallicoat, 2013), leading to sexual concerns understood as an

illness or dysfunction. Medical understanding is rooted in the disruption in the sexual response cycle (Kaplan, 1974; Masters & Johnson, 1966) where healthy functioning equates to “the ability to experience desire, arousal, orgasm and satisfaction” often identifying one partner as the cause of disruption in the cycle (Bradley & Fine, 2009, p. 76; Bullough, 1975). From a medical perspective, sexual issues are a health concern, and alleviating the disorder is the primary goal. The original Diagnostic and Statistical Manual [DSM] (1980) defined objective measures for diagnosing dysfunction, defined by frequency of physiological performance (Mallicoat, 2013; Southern & Cade, 2011), and quick solutions became possible to alleviate undesirable symptoms through administering medication (Bullough, 1975; Murray et al., 2016; Southern & Cade, 2011). From a medical perspective, the original studies on arousal and dysfunction (Masters & Johnson, 1966) offer an opportunity to expand into systems and relational work; solutions grounded in sensate focus activities, and psychosocial interventions, paired with medication functions as an integrated and systemic biopsychosocial treatment plan from the medical perspective (Hough & IsHak, 2008). However, this somewhat increased systemic medical view continues to emphasize the goal of genital function and performance enhancement, through homework and enhanced communication. The underlying goal for treating sexual dysfunction from this perspective continues to lead to identifying the patient as the one who has no arousal symptoms, low desire or lack of orgasm, somewhat omitting a holistic picture of the totality of the human being, and contextual considerations.

While the attempt to decrease performance pressure through sensate focus, coupled with communication enhancement appears to be more a comprehensive approach

(Hertlein et al., 2009), theoretically it is still defined from a lens of dysfunction, and a “one size fits all” solution-oriented view. Commonly, men are identified as having sexual arousal concerns (Szuchman & Muscarella, 2000), and medication is used as a first step in treatment (Schover & Leiblum, 1994). Meanwhile women are identified with low desire concerns and treatment focus becomes either psychological or hormone replacement-based for lowered estrogen levels (Sarrel, 1997), however, the dissonance between physiological and psychological response has left these medical therapies as inconclusive in their effectiveness (Rosen, Phillips, Gendrano, & Fergusson, 1999) and psychological treatment is indicated, for becoming “more self-focused and assertive” (Szuchman & Muscarella, 2000, p. 137). Currently, the lack of orgasms or “primary anorgasmia” (Szuchman & Muscarella, 2000, p. 137) is the only sexual disorder lacking a major treatment strategy by the medical community, emphasizing unique treatment consideration depending on individual goals, education levels, level of assertiveness to decide the best treatment protocol for each patient (Szuchman & Muscarella, 2000), fitting more closely with the systemic lens counselors use to work with clients and couples and their sexuality concerns.

### **Sex Counseling and the Wellness Model**

The field of Counseling has found multiple shortcomings within the medical model regarding sexual issues. First, the focus on physiological processes within a heterosexual couple is incomplete, for its dismissal of contributing factors (Burnes et al., 2017; Southern & Cade, 2011). The dismissal of physical pleasure and satisfaction outside the experience of orgasm, places performance in the forefront of individual and couple sexuality. Performance pressure contributes to an incomplete and linear

understanding of normalcy in sexual behavior, as opposed to taking unique contextual factors into consideration with each client (Mark, 2012; Murray et al., 2016; Schnarch, 1997). Second, the assumption that arousal is measured through the act of sexual activity is also incomplete, as arousal can occur outside of sexual activity (Mark, 2012; Perel, 2007, Schnarch, 1997). Third, external factors, such as relationship dynamics will also influence a person's sexual experience, specifically the level of each person's differentiation, rooted in their attachment styles (Gottman, 2011; Hazan & Shaver, 1987; Mallicoat, 2013; Mark, 2012; Murray et al., 2016; Perel, 2007; Schnarch, 1997).

### **Teaching Sex Counseling in Higher Education**

Over the past decade, there has been a shift in public dialogue regarding sex issues across the world, and in the United States. Socio-political issues embedded in legislation (Troutman & Packer-Williams, 2014) create divides in communities and families, creating opportunity for counselors to learn how to talk with clients who may face such issues. Pharmaceutical advances for sexual and reproductive issues (Berman & Berman, 2011). offer hope for the lowest fertility rates ever recorded in United States history, with counseling being an important component in the fertility process (Centers for Disease Control and Prevention, [CDC], 2014, para.2). In academic research, sexual topics such as open relationships are easier to come across. Sexual issues in daily media arise from increased reports of hate crime related to sexual orientation and gender expression (Federal Bureau of Investigation [FBI], 2016; Gay & Lesbian Alliance Against Defamation [GLAAD], 2018). The increased exposure to these above issues in daily life create the need for counselors to receive training and development in helping clients through counseling. In addition, counseling graduate students increasingly

inquiring about how effectively talk about sexual issues with clients (Cardona & Farago, 2017; Decker, 2010; Harris & Hayes, 2008; Lofrisco, 2013) has come to the forefront in sexuality research. It is clear, that sexual issues continue to permeate public awareness both inside and outside of academic settings.

Concurrently, there has been increased attention to how best train counselors to work with client sexual health (Burnes et al., 2017; Hanzlik & Gaubatz, 2012; Kleinplatz, 2012; Troutman & Packer-Williams, 2014). A growing body of research has emphasized the benefits of sex positive training in higher education (Burnes et al., 2017), to include expanding knowledge and competency in a wide range of topics. Research has focused on contributing factors to clinicians addressing sexual health with clients, such as knowledge, (Hanzlik & Gaubatz, 2012; Harris & Hayes, 2008) and willingness (Berman, 1997, Miller & Byers, 2010 Reissing & DiGiulio, 2010) to inform counselor educators how to best prepare students.

### **Counselor Knowledge and Willingness**

Research is inconclusive regarding the relationship between counselor knowledge and comfort in addressing sexual issues in counseling (Arnold, 1980; Berman, 1997, Decker, 2010; Harris & Hayes, 2008). The most significant finding has been the relationship between counselor knowledge in sexual issues and willingness to initiate conversation about sex in the counseling room (Arnold, 1980; Harris & Hayes, 2008). Interestingly, no correlation was found between sexual knowledge and increased comfort levels, but counselors were more comfortable discussing sex related topics with clients of the opposite gender (Decker, 2010, Ford & Hendrick, 2003). Further, Berman (1997) found informal methods of delivering sex education more effective than formal

classroom education, such as supervision opportunities. Comfort with sexual issues has been studied (Decker, 2010, Fluharty, 1996; Haag, 2009) and the factors contributing to it, however, supervisors must keep in mind that the increased comfort built through formal classroom work (Cardona & Farago, 2017) does not translate into behaviors of initiation in the counseling room (Lofrisco, 2013).

There are presently only two empirical studies measuring increasing counselor willingness to address sexual topics with clients, with “willingness” being a dependent variable (Lofrisco, 2013) and one was reported as using an instrument that may not be reliable for generalizability (Berman, 1997). Specifically, with no relationship found between supervision and willingness to address sex topics, it is unclear if the instrument failed to detect it or if there truly was not a relationship. The remaining study by Harris and Hays (2008) did not distinguish between graduate level supervision from postgraduate supervision of CITs, which has very different durations and can significantly impact counselor development at the post graduate level (Lofrisco, 2013). Other factors to consider at the graduate level that with less experience, there is greater hierarchy in the supervisory dyad and clients may have less expectations in practicum settings to have their sexual concerns addressed.

### **Clinical Supervision**

Counselor Education encompasses developing CITs for a profession, rather than an occupation. A profession means that the CIT will have substantially more autonomy, will need to make decisions under uncertainty, and rely on a unique and specialized knowledge and skill set (Bernard & Goodyear, 2000). These attributes draw an implicit contract with society; for the permission to self-regulate and function independently, in

return, professional counselors will place societal and client welfare above their own (Bernard & Goodyear, 2003). These purposes make supervision crucial; as it monitors readiness, protects the client and imparts skills beyond the classroom, resulting in “maintaining the standards of the profession” Holloway & Neufeldt, 1995, p. 207). Supervision provides a unique role as CITs integrate didactic knowledge in practice. Historically, formal theories and knowledge is learned in the classroom, and sequentially, “practitioner-driven” knowledge (Bernard & Goodyear, 2003, p. 4) is gained later in the training process. Supervision is the training, teaching and development that provides the bridge between theory and practice (Ronnestad & Skovholt 1993; Williams, 1995).

Counselor Education prepares CITs to apply theory within the context of professional counseling for client growth and development in multiple dimensions, such as personal, social and vocational. Beyond preparation for clinical work, counselor educators focus on developing professionals to work in academic settings who will teach counseling theory and practice at the graduate level. Additionally, graduate level practicum, internships, and licensure hours all require clinical supervision (CACREP, 2016; McAuliffe & Eriksen, 2010). Completing graduate. Teaching CITs at the graduate level in academic environments as well as supervision of field-based experiences creates a crucial role for counselor education and supervision to develop the new generation of counseling professionals.

Counselor Educators, regardless of their supervision training years, arrive at their supervisory role with a wide range of training experience (Borders & Brown, 2005). Counseling skills training at both the masters and doctoral level and a diversity of courses in developmental theories, legal issues, lifespan considerations, group dynamics, social

and cultural foundations, research and other courses have implications in helping CITs develop in supervision contexts as well (Borders & Brown, 2005). Therefore, one part of supervision training is learning how to apply existing knowledge in the supervisory role. A second part of training is developing a framework for conducting supervision, a map in organizing the acquired skills and knowledge with deciding “how and when to use them” (Borders & Brown, 2005, p. 2). Third, supervision training includes interventions and legal considerations (Dye & Borders, 1990). There are multiple supervision models and frameworks to choose from, but supervisors never fully divorce themselves from their underlying theoretical beliefs (Bernard & Goodyear, 2003). One of the ongoing tasks of a supervisor, therefore, is to identify personal beliefs, with close reflection on the strengths and limitations of their beliefs and values (Borders & Brown, 2005).

Beyond these set of tangible skills, lies the ability to conduct supervision from a multicultural perspective, taking into consideration both the CIT and client worldviews, in both a narrow and broad sense (Hardy & Bobes, 2016) arriving to a contextual and meta understanding of nuances of subjective worlds. Within this cultural and highly individualized contextual space, supervisors can help CITs recognize both overlaps and blind spots to assist clients with sexual issues in counseling.

### **Clinical Supervision in Human Sexuality**

The supervisory relationship provides a unique opportunity for counselor development on multiple levels: working through feelings, discomfort, (Heru, 2006; Ridley, 2006) enhancing skills, developing reflective ability, increasing administrative skills, and knowledge, and can be tailored to the individual needs of the supervisee (Bernard & Goodyear, 2003; Borders & Brown, 2006; Hardy & Bobes, 2016; Lofrisco,

2013). Clarifying CITs subjective, internal worldviews (Ridley, 2006) is helpful for a variety of reasons, such as enhancing cognitive complexity (Borders & Brown, 2006) and self-awareness (McAuliffe & Eriksen, 2010). Regarding sexual topics, it could possibly promote counselor's ability to helping clients address their own subjective worlds as well. A key element in processing feelings is for supervisors to assist CITs in their sexual reactions such as disgust or arousal (Ridley, 2006) towards clients as both can be difficult in a professional setting. At times, supervisors may be in the same position as CITs with their levels of discomfort, perhaps leading to an avoidance of the topic altogether. However, supervisors have several functions, and they will likely have less trouble addressing uncomfortable feelings than new counselors or interns (Lofrisco, 2013).

One of many roles supervisors fill is to help CITs work through uncomfortable feelings and feelings of counter-transference as well as the way counselors are taught to reflect about their feelings and worldviews, it logically follows that supervisors will do the same in the process of assisting CITs. In addition, a positive supervisory relationship can enhance CIT comfort level with sexual topics more than clinical experience (Harris & Hayes, 2008; K. W. Hays, 2002).

### **Sex Counseling and Supervision**

Decker (2010) explored the degree to which supervisors ( $n = 103$ ) from the California Association of Marriage and Family Therapists (CAMFT) addressed sex counseling issues with marriage therapy trainees with a survey instrument created by the researcher. Findings indicated that over 50% of CAMFT supervisors felt they had adequate knowledge to address sexual values or relationships within the context of supervision but lacked comfort in addressing sexual issues when it was the primary

concern. For example, supervisors were least comfortable with discussing sexual variations such as alternative lifestyles and fetishes (31.1%) and sexual issues with clients with disabilities (33%). Other scores included medical factors influencing sexual issues (40.8%), sexual dysfunction (45.6%) sexual relationship enhancement (41.7%), with addressing sexual compatibility issues (46.6%) being the highest among these ratings for comfort level. Looking closely at this list, higher discomfort topics were intersectional and layered concerns, while higher comfort topics included a conceptual understanding. Knowledge and comfort levels had no correlation in supervisors providing supervision in sexual topics, which matches the same findings for counselors, who also had no correlation in these two variables when counseling clients. In another study (Hanzlik & Gaubatz, 2012) findings indicate that whereas male and female trainees reported similar levels of conform discussing sexual issues with female clients, female trainees reported significantly less comfort discussing sexual issues with male clients than did male trainees.

Rutter et. al. (2010) studied two masters level students in a practicum setting while counseling LGBT clients in a marriage family program in the Midwest and receiving supervision during the counseling process. Both counselors in training (CITs) reported comfort levels in addressing sexual issues, there was a failure in initiation of such topics during the counseling process. One of the couples identified as Transgender, where the couples presenting concern included concern for their physical intimacy, yet the counselor did not address the client's transgender identity and the couple's sexual behaviors at the time of counseling or prior to surgery. CITs reported that their program provided them enough knowledge for sexual issues but not for specific and unique sexual

circumstances, such as a transgender identity. Further, the CITs reported that supervision was a helpful time when they could process their worries and fears in a non-judgmental environment. The CITs further addressed that practicing with role plays would have been an additional helpful activity within supervision, to a space to practice proper language use (Rutter et al., 2010). The study may not be appropriate to generalize, as it was a qualitative study with two CITs, but it provides specific feelings and thoughts CITs may face when working with sexual minorities and provides information how a supervisory context can help with processing feelings and the need for specific skill acquisition. (LoFrisco, 2013).

## **Education**

Sexual knowledge has been linked to comfort with sexual topics in multiple research studies (Berman, 1997; Harris & Hayes, 2008; Juegens et al., 2009; Weerakoon et al., 2004), to examine the variables contributing to initiating sexual topics in counseling sessions. However, knowledge and comfort did not result in either action or willingness to address sex topics with clients, concluding that CITs knowledge and comfort level with sexual topics does not mean they will initiate sexual topic conversations in counseling sessions (Lofrisco, 2013). However, since supervisory experience is more important than clinical experience for effective supervision (Berman, 1997; Harris & Hayes, 2008) and informal sexuality training can increase efficacy and counselor willingness more than formal classroom education (Berman, 1997), supervisors are in a position to develop CITs in sexual counseling issues, for example through role play vignettes (Rutter et. al., 2010).

**Anxiety and supervision.** While sexual knowledge is invaluable in developing counselors in areas such as proper language use (Harris & Hayes, 2008), CIT knowledge increase is not possible with high anxiety levels, therefore, one of the tasks supervisors should emphasize is teaching supervisees how to “sit” with anxiety (Harris & Hayes, 2008, p. 248). In other words, helping CITs become more educated in sex counseling issues also mean education and training in managing anxiety (Lofrisco, 2013). Supervisors must also keep in mind that due to the inherit power differential in a supervisory relationship, CITs may need specific instruction from the beginning on how they should initiate a topic in supervision. This can help supervisees gain a sense of control and ownership of their sessions and provide a clear path to initiating topics that may be sensitive (Harris & Hayes, 2008). Supervisors and supervisees alike may have internalized sexual shame and incorrect or correct assumptions about why the other does not raise sexual topics in supervision but these assumptions and projections can be managed by establishing clear boundaries and expectations of how a supervisee would initiate such topics in supervision (Hartl et al., 2007; Heru et al., 2004; Lofrisco, 2013; Morgan & Porter, 1999).

**Supervisory alliance.** Establishing and maintaining an ongoing positive relationship between supervisor and supervisee is vital in promoting discussion in sexual issues because it supports CIT comfort levels (Harris & Hayes, 2008). CITs need reassurance through this alliance that they will not be negatively judged (Hartl et al., 2007). The safety and openness of the relationship and alliance can also support the reduction of supervisee anxiety (Decker, 2010) to support the conditions under which

effective supervision can take place. One of the components of maintaining a positive relationship is being able to repair or manage conflicts occurring within the relationship.

The supervisory relationship will be influenced by many variables such as personal variables and compatibility, backgrounds, developmental levels, experience, gender, race, culture, to name a few factors (Bernard & Goodyear, 2003). For this reason, it is important to emphasize that the most profound and central feature of successful supervision is the positive and productive relationship between supervisor and supervisee (Ronnestad & Skovholt, 1993; Worthen & McNeill, 1996). Supervisors can foster the supervisory relationship by being aware of interpersonal style variables and demonstrating knowledge and skill in working with difficult situations and sensitive topics (Hardy & Bobes, 2016).

### **Barriers to Initiation of Sexual Topics**

**Comfort.** Initiation levels regarding sexual topics (Berman, 1997) have historically been attributed to personal discomfort about discussion of sexual topics (Harris & Hayes, 2008; Juergens et al., 2009), including feelings of shame (Lofrisco, 2013). In a recent study (Lofrisco, 2013), however, counselors surveyed ( $n = 40$ ) reported minimal or no discomfort with sexual topics, with 63% reporting high comfort with client sexual health, regardless of gender, professional identity or religious fundamentalism. Despite high comfort levels, half of participants only initiate sexual topics with clients half of the time (Lofrisco, 2013), which is congruent with past research findings, leading to an important question of what prevents counselors from discussing sexual topics with their clients, if they do report high comfort with sexual topics. Barriers to initiation has been found in perceived lack of knowledge by CITs (Arnold, 1980; Harris & Hayes,

2008), however, other studies conclude that knowledge alone has not lead to CITs being comfortable with client sexual health topics (Decker, 2010).

**Knowledge.** Overall key contributing factors include perceived knowledge, taking a human sexuality course (Lofrisco, 2013) combined with counselor experience as an indicator of initiation levels, particularly, a willingness to initiate, even when the CIT is uncomfortable (Lofrisco, 2013). In terms of supervision, 72% of CITs reported not asking their supervisors for support was the main reason they did not initiate sexual topic conversations with their clients during their training program. The significance of this self-report is that supervisors should assume that CITs have sexual topic concerns with clients that they are not disclosing in supervision sessions on their own. Perhaps supervisors initiating sexual topics about clients in supervision sessions could enhance CIT disclosure of their concerns, as increased disclosure from supervisor has been documented as increased disclosure from CIT (Kreider, 2014). In fact, the majority of supervisors and CITs report that supervision is an appropriate time to discuss client sexual health (Lofrisco, 2013).

**Sexual attraction.** CITs may experience additional barriers to discussing client sexual topics due to attraction. Studies show, only about half of supervisees disclose sexual attraction towards their clients in clinical supervision but find it helpful when the supervisor initiates conversation about counselor or client attraction to one another (Ladany et al., 1997). In addition to feelings of shame, CITs may feel like they are committing an ethical violation (Ladany et al., 1997). In one study, above all demographic characteristics, attraction between CIT and client is the largest contributing factor to CIT discomfort with discussing sexual topics in counseling with clients,

possibly limiting exploration of sexual topics (Jersin-Woods, Softas-Nall, & Martinez, 2018).

**Counselor sexual attitudes.** A different study, where counselor participants represented 45 out of 50 states, and 84% of participants identifying as a Mental Health Counselor ( $n = 141$ ), or Marriage and Family Therapist ( $n = 12$ ) or other counselor ( $n = 13$ ) highlighted the importance of CITs own positive sexual attitudes, namely attitudes towards self and others as a necessary predictor of high comfort and willingness to discuss sexual topics and related issues with clients (McCall-Hosenfeld et al., 2008). Examining and awareness of one's own attitudes is a value strongly held by both Counseling as a profession (ACA, 2014). Further, the Counselor Education and Supervision field through constructivist education (Dewey, 1933; McAuliffe & Eriksen, 2010), and pedagogy rooted in de-centering CITs initial worldview (McAuliffe & Eriksen, 2010), fosters CITs examining their own attitudes in the classroom. Supervision's role in enhancing attitudes and self-awareness has been well-documented (Bernard & Goodyear, 2003; Borders & Brown, 2006), increasing supervisors' ability to address CITs concerns with comfort and willingness logically follows.

**Supervisor actions.** Contemporary studies (Hartl et al., 2007; Heru et al., 2004) have concluded that personal discomfort is responsible for clinicians not receiving supervision in sexual counseling issues. However, a current study (Lofrisco, 2013) in sexual issues in the supervisory dyad explains that none of the participants ( $n = 6$ ; 33.33%) who reported not asking their supervisors for guidance gave discomfort as the reason, and the author explains that it is crucial for supervisors to make it clear to their supervisees from the beginning that “sexual issues are an important topic in supervision”

(Lofrisco, 2013, p. 107). Beyond lack of formal training in sexual issues as the primary reason clinicians lack initiation in counseling, counselors reported that they felt most supported to address sexual issues when they felt supported by their supervisor in the following ways: a) when educational materials were provided ( $n = 6$ ); b) when supervisors acknowledged that client sexual health was an appropriate topic for supervision ( $n = 9$ ); and c) when supervisors discussed the CITs comfort level with sexual topics, ranked last (Lofrisco, 2013). While many counseling programs may lack the formal classroom, education needed to prepare CITs for sex positive counseling approaches (Burnes et al., 2017) supervision still provides an invaluable opportunity for CITs to gain skills in sex counseling skills and process feelings surrounding this topic (Berman, 1997; Decker, 2010, Harris & Hayes, 2008; Lofrisco, 2013).

While studies may be conflicting on the original cause of lack of initiation with sexual topics for CITs in the counseling room, supervision is undeniably an opportunity to fill gaps CITs experience with sexual knowledge and the efficacy to bring sexual topics to the counseling room.

The current study attempted to better understand, through a phenomenological approach, the subjective, unique experiences of supervisors when encountering sexual issues in the supervision process. Various supervision models exist to assist in the training of counselors, yet none of the current models include concepts and methods to assist with client sexual concerns. Rutter et al. (2010) examined trainee preparedness and willingness to discuss sexual health with clients in graduate training programs, finding a need to train supervisors to have candid discussions with trainees, in order for trainees to put preparedness into action during counseling. CITs have multiple, stressful roles: they

are in the counseling room as a novice counselor with their client in a healer role, and at the same time, they are under the pressure of evaluation in supervision (Bernard & Goodyear, 2003). Adding the sensitive topic of client sexual health can further increase this stress, which warrants developing a model for supervision of sexuality counseling.

### **Theoretical Framework**

#### **Sex Positivity and Intersectionality**

To examine intersectionality, we must take a step back into the concept of social constructivism. Social construction (Gergen, 1985) refers to the ways in which people and society at large create categories for race, gender, class and sexuality, as meaningful stratification of privilege and oppression (Robinson-Wood, 2016). Deconstruction and unlearning of these societally perpetuated differences are a key component of Counselor Education, namely, to train CITs to analyze social construction, and build comfort with such discourse, in an effort to move beyond mere tolerance of differences (McAuliffe & Eriksen, 2010; Robinson-Wood, 2016). An intersectional approach argues that more than one stigmatized social position leads to experiences with discrimination (Crenshaw, 2018; Friedman & Leaper, 2010). Therefore, counselors need to be able to understand the implications clients and themselves of holding oppressed and privileged identities (Adams et al., 2016). Understanding one's and the clients' social locations allows a deeper understanding of client experience and verbalizing this understanding can enhance the therapeutic alliance (Robinson-Wood, 2016). Building an understanding of how a counselor and client may be dissimilar (Robinson-Wood, 2016) is a responsible and important discourse to engage in throughout the training program, when developing CITs.

Intersectionality theory explains that various power structures interact in the lives of minority groups, creating overlapping forms of oppression that interlock, and reinforce one another at both the individual and systemic levels (Crenshaw, 2018). Intersectionality can be understood as both a construct and framework for understanding and analyzing interlocking systems of privilege and oppression, and how they are experienced by individuals or groups (Shin et al., 2017). This layer of consideration applies particularly in counselor education as we interface with diverse students, clients, supervisees and advocacy needs. Traditional approaches to understanding groups through multicultural competence training provide a depth of understanding about common values and beliefs in a culture or group (Sears, 2002). Learning historical underpinnings and legacies is a key factor in understanding how multiple sources of oppression interact and co-construct one another (Adams et al., 2016). However, many individual differences exist within marginalized groups as well, with diversity present within each contextual group (Sears, 2002).

Considerations for sexuality issues should go beyond gender, culture and social class considerations, as relevant contextual influences may impact client sexual health beyond group culture norms (Binnie, 2011). This study advocates for the consideration of an intersectional approach to understanding cultural and contextual influences on human sexuality. In order to fully understand unique client experiences, CITs must consider multiple contextual influences (Kazyak, 2012). According to this lens, client intersections should be considered through the following eight tenants; (a) each individual encompasses multiple statuses based on contextual variables; (b) each status carries advantages and disadvantages; (c) statuses interact with one another; (d) each status must

be considered within the context of the other statuses rather than alone; (e) each status's influence has the ability to change based on individual or societal changes; (f) each individual is unique; (g) counseling professionals must be mindful of their personal biases and assumptions; and (h) counselors need to be mindful of intersectional statuses they themselves possess (Murray et al., 2016; Sears, 2002). From this perspective, a client is considered on multiple layers, such as gender, sexual affectional orientation, age, religion, culture, ethnicity as well as socio economic status, and CITs come to understand that each of these categories have multiple influences and experienced very differently from one another. With such a broad framework, CITs and supervisors have multiple unique considerations for each client within sexual issues and provides a platform for dialogue in a manner that could perhaps minimize feelings of shame or lack of sexuality training.

### **Multicultural and Social Justice Counseling Competencies**

Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) is a key construct in Counselor Education and Supervision. A multiculturally competent counselor understands her own attitudes, beliefs/ knowledge and skills. More specifically, ethical and culturally responsive counseling practice incorporates personal awareness of biases, awareness of client diversity and worldview, and the use of culturally appropriate interventions (Sue, Arredondo, & McDavis, 1992). Multicultural inquiry encourages counselors to analyze narratives and perspectives, and the manner in which it may perpetuate oppressive or privileged discourse. Further, an MSJCC lens asks what values are embedded in the messages (Robinson-Wood, 2016). This concept is helpful in building awareness and discourse, but the phenomena of multiculturalism has

evolved over the past 30 years and a revision of the original competencies was necessary (Ratts et al., 2016). The new competencies, called Multicultural and Social Justice Counseling Competencies (MCSJCC; Ratts et al., 2016) emerged in effort to provide a more thorough understanding and applicability of the concept of multiculturalism to the counseling process. In a more contemporary understanding, culturally competent and responsive (Hardy & Bobes, 2016) counselors continue to address an evolved understanding of culture and identity development, with considerations of the social environment on the self, specific to mental health (Ratts et al., 2016).

This model takes the dissemination of social constructivism further into advocacy and the counseling relationship itself (Ratts et al., 2016). Previously, the initial framework offers guidance to implement multicultural and social justice considerations into counseling practice, theory and research. The new framework offers a visual illustration between constructs and competencies within MSJCC, for a more thorough description for implementation. Through the use of quadrants, the intersections of power, privilege and oppression are illustrated, which influence the counseling relationship. Within these lie domains of counselor self-awareness, client worldview, the counseling relationship and interventions, with competency aspirations within beliefs, knowledge, skills and action (Ratts et al., 2016).

The following are a few examples of tangible foundational principles to provide clarity in how to apply the MSJCC principles in practice, within the supervision context, using Hardy and Bobes (2016) culturally sensitive approach:

Include and foster relational thinking in supervision, beyond understanding oneself, a culturally responsive CIT must understand the position of herself in

relationship to the other (Hardy & Laszloffy, 2002) to further the understanding of overlapping mutuality between counselor and client. Second, supervisors foster the development of both/ and thinking, as opposed to either/or thinking, to help the CIT understand that they themselves and the client as well hold both oppressed and privileged identities, further fostering the notion of interconnectedness, for the purposes of fostering the relational perspective. Next, advocating a mindset to think culturally, to be able to identify social and cultural locations, (such as ethnicity, ability and nationality among others) to understand ourselves, CITs and clients in a broad and contextual manner in supervision. In addition, building awareness in CITs of the dynamics of power, oppression and diversity, and the role it plays in the client's lives that influences the therapeutic space.

Multicultural competence has been documented as counselors having more credibility and a stronger therapeutic alliance (Owen, Tao, Leach & Rodolfa, 2011; Robinson-Wood, 2016) as well as important in supervision contexts (Hardy & Bobes, 2016). Through the use of this framework, supervisors and CITs can work together in understanding multidimensional and multicultural considerations for clients when working through how to address sexual issues in supervision session. In the field of Counselor Education and Supervision multicultural competence is of considerable importance due to its multiple layers and responsibilities; such as teaching, supervision, counseling and advocacy work with a diverse set of students and clients.

### **Summary**

I began this chapter with a historical overview of how sexual dysfunction has been conceptualized historically, and how the understanding of treating sexual issues has

evolved throughout time. This background is important in providing foundational information on how counselors, medical professionals and varied treatment modalities understand sexual health. Following the medical model, I explain how sexual health found a place in counseling through a humanistic lens. Next, I walk the reader through the important influences of supervision, and the barriers counselors and CITs have historically encountered in initiating sexual topics in both counseling and supervision settings. Finally, once client sexual issues can be understood as part of overall mental health and wellness, there becomes a space for context talk. I introduce the idea of positive sexuality, in line with the wellness and developmental values of the counseling profession. While introducing a wider lens of wellness and developmental approach to sexual health within counseling, I continue to demonstrate how dialogue can move from uneasy, uncomfortable, often shameful, to imperative discourse of multicultural counseling considerations and intersectionality for both counseling and supervision dialogue considerations.

Counselor Educators interface with a wide variety of students in several capacities; such as teaching experiences, supervision through clinical development in practicum, research and scholarly paper collaboration, but also face a diverse set of client issues through the work supervisees conduct in their training experiences, for which supervisors carry liability (Bernard & Goodyear, 2003). Whether course content, supervision, or research, counselor educators are in a unique position to develop CITs in positive sexuality issues, and help CITs understand how to work with sexuality in a non-threatening, collaborative and positive way.

## **CHAPTER III**

### **METHODOLOGY**

In this chapter, I discuss specific procedures in understanding the unique experiences each supervisor participant has regarding their experience with sexual topics in supervision sessions. Constructivist epistemology (Crotty, 1998) provided a foundation for this qualitative study (Merriam, 2009), grounded in phenomenology (Moustakas, 1994). Qualitative inquiry allowed me to investigate both the human experience and depth of knowledge in how supervisors navigate supervision sessions in client sexual topics. A qualitative process allowed emerging questions (Creswell, 2009) as well as exploration of human problems (Creswell, 2009). This study added to the current literature by capturing both essence (Moustakas, 1994) and a more holistic picture (Creswell, 2009) through the use of words, and present understanding in supervision of sexuality counseling issues grounded in qualitative research. Qualitative methodology allows exploration of the phenomena in an in-depth manner. Rather than a focus of cause and effect in CIT training and addressing client sexual topics, this study is primarily concerned with **supervisor's experiences and realities in the face of sexual topics.**

#### **Qualitative Research and Constructivist Epistemology**

Epistemology refers to the origins of how we come to know, or our belief system based on principle philosophies that serve as a foundation in research design and interpretation (Crotty, 1998). Objectivist epistemology refers to one universal truth, and

objectivists test theories through research. Subjectivists believe that knowledge is socially and culturally constructed, and knowledge is subjective rather than objective, because it depends on context and worldview (Creswell, 2014; Remler & Van Ryzin, 2010).

Constructivism can serve as bridge between these perspectives, allowing participants of this study to construct overlapping realities (Lincoln & Guba, 1985) as they discuss their experiences and realties through the semi-structured interviews. Constructivist epistemology seeks to move fluidly between objective and subjective ways to knowing, and attempts to create an overlap between truths, as it posits that there is no one universal “Truth” (Crotty, 1998). Constructivism believes there are multiple truths, meaningful within context, and each person will construct their own truth, dependent on their context and experience. Constructivism is well suited to explore considerations of the multiple perspectives participants shared.

Social constructivism posits, that individuals strive to understand the world they live in and give meaning to their experiences (Creswell, 2014). As meanings are diverse, varied and multiple (Creswell, 2014), I sought to understand the complexity of what participants share, attempting to capture the “essence” of the lived experience, the foundation of phenomenology (Moustakas, 1994). As I listened and clarified, the social constructivist worldview framed my thinking and helped me understand that each experience has been constructed in the context of each participants’ unique worldview, which has been influenced socially, culturally and historically (Creswell, 2014; Remler & Van Ryzin, 2010). This complex and contextual listening and understand will allow a rich description of the themes I found. I sought the complexity of participant views, to help me capture the essence of the participants’ lived experiences, honoring their

subjective viewpoints. Therefore, a social constructivist worldview is fitting for phenomenologist methodology. To ensure that a conceptual framework is not lost between the interwoven subjective realities between the participant and researcher, constructivism provides a framework within which new knowledge and meaning is constructed through the subjective world of the participant, and its interaction with the researcher and interview questions as the object.

In the following section, I describe the underlying paradigm theoretical perspectives that I use as a framework to guide my understanding of participants' lived experiences within the supervision context.

### **Phenomenological Methodology**

Phenomenological methodology is a unique qualitative research procedure and differs from traditional methodologies in purpose and procedure (Dukes, 1984). The task in phenomenological research is to recognize the logic and meaning of the experience for the participants, rather than to make causal connections or correlate patterns. The meaning structures are developed from participant experiences (Groenewald, 2004). Phenomenologists focus on describing what all participants have in common as they experience a certain phenomenon (Creswell, 2014). The key purpose is to reduce individual experiences with a phenomenon to a description that describes the universal nature of the phenomenon (Van Manen, 2014). For example, the feeling of love or grief is a universally experienced. Based on this notion, my goal is to capture the essence of the nature of supervision experiences that include client sexual topics, because in phenomenological research, the researcher describes the lived experiences of the individual participants about the phenomenon. The description culminates in the

“essence” of the lived experience for several individuals who have all experienced the same phenomenon (Creswell, 2014). Typically, phenomenological inquiry involves conducting interviews (Giorgi, 2009; Moustakas, 1994). I chose a qualitative route for this study because previous studies in developing CITs to work with sexuality issues have historically focused on quantitative methods, or discovery of behaviors or constructs that have hindered or fostered CIT counseling behavior in working with client sexual health in counseling sessions. Qualitative research focuses on how meaning is constructed, and how people make sense of their experiences (Creswell, 2014, Merriam & Tisdell, 2016). The primary goal of a qualitative study is to interpret and uncover these participant meanings.

Phenomenological research has roots in philosophy and psychology and is unique in that each participant is given an opportunity to describe their lived experience through semi-structured interviews (Creswell, 2014). Structured interview questions were similar for each participant; due to the conversational nature of phenomenological interviews, follow-up questions within the interview depended on the response a participant gives. The purpose of the follow-up question were clarification of experience communicated to the me, for description of the full lived experience, centered around the particular phenomenon, in this case, the individual experience with sexual topics in supervision sessions. I am to gather the “essence” of the lived the experiences of the participants, who have all experienced the same phenomena (Creswell, 2014; Giorgi, 2009; Moustakas, 1994).

While “categorizing” (Merriam & Tisdell, 2016, p. 26) findings through quantitative research has been invaluable in understanding sexual counseling training

needs, turning towards the phenomena itself, accessing the lived experience transformed into consciousness in everyday life (Van Manen, 2014), allowed me to focus on core meanings the participants had experienced without being blocked by theoretically underpinnings and patterns that stand in front of quantitative inquiry. Through this study, I was able to better understand how supervisor participants construct and understand their lived experience of supervision of sexual issues, with depth and richness of their experiences. As phenomenological study seeks understanding about the essence of the “underlying structure of the phenomenon” (Merriam & Tisdell, 2016, p. 24), I had the opportunity to listen for the essence of the shared experiences and core meanings mutually understood through a commonly experienced phenomenon (Merriam & Tisdell, 2016), supervision of CITs with client sexual issues.

As research literature has surfaced in supervision in the last two decades (Bernard & Goodyear, 2003), and CIT’s desire for sex positive education and competency is more evident (Cardona & Farago, 2017; Decker, 2010). A qualitative study is timely for the counseling profession to understand unique attributes of sexual topics in supervision. Causal and explanatory studies in how to best prepare CITs to address client sexuality have surfaced in quantitative studies (Decker, 2010; Harris & Hayes, 2008 Lofrisco, 2013) and have contributed to more effective counselor preparation in sexual topics. However, I believe that a qualitative study may help understand the unique ways supervisors’ lived experiences can contribute to current knowledge on how to best prepare supervisors and train CITs in sexual topics. A phenomenological understanding of supervisors lived experiences when developing CITs in working with client sexual

topics is timely, as CITs are increasingly curious how to best address this sensitive topic with clients.

A qualitative study in supervision of sexuality counseling issues is nonexistent at this time in the literature, therefore the use of qualitative methodology in this current study leads to findings that are not yet known and can contribute to both supervisor training and CIT training. Using qualitative methodology may contribute to the understanding of how to work with sexuality topics.

Employing qualitative methodology, allowed me to use specific protocols for recording and analyzing data through multiple steps of analysis, documenting my role as a researcher, and ensuring accuracy (Creswell, 2014), in manner that has not yet been employed for supervision of sexuality counseling issues. I believe my study using qualitative methodology is timely for two reasons; 1) quantitative methods in supervision particular to sexual issues date back over 25 years without qualitative studies expanding on results and 2) students are increasingly requesting to have knowledge and efficacy in how to handle sexual topics with clients. Quantitative methods have contributed to an important understanding of reasons for hesitance in supervision and training, and a qualitative method such as this study may be able to expand on *how* to work with sexuality issues past the conceptual understanding, through data analysis of semi structured interviews.

A qualitative research study utilizing phenomenology allowed me to deeply explore the meaning of the phenomenon, supervision of client sexual health topics, as experienced by the supervisor. Qualitative inquiry offers other research methods; however, the phenomenological method is geared towards understanding diverse

experiences (Merriam, 2009) about a particular phenomenon, not bounded by time or place, by capturing its essence (Moustakas, 1994). Qualitative exploration focuses on depth and quality, while quantitative research is driven by findings that in numbers and variables that can be measured (Denzin & Lincoln, 2011). With non-numerical data, qualitative research provides deep understanding, openness to discovery in the process, multiple techniques during the interview process and acknowledges the centrality of the researcher to the discovery process (Camic, Rhodes, Yardley, 2003; Creswell, 2009). My inquiry regarding lived experiences of supervisors were supported by utilizing the phenomenological approach in exploring unique perceptions, regarding lived experiences of the supervisor (Creswell, 2009; Dahl & Boss; 2005) and explore unique perceptions supervisors have in CITs addressing client sexual health topics.

### **Research Questions**

Initially, multiple research questions guided my study which have been organized into two primary research questions. With the lack of research in graduate level supervision of CITs in the area of sexual topics, I struggled with language use, in terms of identifying words in the research questions. I thought of sexual health, sexual well-being, sexual health topics, sexual concerns, and all seemed to raise questions of what exactly it means. My struggle was embedded in trying to be inclusive of anything related to sex in counseling.

The first research question was related to understanding the possible broad and diverse experiences supervisors have in individual supervision, when addressing client sexual issues. The first question specifically applies to listening for the manner in which supervisors have handled client sexual issues in supervision with CITs, as a way to focus

beyond the general experience, and listen for decisions and experiences of what happened to facilitate or hinder the dialogue. The second question allows for description of the broad and lived experience of supervisors providing supervision in sexual health issues, specifically the manner in which they were addressed.

Q1 How do supervisors in graduate level counseling programs understand the meaning of their experiences talking to supervisees in one on one supervision regarding client sexual issues?

Q2 How are supervisors addressing sexual topics with CITs?

These research questions guided the study. The rationale for the questions is to allow me to gain a deeper understanding of supervisors' experience of supervising CITs with client sexual health topics.

### **Theoretical Framework**

#### **Positive Sexuality: A Contextualized Sexuality Model**

A sex positive framework implies two interconnected ideas for understanding work within sexual topics. First, sexuality on both individual and relational levels can provide important growth for adults (Murray et al., 2016; Schnarch, 1997). Second, healthy sexuality is not purely an absence of dysfunction or problems, rather it is a unique context within we need to consider human sexuality. For example, clients expressing themselves about their sexuality allows for personal growth and enhanced relational connectedness (Murray et al., 2016). This framework differs from traditional sex therapy which provides a specialized focus of sexual and intimacy barriers for clients. It also differs from medical models rooted in psychopharmacology (Hough & Ishak, 2008; Melchiode & Sloan, 1999) and lack of sexual functioning within the sexual response cycle (Masters & Johnson, 1966).

In positive sexuality, a contextual model of human sexuality allows a view of the human sexual experience and sexuality itself as multidimensional and contextual. Each individual will have influences on their sexuality and personal sexual lens, both within themselves and relationally. Positive sexuality views a client's sexual health from a developmental perspective and is rooted in growth, acceptance, consideration of cultural background, individual mental health, gender identity, intimate relationships and physiology (Murray et al., 2016). Moving away from diagnosis based on genital functioning and frequency, supervisors and CITs have a new opportunity to explore a multidimensional view of clients, rather than a unidimensional view of sexual functioning as a separate construct from the individual. Using a contextual theoretical view of client experience is a fitting and familiar practice in both counseling and supervision. A conceptual understanding of client sexual topics within this framework allows supervisors, CITs and the researcher to seek a wide-lens, contextual understanding of what is happening in not only the counseling room, but how to address client sexual difficulties in supervision sessions.

### **Multicultural and Social Justice Framework**

Historically, the multicultural and social justice movements began as part of the Civil Rights era, post-World War II, in response to racial segregation and political tension, drawing increased attention to race and ethnicity (Ratts & Pederson, 2014). In this climate, immigration continued in the United States (CITE), in search of opportunity, freedom and financial opportunity by people around the world. In the 1960s, the feminist movement began as a response to male patriarchal oppression, and soon the recognition that all human beings are interconnected and share universal values (Shostrom &

Kavanaugh, 1971) manifested. This quickly became a damaging concept for unique contextual considerations for an individual as well as pathologizing families not fitting into this new value system (Ratts & Pederson, 2014). Today, multicultural competence is a key value that has become a responsible practice and training standard (Hardy & Bobes, 2016). A multiculturally competent counselor or supervisor understands her own attitudes, beliefs and skills and this awareness guides culturally aware and responsive practices (Sue et. al., 1992). In addition, the counselor and supervisor understand the interplay of identities within themselves and their supervisee (or client) and approaches the inherently embedded messages within these intersections with curiosity (Robinson-Wood, 2016).

In terms of applicability for this study, a culturally responsive supervisor has conversations about supervisee and client beliefs, cultures, values and identity and seeks to understand the impact of individual diversity (Hardy & Bobes, 2016). Using this framework, multicultural competencies specifically outline how supervisors can view diversity issues and therefore a blueprint is provided in addressing client sexual issues. For example, walking CITs through how a client sees themselves, their cultural beliefs, gender, social location, history, family of origin messages that may inform their sexual concerns, can deepen the understanding of individual treatment goals and client conceptualization. When working with CITs in one on one supervision, context talk (Hardy & Bobes, 2016) can aide in supervision taking place from a wide-lens, multiculturally sensitive, and positive sexuality perspective, which creates the understanding of sexual concerns being highly contextual, as well as developmental.

## **Phenomenology and Cognitive Complexity in Supervision**

Regardless of supervision model, each approach offers flexibility for supervisors to decide what is important to focus on, continuously listening for evidence and making decisions on how to proceed with CITs in supervision sessions (Borders & Brown, 2006; Stoltenberg, 1981). This complexity lends itself to self-chosen procedures (McAuliffe & Eriksen, 2010) of decision making on a moment-to-moment basis. Interventions are often guided by clinical “wisdom” and creativity (Borders & Brown, 2006; Skovholt & Ronnestad, 1992). This is recognized as “thinking relativism” or self-authorized knowing (Perry, 1998), the ability to recognize that knowledge depends on context, culture and other circumstances. Counselors and supervisors alike frequently face ambiguous and complex work, in which answers may not be linear, reductionist and predictive. Counselor educators face ambiguity through both teaching and supervision and strive to pass on a tolerance of ambiguity to their students, as it is a frequent state CITs will exist in with their clients. Therefore, due to the nature of supervisory work, constructivist epistemology and phenomenology enabled me to capture meaning and individual experiences with sexual topics within the supervisory dyad and inform supervisor training knowledge in how to effectively address client sexual topics in supervision sessions.

### **Methods**

The following subsection contains procedural details about the study. The following methods follow congruently with phenomenology to include semi-structured interviews and reflexive journaling, as common data collection procedures for qualitative data (Creswell, 2014). This type of data collection allowed me to answer my research

questions, because the questions were grounded in the participant's' subjective experience with the phenomena (Moustakas, 1994). Sampling was based on Merriam's (2009) definition of purposeful sampling, to select participants who fit my inclusion criteria of employed supervisors in the counselor education field. This sampling process allowed me to specifically seek participants who are supervisors, otherwise, the participant statements (the data) would not be congruent and valid as counselor educator supervisor's experiences. Data analysis specific to phenomenological inquiry was used to find common themes based on initial codes, to capture the "essence" of the phenomenon as required by phenomenology (Moustakas, 1994). The methods I used are consistent with phenomenology and conducive to answering my research questions, allowing open expression from participants, and leading to themes and findings congruent with phenomenological inquiry. The final representation of the data and findings are in the fourth chapter of this study.

### **Semi-structured Interviews**

A semi -structured interview is a qualitative method of inquiry that is a combination of a pre-determined set of open-ended questions with the opportunity for the researcher to explore responses or themes further during the interview process one of the most widely used methods of data collection in the social sciences (Creswell, 2014; Merriam & Tisdell, 2016; Rubin & Rubin, 2011). Semi -structured interviewing allows exploration of subjective viewpoints (Flick, 2009) and hear in-depth accounts of participant experiences. Moustakas (1994) states that open-ended questions are the best fit approach to understand participants' lived experiences, which is the primary goal of the study. As the interview questions help guide the topic participants are able to answer

in their own terms and, therefore, allows other relevant themes to develop during the interview, resembling a “flowing conversation” (Rubin & Rubin, 2011).

Through the use of qualitative interviews, I asked the open-ended questions detailed in this chapter, for the purpose of obtaining data through the lived experiences of the supervisors when supervising CITs working through client sexual topics. This style of information gathering allowed me to fully understand and hear the thoughts, experience and ideas that supervisors had encountered with CITs through their work. The interviews were facilitated by the me, the researcher, as it allowed control over the interview questions and potential follow-up clarification questions during the process (Creswell, 2009). In a two-part procedure, I collected the consent form and demographic information from the participant first, through the same email that scheduled the interview time. The second step was the interview process, after which I summarized my interview with the participant and asked for their approval and clarification on anything I re-stated. My fourth step in the interview process was to transcribe the interviews verbatim, within 24 hours of the interview. The interviews are expected to last approximately one hour.

### **Distance Interviewing**

Online interviewing is growing in popularity for its convenience, as the lack of geographical restriction makes it possible to conduct interviews with any person around the world (Merriam & Tisdell, 2016). By distance interviewing I am referring to an interview that takes place not in person but in real time. Interviews were available to all participants through their choice of phone interview or web camera- based interview for two reasons. Some participants may be more comfortable providing an interview in a

confidential manner without a camera. Other participants may be comfortable with a camera and might prefer to see the interviewer, in which case I wished to make video conferencing available. A free tool for virtual meetings is Zoom but Merriam & Tisdell (2016) warn that online interviews have not only strengths such as convenience to reach people in any location and observing nonverbal communication, but weaknesses such as one party's inability to use them due to lack of knowledge or familiarity, possibility of "breakdown," problems with "equipment," or "audio issues" such as voices breaking up (p. 117). Finally, confidentiality issues may arise. Any data collection method will have strengths and weaknesses; therefore, it was important for me to keep all these considerations in mind and inform any participant verbally who chooses online videoconferencing. In the end, all participants opted for a phone interview.

### **Reflexive Journaling**

Creswell (2014) encourages data collection that go beyond the interviews conducted with the participant. The reflexive journaling process provides a data collection type called "observations," which has multiple types. For the purposes of this study, my role as the researcher is known to the participant, which is called "observer as participant" (Creswell, 2014, p. 191). One advantage of this type of data collection through observation that I can record information as it occurs. It is a disadvantage of the process that private information may surface that I cannot report. However, through the process of reflexive journaling, I am "monitoring" the research process (Hays, Wood, Dahl, & Kirk-Jenkins, 2016, p. 175), as part of my data collection method. Reflexive journaling also ensures a rigorous research process, and is a common strategy to address credibility, dependability and confirmability, which I address below in the

trustworthiness section. In terms of data collection, it is a vital part of the “recording information” or data for the research study (Creswell, 2014, p. 146). This process is congruent with the bracketing experience required in phenomenology (Creswell, 2014) and can serve to differentiate data from the researcher’s relationships with the topic (Hays et. al., 2016). In qualitative research the researcher is the instrument itself for gathering the data, therefore, subjectivity is unavoidable, and making it explicit provides the study with clarity in how my experiences or reactions shaped the interpretations or “advancing meaning” (Creswell, 2014, p. 186) throughout the data collection process.

### **Setting**

Each interview was conducted over the phone, in my home office, with a closed door and free from distractions to ensure my full attention and confidentiality for the duration of the interview. The general geographic region for the study as be the Rocky Mountain region, located in the western United States. Participants were in various cities in the United States. Participants were encouraged in the introductory interview to select an interview time when they can be in a confidential location, due to the sensitive nature of the topic as well as to protect the confidentiality of any CITs they may mention during the course of the interview.

### **Participants**

Participants for the study were supervisors in the counselor education field, inclusive of any location within the United States. All participants were expected to be over the age of 18 as they were doctoral level professionals. Participants were be recruited from the Counselor Educators and Supervisors (CESnet) listserv, Counselor Education and Supervision departments within accredited universities, in addition, I

planned to utilize listservs for various regional divisions of the Association for Counselor Educators and Supervisors (ACES), such as the Rocky Mountain Association for Counselor Educators and Supervisors (RMACES), as well as other ACES regions. In addition, I planned to contact the American Counseling Association for permission to send my recruitment letter to their Sexuality Interest Network. In addition, I planned on contacting universities, through the head of department for permission to recruit participants through a departmental listserv. After IRB approval (Appendix A), participants had the consent form (Appendix B) attached in my initial recruitment letter (Appendix C) which described the purpose of the study to potential participants on professional listservs. Through these various listservs potential participants had the option to contact me via email if they were interested in the study. Demographic sheets were only emailed to participants who contacted me to participate, they were not included in the listserv letter attachment. Participants were accepted for interviews until saturation was reached, meaning no new knowledge emerged from the interviews (Merriam, 2009).

### **Inclusion and Exclusion Criteria**

Inclusion criteria was based on the method of research and the necessary participants for the study. I made inclusion decisions based on Creswell's (2014) recommendation that inclusion criteria need to respond to the specific objective of the study for internal and external validity. For this study, the following criteria was used: an earned graduate degree in counselor education and employment experience of supervising CITs where sexual issues were discussed as part of CIT supervision in the graduate training process. Supervisors must be licensed, working towards licensure or hold a certificate in addition their Ph.D., as licensure or certification is a strong indicator

of additional training, experience and ability to reflect on the supervision experience (L. Black, Cardona, personal communication, April 19, 2018).

Variation in participant characteristics was expected to be broad as supervisors widely range in age, ethnicity and work environments in which they supervise, such as universities, clinics, agencies and private practice. Participant diversity has the possibility of providing depth and breadth in understanding characteristics of supervisor experiences. Recruitment was an ongoing process until saturation (Merriam, 2009) was reached in themes within the semi-structured interviews.

Specifically, if I strived to understand supervisors' experiences with CITs handling client sexual topics in higher education, I included participants who meet requirements to ensure validity, supervisors who are employed in the counselor education field and have experienced client sexual topics in one on one supervision. The following was my inclusion criteria for the study:

- Have a doctoral degree
- Be licensed in any state or hold a certification in counseling
- Have provided supervision, through their employment to CITs
- Have verbally addressed any topic of sex in supervision pertaining to adult clients, including CIT concerns with their clients' sexual behavior, sexual practices, sexual questions or concerns clients expressed, sexual orientation, sexual attraction by either counselor or client, sexual psychoeducation provided by supervisor, client individual or relational sexual concerns, and any other topic not listed that the supervisor

participant would describe as a sexual topic or concern in one on one supervision.

Exclusion criteria is used to describe who will not participate in the study; eligibility was not met if:

- The context of supervision work has not taken place in an employed work setting.
- Unlicensed counselors who work as supervisors, such as supervisors still in training for their state license to practice.

### **Sampling Methods**

Sampling was guided by Merriam's (2009) purposeful sampling strategies, as participants were selected specifically to be able to explore the phenomenon of interest.

Below is a description of sample methods and its application in this study.

Purposeful sampling is widely used in qualitative research for the purposes of identifying "information-rich" sources (Palinkas et al., 2013). Due to the nature of the topic, stratified purposeful sampling was used to recruit participants who meet specific criteria of working though client sexual issues with trainees. Stratified sampling has advantages when there may be subgroups within the population that share certain characteristics which are relevant to the study. For example, many faculty conduct supervision at their universities, as supervision itself is not unique to only counselor education. Seeking only supervisors could result in participants from multiple disciplines, and this study was specifically aiming to understand the unique experiences counselor educators have in their one on one supervision sessions. Stratifying the sample produced interviews and findings with participants who work in counselor education specifically,

allowing for valid and precise findings specific to one field, even though the consequence is less sampling variability in general (Remler & Van Ryzin, 2010). Through stratified sampling, I can consider a specific strategy; aiming for participants specifically in counselor education who have worked with sexual issues in one on one supervision, which allowed for accurate findings that were meaningful in answering my specific research questions. Stratified purposeful sampling involves two additional forms of sampling; snowball and criterion sampling (Patton, 2002).

Snowball sampling occurs when trust has been built in the interview process and the participant opens up referrals for the researcher, to access more information on the topic (Remler & Van Ryzin, 2010). The snowball sampling method was allowed because in this study, identifying a specific sampling frame is not feasible, due to the confidential nature of supervision work. For example, while I may have had access to listservs and university departments through electronic means, specifically being able to identify which counselor educator has worked with sexual topics in supervision is nearly impossible. Through the interview process, however, a participant may be able to identify a colleague who has worked with sexual issues and supervision, in which case I planned to reach out to ask a colleague for participation, if there was a need for additional participants and saturation has not yet been met.

Criterion sampling (Patton, 2002) means participants were selected based on specific criteria, in order to satisfy methodological rigor for the study (Suri, 2011). Methodological rigor is one aspect of ensuring that the findings in the study are transferable to a wider population for applicability purposes. In this case, the use of

criterion sampling helped ensure that the findings are applicable and practical for counselor educators.

### **Overview of Data Collection**

As an overview of the data collection procedures, I planned to collect data at multiple points in the research process with each participant, as it is often defined as a process of “interrelated activities, aimed at gathering good information” to answer the research questions (Creswell, 2014, p. 146).

The data collection procedural steps were conducted in the following order; after Institutional Review Board (IRB) approval (Appendix A), I sent out the consent form (Appendix B) in the recruitment letter (Appendix C) on CESNET. Any interested participant can email me at the email address provided in the recruitment letter. Next, I emailed them back, thanking them for the contact, attaching the demographic sheet (Appendix D) to this first personal email contact, and once again attaching the consent form, if they have not returned it to me in their first contact. My email stated that if they wish to participate, they would sign the consent form first and the demographic sheet and email both back to me. I offered, in this same email, to email me if they have any questions before signing, to make sure they do not sign anything that is unclear, or they do not agree to. I asked them in the same email to provide three available times for me to choose from, that they can set aside for an approximately one-hour interview, from which I chose an availability when I can be free from distractions. The interview data collection began once I received a signed consent form, demographic sheet and the agreed upon interview time. Next, I describe specific details of these individual procedural steps, including what they are and how I planned to conduct each.

The IRB serves to protect the rights and welfare of human subjects in research activities (Creswell, 2014). It is the responsibility of the IRB, a federally regulated process, to review research proposals involving human participants, to ensure they are protected from physical and emotional harm in the research process (Yin, 2015). For this reason, IRB approval was the first necessary step before I begin my recruitment and data collection procedures.

The IRB request form (Appendix A) details the purpose and need for this study, along with possible risks and benefits, for the review board to ensure the study participants were protected. The IRB approval process for this study was obtained from the University of Northern Colorado IRB, in April 2018. Following IRB approval (Appendix A), The consent form (Appendix B) is attached to the Recruitment letter (Appendix C) along with the IRB approval number.

The importance of a consent form has multiple layers: ethically, participants have a right to know the purpose of the study and any positive and negative consequences. Without this knowledge a participant is unaware of what they are consenting to, and this omission can create undue harm for the participant, opening up a researcher to liability for that harm.

The principles of autonomy, beneficence and justice are key concepts to follow for ethical research, meaning voluntary, removing unnecessary harm, for the most benefit to the participant and the concept of fairness towards the participants (Miller, Birch, Mauthner & Jessop, 2012). Though the informed consent is attached in the appendix, it is a process and not a form (Creswell, 2014; Crotty, 1998). Ethically, a participant can only voluntarily commit to become a research participant if they understand what is conveyed

to them in terms of risks and benefits and if they are informed in understandable language, in order to make an accurate judgement about participation (University of North Carolina, Charlotte [UNCC], 2018).

Recruitment letters (Appendix C) were emailed indirectly to participants through CESnet. Since saturation was reached through CESnet participant interviews, I did not need to contact other listservs. Each email included the attachment of the consent form (Appendix B), IRB approval number, purpose of the study, information such as expected duration of the interview and compensation information. The interview was expected to take approximately one hour, and each supervisor participant received \$40 e gift card to Amazon, which was emailed immediately following the interview. I emailed the gift card to the email address provided by the participant as part of the demographic questions sheet. The recruitment letter included information about the compensation in an effort to incentivize participation and demonstrate appreciation for participants' valuable time.

The demographic sheet (Appendix D) was provided for pseudonym selection and demographic information. The importance of a pseudonym is confidentiality (Merriam & Tisdell, 2016), and I ensured that I describe only broad characteristics about my participants in the discussion or any tables, to further protect their confidentiality. I received this sheet from participants before the interview begins.

It was important in the semi-structured interview process (Appendix E) to respond to the statements I heard, with paraphrasing, prompting or rephrasing the question based on the exchange, giving particular importance to the idea of the researcher as an instrument in qualitative research (Creswell, 2014). For an effective interview I paid attention to the participant's narrative as it was unfolding, knowing when to not interrupt,

and when to guide with an addition open ended question based on in-depth decision making (Galletta, 2013). Thematic patterns emerged, explored and labeled with initial codes following the interview. However, it was important to not solely focus on any evidence of patterns as I may miss pertinent information and slant my questions to pursue further evidence. My main goal was to listen for points that need further clarification, as well as to locate points in the interview that I may need to return to for further elaboration or asking the participant to critically reflect, in a mutual manner.

At the scheduled interview time, the interview content was recorded for transcription purposes on a hand-held tape recorder as well as digitally on an unused smart phone that is now functioning as a recording device only. In anticipation of what is termed “field issues” (Creswell, 2014, p. 147), I planned the two recording devices as well as my notes during the interview. I addressed each data collection activity in more detail below. I followed-up with each participant when I emailed them the transcription. Follow-up means asking participants if they have any questions or reflections to share, with the purpose of anything additional they may want to add.

### **Distance Interviewing**

During the participant phone interview, I had two recording devices for the purposes of documenting the interview. One device was a smart phone with lock screen code, and the interview was saved under the participant’s pseudonym until the data is transcribed. The second device, in case there is technical difficulty with the first one, was a hand-held tape recorder and interviews were recorded onto a blank tape. All participants were informed that the interview is being recorded for the purposes of transcription, to allow written data availability for ease and accuracy of the data analyses

process. Transcriptions were entered into a word document by the researcher, verbatim from the interview, which had two purposes. First, it allowed the document to be emailed to the participant for the member checking process, described later in the study, and to allow the interview data to be saved in a locked file cabinet. I asked follow-up questions congruent with open-ended questions and semi-structure interview procedures (Creswell, 2014).

Debriefing occurred after the interview was complete (Appendix D). In the debriefing process I thanked the participant for their openness and willingness to participate. During this time, I asked if they had any questions and discussed the timeframe I would send them the transcribed interview for the member checking process. I also verified the email address where I can send the e gift card for their participation.

Journaling immediately after the interview in a quiet space allowed me to reflect on what I heard in the interview and continue the reflexivity process of noting the difference between what I heard, what meanings may be present, and what my personal reactions are, in an effort to separate the data from any bias.

Member checking is the process which involves the researcher sending the transcribed interview, often with initial themes and impressions of possible codes (Hays et al., 2016) This process, described in trustworthiness, allowed the participant a chance to say whether the interview transcription accurately represents the verbal interview. I asked the participant to read the interview and respond within one week with either their approval or any questions, comments or concerns they may have. When I completed a transcription, I sent the transcribed interview to the participant, with a broad or general reflection of one or two broad and brief observations I may have from the data and asked

the participant to let me know if the interview and the initial impression I have is correct or not. I asked the participant to email me their response in one week, otherwise I would proceed with the data as deemed accurate by the participant.

### **Connecting Interview and Research Questions**

There are several ways interviews can be conducted and categorized in the research process. In this section, I describe the questions I used in the interviews and the rationale for selecting a semi-structured interview format. In deciding the type of interview to use, I had to first consider the amount of structure that makes the most sense for my inquiry. When placed a continuum, the range of structure for interview questions may vary from highly structured interviews to unstructured and informal interviews on the opposite end. Frequently, highly structured interviews are called “standardized” interviews, with questions determined ahead of time and order being important, which is most commonly used for surveys such as a marketing survey or gathering demographic data for a qualitative study (Merriam & Tisdell, 2016). Strictly adhering to this method may not have allowed me access to the participant’s unique perspectives and construction of their lived experience.

On the other end of the structure continuum, informal interviews are typically used when the goal is to formulate interview questions for later use, because not enough is understood yet about a certain phenomenon to ask questions that are relevant, thus the interview resembles a conversation (Merriam & Tisdell, 2016). For qualitative investigations, semi structured interviewing is typically in the middle of the continuum, where the inquiry is open-ended, less structured for participants to describe and define their world in unique ways. In semi-structured interviews, wording is more flexible, and

there is a mix of structured and less structured questions. As specific information is desired from all participants, in this case the experiences supervisors have had with supervising CITs for client sexual topics, meaning I need a more structured portion in the interview. However, the exact wording and exact order need not to be determined ahead of time (Merriam & Tisdell, 2016) as I was mostly inquiring about supervisors' engagement and lived experience with the phenomenon (Creswell, 2014). To illustrate my thought process; in a highly structured interview I might have participants give a definition of supervision of sexuality counseling and ask participants if they have conducted such supervision. In an unstructured interview I might ask a participant how they arrived to becoming a master counselor and in a semi-structured interview I can ask participants to describe their lived with experience with supervising sexual issues.

The research questions guiding the study were answered using the following interview questions during the semi- structured interview process; as the research method for phenomenological inquiry uses a semi-structured interview process guided by the research questions (Creswell, 2014). I used a warm-up question asking supervisors of how they experience supervision in general in counselor education, which was meant to begin providing an environment and mental space to continue with the interviews. In the next chapter, I explain unexpected indications due to this warm-up question.

The First three questions are designed to answer Research Question 1 (How do supervisors in graduate level counseling programs understand the meaning of their experiences talking to supervisees in one on one supervision regarding client sexual issues?)

1. Please think back to an experience in which you were supervising a graduate- level CIT for a client's sexual concern, one on one. Can you describe that experience for me (How you introduced the topic, what was the conversation like?)
2. How is this experience different from supervising CITs in other issues brought to you in the supervision process?
3. What are your concerns, if any, in addressing client sexual issues with CITs?

The following three questions address Research Question 2 (How are supervisors addressing sexual topics with CITs?)

4. Please think back to one of the experiences you talk about, can you describe how you handle language and communication about sexual topics in supervision with CITs? How do these topics come to the forefront?
5. How do you see your training and CIT training playing a part in addressing client sexual concerns?

Follow-up questions can be included for clarification purposes during the interview process. For example, if a word is used that needs more detail such as “it went well,” I would ask the participant what they meant by “well” if they do not describe on their own.

The purpose of final question was to allow time to say anything the participants find relevant to their experience that I did not include in my semi-structured interviews, or any possible recommendations they may have for supervisors to handle CIT sexual issues.

6. Anything else you would like to add in regard to sexual health counseling supervision that I did not ask?

### **Phenomenological Data Analysis**

The data analysis process in phenomenological inquiry is best understood as inductive and comparative in its analysis strategy (Merriam & Tisdell, 2016). This type of analysis seeks to home in on the essence or “basic structure” of the phenomenon (Merriam & Tisdell, p. 227).

The analysis of the data is a repetitious and rigorous process. Merriam (2009) explained that the analysis process becomes increasingly intense as the study progresses. The initial process of analyzing data consist of reading, sorting, and analyzing in phenomenological inquiry. In practical terms, I read the transcribed interviews multiple times before I start line-by line analysis. Epoche (Van Manen, 2014) is a first step in analyzing a phenomenological study, which means that as the researcher I was required to suspend all preconceived biases related to the study. Moustakas (1994) explained that this process allows the researcher to approach each interview in a new and equal experience to the one before, and specified the following steps:

During the reading process, I began the process of phenomenological reduction; I underlined small meaning units (Merriam & Tisdell, 2016) and labeled them with a color. As I capture the meaning of the information into a code or theme word, I stated this at the margins of the interview transcription. I continued this process with all interviews until all meaning units have been sorted into themes and this was my sole focus for several weeks.

## Phenomenological Reduction

Phenomenological reduction refers to a three-step process: bracketing, horizontalization, and clustering. The goal of this process is to analyze data collected from interviews, label them with codes and identify emerging themes based on said codes. Phenomenology focuses on the pre-reflective experience, the experience of how the world is accessed. Through the reduction experience, I continually return to the essence to derive meaning and the inner structure (Creswell, 2014)

Bracketing refers to the process when the researcher places their thoughts and biases in “brackets” in an effort to observe the interview data without letting biased information effect the study. This step began after all the interviews have been transcribed verbatim. The purpose of bracketing is to only allow relevant information into the study. The focus was placed on the topic, questions and answers by continuous reading and re-reading of the interviews. As a bracket my personal experiences, I made sure my biases did not get in the way of listening to all interviews with the same openness. Often phenomenological studies include the description of intense human experiences; bracketing prior beliefs If I have of these emotions, as an important process “so as not to interfere with seeing or intuiting the elements or structure of the phenomenon” (Creswell, 2014, p. 26).

Horizons are statements provided by the participants that stand out. During this phase, all statements have equal value (Moustakas, 1994). Following this step, only horizons are retained that allow for a rich and textural meanings of the phenomena being experienced (Moustakas, 1994).

## **Grouping Into Themes**

Clustering is the final step of the process, which allowed me to group the horizons into themes based on their descriptions (Moustakas, 1994). The final steps were to combine themes and its textural properties and develop individual descriptions for each participant. In the final integration phase, I combined the rich, textural descriptions with the phenomenological reduction in an objective to represent the groups' experience as a whole (Moustakas, 1994). In this step, phrases became descriptive words. Certain words clustered together for example, negative feeling words may be in one group and positive feeling words in another group. Once I named or labeled what I was attempting to capture, I provided a description or quote in my write-up to explain how I have arrived at that word or group of words. This transparent process allows readers to see how I have come to the cluster of words through my detailed description.

## **Establishing Rigor and Trustworthiness**

Rigor in qualitative research involves a systematic approach to the research design, data analysis, interpretation and presentation (Hays et al., 2016) in a cohesive manner, demonstrating congruence with the selected methodology. I aimed to establish rigor, meaning quality research, through comprehensively conveying the research process and outcome. The reader will determine if the findings are trustworthy, therefore, I aimed to convey my strategies for trustworthiness.

Trustworthiness in qualitative research can be understood as authenticity (Merriam, 2009) or internal validity, that ensures I am researching what I believe I am researching. Trustworthiness is approached differently than the concept of validity in quantitative research. As phenomenology has different roots than the positivist paradigm

that quantitative research has, naturalistic investigators typically use different terminology (Shenton, 2004). Lincoln and Guba (1985) developed constructs for qualitative research that correspond to the criteria used in quantitative investigations, to ensure trustworthiness of a study. These four terms are (a) credibility analogous to internal validity; (b) transferability in preference to external validity or generalizability; (c) dependability analogous to reliability; and (d) confirmability analogous to the term objectivity. Next, I discuss each of the above foundational criteria for trustworthiness and the strategies I plan to use to establish each one.

### **Credibility**

Credibility in a qualitative study refers to internal validity in a quantitative study. A key criterion in research is to ensure that the study measures what it is intended to measure. Credibility refers to the overall sense of “believability” of the study (Hays et al., 2016, p. 174), in other words to the extent to which the study outcomes appear accurate based on the research process. In my phenomenological study, I needed to think of this as my findings being consistent with the data collected, the interview content. Bolstering credibility is additionally possible through procedural decisions, such as collecting data from multiple organizations (Shenton, 2004), in this case, multiple universities. Member checking is the method I planned to use to establish credibility and is described next.

Member checking is a method to establish credibility in qualitative research. Member checking refers to the step where participants are able to determine the accuracy of the interviews and possible themes. After transcribing the interviews verbatim, I noted initial themes that may stand out within the interview, especially since transcription allowed me deeper immersion into the data. I sent the transcribed interview to the

participant along with initial theme words, to hear their perspective if what they are reading and the themes I am hearing and seeing match with their perception. I sent transcripts via the email address the participant provides me at the end of the interview process, and I explained that this step is necessary to ensure I am accurately representing what they said. I asked the participants in the emails to respond within one week.

Lincoln and Guba (1985) describe member checking as an important bolster for credibility (Shenton, 2004) where the participants read the transcribed interview as a way to determine the accuracy of the interview data and the description of themes that have emerged from their report. As it is impossible to measure accuracy of interview responses; study participants are describing their lived experiences which have no “correct” or “incorrect” responses. However, sending each participant their transcribed interview responses verbatim, increases the credibility of the study. Additionally, using well-established research methods (Shenton, 2004), consistent with procedures for gathering data, employing methods of analysis specific to phenomenology establish that a process was followed, which support the credibility of this study.

### **Transferability**

Transferability in a research study refers to external validity in a qualitative study. Merriam (2009) explains this step as the extent to which the findings of the study may or not be applied to other situations. Typically, in qualitative studies, the findings apply to a particular environment (Shenton, 2004) and may not apply to a broader group. Transferability is concerned with generalizability to other people in similar settings and timeframes (Hays et al., 2016). To establish transferability, I used a method called thick description described next.

Thick description is a strategy to establish transferability; the richness and context of the information allows the reader to decide if this study is applicable to their own work in counselor education (D. G. Hayes et al., 2016). By describing the particular setting, the lived experience occurred in, and offering a richness of context, I can stay true to the key factor of contextual considerations in both qualitative inquiry and counseling supervision. Adding to the rich description, the study, describes boundaries and the context of the fieldwork, as well as sharing the number of participating organizations or universities, any restrictions on the participants who provided the data, number of participants involved in the study, detailing data collection methods, the number of and length of data collection sessions, and the time period it was collected over (Shenton, 2004). This way, the reader may determine if the findings in this particular study make sense to apply to their work environments and in addition allows the reader to replicate the study ( Hays et al., 2016).

## **Dependability**

Dependability in qualitative research refers to consistency of findings across “time and researchers” (Hays et al., 2016) and is analogous to reliability used in quantitative research. In quantitative inquiry, a reliable research study means the extent to which the findings can be replicated (Remler & Van Ryzin, 2010); in other words, if the study were to be repeated by another researcher, would they have the same findings. The assumption of reliability in research design indicates that there is one single reality and is problematic in the social sciences because human behavior is never static (Merriam & Tisdell, 2016). Replicability is best assessed when the researcher can manipulate the conditions (Wolcott, 2005), therefore, it is not an appropriate term for the study of human

behavior. However, this does not discredit a qualitative study (Merriam & Tisdell, 2016). Since numerous interpretations may exist for the same data, a more appropriate question to ask for qualitative inquiry is whether the results are “consistent” with the collected data (Merriam & Tisdell, 2016). Lincoln and Guba (1985) coined the terms “dependability” and “consistency” to conceptualize the idea of reliability in qualitative research. As the phenomena being studied is highly contextual and employs no controls that quantitative studies do, the idea of reliability in the traditional sense is not applicable in a qualitative phenomenological study (Wolcott, 2005). This shifts to how another researcher or outsider may view the data: instead of making sure each researcher gets the same results, the question is, given the data, are the findings consistent with the data collected, or, do the findings make sense. I used two methods of rigor for dependability, triangulation and research journaling.

Triangulation is often used in social sciences to check results and cross verify the data through two or more sources, to provide multiple sources of evidence to support findings (Hays et al., 2016). I established this by finding data sources other than the interview data, such as other research studies in the field to justify the themes I found. Existing studies can help substantiate my themes and findings in more than one way. For example, theories and methods in other studies can provide validation of my findings.

Research journaling provides an additional strategy to establish dependability, as it can establish consistency between the data and the findings, for both the researcher and reader (Hays et al., 2016). As another researcher may find slightly different meaning units or themes from the same study, the ability to track the process from data to findings through a journaling process can offer insight into the thought process during analysis.

## Confirmability

The concept of confirmability encompasses the notion objectivity (Lincoln & Guba, 1985). Real objectivity is difficult to ensure in any study, as even questionnaires and tests in quantitative studies are designed by humans, diluting objectivity (Shenton, 2004). In this step, I had to ensure that my findings are the result of the experiences of the participants and not the characteristics and preferences of my thoughts. Miles and Huberman (1994) assert that a key consideration for confirmability is the extent to which the researcher admits her own dispositions. I establish confirmability by using two strategies, reflexivity and peer debriefing.

Reflexivity is monitoring any assumptions and bias I may have had throughout the study and involves tools such as journaling or memos for tracking these reflections (D. G. Hays et al., 2016). I had a research journal solely for the purpose of this study, to write down my reactions during coding and after participant interviews. This reflexivity is an open and honest narrative in order for me to keep track of through my journaling process, resulting in comments about how the interpretation of the findings may be shaped by my culture, gender, history and socioeconomic origin, for example. I have begun stating my position relative to this research study in Chapter I and added to this, as ongoing reflexivity is a core component of qualitative research. In my development throughout my doctoral studies, I have become more reflexive and increasingly able to articulate my philosophies and position and be accountable for them in a manner that can effectively separate and reflect on the study findings. I monitored my assumptions, my relationship with the topic and the mental processes that lead me to the findings from the

data, by writing in a research journal throughout the research process, such as after an interview with a participant, and after coding an interview.

Peer debriefing or peer examination is another method to establish confirmability in qualitative research (D. G. Hays et al., 2016). In this step, a colleague such as a doctoral student with training in qualitative research provides feedback between the congruence of the interview and the themes I have found. It is important that in peer debriefing the peer is “disinterested” and uninvolved with the study to challenge the findings and methodology (D. G. Hays et al., 2016, p. 175). Peer opinions were taken into consideration and adjustment were if it was congruent with phenomenological methodology. I asked a peer in the doctoral program who is similarly a doctoral candidate.

### **Ethical Considerations**

Regardless of research methodology, a system of protections exists within research ethics to protect all research participants. Considerations for this study included voluntary participation, informed consent procedures, detailing any potential risks for harm, confidentiality and anonymity. Participants choose a pseudonym on their demographic sheet, in order to protect their confidentiality. Geographical location was not reported to ensure anonymity, a high ethical standard (Vainio, 2013). In addition, all identifying information were redacted from the transcripts, which are kept in a locked filing cabinet in my office. Voluntary participation ensured that participants can quit the study at any point without explanation. The informed consent contained full details of the study and was reviewed by IRB prior to starting data collection and contained the purpose of the study and the participants’ role, risks and compensation procedures. My

research advisor and I will each keep a copy of the informed consent for three years, in a locked filing cabinet, in a private office space.

### **Researcher Personal Stance**

My personal and professional interest in this topic stems from my counselor identity as a practicing sex therapist during my doctoral studies. In this process, I recall countless students asking me how I came to be a sex therapist and their own interest in becoming such. I have been stopped in the school hallway on a regular basis during my doctoral training, by strangers who have “heard of me” or “someone pointed me out to them.” I have received emails, have been asked specific questions about my training, asked to meet for coffee. I have stayed late after class, and spent my break talking to students about being a sex therapist. I have been asked to co-teach or guest lecture on my professional experience being a sex therapist and how I view this role as a developing counselor, and a human being, navigating what I hear with my own intersections and my own worldview. Being a sex therapist has been incredibly inspiring and rewarding both at my practice, as people allow me to walk with them in the deepest spheres of their soul, and as a graduate student, being able to advocate for the importance of sexual issues as I talk to incredible gifted, kind and curious graduate students. I am highly aware of my commitment and dedication for the rest of my career to help advance the Counselor Education and Supervision field in grasping how to best work though client sexual issues and inspire my future students to embrace the totality of the human being in front of them in the counseling room. In this study regarding supervision of sex counseling, I hope to contribute to how we can support supervisors in graduate training when faced with the

questions graduate students have asked me over the last three years in my doctoral program.

### **Summary**

In this chapter, I presented an overview of qualitative research rooted in phenomenology along with an explanation of constructivist epistemology, specifically social constructivism. I then discussed how theory rooted in positive sexuality and multicultural and social justice considerations provide a broader foundation to understanding data gathered from participants. Next, I described my participant inclusion and exclusion criteria, with how I planned to protect their confidentiality through redacting identifying information from the interviews, using pseudonyms and broad age ranges. Redacting regional descriptions of their supervision location provided anonymity. After addressing trustworthiness and rigor, I included specific steps I took in the process of phenomenological reduction to specify themes specific to supervision of sexual issues. Last, ethical considerations describe additional steps to ensure protection of each participant in the study.

## **CHAPTER IV**

### **FINDINGS**

This chapter contains the findings of the study. This study was designed to explore the lived experiences of Counselor Educators when supervising CITs working through client sexual issues, therefore, phenomenology was used as the research design. Phenomenology is an appropriate fit when there is “little or no research or evidence in the literature” (Simon & Goes, 2013, p. 1). During my literature review, there were indications that both contemporary sex counseling, embedded in a positive and affirming framework, as well as supervision is understudied. Counselor Education’s role in how to support CITs who desire to increase their efficacy in working with sexuality concerns is also not yet understood. The overall lack of investigation in these areas were a good indicator that focus on the methodology is more fitting than focusing on a certain problem.

The focus of the study is 13 counselor educator experiences with supervision of sexual topics or issues with CITs enrolled in both masters and doctoral programs across the United States. Through gathering the lived experiences of individuals, this study has provided thick descriptions and textural details for understanding how counselor educators experience and make meaning of their supervision work regarding a wide range of sexual topics experienced by both clients and CITs.

By using one warm-up question, and six interview questions, this chapter answers the two overarching research questions, which were the following:

Q1 How do supervisors in graduate level counseling programs understand the meaning of their experiences in one on one supervision with CITs regarding client sexual issues?

Q2 How are supervisors addressing client sexual topics with CITs?

First, I will describe why I am unable to individually introduce each participant and specify author duty to preserve participant's confidentiality. Instead, I will provide overarching demographic information and details about the type of supervision, such as live, field based among others. I will provide an overarching demographic understanding of participants, and a brief description of educational and career paths in a general manner, due to confidentiality issues described below. Next, I will describe the recruitment process, and data analysis. A table will describe the sexual topics experienced by supervisors in supervision sessions. Third, data from the study are presented, using participant quotations to provide examples and substantiate themes found in participant experiences. I will present my data in a two-fold manner; the first research question is answered by the experiences in the first three interview questions; the second research question is answered by the second three interview questions.

### **Participant Confidentiality**

When designing this study, I believed using pseudonyms and redacting specific city or program names would be enough to ensure participant confidentiality. However, throughout interviews it became clear that specifying demographic information, along with region and the nature of the sexual topic in supervision may lead to CITs identifying themselves, through the stories of their faculty supervisors, and for supervisors to be able to identify each other. Participants realized as they were talking to me, that their students would want to read this study and may recognize their particular, personal supervision

experience with the interviewee who is a faculty member. Other participants expressed worry that their pseudonym and age would give away who they are and wanted to change the pseudonym. Two participants in the member checking process specified additional information in the interview that they wanted redacted to ensure their own or student confidentiality.

Participants expressed concern for both their own confidentiality and anonymity as well as feeling the need to protect their students. While the interviews focused on the participant supervisors' experience, reactions, and meaning making, it was necessary for participants to provide contextual information in the interview, which resulted in having to explain very specific CIT and client interactions and processes. These contextual descriptions varied; some were between CIT and client, participant and CIT, or participant reactions to clients, whom their CITs were counseling. For this reason, individual demographic accounts and themes in supervision may not preserve participant confidentiality. As counselor education is a small professional community, regional information, along with age, gender, career path and CIT sexual topic could easily make a participant or even student identifiable to their peers or faculty.

### **Demographic Information**

Each participant completed a demographic questionnaire prior to the interview (see Appendix D). All 13 participants held a Ph.D. in Counselor Education from a CACREP accredited program, and 11 participants work as faculty members, with three participant's primary supervision work in a clinical setting, supervising graduate students in field-based practicum experiences, and live supervision. Four participants stated their primary responsibility was supervision and not teaching. All participants were licensed as

a mental health provider. Participant ages ranged from 33-69 years. Participants self-identified as White, Caucasian, Hispanic, Latinx, Asian Indian, Caucasian/ Hispanic, Black, White/ Mexican. Three participants identified as male, 10 as female.

Employed supervision experience in academia ranged from 3 1/2 years to 23 years, and clinical experience ranged from four to 41 years. Geographic locations were redacted from reporting to provide a high ethical standard and ensure the confidentiality through anonymity participants are entitled to (Vainio, 2013). As previously mentioned, I refrained from specific participant profiles, as age, gender, years in the field, region, experience, work within the field and professional interests may all or in part reveal participant identity, which I intend to safeguard.

None of the participants had supervision training specific to sexual topics. Ten participants had sexuality counseling training in undergraduate, graduate or doctoral level training, and stated that more extensive training was needed and wished it was mandatory in their current programs. Two participants had not received formal coursework in sexuality. All participants spoke about being self-taught, due to either a clinical experience encountered, a supervision experience encountered or due to teaching a sexuality course, such as human sexuality. One participant received coursework in four or more topics related to sexuality, which was the highest number of formal training from among all participants. Seven participants stated that consultation with a trusted college, mentorship, supervision of supervision, or experience in how to have difficult conversations prepared them to supervise sexual issues. All supervisors engaged in self-directed education to broaden their skills to work with sexuality and multicultural issues.

Self-directed learning included categories of workshops, self-study, learning on the job, looking up information, career long learning and learning from modeling.

Table 1 summarizes demographic information of the participants. The purpose of this table is to illustrate the diversity of supervision experiences among the participants.

### **Interview Recruitment**

The initial participation request on a professional listserv provided twelve participants willing to interview within a 48-hour span of the request. Interview times were setup through email. One participant did not answer their phone during the scheduled interview time, therefore, a follow-up email stated that if they had a different time available they could still participate. Another participant, after the initial commitment changed the time multiple times and described their ongoing busy schedule, so the researcher emailed them that they are welcome in the study in the future if their schedule allows. This left 10 participants and the interviews took place within two weeks over the phone. After two weeks, a second request on the same listserv, as saturation was not yet reached in how supervisors are addressing sexual issues with CITs, which was the second research question. Five prospective participants responded within 48 hours, and three were interviewed within one week, two were emailed that if saturation is not reached within one week, they will be contacted, which they agreed to. In total, 13 interviews were conducted in a three-week span, in June 2018, and all were recorded phone interviews. Interviews averaged 45 minutes each. Interview data totaled nine and a half hours of audio material and 132 pages of single-spaced transcription.

Table 1

*Participant Demographics*

Supervision	Years Employed as Supervisor	Years Employed in CES	Years of Clinical Experience	Sexuality Training Types
Live	4.0	1	4.0	Masters
	11.0	12	15.0	Teaching CEUs
	4.0	4	11.0	Undergraduate Masters
Field Based	10.0	10	22.0	Multiple Graduate
Private Practice	3.5	4	24.0	Graduate
Clinic	20.0	10	36.0	Doctoral
	2.0	4	9.0	None
	2.0	< 1	3.5	None
University Clinic	17.0	20	22.0	Masters
	23.0	18	41.0	Masters Doctoral Workshops Conferences CEUs
	5.0	7	8.0	No courses CEU Clinical Work
Training Clinic outside of University	9.0	9	12.0	CEUs Teaching
	19.0	6	26.0	Undergraduate Masters

*Note.* CES = (n = 13) participants held a Ph.D. in Counselor Education \* CEUs – Continued Education Units.

\* CES 10 participants (76%) completed coursework in human sexuality and 3 participants (23%) have not received training in human sexuality. Years employed in CES ranged from < 1 to 20, with a median of 8.6 years. Employed supervision experience ranged from 2 to 23 years with a median of 9.96 years. The regional information does not correspond to the supervision type, in order to protect participant confidentiality.

During the interviews, I took notes on participant statements, words describing an emotion, reasoning, topic or process, which was used as a reference point while reading the transcriptions. Upon beginning to transcribe the tenth interview, I realized that the audio content is an interview from a previous study. The interview itself had been deleted from both devices upon uploading audio content to a computer and, therefore, the interview was not able to be retrieved. Immediately, I emailed the participant, disclosing this information and attaching the two pages of notes taken during the interview process. The participant acknowledged my effort to be transparent and ethical in the research process and acknowledged that the content of the notes reflected the interview content. With one interview lost and having only the interview notes to rely on in one case, the total interview data available for data analysis totaled 532.62 minutes or nearly 9 hours of interview time, and 132 pages of transcription. To provide an audit trail of my work, journaling and member checking helped ensure that I accurately represent participant views, without misrepresentation.

### **Data Analysis**

During each interview, I took notes systematically numbering each note to the corresponding question. When I asked question one, I put a number 1 on the paper, and wrote down key words, partial sentences, or words. I did the same for all questions from 1 through 6 because writing as I hear helps me focus on the essence of what is being said. Later in the data analysis process, I was able to look at the notes and compare key words with themes and categories, to help narrow down the essence of what was said.

Participants often stated words and experiences in line with counselor education culture and language, for example “multicultural competencies,” then explained how the

concept applies to their experience with supervision, providing a paragraph that could be labeled “multicultural considerations” and line by line coding would not have been as meaningful. As the language of this study is congruent with participant language, the data analysis process was frequently straightforward, providing themes or a word that could be grouped under an emotion, a process or an action.

Deciding which themes to focus on required a process of prioritization which can be challenging with large datasets such as this one. In order to identify themes, I had to think beyond the prevalence of words within the interviews. Other factors, such as richness of particular passages were also taken into account (Smith & Osborn, 2007). I read the transcripts multiple times and used the right-side margin to annotate what is interesting or significant about what the respondent said. In this stage I read and re-read the transcripts in order to become familiar with each account. I spent approximately two months familiarizing myself with the interviews and taking notes. Each reading had the potential for new insights. Some comments captured larger meaning units through paraphrasing, others were assigned adjectives or comments. Each transcript had the pseudonym on top with the incrementing number by order of interview. I noticed in the reading transcript reading process, that participants being in the counseling field and demonstrating reflective thinking, allowed significant clarity and themes to come through early.

The data analysis process began with the first interview, as the first source of data. The focus was to understand each participants’ meaning of supervision of sexual topics in the counselor education field, as a subjective experience through the eyes of the participant. To arrive to the essence of each participant experience, I began line by line

coding of each statement. The following steps I implemented are based on recommendations by Miles, Huberman, and Saldana (2014); I continued reading the interviews over and over for thematic coding, I was able to identify passages of the text that are linked by a common theme. For example, when a participant began speaking about multicultural competencies, it allowed for a paragraph or more to be identified as multicultural competencies. Further, due to the large dataset of 132 pages of interview transcription, Miles et al. (2014) recommend using a combination of in vivo coding, emotion coding a process coding, to categorize recurring words and experiences into word categories. These word categories reflected a key word, emotion or participant process. This contributed to my ability to grouping the data. These groups allowed me to capture the essence of supervisors' lived experiences.

Supervision specific words such as "gatekeeping," "efficacy," and "countertransference" would be in one group. Description of processes such as "growth" would be in another, with subcategories stating if the growth was the supervisors' growth or the CITs' growth. Another group contained experiences and action words such as "doubting self," then finally supervision tools such as "being direct."

Next, I wrote down the 38 most frequent words and phrases on a list, on the left side of my notebook. On the right, I created a conceptual word category to describe the phrase. For example, the phrase "serving clients" on the left-hand side, received the word "advocacy" on the right side, in order to label the reoccurring phrase that captures the meaning of serving clients, based on the rich description given by the participant, and congruent with the research question. Later on the list, another phrase on the left side stating "protecting CITs" also received the label "advocacy" on the right-hand side.

These reoccurring labels were beginning to form narrowed-down themes. Phrases such as “Socratic style” or “very direct in supervision” received a label of “supervisor toolkit.” This step of sorting and categorizing lead to 13 categories of words (Groenewald, 2004; Van Manen, 2014).

Next, on a large poster board, I wrote my research questions on top, question one on the left, question two on the right, dividing the poster with a line in the middle. I posted my sub-themes in each column, under the overarching themes with page numbers, to decide if the data had enough evidence for sub themes. Eventually I decided to broaden two theme names to better encompass the subthemes instead of applying subthemes that did not add richer description to the experiences (Miles et al., 2014). For example, under the Multicultural Competencies theme, I initially listed the words “disability” and “intersection.” However, since three participants spoke explicitly about intersections and two participants stated “disability,” I went back to reviewing the transcript and noticed that “disability” was used as an example to illustrate that sexual topics come in many forms, and often covert. A client may not want to talk about their disability per se, but if the client is talking about intimate relationships, it becomes important to talk about the intersection of their sexuality and disability. Further, how the CIT is impacted by the client, and how the supervisor sees the client from their own social location all have implications in the supervision session content. Since certain topics such as “disability” or “interracial” were described in context of multicultural considerations for clients, CITs and supervisors, it was a fitting decision to include the phrase under the theme of Multicultural Competencies (Adams et al., 2016, Murray et al., 2016)

One by one, I looked at each of the 13 categories in my notebook and wrote each category under the research question where they each belonged on my poster board. The first research question on the left side stated, *How do supervisors in graduate level counseling programs understand the meaning of their experiences in one on one supervision with CITs regarding client sexual issues*, which included supervisors' experiences, internal processes, reflections, and meaning making.

The right side of the poster board stated research question two, *How are supervisors addressing client sexual topics with CITs*, contained words and phrases describing what supervisors are actually doing in terms of applied steps or tools in supervision sessions. Each phrase on both sides of the poster board had corresponding pseudonyms and page numbers, to locate the quote that substantiated the theme. To illustrate with an example, several words and phrases comprised the theme of “managing conflicting emotions,” which belonged under the first research question, pertaining to supervisor’s lived experiences and meaning making. One phrase under the theme “managing conflicting emotions” said “normalize Diane 7.” This means, that Diane described an experience of normalizing to me during the interview, and the description of this experience can be found on page seven of the interview.

Focusing on the student (instead of client conceptualization) belonged under supervisor tools, answering the second question, which aims to find out how supervisors address sexual topics. This separation provided a very clear distinction between participant meaning-making and participants’ applied skills, leading to the final eight themes, four themes answering research question one, four themes answering question two. The reasoning behind these steps, is that the task in phenomenological research is to

recognize the logic and meaning of the experience for the participants, rather than to make causal connections or correlate patterns. The meaning structures are developed from participant experiences (Groenewald, 2004). Phenomenologists focus on describing what all participants have in common as they experience a certain phenomenon (Creswell, 2014). The key purpose is to reduce individual experiences with a phenomenon to a description that describes a universal nature of it (Van Manen, 2014). I visually illustrate the steps below.

Table 2 illustrates 38 categories of words and phrases representing re-occurring supervisor experiences and phrases that were grouped under the research questions. These 38 categories informed the decision of the final eight themes.

Prior to discussing the eight key themes, four for each research question, I found that my warm-up question provides key insight into how participants experience supervision in general and provides a rich context to understanding how supervisors make meaning of their supervision experiences. After sharing these findings, I will detail the theme specific findings that answer the research questions.

Table 2

*Research Questions and Theme Development*

Research Question	Category	Theme
Q1: How do Supervisors in graduate level counseling programs understand the meaning of their experiences talking to supervisees in one on one supervision regarding client sexual issues?	Resistance/ hesitation Getting to know Rapport Relationship CIT reactions Supervisor reactions Protective Growth CIT pace Connection Sit with tension How deep within self Everyone deserves counseling Serving/ Advocacy Self-Work Religion Aversion	Managing Conflicting Emotions Supervisor Creates Conditions Values Advocacy
Q2: How are supervisors addressing sexual topics with CITs?	Affirm Avoidance Normalize Toolkit Overcoming Style Reframe Saying out loud Humanize Teaching how to think Encouragement	Student Focus Language
	Lens Culture Race Disability Competencies Multicultural	Multicultural Counseling Competencies / Intersections
	CIT own way Outside my box CIT development Rewarding to see their way	Student Autonomy

*Note.* In vivo coding, emotion coding and process coding during the data analysis process illuminated 38 re-occurring experiences described by participants, which are listed under categories. Themes on the right-hand side group the categories into overarching themes. Four themes answer each research question.

### **General Supervision Experiences**

I decided to share how much participants enjoy supervision in general, because I realized that this information provides an important context for understanding participant experiences with supervision of sexual topics. It became clear to me in the interviews that difficult and sensitive supervision topics can be a welcome challenge to work through with CITs because there is enjoyment and fulfillment experienced in supervision in general. Specifically, CIT growth and self-reflection which are inherit in supervision, are highly valued by participants. This means, that the growth and reflection needed during sexual topics is a process that is familiar and comfortable to participants through other supervision experiences not related to sexual topics.

Understanding the phenomena in question, supervision of sexual topics in graduate training, there is a need to understand how supervisors experience supervision in general, as a baseline understanding of how supervision is seen, understood and felt by the participants. This understanding is grounding in understanding participant experiences and meaning-making of supervision of sexual nature later in this chapter.

Two major themes emerged around my initial warm-up question of “How do you experience supervision in general in Counselor Education?” Each theme is presented below with participant quotes to substantiate each theme.

### **General Supervision Themes**

#### **Connection with Students and Clients**

According to 12 out of 13 participants, supervision is the most enjoyable aspect of their job. Eight described a “love” for supervision. The connection and relationship that supervisors experience with CITs through supervision is highly valued, in addition to

being connected to clients. Participants appreciate being able to still stay “connected to clients” as Diane says, through supervising CITs. In addition, participants find it rewarding to experience CIT and client growth.

**Diane:** I just love the relationships can be built in supervision and I also love being attached to clients in that way still. And, counselor development is a really something that I’m interested in and I’m always fascinated with watching and observing and having been part of it myself. Supervision is one of my favorite parts of my job really, and the client piece, to be connected to clients. I feel like, one of my favorite parts of counseling is not only getting to know a client and just interacting with a variety of different people but also being able to make a difference in somebody’s life. And I feel like I get that through supervision as well. Not only with the counselor in training but also with the client, you know, removed way of course I don’t see the clients, but I feel as though I’m being, I’m able to help make a difference in their lives just by being a supervisor of their counselor.

**Dr. Sit:** I enjoy very much, and I think it’s very satisfying.

**AD:** I enjoy supervision so much. I don’t even see clients. Only do supervision. I teach in classes and then workshops and trainings. But I was a little bit probably burnt out from seeing clients, but I still feel like I’m connected to the community was happening outside of academia.

**Patrick:** I really, really like it and it’s been a strong part of my trajectory going forward as a counselor educator.

**JW:** I find it very rewarding. Building relationships and the constant reflecting keeps me healthy. The growth, the variety and the strong relationships.

**Dr. Jay:** I have enjoyed supervision with my students because it gives me insight into all kinds of different settings and situations without me having to actually experience that myself. I hear students talk about them and I go do site visits I think five times, four or five times when they’re in their programs, so I get to know a lot of different people in places that way.

**Joya:** I like it. I think of it as a craft that bridges between teaching and counseling.

**Corky:** I enjoy supervision, I enjoy seeing the people grow as clinicians and I respect them so highly because of the field that they’re going into. I think it’s a wonderful. I think it’s a wonderful field, wonderful life. Being willing to serve others and I just have the deepest respect for them.

**MM:** I enjoy supervision, lot. Most of us especially that are in counselor education, I enjoy mentoring and supervising. Now there's different parts of supervision. So, there's that administrative part of supervision that you're helping someone kind of take care of their paperwork or make sure that you know, and I probably don't love that as much as I like to be clinical supervision part or the mentoring part of supervision.

**Leslie:** You know, I love building connections. I love watching the students grow and gain efficacy and develop their own sense of counselor identity. So that's the part that's really fun, especially because it seems. Well philosophically I'm fairly humanistic and so the relationship between me and the student and the relationship between the student and their clients all seem to contribute to that efficacy building and stuff, which I really enjoy.

**Aurora:** Originally, I didn't go into Counselor Education to be a supervisor but then I fell in love with it.

The intention of asking participants how they experience supervision in general in counselor education, was to begin building rapport, with a warm up question that can be easily answered (CIT). The warm-up question, also referred to as an “ice breaker” question (Creswell, 2014, p. 194) may or may not be directly related to the topic of the interview, but in this study, it helped provide a baseline understanding about the relationship and feelings participants have about supervision. As all participants possessed a degree in counselor education and supervision, I knew that all participants had experienced supervision in general by the time they were employed in the field. I noticed participants easily answered this question, with positive emotions and enthusiasm. The importance of “relationship with students” according to Corky, Diane and Mary, among other participants, and seeing students “grow” according to Patrick and Leslie, highlighted for me that supervision goes beyond increasing skills and ensuring client well-being. Instead of working through specific tasks in how to increase technical skills in counseling, nurturing rapport in supervision contributes to students developing

their skillset. Supervisors provide a keen eye on supervisees internal reactions to foster growth. Mentoring and witnessing CIT growth is a rewarding aspect of supervision.

### **Fostering Growth, Nurture vs Gatekeeping**

The second theme that emerged from the warm-up question of how participants experience supervision in general in counselor education, supervisors expressed the difficulty and curious juxtapositions of reconciling two, seemingly opposing positions at the same time: the compassionate aspect of themselves, fostering growth along with the inherit power present in the need for gatekeeping. Reconciling the two opposing forces of a nurturing growth mindset with the difficult life consequences imposed on students through gatekeeping is an emotional process.

**Aurora:** There's challenge and there's heartbreak. I questioned myself on a human level. [...] The integrity piece of collaboration, being feminist. Owning my power and collaborative part of me together was hard on my own identity. Figuring out how they can coexist.

**Leslie:** It's also really hard. I mean, it's a lot of emotional labor, but it's also a, it seems like there are occasions where I hit roadblocks with students occasionally. I just finished my fourth year as an assistant professor and I still find myself kind of doubting my own efficacy. Like, do I really know what I'm doing should, should I really be trusted with this? I think I should. And as a general rule we manage to resolve conflicts and deal with the things that need to be dealt with. But that can be hard. I think especially there are some students who need a little more time to build skills and so sometimes a failure or a non-passing grade is, is necessitated and that one I think is probably the hardest. [...] A little bit of the gatekeeping, but also things like conflict is sort of inherent in counseling often. Oftentimes there is a conflict that occurs and it's resolving those conflicts, but that takes a lot of energy and effort.

**MM:** I like helping people with their professional development. So I like helping them figure out what kind of professional they want to be, what they want to do with their career, I like helping them figure out how they can build a resume and how they can get engaged in their community and how they can become a part of the professional world of counseling. I also like the clinical work, so I liked helping people solve problems that they encounter with clients and helping them grow as counselors. So those are the kinds of things that I really enjoy. Now there

are parts of supervision that are difficult. It's hard when you have a supervisee who is really struggling. Maybe it is personal problems that are kind of spilling over into their work or you have a supervisee, and this has happened, unfortunately, that just isn't necessarily a fit for the profession or fit for that type of work. And so, it becomes very difficult and you have to have difficult conversations and you possibly have to intervene and so know part of that as a gatekeeping role when you're a supervisor. So that type of supervision can be very difficult and so I don't want to make it sound like it's all just fun and games all the time where we're just like growing as professionals and learning sometimes we're having really difficult conversations and you know, we have to either encourage people to take breaks or to enter remediation programs. So that has happened

[. . .] where I've had some difficult supervision experiences as well [. . .] That's where that supervisory piece that's difficult comes in because there are some people that do really well academically in counseling. The counseling, you know, they go through their two years of education and they do really well in their classes, but they get into the field and the work is not a good fit for them. These conversations just don't go well, or it brings up some of their own baggage where they just can't get past that discomfort of having conversations about difficult things. So anyways, I think that's part of where supervision really is important because you're still going to find people even though they've gotten, maybe you have a 4.0, and they're doing, they've done so well in classes that get to field work and that get out in the field and start seeing clients and really have a hard time.

**Mary:** Yes, supervision as a counselor, counselor, educator, so a lot of supervision training and have done a lot of gatekeeping for the last 12, 14 years. So I think supervision is really important regarding to helping someone develop progress professionally and I know that I followed the model of supervision regarding like all the different roles supervisor can have with their students or with a counselor in training. So, I feel like supervision is a pretty important process of one's development to become a competent and ethical counselor. And so, it's part of, I feel like my responsibility on many levels, but it's how I delivered that particular service at that time, whether it's through a role as an educator, a gatekeeper or a mentor, however it may be.

**Joya:** that there are aspects of supervision that fall into the clinical realm of counseling but then also fall into this a psycho educational realm of teaching. And so I tend use, um, you know, the discrimination model but I think I, uh, I do probably because I am a woman of color. I work with counselors on some level motivated by the work that they will do and how they will be able to facilitate their clients. So. So ultimately it is about their clients as a counselor educator and supervising sort of within the program, you know, whether it's a practicum or internship. I will absolutely focus on their professional development, but um,

when I work with counselors, um, you know, who are approaching me for just professionals in consultation, a very much it is about the services they provide their clients and how deep they can go within themselves to be able to serve their clients

As I listened, bracketing my own experiences and thoughts, taking on the participants' lens as fully as possible, I became aware of positive attitudes towards supervision in general, and the struggles with gatekeeping, as an important contextual consideration. Supervisors question their own efficacy and struggle with self-doubt when gatekeeping responsibilities surface with CITs, for example, Leslie asks, "should I really be trusted with this?," as the emotional toll of a seemingly growth-oriented role calls for intervening in a student's education process. Aurora expressed "owning my power and collaborative part of me together was hard on my own identity," meaning a difficult struggle, questioning who she was as a counselor educator and human being.

The responsibility of CIT skill development and client welfare exist far beyond counseling microskills and interventions and are deep experiences for supervisors. Developing students as counselors is experienced considerably deeper than skill acquisition alone. Participants experience supervision as fostering growth across multiple dimensions; the quality of counseling service, professional and personal identity development, all within context of the supervision relationship itself.

Gatekeeping is difficult because the counseling portion in master's programs comes after coursework and strong students in the classroom may not always be strong counselors. Gatekeeping "straight A" students becomes difficult in this case. Speaking with a student that they may need more "time" in their development is unexpected and difficult when a student has demonstrated excellence in the classroom. Supervisors make meaning out of this emotionally taxing experience by focusing on client welfare, service

and responsibility to clients. The relationship and rapport with a CIT does not ease the gatekeeping conversation, because supervisors experience an internal emotional process in which they are aware of the life impact they are causing when they need to tell a student they are not yet ready. Other forms of gatekeeping mean fitness for the field of counseling due to professional disposition concerns, or issues “spilling over” from personal life issues, as MM describes.

It became apparent to me that all forms of gatekeeping, regardless of the reason, means a deeply emotional and reflective process for supervisors. As participants opened up about their emotional process to me in this first warm-up question, I noticed my own thoughts about how the difficulties of gatekeeping may impact supervisors work with sensitive topics such as sexuality in later questions. I made sure to take time to journal about this after the interview. Phenomenology requires rich description, which created importance for understanding the experience of supervision in general, before attempting to understand it in the context of supervising sexual topics. Participant descriptions reminded me of an important meta process in counselor education; the mindset of holding multiple, seemingly opposing views: rejecting the restrictions of either/or and embracing a mindset of both/and. With cognitive complexity, and the ability to reflect, supervisors have deep experiences within themselves when they think about their seemingly opposing responsibilities as a supervisor.

Next, I provide a description of the sexual topics participants faced in supervision. Each participant described a different sexual topic between CIT and client, in other words, no two were alike. A specific description of the CIT demographic intersecting

with the client demographic and sexual issue may raise confidentiality concerns, therefore, overarching descriptions of sexual issues will be provided.

### **Themes**

The final eight themes resulted in two distinct categories, how supervisors experience supervision of sexuality topics and what supervisors do in supervision. Reflecting back on the interviews, these two categories are clear and are congruent with the research question.

Managing Conflicting Emotions was present for supervisors both within themselves and managing emotions for students. All 13 participants experience needing time to attend to students', as well as their own emotions to examine how they are feeling as their personal and counselor "selves." As Diane said, "I like to check in about the student's own reaction first," is a fitting shift for sensitive topics. Supervision is conceptualized as ultimately ensuring client wellbeing, leading to conceptualizing and talking about what is going on with the client. From the participant's point of view, finding out personal reactions and "supervisees own relationship with these topics" may help them appreciate the "tension" clients might be experiencing, said Diane. Mary states "parallel process" is common to notice in supervision of sexual issues and is the reason why it is important to pay attention to student process. Values conflicts surfaced for CITs in supervision for 11 out of 13 participants who supervised for a sexual issue, leading to "roadblocks" and "emotional labor," according to Leslie. In addition, student's lack of exposure to sexual topics in graduate training outside of supervision "puts extra pressure on supervision" and becomes the only place to reflect on personal reactions and emotions for CITs. The emotional challenge for Mary is "owning my own power as a supervisor,

and my feminist, collaborative side all at the same time.” Seemingly opposing emotions are held and managed all that same time. Counselor education has become a great role model within mental health to hold seemingly opposite emotions, values and beliefs and remaining open about how to stay in a both/ and mindset.

Supervisors Create Conditions is a key concept and ownership of responsibility that supervisors hold in developing CITs to work with sexual topics in counseling. AD believes that her “knowledge, competence and language demonstrate a level of professionalism that she attributes to successful supervision of sexual topics. In other words, the person of the supervisor and being “unflappable” as Lilly stated sets a tone and grounding in helping nervous students in both individual and group settings. Corky says “Looks like we’ve got some work to do,” is a frequent start he has with students, when he wants to get CITs in a mindset, of “we don’t have to know everything, but we have to our homework.” While supervisors do not have all the answers readily available and there is no “manual” past textbooks Corky says, supervisors need to think out loud, by which they can influence their student’s attitudes, demonstrate vulnerability, appropriate humor and encourage educating oneself through the internet. This demonstrates to students that the key to helping clients is not “knowing the answers” but being serious about “walking with the client, side by side” he states.

Values conflicts were consistently present for participants. Participants in this study consistently experience students expressing values conflicts with clients. Conflicts are frequently embedded in working with explicit sexual content brought by the client and upbringing of socially acceptable conversation, or religious affiliation. Same sex attraction and gender minority discomfort has been a high barrier for inflexible religious

and spiritual identity CITs. The experience of values conflicts leads to a deep meaning for supervisors; “someone helped you hold onto your values your whole life, now how can you help the client hold onto theirs,” asks Leslie. Dr. Sit believes “keeping everyone’s values in check” allows for transparent dialogue and a foundation to honor CITs and clients alike. Aurora adds that working with values “without impressioning the client” has been a key consideration in supervision. “Ongoing reflection” is a key consideration according to MM when supervising.

Advocacy takes on many forms within the theme. Supervisors at times had to speak up for clients, for example, Corky said “everyone deserves counseling” and “we cannot perpetuate” the rejection clients have received in other counseling settings. Diane says “it is very much advocacy” when she is trying to influence CIT development in supervision, speaking to clients not having any “space” outside of counseling to talk about their sexuality related topic. Mary feels a need to advocate for sexual or gender minority student “comfort” and “acceptance” not so much in the program but ensuring safe internship placement where an organizations mission clearly states there are safeguards in place to protect CITs. Dr. J experiences the need to advocate for young clients by reframing behavior into both developmentally appropriate and appropriate for the trauma they had experienced prior in life. Once supervisor identify privilege saying out loud a reframed thinking about the issue or construct really influences CITs and provides movement in rethinking their barriers to working with sexual topics.

Student Focus before conceptualizing clients, CITs need to identify their reactions. Supervisors are less interested first in how to help clients and shift their focus on building the relationship through checking CITs “own reactions” and “relationship”

with the sexual topic and tension, says Diane. At times, supervisors provided supervision for multiple overlapping concepts within this table for both CIT and client. Dr J states “getting to know the folks and just getting them to talk about some other things early on” helps with addressing sensitive topics in supervision. When it comes to sexual topics, it is not just about the client. “How deep can a student go within themselves,” says Joya, is ultimately what will lead to helping the client and supervisors’ aim for CITs to go deep within themselves and learn ‘meta level thinking’ says Leslie, is a key tool in supervision to help develop CITs arrive to a “developmental stage” to have the “openness and willingness.”

Language is identified in sexuality counseling studies, as a key barrier to initiating sexual topics, and students fear of using offensive language has been documented in studies. One questioned contained experiences to language, therefore, all 13 participants spoke about language issues and the answers were consistent in undertraining and equally consistent in mutual leaning in supervision about the correct language use. However, Joya says “getting caught up in label precision” can negatively impact the process and experience” so “why don’t you just ask your client” how they wish to be called. Corky says “language changes so quickly nowadays it impossible to keep up” so allowing mistakes and even student correction in supervision is important. Being open to CITs about possible mistakes participants might make allowed vulnerability and humor into supervision and teaching moments in supervision. Five supervisors answered that they have supervisors “say the word out loud” or “say it ten times, says Mary because “what do you imagine will happen? If you can’t say it here you won’t say it to your client,” says Joya. While it is important to not perpetuate microaggressions, counselors shouldn’t feel

they are ineffective if they are unsure about the use of a sexual word. Leslie shared that in her CITs case, the client was “happy to correct” CIT language error, although in that particular instance it appeared to resemble a gender and power issue, however, the incorrect language use has not demonstrated rupture in counseling relationships for the participants.

Multicultural competencies and intersections were a fitting theme as participants specifically used this phrase when discussing supervising sexual topics. Corky described frequently looking up the competencies together with CITs to answer questions in supervision. “What do the competencies say?” can be an entry point for answering CIT concerns about conceptualization of presenting problems. Joys described a client who explicitly told the CIT they do not want to address their sexuality. However, when family relationships and dating conversations surfaced, it became impossible to avoid. MM stated a client may not want to talk about disability, but the client wants to discuss dating and relationships “it is impossible to avoid talking about disability.” These results show that application of multicultural competencies is very important in supervising sexual topics. In supervision, it can be used as entry point for educating CIT thinking through a process in a theoretical way. In terms of counseling sessions, CITs can be confident that they are remaining ethical and adhering to standards by addressing intersections in clients. Discussing sexual topics in terms of how it presents in clients’ lives and identities has a direct relationship to the theoretical lens of this study: studying and working with sexuality from a multi layered, positive perspective, as it impacts the client.

Student autonomy is a goal for to draw out CITs unique way of approaching clients and sexual topics. While supervisors encourage and build relationships, they do

not require one certain way to carry out sexual topic conversations in counseling. CITs have unique approaches depending on the level to which they could overcome barriers. CITs in graduate programs may not yet be able to manage client sexual topics on their own but after receiving supervision in their own reactions, values, tools through the language, they have freedom to construct what fits for them in their approach to clients. Joys said, “don’t ask me, ask your client.” Corky shared it is very rewarding to see CITs take on their own style instead of his “box.” This fits with the idea that CITs need to begin to develop some independence with their clients and cannot solely function by supervision instruction alone. Developing their personal style and identity and CITs have worked on barriers and willingness is an important empowerment piece for supervisors to give their CITs.

### **Research Questions and Themes**

Research Question 1 pertains to supervisors’ meaning making of experiences, and question two pertains to how supervision is conducted. On a large poster board (Creswell, 2014), I listed my first research question on the left, and listed four theme words, with notes of the participant and page number where the theme can be found in the transcript. This first column had themes identifying meaning and experiences, the second column identified how supervisors are addressing client sexual topics with CITs.

As mentioned previously, a demographic table may not support supervisor confidentiality. In addition, CITs reading this study may be able to identify themselves and their supervisor with the combination of a demographics table and rich description of experiences below. Instead I am using overarching supervision topics within human sexuality which participants spoke about during the interviews when sharing their lived

experiences. Table 3 below describes topics in human sexuality which participants provided supervision for. I decided to not specify whether the topic pertained to CIT concerns or client concerns, or both, to protect confidentiality. All topics contain sub-topics not specified. Some of the below topics pertain to CIT history, some pertain to client concerns. There is considerable overlap among the following sexual topics. For example, a participant may have experienced four overlapping topics from the following table regarding one CIT and one client counseling time together. At times, participants described more than one client sexual topic that surfaced over the course of a semester.

### **Research Question 1**

The first three interview questions were an attempt to answer the first research question, regarding how supervisors experience and make meaning of their supervision of sexual topics. This question sought the essence of supervisor's experiences with sexual topic supervision. The first three semi-structured interview questions asked to describe a specific experience about a sexual topic in counseling between a client and CIT (the supervisors' student) and how that was worked through in supervision. The interview addressed the nuances between the CIT and supervisor process itself, including the unique experiences of the supervisor, perceived parallels with supervision of non-sexual topics, and last, any language issues experienced. The following sections are the themes that emerged from the first part of the interview, with participant quotes to substantiate the findings.

Table 3

*Sexual Topics in Supervision*

Sexual Topics	Occurrences
Same Sex Attraction	5
Religion	9
Values Conflict	8
Crime	4
Teenage Issues	2
Transgender Topics	6
Victimization	5
Sex and Disability	2
Attraction	2
Heterosexual Couple	3
Fantasy	2
Sexual Inadequacy	5
Ethics	2
Boundaries	3

*Note.* A total of 53 occurrences of sexual topics in supervision were discussed by participants within 14 total topics. Participants identified the following topics and circumstances between client and CIT: Same Sex Attraction 5 times (9.4%), Religious topics 9 times (16.9%), Values Conflict 8 times (15.09%), Crime 4 times (7.5%), Teenage Issues 2 times (3.77%), Transgender Topics 6 times (11.3%), Victimization 5 times (9.4%), Sex and Disability 2 times (3.77%), Attraction 2 times (3.77%), Heterosexual couple concerns 3 times (5.6%), Fantasy 2 times (3.77%), Sexual Inadequacy 5 times (9.4%), Ethical Issues 2 times (3.77%), and Boundary concerns occurred 3 times (5.6%). All sexual topics intersect with at least one other between CIT and client.

**Managing conflicting emotions.** The first theme that emerged from participant experiences was the need to address the student's own reactions to the sexual topic. Instead of a prescriptive answer in how to work through the sexual topic that surfaced, CITs own reactions were examined, providing participants with a lens as to how CITs may see the client and insight into potential barriers. Before conceptualization, participants checked in with CITs in how they are affected professionally and personally to aid in overcoming barriers to effectively support clients.

**Dr. Sit:** The counselor was really struggling with her own loyalties to her faith or religion because she didn't know what she really believed about the situation she was working with [ . . . ] She came into counseling thinking that it might be immoral that she'd worked with this client. She began to think that there really wasn't this, this client was very devout himself and, uh, didn't start to wonder why she thought that that was, you know, there was something wrong with it. [Supervision] helped her to be accepting of this client [ . . . ] It really had made a difference in the way that she was able to experience this client and encountering this client. [It was] very satisfying in a way to see the movement in this counselor almost as much as seeing the movement and the client.

**Diane 1:** I also encourage people, students, counselors, to explore that discomfort, not with the client. If they're uncomfortable asking this question, think about that. Explore that. Where does that come from for you? And wherever you want to explore that is fine. Whether it's at home journaling or in your own personal counseling. So I think it's not just, you know, here's the question and I'm going to write it down and now go ask your client because if you're not ready, you're not in a place where you feel like you can walk with the client through their answer, then there needs to be some work done just like anything else. If you have trauma in your past and you haven't processed through that, and it might be difficult to walk with a client through that.

**Mary:** If they can't be inclusive then we have a problem, you know, and, and so as we try to find out their own background with whatever issue is coming up because usually if there's a barrier, it's just something related to their background, whether it's their values, their family of origin, something traumatic that happened to them and they don't have to tell me everything, but I do try to get an understanding of their point of reference would that particular content. So whether it's a sexual concern or orientation or whatever it may be, I do try to get a little bit of a where I'm working with when it comes to the supervisee because it's a big difference if [ . . . ] somebody saying I was victimized compared to somebody saying, I just don't now, I'm uncomfortable, you know. So, it makes a big

difference. What is the barrier, you know, it's a barrier. And then what's created, what created his barrier and realistically how much can I do in supervision? And then what can they do outside a provision to dismantle that barrier? It's them, it's them to work on, you know, I don't want to work harder than my supervisee. They have to do it, but my responsibility is always to explore what could be holding the back. [ . . . ]

**AD:** I think people get nervous. People are uncomfortable talking about sex with students. They see me as a position of leadership, uh, position of power. And so I think they have a lot of times it can be uncomfortable talking about sex with their professor or their supervisor or they, they weren't, they, if they are comfortable talking about it, will I judge them?

**Lilly:** Students, especially beginners, will say, oh my god, it's all about sex. Or [they might] be missing something more important about a case that we just had recently. The issue wasn't so much the sexual dynamics, it was that one partner didn't feel that they could approach, fully express what was happening with that. And so once I got them off the, oh my god, it was facilitating a conversation about this. We're not going to fix the sexual issues. What the challenge for this particular partner is that they don't feel that they can have this discussion with their partner. So we need to create that and help them set this up and open up that conversation. Lo and behold, they were miraculously [inaudible] after the conversation. I mean, you know, so the students sometimes will tend to over focus on sex. And it's such a fine line as a supervisor knowing how far to push and when to reign them back. I think that's the art of supervision and that's the art of therapy too.

**Joya:** And so, it ended up being very enriching. But, and she found that, you know, a lot of what it was, was not about what she imagined, but, you know, because she realized that when you offer this discussion, then it's just not activated in the imagination but in reality. So, um, for me as a supervisor, it's the actual sort of, the clinical work she does, who the client is, is less important than the overall realization. That she can go places she didn't reach. She could, if she thinks through them and realizes what is going on so far that might get in the way.

**Leslie:** Where the emotional labor comes in is just that we really intentionally try to build relationships and resolve conflicts to be useful to the students [ . . . ] The client was an older gentlemen [ . . . ] older than her parents and she doesn't want to think about her parents having sex. So, I think there was a lot of countertransference for her.

**MM:** All of that [values conflicts] came into our supervision room and it really, it really took everything that I had as a supervisor and I even pulled in another more experienced supervisor to be honest with you because I was still a young supervisor myself.

**Patrick:** For her, [ . . . ] you don't talk about sex [ . . . ] you never bring this up with anybody. Even somebody that you're dating, if you have a problem with sex, with that person, even though you were having sex with them, it's still a taboo subject to bring up. And so, she was bringing a lot of her own personal stuff there in terms of like a, I feel really uncomfortable doing this and I don't know how about how I feel talking to a client.

**Dr J:** I guess to protect themselves, maybe they, they sort of normalized it. It's like, you know, they're, they're just teenagers like everybody else, but they've had these other experiences that have caused them to make some different choices. So. So the students, it sounds like maybe the students were even able to see these clients in a different light after they had more understanding of maybe a difficult past. Yes.

When a sexual topic surfaced in counseling between a client and a CIT, participants experienced the need to allow CITs additional processing time in supervision for personal reactions. Participants allow CITs time to think through their values and feelings before conceptualizing the client concern. Participants shared with me that their understanding of client sexual concerns were conceptualized as part of client identity as whole. This understanding is in-line with the lens of positive sexuality (Murray et al., 2016), meaning sexuality should be viewed in an affirming, positive manner, considering unique cultural and identity components. Every individual has a background and history with sex, regardless of sexual experiences per se. As human beings, we exist in context, we are influenced by messages from family, community and our culture about sex. Our viewpoints are impacted by our gender, affectional orientation, experiences, socio economic status, age, race, ethnicity, relationship status, and sexual history. The impact of this personal history on the person of the CIT needed attention in supervision.

Supervisors explicitly stated that they ensure this time in supervision “does not become a counseling session,” per Diane and AD but sometimes resembles one, says Mary, depending on the personal processes the CIT is going through at the time of clinical training. The goal, however, is that supervision becomes a time when CITs can take a moment to understand and reflect on their own relationship with the sexual topic the client raised. This may include thoughts, feelings, messages from childhood, or experiences. In either case “intentionality” says Leslie, is extremely important. In other words, supervisors asked CITs to become aware of their own reactions and provided a space where they could express these reactions if they chose to. Joya expressed a CIT experience as “going places where she couldn’t reach” due to this awareness.

Supervisors experience CIT thoughts and emotions with client sexual topics as an opportunity for self-awareness, leading to serving the client more efficiently as well as providing a foundation for conceptualizing countertransference issues that may arise. Frequently, this process is not about solving the explicit sexual concern the client has as much as being able to work the client process and experience of tension. Over focusing on the actual sexual concern can become a barrier. Once CITs become aware of this difference through supervision, they can enter counseling focusing on the client process rather than the topic. With new awareness of where the CIT stands with their own relationship with sexual topics, supervisors dismantled barriers and hesitation because the line between CIT personal issues and client need become clear.

**Creating conditions for sexual topics.** Supervisors found it crucial to create an environment in supervision sessions, where students feel they can bring up sexual issues clients raised and their own perceptions about sexual issues. Creating these conditions

has two components, the first, directly instructing students through the intake process to assess sexual topics for example, supervisors directly ask students to address sexual issues such as sexual identity, a history of abuse, or encourage students to bring up counseling as an opportunity for clients to discuss sexuality. Second, supervisors at times encounter client sexual issues brought to them by the CIT, in which case supervisors still expect themselves to create the conditions for students to develop their efficacy in handling these topics.

**Lilly:** there's, there's, there's more responsibility on me as I see it as a supervisor to create the conditions of supervision that my supervisee created the conditions in the therapy session [ . . . ]. Part of the assessment from the beginning [ . . . ] if they haven't brought it up, I bring it up. I'm pretty explicit in the beginning of the items that I want them asking in their intakes [ . . . ] So we need to create that and help them set this up and open up that conversation. [ . . . ] So helping students really be purposeful about the questions that they're asking and what they want to know and then understanding [ . . . ]. Um, but my students in general, again, it goes back to that isomorphism that your, your experts that you know, it's just that you set the stage and they follow right along.

**Dr. J:** I think internally I'm thinking, okay, I have to make this something that we can talk about. Um, and I mean, can I get, can be, it'd be awkward, but I had to train myself not to approach it so that it becomes that way because the students themselves have spent more hours doing this and talking about it. I think they are; they probably have an easier time with that, but I have to just try to make it okay to talk about. And that I think probably, um, and I take the lead from the students on this.

**Corky:** We have an atmosphere where they feel free to share and I create that because of that. I think that's more important than being a very formal supervisor. I think we do that a little bit too much as a field and I don't, I don't particularly care for that because of the supervisor is always looking at what they've done wrong. Then they're not going to share, anything that's uncomfortable.

**Dr. Sit:** Sexuality is a part of life, part of what clients bring a, just part of who they are. I mean, the one thing that I think that supervisors should do is, um, make sure that sexuality is assessed [ . . . ] so in supervision where sexuality is not part of the presenting a picture. I do think that when I, when I am supervising other issues, I will ask my supervisees, do you know, what, what's their orientation? What'd you find out about? What's their sex life basically? And I don't know that other supervisors do that.

**Joya:** I usually ask my supervisees, even in a practicum at some point they should ask about it, you know, like during intake they need to ask about sexual issues and they need to ask about all of those things as well. So, it comes up probably all the time.

**JW:** I have a very, a pretty strong background in trauma, sexual trauma and trauma and always [...] the word safety, a safe place to be able to process and talk at first before anything.

**Partick:** All of a sudden, we're talking about sex and the answers are short and they're to the point and there's not a lot else that sort of comes along with them. And I called attention to that. I was like, what's, what's different here than any other subject? Every other time you come in here it's, you know, we never have a problem with, you know, filling up the hour of supervision. In fact, more times than not it's like we're trying to get as much in as we can before the hour's up, but all of a sudden, we're talking about sex and it's a struggle to get things going. Do you notice that too? And that sort of was helpful I think for, to kind of notice like yeah, I am acting different and maybe it is the subject and that sort of sparked us getting into what does sex look like for you? Or talking about sex, what does that look like for your background? What was it like growing up and talk about sex and that helped me understand where she came from and I imagined it probably helped her understand a little bit more too.

Supervisors experience both responsibility and intentionality when creating conditions to discuss sexual topics in supervision. Creating an “atmosphere” says Corky, where CITs are comfortable enough to raise questions is important. Staying aware of the fact that too much formality may hinder permission to talk about client sexual topics. Participants believe that the relationship they are able to create with CITs will influence the likelihood for open communication. It became apparent to me that most participants feel they have a strong rapport with CITs. In four cases, participants were working with CITs who they just met during the clinical experience they interviewed about. When this was the case, participants took time to get to know the CIT before initiating conversations about the clients they were seeing. Participants made it clear during several interviews,

that the work put into the supervision relationship in the beginning will help inform them of how to get passed difficulties CITs might encounter later in the semester with clients.

Supervisors create the feeling of CIT comfort and safety in multiple ways in order to address client sexual topics. Directly asking the CIT about the client sexual concern and their own reactions, fosters permission to speak about the topic. Another method is making it clear to students from the beginning of the supervision relationship that the intake form includes questions related to sexuality for the purpose of having a complete understanding of the client, regardless of presenting concern.

It became clear to me in the interview process that supervisors understand client and CIT sexuality as a natural “part of life,” and “who they are,” Dr. Sit explained; therefore, participants felt the responsibility in intentionally teaching CITs how to think about sexual topics when working with clients. The essence and meaning of processing personal reactions and emotions is to create conditions for CITs to freely grow in their efficacy to address client sexual issues.

**Values.** Participants found it important to understand both CIT and client values, to foster a counseling and supervision environment that is inclusive of all values. Value conflicts centered in the conflict of religion and sexual attraction and identity. CITs learned over time how to hold onto their own values and simultaneously help the client hold onto theirs; which was an intentional developmental milestone participant worked towards.

**Diane:** [Student] conservative religious beliefs don’t allow me to either discuss sexuality with clients or doesn’t allow me to see clients who identify this way or who want to talk about sex or who are, you know, engaging in these types of sexual behaviors. That’s been my biggest concern in supervising counselors in training is how do you navigate that. [ . . . ] So, I have some more clarity on it, but it’s still a concern of mine. I’m more confident with it and I have more tools in

my toolbox I guess, but I still at the end of the day, feel unsettled in the fact that that's happening, that counselors are not able to figure out a way to navigate that. And so, clients are at risk of being harmed. I still struggle with that.

**Aurora:** It was a values conflict and a values conversation. The question for me was how to navigate that. How do we navigate conservative or religious views? It's the counselor's job to be authentic, be ourselves but not put ourselves on top of the issue because then how are we impressioning the client.

**Dr. Sit:** The Student is a female counselor, cisgender also evangelical. So, a little out of her comfort area. The, um, the client is also evangelical, is female to male and I'm a, the family of the client is very traditional, a very conservative, um, and not accepting. And the counselor [...] was really struggling with her own loyalties to her faith or religion because she didn't know why she really believed about the situation she was working with.

**Leslie:** I encouraged her to maybe explore what the consequences of that might be, especially if it [extramarital affair] was consensual within the partnership. But my student had a pretty heavy, strong boundary based on her own beliefs about an extra relational intimacy, sex really, I don't know that it would have been intimate, but she has a very strong belief that that's not okay. And so, she set a pretty strong boundary with that. I think it might've been useful for the client to actually explore like, what if you did this with permission [...] But that conversation, my student was just too nervous to have that conversation unfortunately [due to] both her personal values and her viewpoints.

**Patrick:** And she [gave] very short answers. [...] And for me that was just so different from how I experienced her [...] this has always been off limits for [the student] and [...] the way that she grew up, her family of origin stuff that there is a strong religious component in there that was telling her do not discuss sex with anybody. I learned a lot from that as well. So, lots of stuff that was sort of flying around.

**MM:** I think it really threw the clinician off to talk about sex. [...] really uncomfortable with this, this was a male client. And, I think the idea of masturbation in general [...] if we have to say sex is a taboo topic for people, then masturbation is even more taboo. Possibly. It's something that people don't talk about. They don't admit to, maybe a source of shame or embarrassment, especially if you come from certain religions where, I mean I'm Catholic and I know that as a Catholic I was taught that that was just like a horrible thing to do. So, um, you know, all of that came into play with it, a gender difference there, religiosity, you know, religious values, the lack of knowledge, the fact that it's a little bit taboo of a topic in certain circles.

Supervisors experienced CITs holding values that hindered work with clients. In some experiences, the CIT and the client held the same religious values, but the client was same sex attracted, which was against these religious values in the CITs mind. When values between client CIT were the same, it became easier for supervisors to influence CITs by calling attention to the *tension* the client must be experiencing, instead of focusing on the limits of their religious beliefs.

Diane expressed feeling “unsettled” by CITs expressing religious beliefs as a barrier to addressing client sexual topics. Supervisors expressed struggle with CITs who express religious values as the reason they cannot work with a client. Supervisors were very clear that they are not attempting to change the CITs viewpoints, but struggled with “navigating” working with client needs and CIT values, according to Aurora. A primary reflection was wanting to influence supervisors to think differently about the client’s concern while still honoring CIT values. Aurora found it crucial to not “impression” the client with CITs beliefs, especially when it is opposing to the clients’ value. Supervisors used these times an opportunity for CITs to explore new ways of thinking, in order to continue working with their client. “Someone helped you hold onto your values all your life, now the client needs you to help hold onto theirs,” was perhaps the most impactful statement I heard in navigating opposing viewpoints from my interview with Aurora.

In addition to religious views, additional intersections such as gender, age differences, and moral discomfort such as engaging in conversation about open marriage and self-pleasure increased CIT discomfort, which supervisors had to address in supervision sessions, and all experiences were rooted in religious views, and lack of exposure to such conversations in the past. Supervisors felt the responsibility to create

space in supervision for CITs to express how their religious beliefs held them back from addressing client sexual topics, as opportunity to both influence thinking, and developing the ability in CITs to continue holding onto their own values and helping the client hold onto theirs all at the same time.

**Advocacy.** The theme of advocacy was present in two ways, supervisors felt a need to advocate for the client at times, and at times for the CIT. The need to advocate arose from protecting a student from discrimination or discomfort and advocating for clients in order to change CITs resistance. Advocacy was applied in a variety of ways, such as participants using motivational language with CITs or offering another perspective through reframing.

**Diane:** I like sexuality issues because they're such a big part of who somebody is and they're so real and they can be so raw. So I just gravitate toward that because of that and also because as a society, I don't think we do a very good job of talking about these things and allowing space for them and we don't give people very much room and grace I guess to explore sexuality and to communicate struggles with sexuality and they're just a lot of expectations I think placed on people, um, men and women. So yeah, to answer your question, I don't know why it's so interesting that some of those are the reasons that I, um, that I love it so much. [...] I feel as though when I do this work with counselors in training, when I teach sexuality in counseling, I feel like an advocate. I feel like I'm advocating for people, absolutely because I think we as counselors do our clients such a disservice by not talking about sexual issues in counseling and I think it's so common for counselors not to address this topic, but it's rare that you hear about a counselor saying, okay, you know, you're feeling depressed or feeling anxious. All right. You're not sleeping well. All these things. What about your sexual health? It's so rare.

**Mary:** There are things we've had to do [...] helping the student feel like they can build rapport safely and feel empowered about who they are and their formation as a professional counselor. And we had to talk to their [site] supervisor and make sure everybody was on board. No discrimination was going to occur, and this would not going to impair our student along the way, you know. So, a lot of advocacy on their part, the student's part. And for us, for the university as advocates for our students while they're getting their supervision experience done.

**Corky:** So I think we have to be extra extra careful providing services. [...] to not perpetuate what they might have already experienced outside of the clinic and be a place that can validate where they're coming from and make them open up no matter what they're bringing to the table. [...] That is client autonomy. That's what it means. We're not there for us. We're there for the client. If we go home and, and we'll say, well that's an interesting phenomenon I learned today, that's at home, but when we are at the office? Our job is to be competent for that client. [...] If it's uncomfortable putting the client before the staff [...] we have to have hard discussions about, okay, does everybody deserve to get counseling or do they not? So [...] you have to give some motivational information to people and saying and tap into their love of humanity in order for them to deal with difficult circumstances. [...] So what do we need to learn? What do we need to know in order to better serve the client?

**Dr. Sit:** And the counselor, I had a phone conference with the client's mother and the client's mother was adamant that this would never be accepted in the family, that they would disown the client [...] the, counselor [...] was able to maintain an accepting, neutral position, uh, didn't lose her cool, uh, was able to hear the women's concerns, but was also able to express what the client had given permission to express, which was the decision had been made.

**Joya:** It's very much it is about the services they provide their clients and how deep they can go within themselves to be able to serve their clients.

**Patrick:** Because you're moving in a direction that seems helpful for the client. So we need to keep going. And when it would circle back around to this looks like it's helpful for the client, so we need to keep going in that direction, that kind of helped her to see that, okay, I need to just get over it. I need to do what I need to do to [...] And you'd have to say, come on, you know, what's going on here? How are we going to work through this, you know, this is important for the client to work through. That's why they're coming to see you. You have to get more comfortable talking about it because that's what's important to them. How are we going to do that? [...] So it was a continuous push.

**Leslie:** to help the student be more compassionate with him, but then there were times where I just got frustrated with the client because of his repeated sort of a boundary violations and I had this compulsion to protect my students from him and obviously I said like I wasn't going to walk into session and be like, excuse me, you can't say that. Right. But that was part of me that to stop them, stop the counseling because I was concerned about her own efficacy of her own growth and was he going to harm her in some way? Um, and so it was, it was a really interesting juxtaposition, uh, intermittently really wanting to protect the client and then really wanting to protect [the student]. I guess if I'm honest, the counter transference with a person I've never actually met is an odd experience.

Supervisors felt an ethical responsibility to advocate for client needs with sexual topics. Advocacy takes on two separate forms, one is when there is a need to advocate for client needs and the other, when supervisors experience CITs in need of advocacy. In reflecting in a general manner during the interviews, supervisors feel that neither training programs nor society as whole addresses sexual issues in a healthy manner. The lack of exposure on both a societal level and program level leaves counselors uncomfortable and ill-equipped to effectively address client sexual issues. Sometimes supervision is the only opportunity for CITs to explore where they stand regarding sexual issues. This leaves supervisors feel the pressure in counseling programs to be one of the few resources CITs have during their training programs to explore their own views. Supervisors create meaning from this responsibility and approach such conversations as the need for advocacy.

Diane called the lack of addressing sexual topics as a “disservice” to clients. Also, “as a society we do not do a very good job” Diane added; she feels she is advocating for clients when addressing sexual topics in supervision. Corky stated “we are not here for us; we are here for the clients” because “everybody deserves counseling” so he finds meaning in speaking in a motivational manner about being competent counselors. This mindset is advocacy in and of itself for client well-being.

Regarding CIT advocacy, Mary expressed that “empowering” students in order to advocate for themselves with their own sexual expression, can contribute to a strong professional identity. Supervisors felt equally protecting of client advocacy and student advocacy. Dr. Sit experienced a CIT advocating for a client in a phone conversation with a family member, even though the CIT first experienced the counseling process as a

betrayal to her religious views. It became a very enriching and rewarding experience to see a CIT grow from resistance to advocacy, while still holding onto their religious identity.

Leslie spoke about a challenging experience when the client was making the CIT so uncomfortable that as a supervisor she had to monitor CIT safety. Through supervision, she encouraged the CIT to talk about the *process* of making comments that are violating boundaries and social rules about how to speak to a member of the opposite gender. While uncomfortable, it became an enriching growth experience as a counselor for the CIT in how to work with client boundary issues. Supervisors find meaning in working through CIT discomfort as an opportunity to grow in their professional identity, learn to work with process rather than content, while advocating for student needs. Patrick expressed similar views, that “we need to keep going” with the client went the process of exploration is helpful for the client, despite CIT discomfort.

## **Research Question 2**

The second research question centered around ways supervisors are addressing client sexual topics with CITs. The following themes emerged from the second set of interview questions, specifically exploring tools supervisors use in addressing sexual topics.

**Student focus.** When supervising for a sexual topic in counseling sessions, supervisors initially focus their attention on the CIT. Shifting the focus from client need to CIT reactions and impact is an important conceptual shift for supervisors:

**Diane:** What that looked like in supervision was first I always like to check in with a counselor and ask them how it was for them to talk to their clients about that because I think depending on the counselor’s experience with talking about such things, I think a lot of different personalization can come up. So I always

check in, I kind of go back to the relationship I guess, and talk to and ask them a personal question about how was that for them to, for that to come up in counseling and you know, how, how was that in your personal being, but also in your role of a counselor?

**Dr. J:** Building rapport, getting to know the folks and just getting them to talk about some other things early on. And tell me about yourself. What are some things you like to do? Just something to sort of ease. I think everybody's apprehensive because most clients don't necessarily want to talk about those [sexual topics] things either.

It concerns me that she would say she wasn't going to treat somebody in a category with whatever the category was. So, we explored that a little bit. She was still adamant that she was not going to do it. So, it was, it was like I said, developmental process for her.

**Joya:** [ when students say] Oh I don't know. I don't know how to ask him. So, I [...] asked what are you imagining would happen? And essentially that she didn't actually want to hear details about sexual orientation, and she didn't want to hear about anything that would sort of make her uncomfortable. And then we process what she thought she would hear. So essentially, she thought that if she broached the subject it would become this sexualized discussion, or it would be explicitly sexual, and I said, and I do this often with, grad students, especially the master's grad students. [...] So, for me as a supervisor, it's the actual sort of, the clinical work she does, who the client is, is less important than the overall realization. That she can go places she didn't reach.

**Mary:** So, there are things we've had to [...] helping them, helping the student feel like they can build rapport safely and feel empowered about who they are and their formation as a professional counselor [...] And it gets even more complex depending on where they are in their own process [...]. We do, we do try to help the student try to guide it, you know, talk to them at first about it. What was that like for you? How did you feel? What do you consider the intention [...] what do you think is going on in [the counseling session] and try to help them analyze it because likely it's going to happen again.

**Lilly:** The issue was more about the process of my students not going directly to an issue or you know, hey, I've been watching this for three sessions, four sessions, five sessions, and you're not touching this generally, how, what, what, what will be helpful for you to open this up because this has got to be dealt with. So, I can't continue to say, gosh, what do you think about gender and power? I'm, uhm, I'm really wondering about in this case, you know, if a student's not doing it then if I've tried all that and then we need to be direct and it's a simple matter of, you know, you're going to have to do this and, and handle it that way and handle it in a non-blaming the same way that you would like them to approach it.

**JW:** We looked at all the boundary issues and we looked at where she was and how she was vulnerable in this [ . . . ] she had trouble with that issue, but we really just took the time to really process each piece of it.

**MM:** It's okay to feel uncomfortable in a counseling session. I think that was part of it too, is that like, just felt so uncomfortable. I was like, that's okay. You don't have to feel comfortable all the time and neither does your client, your client does not have to feel comfortable. And counseling is uncomfortable, you know, the whole process should be a little uncomfortable because we're talking about things that are difficult and we're talking about things that we don't talk about every day. And so it's not going to always be sunshine and easy conversations about, you know, about life. It's going to be talking about some of the more difficult, uncomfortable things that occur in life [ . . . ]. Even though that was one of her default responses, I think it was [inaudible]. It made her uncomfortable. I was like, well good luck because I can't tell you how many times I've been uncomfortable in a counseling session and you know, I'm sorry, but that's part of this.

**Patrick:** I think she used the term allowed, am I allowed to do that [address sexual issues] or is this sort of, you know, getting in this, I'm jumping over a boundary that I should be aware of, is it okay for me to do that? That was her big thing [ . . . ] okay, this is troublesome for you. You're worried about it. [ . . . ] she didn't really get into the actual part about talking to the client with sexual dysfunction essentially because she felt really scared to do it and our time in supervision was really wrapped around what, what made it feel so scary to her and what made it feel like this subject is almost off limits because it seemed that way to me.

As a first step, supervisors take time to build their relationship with CITs. This can take many forms; Patrick took time to validate the CITs personal feelings surfacing about the sexual topic and giving the CIT permission to address them with the client. Diane acknowledges that checking in with the CIT is crucial because “a lot of different personalization’s can come up,” meaning both countertransference and parallel process issues, so she shifts the focus to the students emotional world and state of mind, checking in with reactions before attempting any case conceptualization conversations. JW addressed each aspect of discomfort the CIT had with the client’s story and worked with parallel process for the duration of the supervision. Checking in with the CITs cognitive

world is an experience MM had, as she reassured CITs that counseling work is often difficult and building a tolerance for discomfort is important “you don’t have to feel comfortable all the time, and neither does your client.” Supervisors experience CIT barriers and discomfort as an opportunity to shift the supervision conversation to the CITs inner world, and the rapport building process necessary for supervision. Mary asks her CITs “what was it like for you? How do you feel?” in beginning to address client sexual topics. All 13 participants expressed a type of halt in discussing client sexual topics in terms of treatment plan and conceptualization and took time in an intentional manner to address CIT reactions, and continue to monitor them throughout the counseling process.

**Language.** Supervisors described the need to address CIT hesitation in context to both values discussed previously and in lacking correct terminology. Language was not explicitly described as reason for barriers in supervision per se, more so in context of CIT hesitation to commit an ethical violation or offend a client by lacking up to date knowledge in correct terms specifically in relation to gender and sexual minority (GSM) clients. Joya expressed an additional intersectional difficulty of conversations surrounding race and the potential for CIT reactivity and accuracy in language.

Supervisors experienced CITs as having mixed experiences in efficacy in how to address sexual topics. While some CITs thought they were committing an ethical violation, others worried about the counseling dialogue becoming too graphic. Supervisors are comfortable offering students correct language use, even looking up together what the correct terminology is, but emphasize the importance of saying the words out loud to practice before session.

**Joya:** I asked her to, so to see a list of sexual terms and she said, oh, I couldn't possibly say that. I said you could say that to me. But if you're not, then you are not going to be able to talk with him. And, because they're not comfortable in it, then the discomfort is going to show. So then we separately touched on her discomfort around it, but it ended up she went back to the client and she broached the topic, very sensitively [ . . . ]. And so, it ended up being very enriching. But, and she found that, you know, a lot of what it was not about what she imagined, but because she realized that when you offer this discussion, then it's just not activated in the imagination but in reality. [ . . . ] Issues around sexuality or intimacy or sexual orientation, or any of those things, it'd be like asking about their age and their development. You know, it, it's all the same, but probably when I was talking with the supervisee around the cultural and racial sort of perceptions of what's going on [ . . . ] that I know that they are more reactive. The students, they're so concerned about, can I say this out loud, am I allowed to think this, to my supervisor especially because she's a woman of color? What do I think my client is? I'm scared because he's a black man. So those things, I think students get much more on that end about it. Whereas in many ways with sexuality, they just go ask about whether they have sex and say, okay, what do you think the way you could ask, how might you go about asking, figuring out how to ask about sexuality and giving them the language around that is an easier issue than maybe a student saying, this is how I perceived my clients' race. This might be what's scary to me. They don't even know. Maybe they feel like, wow, I'm a counselor. I can't talk like that. I can't say that [ . . . ] probably these days, supervisees to become comfortable with, and I find this in my clients also, the younger ones, for some reason, there's this real urge to get really concerned with label precision where part of me goes, does it really matter, just use whatever. But my supervisees get all caught up in that too, rather than experience or perception, if they get caught up in the label, particularly in, in talking about kink in any way, they sort of get hung up on, on the mechanics rather than the experience.

**Patrick:** And then the other part that she was nervous about was she's really big into following rules, and that would come up again and again in supervision about I want to do it right. I want to follow the rules. I'm wanting to get it right. [ . . . ] what if I am I about to, breach some kind of like ethics code, I'm not sure I need to stop and it sort of froze her in her tracks. And that was the thing that really stopped her, is that talking about sex. [ . . . ] so we talked through that and we brought up the codes and we had looked through them and once we sort of got into it and you came to the conclusion that there's no code that says you may not talk about sex with the client as, as a counselor there, there's nothing there, that actually relieved a lot of anxiety for her. She was a little bit more able to go into the next session and say, I know you brought this up and I'm wondering if we can talk about it a little bit more. [ . . . ] It was still kind of a push and pull with us in supervision where she would bump into things where they would get into some of the details about sex with this client and she would find herself backing off again like, oh, this is too much [ . . . ] but I feel like the biggest hurdle was really is it ethical do that.

**Dr. J:** Two female students [...] And I think the idea at first from both of them was, oh my goodness, I wouldn't touch that [client sexual topic] with a 10-foot pole. But because that's what their site supervisor said they needed to be doing. I guess they were at some point they agreed to try it [...] they had just expressed absolute decision that they were not doing this because they were afraid. But after they got into it, it was just, they have said, you know, just like working with anybody else. These are just people.

**Dr. Sit:** when it comes to sexual activity or sexual problems, um, most of the time I think students, at least that I've worked with and in service or pre-licensure counselors tend to be explicit enough. I haven't, at least with the ones that I've worked with, I haven't found the problem there. When it comes to sexual orientation and gender identity issues, vocabulary can be a problem. Or when I say problem, I may mean students who are insecure about what terms to use. Assigned gender, assigned birth status. There're various ways that terms have changed over the years, particularly in gender identity to sensitively describe the trans\* experience. And so, part of supervision is simply going to a trans\* health website like, we'll read through the standards and make sure we're all using the same terms and have them read, so they're clear on terms that are appropriate and different terms that are involved [...] students are wanting to be sure, they're not being insensitive with clients. And there's also age differences. Older gay and lesbian clients have certain things that they say, for instance, saying the word homosexual around the older gay or lesbian client might not be [insensitive] versus the younger one. And to the client it might matter. So you know, I don't, I don't always get it right. I'm of a certain generation and so, you know, with younger supervisees, they'll teach me things that I don't know, slang words and stuff that I don't know. So I invite them to tell me what's going on. The language changes quickly and uh, so I think I just have to be flexible. All supervisors do.

**Corky:** I like to, I like to throw myself on my own sword so to speak, because I'll start spitting out terms and there'll be half wrong. I'll say, here it is now y'all tell me what, what is this about? And then they'll laugh at me, which I'm perfectly good risks and it'll turn into a, Oh, let's, let's help. As opposed to somebody who's judging me if I don't know this word or this word. So that kind of. I like that technique.

**Lilly:** I tend to use the traditional standard vocabulary that you would expect in a textbook, in a counseling textbook. Um, and I, I tend to stick with, with that. I also will emphasize teaching them how to work with the client's language, adapting to client's language, but yet helping clients be clear and explicit about parts, especially when you're talking with small children. So working with parents to find a happy medium between, you know, clinical document, medical language and you know, talking about Johnny's way [...] So finding, helping them, adapt developmentally appropriate language, but yet remaining with your standard terminology, which is really a tall order. I have to do a lot [...] the developmentally appropriate language but also textbook or professional. Keeping

it professional and calling it the way a counseling textbook would. That is a challenge.

**Mary:** you and your client are going to have to really examine those particular cultural intersections and they know exactly where we're coming at with that. So it's been great because it's become a common language for us

**JW:** I worked for many years with teenagers, so we've learned all the language. I think the language is important to be current and to follow what the client uses as much as possible and some clients will use very specific language as far as intercourse or various ways of having sex and the same time they may also refer to partners, gay, lesbian or transgender and words that I have to not only have to understand and be comfortable using it all the times. We do a lot of training in our program on that. And I think that's probably the biggest issue right now is. I'm an older person so I make sure that I am as current, up to date, comfortable while we joke about it. We remember when we didn't say have sex or intercourse years ago, you would refer to it differently and life is very different and it's very open [ . . . ] I wouldn't have been anybody to talk about it with and now are the students are really shaping what counselor education might look like in the future where students are saying, I want to learn how to work with this. I want to know how to express myself. And so really, it's that student demand. I think that's highlighting how important is because it is a new generation who, who, who talks like this now, you know, in high school or in middle school, um, you know, they know if they have gay friends because now in middle school people can come out for example. So now a middle schooler has a very different vocabulary. When I was in middle school, so all of these societal changes are just having a great impact in making us learn more.

**MM:** And sometimes I defer to the fact that everyone uses different language. You don't have to use the language of your client, but it doesn't hurt if you're not completely offended by the language [ . . . ] I always tell them, if I'm saying the word penis in vagina or something like that and it causes you to be uncomfortable, then I want you to go out and say that word 10 times this week, you know, and work on just saying that word out loud. So I mean in terms of language, I know my language is still a work in progress and I think that's probably something I share with students too is that I'm still learning about like even the language because it's always evolving the language that we use with sexual and gender minorities. [ . . . ] it's evolved so much in the past 10 years. I have to constantly be kind of educating myself on that. [ . . . ] Please correct me if I'm saying something that hurts feelings or if I'm using a word that you don't identify with or.

**Diane:** I think if I had to sum that up, I would just say that I'm really direct and I don't avoid. I'm just really direct with it. I'll just ask them, you know, did you ask the client about their sexual health? How are they, how do they describe themselves as a sexual person? How they identify sexually? Um, I just ask it just

like I would, you know, what are, what are their symptoms of depression? It's just part of my, what I, when I talk about supervision when I inquire about. [ . . . ] I get mixed reactions. I think it depends on the person's level of comfort. Um, you know, family of origin stuff, how were they raised? I'm really contributes to how comfortable they are going to be talking about sexual issues.

**JW:** when the client talked about graphic sexual incidents was her most discomfort [ . . . ] They don't have words because they don't know how to use the words. They use them in English. But that was a big deal. Communication and language. We don't have a marriage and family program per se, but we have a lot of their placements and sexual issues come up a lot. They ask a lot of questions, their knowledge They would say things like, oh, talk around it. Until the counselor, we kind of guessed that was the issue and the counselor say, well, tell me more. And they couldn't.

**Aurora:** Students' lack of exposure and preparedness puts extra pressure on supervision, because it is time-limited. Exposure can be anything, not just classes. Any type of additional exposure to use language.

**Leslie:** especially I think because we think of that it's, I mean we talk a lot about sex, sort of the idea of having a sexual issue is fairly taboo and so I'm not going to seek help for that because a counselor or my partner or my whatever is going to judge me because who goes to counseling for sex issues, which is ridiculous, but nonetheless in our society and probably true more often than not, it's this juxtaposition of wait, there's more sex in the media and everywhere, so sex must be a more open thing that we can talk about now, but we don't know how to have that conversation. So, it's very layered.

**AD:** I definitely think that there are two extremes, therapist students who can barely talk about it. They're the ones who can sometimes take it too far and I've had to remind them, okay, this is a professional setting. It's good to know the street lingo, but when we're talking about this in a professional setting, what we're trying to work their case, use professional terms. So they would sometimes say terms that you wouldn't say is professional or academic. It was more slang or something. And you had to redirect that. I think that because they're uncomfortable, sometimes they'll try to come off as you know, I'm real comfortable, and I'm in the know. And I know that they come from a place of being uncomfortable.

Supervisors address client sexual topics "directly," as Diane states, and inquires from the beginning of the supervisory relationship, to set the expectations that sexual identity and sexual behaviors are part of understanding a client in their full context. MM uses a direct approach in encouraging CITs to repeat words that make them

uncomfortable; “say it 10 times” this week, “if you are uncomfortable.” Corky says it is important to model both vulnerability and lack of up to date language by seeking answers to language together, which Patrick also values in supervision sessions. Corky believes that using asking students the right phrases, or using appropriate humor is a helpful icebreaker in modeling; he believes supervision can be too serious at times and prefers to foster the bond with openly sharing his lack of up to date knowledge so he can learn together with students.

Contrary to what I believed when beginning the interview process, supervisors are in fact comfortable with addressing sexual topics in the supervision with CITs. Client need, and CIT hesitation is what creates the need for supervisors to address sexual topics directly, and not previous training in sexuality. “It’s the student demand” as JW states. Supervisors shared with me that their supervisor training and past supervisors’ modeling of difficult conversations contributed to their feeling of efficacy in working through client sexual topics with CITs. Two participants in particular attributed their success with supervision of sexual topics to outstanding supervision received in their doctoral program. Supervisors experience CITs needing both direction and “permission” with the language aspect of addressing sexual topics, however, getting caught up “label precision” according to Joya, can hinder the process. Patrick talked about a CIT wanting to follow the “rules” and not commit an ethical violation by addressing a sexual topic at all.

In supervision sessions, CITs are encouraged once again to focus on the client process more than using precise language, in fact most participants stated it was acceptable to ask the client how they wish to be called and how they identify, as there seemed to be a consensus that language changes very frequently. While current language

is important to not offend clients, more frequently CITs are encouraged to ask clients how they want to be addressed and how they see themselves instead of allowing the anxiety of exact language to create a barrier.

On the other end of the spectrum, some CITs become inappropriate when using sexual terms. AD expressed experiences where CITs used “street language” and “lingo” instead of academic language to express themselves, which in her reaction was an attempt for CITs to cover up discomfort. Supervisors are willing to offer guidance and specific language to CITs but ask them to practice, in order to gain a sense of efficacy and preparation for the upcoming work with clients. As one interview question specifically asked about supervisor experiences with language regarding sexual topics, all 13 participants spoke to experiences with language surrounding sexuality, and all could easily think of examples, which highlights that language, specifically in how to address various sexual topics in counseling continues to be an ongoing educational need CITs experience, and a responsibility left to supervisors alone when there is lack of training.

**Multicultural competencies.** This section contains themes that fall within the understanding of Multicultural Competencies in Counselor Education. Participant experiences range from emphasizing the importance of multicultural considerations, including intersections of constructs, to understanding their supervision experiences from the multicultural competency point of view.

**Joya 2:** I'm on multiple levels as well as the relationship that the supervisee has with their clients on multiple levels and ultimately how I respond to the supervisee is to some extent shaped by how I perceive the clients. So sort of at a very crude example, my supervisees talking to me about a couple that he's counseling who is a biracial couple and he's talking about he's sort of not quite sure what's going on in the power dynamics and the relationship and such. My listening to him is impacted by the fact that I, on a personal level, I am myself in a biracial relationship. How much is impacted by the fact that my supervisee is, a

heterosexual man. How much is impacted by how he then with all his identities, gender, race, and sexual orientation experience, and so I want to kind of work with all of those patterns. They are complex, and we address them all in the time we have. So I've asked to also very intentionally and get the supervisees' sort of explicit understanding, decide where we choose to focus.

**Mary:** We really want [CITs] to examine multiple layers when they're working with their clients [...] I mean not everyone's exact same. You still have to examine those intersections. So there's an ongoing check in that the students have to do with themselves to understand their own locations [...] okay, sex doesn't come up, gender doesn't come up, but the client keeps saying they just don't like themselves. They don't love themselves. They're stuck. Which is actually a very common thing with all our [sexual and gender minority clients]. And it's not sex per se about identity, um, but it all intersects in different ways and so we just talked about learning, but self-acceptance and shame and all these other things are a part of these issues that a lot of clients experience or other things that come up in the sessions that are not necessarily related to sex but can be impacted how others define and construct sex due to their own cultural frames. How can that be, you know, where's that balance? And it's a duality, you know, it's not one or the other. It's dualities and complexities, it's not very one dimensional. So I do take that in consideration and I try to help them see that so much of what we do is not one dimensional. So you have the right to conceptualize the way you want regarding your identity, about gender and sexuality and all these things. And at the same time, you have help to understand, you have to explore to understand how the client's conceptualized in this too.

**Dr. Sit:** Sexuality is a part of life, part of what clients bring a, just part of who they are. The one thing that I think that supervisors should do is, um, make sure that sexuality is assessed [inaudible] asked about and so in supervision where sexuality is not part of the presenting a picture. I do think that, uh, when I, when I am supervising other issues, I will ask my supervisees, um, you know, what, what's the orientation? What'd you find out about? What's their sex life basically? And um, that I don't know that other supervisors do that. [...] Can I also ask about their religious life? There are a lot of things that I ask about. Probably those two things more than maybe many supervisors. Because I'm more sensitive to those domains an awful lot. [...] For context purposes, early, particularly early on, these things may not be particularly relevant, although I do find that that sexual orientation and culture and a race and ethnicity, these are the ways that people structure their identities and their lives, they certainly can be relevant. They don't always have to be, but they, they certainly can be as you know, it's not always clear at the beginning.

**Diane:** I don't sit down with a supervisee on day one and start talking about clients and then say, okay, you need to go talk to them about sex because you haven't talked about that yet. I think that would just be doing them a disservice and, and probably doing the clients a disservice too. So I go back to that

relationship piece. I really want to get to know people. I want to get to know my supervisees and I want to get to know their clients as best I can so that when I'm suggesting certain interventions or directions, um, related to sexuality especially, I have this lens to look through. So I'm informed about what might be coming up for this person. I don't make assumptions based on cultural pieces, but it's definitely helpful for me or those cultural pieces with the supervisee so that I can have more insight [ . . . ] I have more information going into my supervision with them. So I'm not going to just tell this person to go talk to their clients about sex right now. There are a lot of things that need to happen before that's going to be therapeutic.

**Corky:** Seriously whatever issue they're bringing to the table, especially in the multicultural arena because there's so much, you could get a Ph.D. just in multicultural. [ . . . ] It has a lot of information and so we just have to keep constantly learning. [ . . . ] It's impossible to keep up with everything all the time. So as if you're teaching the students that as things come up, just feel free to look it up and, and look at it from the multicultural competency point of view.

**JW:** [Students] talk much more openly and one of the concerns often with [sexual minority] supervisees is that the client might perceive them differently or negatively if the client is also not gay or heterosexual or might be very religious and sexuality and sex comes up a great deal. Um, and how it affects their own sexual relationships and how it might influence clients to talk about their sexual relationships or sexual issues or not. So I'd say my case is a very multilayered one and how that might be perceived by the client or vice versa. Or if a client talks only about sexual relationships, heterosexual ones, can they relate in the same way we. I say sex is sex and relationships are relationships and I think using the word more, affectional it really helps and there are a lot more open in supervision than they were 20 or 25 years ago

**MM:** I've seen students avoid really avoid this when they have someone that comes in that's different maybe in a wheelchair or someone that has some kind of, um, you know, developmental disability or something like that or physical disability that this topic, it's almost like they assume this person probably doesn't have sex or something.

**AD:** Reminding students and colleagues that our experiences are not necessarily our clients' experience. It is still success, not necessarily their process, background, so I just need to get more information on the clients' culture [ . . . ] I've been an advocate to address, multicultural competence.

Multicultural competencies have multiple layers in supervisors' experience when working with sexual issues. On the one hand, a continuous awareness of supervisors' personal reactions and understanding of themselves helps the reflective ability to

ethically serve CITs. For example, Joya understands that her listening in supervision is impacted by her own identity, and how she responds to the CITs experience of the client is impacted by how she herself sees the client. “The work with all of these patterns. So complex.” This speaks to the aspect of awareness within the multicultural competency considerations. It is crucial to keep multicultural awareness as a framework for how to listen in supervision, as a guide to understand the difference between supervisors’ personal reactions, CIT reactions and client needs. These are three very important distinctions to be aware of in the supervision process, and they correspond to the following three tasks in supervisors’ experience: the need to either self-reflect, work on building supervisee competence through their value-based reactions, and third, to formulate how to help clients, based on the multicultural competencies. The reason this is imperative is to keep countertransference-based reactions out of the counseling and supervision session as much as possible. Supervisors most frequently referred to countertransference as “personalization” that come up in supervision sessions from the CIT.

When supervisors have deep awareness of multiple dimensions overlapping in personal perception, multicultural awareness and conceptualization offers a helpful framework to understand all the layers of interaction and belief systems. Based on this understanding and solidifying this understanding as a common ground with CITs, multiculturally aware and responsive treatment decisions can be made for the client.

In addition to multicultural awareness as a guide, there is a deep understanding of the impact of all the client’s identities, with the CIT identities and supervisor identities. In the interview process it became clear to me that supervisors use the multicultural

competencies to think through their own process and pass that thinking to the CIT to help them conceptualize a full picture about both client and process. Mary explained to me that she requires students to check within themselves, their own understanding of their social locations. She explained further that it is very “complex and not one dimensional” when CITs work with clients because sexual issues do not always surface in a straightforward manner. Keeping multicultural competencies in the forefront, a client who speaks about “not liking themselves” can be a gateway into therapeutic conversations about identity, the impact of culture, sexuality and other dimensions on identity. For example, when the CIT asked about what they do not like about themselves, deeper conversations opened up that were linked to multiple dimensions of the clients’ identity. It is through the awareness of multicultural and identity considerations that a CIT can address the process of these tensions within the client, fostered by multiculturally aware supervision.

Therefore, the task is not to wait for a sexual topic to surface, rather to listen with our multicultural competence mindset, seeking opportunities to address “acceptance,” “shame,” and other part of themselves that “impact” their “construct of sex and cultural frames,” according to Mary.

Another experience was described by MM, regarding how sexual topics may not explicitly surface but when a client struggles with parts of themselves, it becomes relevant. MM says that a client may have an acquired disability they may not want to talk about, but when that client wishes to discuss dating, “all of a sudden sexuality becomes important” because disability has an impact on both identity and sexuality. But these

intersections and overlaps can be only be realized if supervisors continuously keep a conceptual understanding of multicultural competencies as a guiding principle.

Getting to know CITs “really well” is helpful Diane stated because it helps prepare for issues that may arise for the CIT as well as helps the supervisor make decisions in how to address challenges. Understanding CIT and client cultural backgrounds is useful for effective supervision interventions, specifically when addressing sexual topics where barriers can manifest in values or appropriate language. As mentioned before, supervision cannot be a set of checklist-style interventions but supervising in a manner culturally responsive to both the CIT and the client, which can only be accomplished when there is a level of comfort and familiarity that has happened through culturally competent and responsive dialogue in supervision prior to seeing clients.

**Student autonomy.** When CITs became increasingly open to discussing sexual topics with clients, supervisors understood the importance of the implementation fitting for the CIT. For example, some students thrived in methodical steps, others wanted to address sexual topic “right,” within ethical boundaries, others had to create their own phrasing for broaching the topic. Once CITs allowed themselves to be influenced by the supervisor’s direction of addressing sexual topics, autonomy in delivery was seen as important developmental step for CITs.

**JW:** [We] processed that piece to a point where she feels she can take off and be autonomous now.

**Corky:** I think developing them and what their box [comfort zone] is, it’s the only way that you can really develop good therapist because they’re going to be without their supervisor in a short period of time and I want to develop them during that time. Not giving them, this is the way you do therapy, this is the way you got to do it. These are the rules. That’s not, because it’s part of the science

[they learn in school] and I want to develop their art. What is their way of doing it. [...] And we do give them, we give them quite the manual in school, right? I mean, that's an awesome manual and now they have to go beyond that and apply it and see what works and what doesn't. And I usually tell them, they'll come in and ask, well, did I do the right thing? And I'll say, why are you asking me? Ask your client. That's the whole deal is realizing who the customer is and their wishes.

**Dr. J:** They have a particular series of steps they go through. So each client I think, does step one and step two and step three, so that helped this particular person who, who likes everything very methodical and predictable. So I think that in and of itself gave her and the whole situation some predictability. That's a very fortunate event, certain circumstances that she's able to get steps for this type of work and that she's the person who can follow that too because it fits with her style.

The interview process highlighted to me the importance supervisors place on student autonomy. Regardless of the training level of the student, supervisors enjoyed seeing CITs creating their own way of working with client sexual issues. CITs face various barriers as mentioned in this chapter, to be able to address sexual topics, sometimes rooted in lack of training, other times rooted in moral or ethical concerns. However, once supervisors were able to work through personal or professional barriers with CITs, their willingness and motivation to address sexual topics were strong. When CITs understand themselves and learn to empathize with client struggle, they will build confidence if allowed autonomy in how to go about introducing the topic in counseling. Cory acknowledged that CITs will be “without their supervisors” before long, meaning taking safe risks while still under supervision created freedom and allowed space for CITs to work through how to broach sexual topics with their clients. This ownership fostered confidence in CITs for several reasons: they experienced their supervisor believing in them, and they were allowed to create their own comfort zone instead of fitting into the supervisors’ “box” of how to address sexual topics. Conceptually, in-line

with supervision theories, this made sense: first address person of the therapist issues before any in-depth conceptualization or treatment planning can occur.

### **Conclusion**

The data analysis findings, in context of the research questions, can be organized into two major categories: how supervisors in counselor education experience supervision of sexual topics, and what supervisory skills counselor educators are using to address client sexual topics with CITs. Thus far, neither experiences, nor skills for supervision of sexual topics have been explored yet in counselor education literature.

The themes demonstrate that supervision of sex counseling issues in counselor education is a multilayered process, which includes a positive, developmental perspective grounded in multicultural understanding. Supervisors aim to help CITs work through their own internal reactions to sexual topics, to help them arrive to a developmental space where CITs can work with client process, instead of problem solving with sexual issues.

Rigorous data analysis procedures yielded categories and themes which were presented in this chapter. Using participant quotes, I aimed to provide rich descriptions of counselor's experiences with supervising sexual topics. Findings were organized into meaningful themes that describe participant experiences and tools, as well as answers the research questions.

The findings add the counselor education, supervision and counseling literature in a two-fold-manner; first, the experiences of counselor educators are revealed when working with CITs regarding sexual topics in supervision, second, the specific skills are revealed that counselor educators use to work with sexual topics in supervision. Both overall findings have not yet been understood in the counselor education literature. In terms of

the first level, supervisor experiences, the findings indicate that supervisors within counselor education face a diversity of sexual topics, and work through them within themselves, and within the supervisees concurrently. The results also indicate that supervisors spend a great deal of supervision helping students understand their own values and conflicting.

In the next chapter, I will discuss the findings of this study and provide a broader context of how they fit into the current literature.

### **Researcher Reflexivity**

Several steps were taken to promote researcher reflexivity as an effort to provide a rigorous and ethical study. I described in Chapter III that writing in a researcher journal is an important process in phenomenology in order to bracket one's experience. Therefore, after each interview, I took time to write my reflections, thoughts reactions in the same notebook that contained my interview notes and theme related words and notes. The questions I asked myself, were "what reactions did I have to the content of the interview?" and "what reactions did I have to the participant?" 'What thoughts do I have about these reactions and how might they impact my analysis?' I found this process very helpful in separating my relationship with the study from the participant's experiences.

### **Peer Debriefing**

The role of peer checking, commonly referred to as peer debriefing served the purposes of keeping biases out of the study. Complete objectivity is not possible in research as the research questions itself and the underlying theory builds on socially constructed assumptions. However, to ensure rigor, I asked a trusted colleague, with three years' experience with research and a strong research rigor stance, to discuss the details

of the study and the findings. The colleague's questions helped explain my interpretations while focusing on the participant experiences instead of my own personal reactions.

### **Journaling**

I answered questions about categories and themes and how I arrived to them, as well as my decisions about tables as confidentiality. Three reactions I had stand out to three different participants. I recall feeling so much respect for my participants when they so eloquently described their internal process with supervision and sexual and multicultural issues.

Joya: I had a positively strong reaction to Joya as I felt I was learning beyond information for my study. I believe the interview with Joya helped shape how I think about my work with CITs in supervision.

Diane: I was captivated by the systematic manner in which she approached supervision, paired by the fact that she was newer in counselor education. I remember thinking recent graduates have a very similar language to the counselor education culture I am familiar with.

Corky: This interview had the friendliest and most welcoming tone, where before we got started, I was uplifted by how much hope and excitement for my future Corky expressed. I was grateful that without knowing me, Corky recalled his own dissertation process and relayed shared feelings, which was a great way to connect even before the warm-up question.

### **Gender Interactions**

I noticed after 10 emails to setup an interview time, that when I was emailing a female participant who was interested in the study, I provided multiple times to choose

from in a one-week span. However, when I emailed male participants, I simply asked when a good time would be to interview, in an open-ended manner, for them to give me times I can choose from. This was a curious instance, when I noticed how socialized I am to show cooperation toward profession males, more than towards professional females. Looking back, I was worried that if male participants looked at the time availabilities, they will not take extra steps to cooperate with what fits for me, even though the interview was both compensated and voluntary.

### **Final Reflections**

Despite the lack of training in sex and sexuality, counselor educators around the country are in fact working with human sexuality topics, and the participants of this study are perceived to be doing so effectively, and in-depth. At the beginning of this study, it did not yet occur to me how the intersections of sexual histories, and personal identities between the CIT and the client may impact the supervision process because I had not yet had a concept of how supervision would be conducted with sexual topics. I am highly impressed by the counselor educator community regarding the in-depth supervision training, mentorship and doctoral program training that have built such a strong foundation. Supervisors in this study are highly reflective and have effective and sensitive tools to reach within the supervisee “without turning it into a counseling session” as Diane said.

### **Summary**

In this chapter, I presented demographic data about this study. Then, I presented general demographic information about my study participants, in an overarching manner, to protect their privacy. I detailed the process of how I arrived to my themes from 132

pages of transcription material as my source of data from the interviews. In my next attempt to honor participant confidentiality, I presented a table with the general sexual topics occurring in supervision context in my participant experiences. These overarching topics have specific sub categories, and my locked data contains details of CIT and client details of their identity as it pertains to sexual topics, but it would make supervisors and CITs identifiable, as the participants and students themselves are the audience this study was created for.

After identifying 38 participant experiences that were re-occurring in the interviews, I concluded eight final themes which were divided into categories of research question one and research question two, to demonstrate which finding serves to answer which research question. My hope is that the findings of this study serves faculty, supervisors and CITs alike in understanding themselves and their clients in the context of working through sexual topics in a process oriented, affirming and effective manner.

## **CHAPTER V**

### **DISCUSSION AND IMPLICATIONS**

Participant's experiences and the interrelated themes that emerged from this research study provided a rich and thick description of supervisors' experiences and meaning making of supervision of sexual topics with graduate level CITs. Participants described their experiences in a reflective manner, aiming to create both a process orientation and reflective ability in CITs instead of focusing on problem solving in supervision sessions. Additionally, participants described their supervision of sexual topics embedded in a multicultural perspective in an effort to help CITs think through their clients' concern, and without naming it specifically, describe a positive sexuality perspective, affirming clients and CITs. This affirmation is grounded in the thought that sexuality, regardless or practice, affection or behaviors, is part of the totality of the individual and should be considered in sociocultural and identity contexts rather than focusing on symptom elimination.

#### **Answers to Research Questions**

The two research questions sought to answer the experience of supervision of sexual topics and the way supervisors address sexual topics. Both research questions have been answered.

- Q1     How do supervisors in graduate level counseling programs understand the meaning of their experiences in one on one supervision with Counselors in Training (CITs) regarding client sexual issues.

The first research question was answered through the first three interview questions that allowed data to emerge about what the experience is like for supervisors, when they supervise sexual topics and how they make meaning out their experiences. Emerging themes allowed for understanding of the unique challenges participants face when working with a sensitive topic that has personal beliefs and feelings attached to it from the CIT. Understanding participant meaning- making of sexual topic supervision experiences informs the supervision field of an overarching understanding of how to supervise concerns when there is a lack of supervisor training in the specific topic. This portion of the study allowed for themes to emerge about 1) managing conflicting emotions in supervision sessions, 2) creating conditions in supervision for CITs to be open and willing to discuss client sexual issues and their own unfinished work, 3) supervisors experience resistance from CITs in the form of values conflicts between the CT and client that has an impact on CIT competence and self-efficacy. Last 4) Supervisors make meaning of the challenge to face sexual issues as a form of Advocacy which is understood as both advocacy for the client and advocacy for the CIT when appropriate.

The second research question aimed at understanding the applied portion of supervising sexual topics, initially supported by the second three interview questions, however, implications from the experiences described in the first three questions influenced the understanding and development of a supervision model.

**Q2     How are supervisors addressing sexual topics with Counselors in Training (CITs)?**

This question was answered by paying attention to tools and reflections participants shared with me, in an effort to draw conclusions to recommend to

supervisors working with sexual topics. I answered the second research question by sharing a sequence of steps based on the participant voices that are leading in the direction of considering a process focus for supervision within human sexuality topics. This focus de-emphasizes the topic itself, as supervisors seem to focus on student reactions, the origins of these reactions, accessing empathy for the client and reflection on the tension the client is sitting with rather than the topic. This is an emerging theory based on what supervisors in this study describe about their experiences conducting supervision with CITs about client sexual concerns. It could be recalled through remembering the acronym ROAST (reactions, origins of reactions, accessing empathy and sitting with the tension).

### **Discussion of Findings**

Participants shared their struggles with working with CITs who felt barriers in addressing client sexual issues, particularly when CITs experienced values conflicts between themselves and their clients. While participants had a high tolerance for differing worldviews and were supportive of a diverse background of CITs, working with CIT resistance towards clients was described as both a difficult and rewarding process when overcome. Further, participants widely struggle with gatekeeping, as they struggle to own seemingly two opposing parts of themselves: the nurturing, growth-fostering supervisor who is collaborative, co-existing with the responsibility of being an authority in gatekeeping. While supervision was described as participants' favorite responsibility as a counselor educator, gatekeeping is described as the most difficult aspect of the work because it has serious implications on CITs lives and schooling. As a result, gatekeeping conversations and decisions causes supervisors to question themselves frequently,

impacting their identity. The findings related to the deep enjoyment of the supervisor role and the challenged with gatekeeping were part of the warm-up and rapport building aspect of the interviews, however it emerged into rich descriptions of emotional processes experienced by supervisors.

While the findings through the warm up question are not directly related to supervision of sexual topic, it provides an important contextual understanding that supervisors enter difficult supervisory topics and relationship with a strong liking of their role as a supervisor. This is important to consider as a possibility to positive supervision outcomes with difficult topics. As conflict is inherent in both supervision and counseling, a baseline tolerance for discomfort and passion for supervision makes the counselor education field a good fit for approaching sexual topics in supervision. While this study specifically recruited participants with a Ph.D. in Counselor Education and Supervision, the findings point to generalizability to mental health supervision inclusive all disciplines, which I will expand on further in limitations and delimitations section of this chapter.

### **Managing Conflicting Emotions**

Supervisors understand that CITs enter supervision with their unique backgrounds, knowledge and beliefs. CITs are not blank slates who work with clients. In fact, the field of Counseling has increasingly become aware of the notion that counselor objectivity in counseling sessions is false. The realization that theoretical orientation decisions and the choice of responses themselves already imply a certain belief system that counselors carry. Leaving the person of the counselor outside of the counseling room during session now seems like an archaic approach to client care. Both Mary and Diane spoke to the importance of “affirming” and “normalizing” CIT feelings and struggles

contributes to managing those conflicting emotions. JW, Diane and Mary all spoke to “parallel processes” and “personalization’s” that come up in CITs and an important aspect of their supervisory role is to help manage these processes within the CIT in supervision sessions.

As mentioned in the literature review chapter, research is inconclusive regarding the relationship between CIT knowledge and comfort in addressing sexual topics with clients (Arnold, 1980; Berman, 1997, Decker, 2010; Harris & Hayes, 2008; Weerakoon et al., 2004). The most significant research finding thus far has been the relationship between counselor knowledge in sexual issues and willingness to initiate conversation about sex in the counseling room (Arnold, 1980; Harris & Hayes, 2008). However, this knowledge does not mean that counselors are comfortable with addressing sexual topics (Decker, 2010, Ford & Hendrick, 2003), it only means that a sexual training background allows for willingness to discuss sexual topics with clients. It is important to emphasize that willingness does not necessarily mean effective work and positive outcomes. Further, Berman (1997) found informal methods of delivering sex education more effective than formal classroom education, such as supervision opportunities. Increasing comfort has also been studied (Cardona& Farago, 2017) but according to Lofrisco (2013) comfort does not translate into behaviors of initiation in counseling sessions.

The meaning of this finding, *managing conflicting emotions*, highlights two key considerations for supervision; (a) The objective of increasing CIT comfort may be better reserved for formal classwork work and should not be the gold standard for working with sexual issues in supervision. Supervisors in this study articulated to me that when a CIT expressed discomfort with a topic, they answer by saying that since the CIT is a novice

counselor, discomfort is inherent in any topic or client. Instead, guiding CITs in how to think about themselves and the client in a way that leads to a process focused conceptualization can serve sexual topic conversations more effectively in supervision.

(b) Berman's (1997) conclusion that supervision can be an effective *informal* method to deliver education regarding sexual topics is supported by this study, when said sexual education is embedded in the multicultural framework from a positive sexuality point of view for conceptualization, not in terms of symptomatic treatment of sexual concerns. In graduate training, supervision is an appropriate place to work through conflicting emotions about clients in order to provide meaningful CIT development. The implications of managing conflicting emotions are also high for addressing personal and professional dispositions within the CIT. This is an important aspect of gatekeeping where supervisors can ensure that client welfare is protected because CITs will be better equipped to make decisions under uncertainty and self-regulate when supervision has taught them how to work through emotions brought up by clients (Bernard & Goodyear, 2003).

### **Creating Conditions**

Creating conditions for CITs willing to discuss client sexual topics means a strong supervisory alliance. Participants discussed the importance of their openness to create a supervision environment where CITs feel they can bring up client sexual topics, or topics related to sexuality in general if it is impacting their lives during the time of clinical training in their graduate programs. When participants shared these views, I became aware of my thoughts that supervisors place all the responsibility on themselves for enhancing CIT development personally and professionally in terms of sexual topics.

However, it is ethical practice for supervisors to facilitate conditions and demonstrate sensitivity to the CITs personal and professional needs (ACA, 2014) and this initiation is also deemed part of best practices for supervisors (Border et al., 2011; Dye & Borders, 1990). In addition, supervisors explained to me that students receive extensive didactic knowledge by the time the clinical applied portion of their training program and see the meaning of their role to develop clinicians that can soon function independently. This thought process is in line with the literature that states sequentially, the next step is to focus on the “practice-driven” aspects of counseling, providing a bridge between knowledge and practice (Bernard & Goodyear, 2003, p. 4; Ronnestadt & Skovholt, 1993).

Participants in this study create conditions in a variety of ways. Corky believes in “mutual learning” and using “humor” and if necessary, “falling on my sword” because he believes that being too serious all the time will prevent CITs from being open to and honest with the supervisor. The theme of creating conditions essentially pertains to the supervisory alliance, meaning establishing an ongoing positive relationship between supervisor and CIT to promote discussions without the fear of being judged by the supervisor. This can help reduce CIT anxiety and create an atmosphere for effective supervision to take place (Decker, 2010; Harris & Hayes, 2008; Hartl et al., 2007).

### **Values**

Participants experienced CITs taking a moral stand on various sexual topics, not specially LGBT issues, however, as the goal of this study was to gain understanding in how sexual topics of any kind are addressed in supervision. Regardless, one of the most emotionally challenging aspects for supervisors is working with students who claim

values conflicts as a barrier to addressing client needs. The lack of unified laws and policy exacerbate the difficulty supervisors face when working with value-based barriers. Historically, research has been embedded in investigating comfort, knowledge and willingness (Decker, 2010; Harris & Hayes, 2008; Lofrisco, 2013) in understanding barriers to work with sexual topics. Additionally, sexual attraction (Jersin-Woods et al., 2018) may be an additional barrier CITs face. Research and positions regarding religiosity and counselor training have emphasized the discrepancy between mission statements of religious institutions and accrediting bodies such as the Council for Accreditation of Counseling and related Educational Programs (CACREP) and mutually exclusive standpoints have been asserted (Sells & Hagedorn, 2016; Smith & Okech, 2016).

The findings of this study support the notion that values conflicts exist between CITs and clients. Further, supervisors experience what has already been documented; religious conservatism, defined by the belief that one religious teaching and truth exists (Bidell, 2014, Farmer, 2017) negatively impact affirming attitudes in CITs. Participants of this study described sexual topics in general as difficult. While some participants detailed struggles in working with conservative religious beliefs held by CITs, the following examples highlight struggles unrelated to LGBT clients.

**Dr. Sit:** The Student is [ . . . ] was really struggling with her own loyalties to her faith or religion because she didn't know why she really believed about the situation she was working with.

**Leslie:** But my student had a pretty heavy, strong boundary based on her own beliefs about an extra relational intimacy, sex really, I don't know that it would have been intimate, but she has a very strong belief that that's not okay. And so she set a pretty strong boundary with that.

**Patrick:** Her family of origin stuff that there is a strong religious component in there that was telling her do not discuss sex with anybody.

**MM:** Masturbation is even more taboo. Possibly. It's something that people don't talk about. They don't admit to, maybe a source of shame or embarrassment, especially if you come from certain religions where, I mean I'm Catholic and I know that as a Catholic I was taught that that was just like a horrible thing to do. So, um, you know, all of that came into play with it, a gender difference there, religiosity, you know, religious values, the lack of knowledge, the fact that it's a little bit taboo of a topic in certain circles.

Participant quotes illuminate that religious and moral struggles can exist for CITs beyond LGBT work. The context of sexual topics in a general manner are difficult for CITs, especially since CITs may not be clear on permission to explore sexual issues. Patrick exclaimed “Yes! You are allowed to talk about this,” in fact we are required to talk about this, when he was describing a CIT needing permission for their supervisor, worried they are committing “some sort of an ethical violation” as Patrick continued to explain.

This conflict experienced by CITs ties back to supervisors managing conflict within CITs to be able to influence them to work with a diversity of clients including sexual issues. Participants aim to respect both CIT views and address clients need, becoming clear that participants were working towards students being able to hold multiple point of view by focusing on the process and the tension, rather than the content of right or wrong.

The implications of values conflicts mean that supervisors should expect that CIT and client values won't always mesh, but to focus on teaching CITs instead how to hold help clients hold onto their belief systems, the same way someone helped the CIT hold onto their own. Mary shared how important it is to not influence the client with the CITs worldview, as unnecessary influence “on top of” the client, and could also be an ethical

concern, where it is viewed as insensitivity to client needs (ACA, 2014). An important component of multiculturally sensitive supervision (Sue & Sue, 2012) is to facilitate awareness in CITs of cross-cultural interactions, in this case, facilitate awareness of the difference between CIT and client, and the role of power and privilege in counseling and in their separate views. This could be a helpful foundation for CITs to begin to consider two, seemingly opposing worldviews, but in the context of serving clients ethically and in a multicultural sensitive manner. Addressing power and privilege in both counseling and supervision has led to high clinical efficacy in CITs and high satisfaction with supervision (Kissil, Davey & Davey, 2013; Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014).

### **Advocacy**

All participants expressed a level of advocacy in their work as a supervisor. While some participants explicitly stated the need to advocate for minority students for example, other attempts for advocacy were more covert. Leadership and advocacy are an important component in the counselor education field, as one of our five identities is that of a leader or advocate. Unsurprisingly, these qualities were present in participants, as they were keenly tuned into the underserved. Corky for example supervises CITs who work with clients that “nobody else wants to work with,” which action in and of itself is advocacy. Saying out loud in supervision sessions that “everyone deserves counseling” is another level of advocacy where he is directly influencing students to think differently about clients where they may feel a barrier to empathize with client behaviors. Advocacy has implications in working with sexual issues in multiple ways. For example, a client may have committed a crime that a CIT is ethically or morally opposed to. When moral

issues are not in the way, the sheer fact that a client is being seen for a sexual topic that broke the law may pose difficulties for CITs and supervisors in that case can use their client advocacy efforts to encourage CITs to get to know the client as a whole, as their identity is more than having a criminal record. Several supervisors who have supervised CITs working with clients who committed a crime explained to me in the interview, that once students are influenced to go back into the counseling session, they eventually find empathy for the client by realizing “they are just like everyone else,” as two supervisors explained.

### **The Impact of Student Focus**

The purpose of supervisors shifting focus to CITs, away from the content of the client sexual topic has multiple implications. First, it supports the ability to honor “the person of the therapist” (Aponte & Kissil, 2016), and can teach CITs how to effectively use their personhood in the counseling session without it getting clouded with past beliefs that will hinder the counseling process. This model is supported in the literature as a helpful understanding that a counselors’ work is never fully finished and that ongoing reflective thought about self and client will be an important skill for CITs to master for the rest of their career, not just for training purposes. This is an important first step that is recommended for supervisors and detailed in the next section as part of a model on how to use it effectively, to serve both CIT developmental need and client welfare.

### **Language**

Participants expressed the importance of not getting too focused on correct language. This was surprising to me at first, because a preconceived notion I had through my training is that counselor educators are always up to date on correct language.

However, participants felt like it is impossible to keep up with how quickly language changes with regard to sexual topics. Participants found it more effective to 1) lookup the most up to date term together in supervision with the CIT. This models a) vulnerability, b) permission to not have all the answers, c) think out loud together about what the literature says, d) attend to CIT reactions, e) provides an opportunity to say the term out loud in supervision to prepare for saying it to the client. 2) Participants believed it was effective for the therapeutic alliance to ask the client how they a) identify, b) wish to be addressed, rather than worrying about what the correct terminology might be. Further, based on this study's language findings, I recommend using the clinical intake form during the first session as a guide to address language pertaining to gender or sexuality identity as a springboard to address with clients how they wish to be called or if there was any demographic question they would like to expand on that the form did not allow. This can be practiced in supervision sessions based on the intake forms available at the institution where CITs see clients for counseling sessions.

### **Implications for Multicultural Supervision**

Participants frequently referred to multicultural competence, without the term incorporated into any of my interview questions. In fact, all participants referred to the consideration of a multicultural lens directly or indirectly at one point in the interviews. It became apparent to me that multicultural considerations are guiding principles for supervisors in thinking through both CIT and client concerns, particularly when it came to barriers; when not knowing how to proceed, looking up competencies together with supervisees provided direction in how to think about the client concern. This is congruent with my previous suggestion, that the symptom treatment of the sexual concern should

not be the focus of CIT development, especially since sexual topics shared with my by participants reach beyond sexual symptoms, with client and CIT experiences permeating identity, thinking and behavior. The literature about viewing sexuality in context of the whole person is congruent with how participants think of sexuality concerns: it is in context of socio-cultural considerations for a person, and to understand sexuality and how to work with it, we must consider gender, socioeconomic status, religion, ability status, ethnicity and family of origin factors that together create overlaps and intersections for a multilayered understanding of sexuality (Burnes et al., 2017; Cruz, Greenwald, & Sandil, 2017; Murray et al., 2016). Further, a multiculturally sensitive standpoint in supervision can foster the CITs own self-awareness of cultural bases and values, learn to value the worldview of the client, and developing culturally appropriate and responsive skills (Hardy & Bobes, 2106; Kite, 2015). Participants frequently listened for opportunities to address multiculturally competencies and used the competencies as guiding principles in their work with CITs.

The implications of participant experiences are that multicultural supervision skills can be applied under several circumstances 1) when CITs explained barriers to addressing a client concern related to sexuality, 2) Guiding supervisors' own thinking about how to help CITs overcome barriers, 3) When reflecting on the intersections between themselves, the CIT and the client, 4) When CITs worried about being unethical if addressing a sensitive topic, the multicultural competencies helped highlight to CITs that competent counselors are sensitive to client culture and address those 5) When encouraged to think about their own worldview and how that might impact their work as a counselor 6) When fostering empathy in CITs towards clients. Multicultural sensitivity

can somewhat elusive, but the experiences and themes in this study can provide direct applicability for supervisors.

### **Student Autonomy**

Participants explained in the interviews that they respected that their CITs often had their own way going about counseling and introducing sexual topics. While supervision is helpful in breaking down barriers and developing awareness, skills and conceptualization in sexual topics, there is not a single correct way to approach sexual topics. Some students may choose to re-visit client sexual issues with words and sentences that fit for them and were practiced ahead of session, others might want concrete advice. In most cases, CITs needed time to think and reflect about their own reactions and their clients, and with the help of supervisors clarifying what is going on for the client, what the words are really about, and addressing the sexual topic from a process point of view. For example, a client repeatedly expresses attraction and fantasies towards a counselor, and the counselor expresses discomfort and asks for it stop, but the client continues. The CIT decides to address what it's like for the client to continue making her uncomfortable. This became a very enriching conversation, directly tying into the client's long-standing marriage issues. In another example, a CIT worked with someone who committed an illegal act, which caused the CIT deep discomfort. This CIT decided they wanted to follow strict steps in *how* to work with a perpetrator and choose to follow the steps they researched until the relationship was developed to a level that methodical steps were less necessary. Supervisors communicate trust when they allow CITs to make appropriate treatment and counseling style decisions. Seeing CITs flourish from

developing their autonomy and solidifying self-efficacy through that autonomy is a rewarding experience for supervisors.

### **Implications for Supervision**

Participant voices suggest a sequence, an emerging model, to inform a process of how to conduct supervision on sexual topics with graduate level CITs in supervision. Based on participants' experiences, skills and meaning making, the following sequence of steps could be helpful to follow. Begin with checking CITs reactions to the client concern. It is recommended to spend time processing these emotions for two reasons; CITs need time to reflect and understand where they themselves stand on issues as a foundation for shifting and expanding their worldviews. This shift is commonly practiced in graduate level counselor training for CITs to build awareness, working towards cognitive complexity (McAuliffe & Eriksen, 2010). Second, as a required multicultural competency, CITs can only be sensitive and competent counselors when they understand their own attitudes and beliefs, within the context of their own influences (Arredondo, 1999). This critical self-reflection is an innovative approach to multicultural competence, supported by the literature, to engage CITs to consider of worldviews that differ from their own, leading to meaningful self-reflection and CIT growth (ACA, 2014 McAuliffe & Eriksen, 2010; Roysircar, 2004; Tomlinson-Clarke, 2013). This step fosters the idea that multicultural competence begins with knowing oneself (ACA, 2014; Hardy & Bobes, 2016).

### **Reactions to Client Sexual Topic**

This initial step is the first letter "R" in the acronym ROAST, stands for *reactions* because the recommended first step (1) in supervision, is checking in with CIT *reactions*

to the sexual topic, and reactions to the client in general before any case conceptualization is appropriate. Sexual topics bring up reactions in CITs, as human nature would dictate, and if a CIT does not have a question per se, the study reveals that CITs always do have a *reaction*. In the study, it was revealed by participants, that this reaction is influenced by the person's upbringing, beliefs about sex, sexual experiences, social location, relationship status, gender identity, sexual and affectional attraction, first sexual experience, cultural background, internalized societal messages, ethnic identity, religious beliefs, current and past sexual practices or behaviors, body image, self-esteem, and sexual history including trauma, which is also supported by the literature (Murray et al., 2016). These factors inform a more complete understanding of a person and their relationship with sexual topics brought forth by a client. Whether the supervisor observed the CIT in live session witnessing the client bring forth a sexual topic or it was reported by the CIT, supervisors in both cases can ask, *what are your reactions to this client's sexual concern?*

Participants shared a common experience shifting focus away from client conceptualization to spending time on CITs reactions to the sexual topic that surfaced. This was a crucial step in the supervision process to provide a foundation for rapport and creating permission for CITs talk about themselves in the context of their attitudes and beliefs about any sexual topic a client brought forward. In addition, this step was helpful if the CIT was experiencing a current struggle related to a sexual topic in their lives, within themselves during clinical training.

### **Origin of Reaction and Beliefs**

Based on participant experiences, step (2) examination of *family of origin* issues. can assist CITs in clarifying their own views and beliefs. This step in the acronym ROAST is labeled “O” and stands for *Origin*. Helping the CIT reflect on messages received from their upbringing can illuminate values and biases that prevent cognitive empathy with the client’s worldview. This step is in-line with the Person of the Therapist Training Model, supported by the literature, that aids counselors in training to be intentional about their decisions in counseling about the therapeutic process (Aponte & Kissil, 2016). Honoring who the CIT is in the supervision process and holding space for the client concern can be an effective way for supervisors to model both holding and affirming multiple worldviews. In this step, it is crucial to ensure that CITs do not feel like they are in a counseling session as opposed to supervision, therefore, focusing on the question of “what are your connections to this topic” can help avoid uncomfortable disclosure from the CIT. This step is a verbal discussion on the CITs personal connections to the topics that the client brings up in counseling. The study demonstrates that barriers and beliefs about sexual topics are formed from past experiences and can frequently result in in both clients and CITs accepting a certain way of thinking and behaving that go unchallenged. This step addresses where CIT thinking, beliefs and reactions originate from. Supervisors should be aware of the power differential between themselves and supervisees and be careful to not make CITs feel as though they have to disclose any personal information, while still creating space for CITs to open up if they do wish to do so. As an example, let’s say the client is struggling with their sexual

identity and are realizing they are perhaps same sex attracted. This client fears rejection from their parents who have strong religious identities.

An appropriate question, after asking the CIT about their reactions, could be "*I encourage you to think about your own relationship with these topics the client is talking about. I am not asking you disclose anything to me, just reflect on what your relationship is to religion, what your relationship is to sexual attraction. How does your relationship to these topics impact you, if at all?*" This can set a positive foundation for thinking about a sexual topic in a larger context, with identity and cultural considerations for the client. It can also help the CIT realize privileged and marginalized identities and the impact of intersections within their own lives. If the answer to the later part is "no" from the CIT, that clearly speaks to privileges or privileged identities because the counselor never had to think about those topics in the context of negative consequences. The supervisor can use this information to help broach empathy in the next step. The answer might be "yes" which can also lead to rich discussion. A CIT may also choose to not answer the question directly in supervision, which is also acceptable, and can be written about or thought about, depending on what works for the situation and the supervisor. In either event, supervision conversation can shift into meaningful considerations about the client and shift a sexual topic into multiculturally sensitive case conceptualization. In addition, the CIT can build awareness about their own and client world views and assess further counseling content with awareness of this worldview.

### **Accessing Empathy**

Now that CITs have been asked to think about their own relationship to the sexual topic from their own backgrounds, as a next step, (3) participants typically ask CITs to

empathize with the client. This step is labeled “A” in the acronym ROAST, because empathy can be difficult for CITs when a sexual topic is uncomfortable, and it is the supervisors’ responsibility to help CITs *access* empathy. This study has demonstrated that when CITs struggle to move past their personal barriers to the sexual topic, empathizing with the client is difficult. Using the previous example, the client is struggling with reconciling their sexual and spiritual identities and expressed fear about family rejection. The CIT at this point has (a) expressed their own reactions in the first step, (b) thought about their own relationship with sexual identity and religion, perhaps even reflected on family acceptance and family rejection within their own family.

### **Sitting with Tension**

Next, the CIT and the supervisor will name (3) the theme or feeling the client is experiencing, about reconciling their spiritual and sexual identities. In this particular case, I will call the experience “tension,” that the client is experiencing. The client is experiencing *tension* between their religious and sexual identities and fear in disclosing this new awareness to their family. A supervisor can call attention to the client process and ask CITs, “*What might it be like to experience that tension as the client? The tension of who you are as a sexual being and a religious being, and fearing rejection from church and family?*” This process is called “sitting with the tension” and supervisors can use it as a third step in supervision of sexual topics with CITs.

After close listening to the CIT, supervisors must follow-up the question with “*What is that like for you as a counselor? Realizing the client’s tension?*” This question helps change the CITs focus from opposing beliefs, hesitation and possible barriers, to working with the counseling *process*, and deepening their own understanding of

themselves as a counselor and deepening the understanding of the client. It is labeled “ST,” a shortened version of *sitting with the tension*. This can very helpful for opposing viewpoints, as it allows access to the *meaning* of the sexual topic. Thus, the content of the sexual topic can be interpreted into the tension experienced by the client, rather than the CIT feeling worried that they do not have specialized training in sexual issues.

This step can be a crucial developmental milestone for CITs in the ability to hold multiple viewpoints. It can also help eliminate the stress of lack of specialty knowledge and symptom reduction of the sexual concern. The three steps, *reactions, origin of beliefs, accessing empathy* through *sitting with the tension* can easily be recalled through the acronym ROAST. The following is a breakdown of the acronym’s meaning along with suggestions for supervisors to ask CITs:

- R** Reactions to the sexual topic. What are your reactions to the client’s sexual topic?
- O** Origin of reactions and beliefs. Think about your relationship with this topic?
- A** Accessing empathy. What might it be like for the client to experience this tension?
- ST** Sitting with the Tension. What is it like for you as a counselor, sitting with this tension?

The goal of the sequence of questions from supervisor towards the CIT is to (a) move away from content discussion of the sexual topic and deepen the meaning of the client concern, (b) foster self-awareness in the CIT about their own beliefs and values, (c) foster awareness and empathy about client struggle, (d) assist supervisors in creating a

shift in barriers in CITs, (e) foster both/ and thinking, and (f) begin conceptualizing the client in a multiculturally sensitive manner with considerations embedded in a positive psychology framework.

### **Connection to Foundational Theories**

#### **Implications for Multicultural and Social Justice Counseling Competencies**

The new Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016) emerged for the purposes of applicability in counseling sessions. The new understanding means that culturally responsive and competent counseling and supervision (Hardy & Bobes, 2016) happens when counselors continue to address evolving cultural and identity development within themselves and clients. Participants in this study have demonstrated that this practice serves their supervision objective and counselor development very effectively, as a roadmap in how to conceptualize sexual concerns clients have.

Using the MSJCC in supervision means neither the CIT, nor the supervisor has to be an expert in sexual health or sexual topics. While it is recommended for supervisors to familiarize themselves with sexual topics that clients bring to counseling, there is no realistic way to be an expert in every topic that surfaces for CITs in clinical training. Looking up research on the client sexual topic or pulling up the MSJCC together with the CIT in supervision is also acceptable for role modeling and setting the expectation for addressing multicultural considerations in supervision. CITs may feel unprepared to work with sexual topics on the surface, which can create anxiety in CITs and may translate into the faulty belief that a referral is necessary for their client because they do not have

expertise in sexual topics. Instead, I recommend based on my interviews, that supervisors remind CIT that in this point in their training, most clients and topics are new. Two participants shared CITs concern about their lack of training and expertise in a particular sexual topic, but the supervisors reminded them as a beginning counselor, every presenting issue is new, therefore a referral is not warranted.

Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et. al., 2016) is a key construct in Counselor Education and Supervision. Fostering CITs competence includes understanding how to apply the MSJCC constructs in counseling and supervision. The participants in this study were all supervisors in the counselor education field and demonstrate the use of MSJCC in one on one supervision, group supervision, and in reflecting about themselves and their CITs. The MSJCC is an embedded theoretical construct that the participants have internalized as a guide for *how to think through challenges* in supervision, and how to teach conceptualization of sexual topics to CITs.

Supervisors can help develop MSJCC in CITs. One of the findings of this study highlights the importance of supervisors' initiation or creating conditions for sensitive conversations to emerge safely and conducive to development. Supervisors should keep in mind that updated supervision competencies require counselors to have special considerations for the social environment, and its impact on the self, as it relates to mental health (Ratts et al., 2016). This means that CITs must strive to understand their clients in context of their social environment, and how those reinforce client mental health. In addition, counselors must understand the salience of their own identities in multiple contexts. This can be accomplished in supervision by beginning to address

privileged and marginalized identities that CITs and clients hold, followed by how the counseling relationship is influenced by this awareness.

### **Application of Multicultural and Social Justice Counseling Competencies in Supervision of Sexual Topics**

The conversation of power, privilege and oppression in supervision, can be connected to the R domain, *reactions*, in the Roast sequence. Even though this is not a conversation specifically about a sexual topic, the MSJCC highlights the importance of understanding a client in the context of social environment, culture and identity development (Ratts et al., 2016), for which a good place to start is the interlocking systems of privilege and oppression in the client's life. As a reminder, the goal is not to solve the sexual problem, the goal of supervision of sex counseling is to be able to work with the *process* of the counseling context. For this purpose, beginning to understand the client in the context of privileged and oppressed identities is a fitting way to begin client conceptualization with sexual topics, which is a recommended step after the supervisor spends time focusing on CIT *reactions* through the ROAST sequence. Supervisors fostering the examination of interlocking systems of privilege and oppression between CIT and client is a helpful step in shifting from focusing on CIT reactions, to focusing on conceptualization from a professionally accepted framework such as the MSJCC.

Supervisors are in a good position to foster the MSJCC competencies in supervision sessions in multiple ways. A recommended first step is to begin with establishing common ground in supervision about the understanding of privileged and oppressed identities that the CIT and client hold, based on quadrant illustration in the MSJCC model (Ratts et al., 2016). This step coincides with the first recommended step of

the ROAST sequence, where CIT reactions are examined in supervision. Through simple questions about the MSJCC quadrants, supervisors can initiate multiculturally sensitive conversations that reach beyond talking about the sexual topic itself. This step is applied once the supervisor has completed tending to managing conflicting emotions and focusing on student, which we know from the participants of this study, is likely the way supervision of sexual topics tends to go at first.

The quadrants described in the MSJCC conceptualizes the intersections of power, privilege and oppression and influence the relationship between CIT and client. For example, a supervisor could say “*As a counselor, you hold the power in the room. Not much is ever known about you, and your client opens up about many personal things. Even though we don't think of ourselves as experts, we are often viewed as such by our clients, which puts us in a position of power. What are your reactions to this thought? What about privilege and oppression? How do you understand your own privileges and the privileges your client has? What parts of your identity do you experience as oppressed identities? What parts of your clients' identity do you see as oppressed? How do you see these interacting in the counseling relationship?*” This can be a helpful way for supervisors to apply conversations about power, privilege and oppression in supervision, and encourage MSJCC thinking to emerge about clients and the counseling relationship itself. Participant interviews support reaching to MSJCC to begin the conversation about clients bringing sexual topics to counseling. When managing CIT reactions and emotions in the ROAST sequence, it is fitting to begin building MSJCC awareness about the client and CIT concurrently.

There is a possibility that not all CITs will understand yet, what their supervisor means by identities. There are many helpful books and articles speaking to various components of identity, and if there is a need for a quick reference, the *Addressing Model* (Hays, 1996) is a useful acronym to teach supervisees, it stands for Age, Developmental and acquired Disabilities, Religion, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin and Gender. Supervisors may have a different model or slightly different markers of identity that they prefer to use, this is purely a recommendation for one that is easy to remember when so many layers of conversation are happening in supervision session.

After addressing the MSJCC quadrants of power, privilege and oppression and its influence in the counseling relationship, supervisors can shift to any of the unaddressed domains of the MSJCC for example, supervisors can encourage CITs use this new awareness of identities to foster the relationship by addressing these topics in counseling. The supervisor can encourage to practice appropriate ways to ask questions from clients, even look them up together on a computer, and to practice those in supervision sessions, because the study participants always encounter some degree of uncertainty from the CITs about language use. Perhaps the CIT can find ways in supervision to tie information about identity considerations to the sexual topic the client raised. It is always recommended that CITs practice with sentences that begin with “what” or “how” in an attempt to pose a non-judgmental, open-ended question. This conversation also has the possibility of fostering relational connectedness in counseling (Ratts et al., 2016).

### **Implications for Sex Positivity**

The notion that CIT need refer a client to an expert for a sexual topic brought to counseling, is in many cases, false. The author has support from the findings of this study that referrals are necessary when the client has not experienced a change in their sexual issue, when complicated systems- work with the partner is needed regarding the sexual issue, when specific sexual interventions are necessary for the client, or when there are medical considerations relating to the sexual concern. However, CITs in clinical training may not be able to appropriately determine the necessity of the referral, so that will be at the supervisors' discretion. Participants in this study worked with graduate level CITs, who were at varying practicum and internship stages of their programs and according to participants they were novice counselors. Supervisors in counselor education are well-equipped to help beginning counselors work through client sexual topics due to their background in supervision, both from a training perspective and from modeling in their doctoral programs, which became clear in participant explanations during the interviews. The understanding of MSJCC constructs and developing an understanding for the meaning of sex positivity is a helpful roadmap to responsible supervision of sexual topics in graduate level training.

Sex Positivity is often referred to as Positive Sexuality, which a framework emphasizing a counselor mindset of affirmation and wellness (Murray et al., 2016). Rather than focusing on dysfunction rooted in pathology and physiological factors, consideration of contributing factors to the sexual concern should be considered (Burnes et al., 2017; Southern & Cade, 2011). Specifically, external factors, and a comprehensive understanding of environmental factors supports sex positivity, multicultural

considerations, reflects how participants handle sexual topics, and is supported by the literature (Burnes et al., 2017; Mark, 2012; Murray et al., 2016; Schnarch, 1997).

### **Intake Paperwork**

Consequently, supervisors should consider the intake forms available to students in their clinical training and think about how the initial form clients see may help reinforce a positive and open mindset for clients arriving to the clinic. One of the findings of this study was supervisors creating conditions for CITs to be able to develop comfort with the process of supervision of sexual topics, and this comfort level should be considered when welcoming clients into the initial session. For example, checking a box for male or female and checking a box for married, may reinforce heteronormative bias and work against the CIT who may want to come across as open and affirming. Leaving a line blank for gender, a line blank for relationship status can provide self-identified information and become a source of rapport building in the initial session. Sex positivity doesn't start with a checklist of constructs, it starts with the initial contact with clients and the impression it leaves clients with.

### **Positive Sexuality in Sessions**

Positive sexuality posits that sexuality can provide important growth both personally and relationally (Murray et al., 2016; Schnarch, 1997). Positive sexuality should be understood as a unique lens for human sexuality that can provide opportunities for growth and insights when addressed in counseling, resulting in relational connectedness in partner relationships (Murray et al., 2016). Participants sometimes unaware of the construct of positive sexuality, instinctively had CITs focus on a growth-oriented attitude with client concerns. For example, a client was very clear that they did

not want to talk about their sexual identity at any point in the counseling, but Joya said that when the “counseling became stale, I asked [the CIT] if this was still true.” The client was experiencing interpersonal difficulties with a close family member and was also beginning to date, which provided meaningful contextual information to consider the sexual aspects of his identity that he wanted to keep hidden from the counselor. Joya said it became very enriching. In another example, a CIT was concerned that if they ask about sexuality, the conversation would somehow become “too sexualized,” Joya reported. These accounts a good reminder that client sexual topics are not out of context sexual problems that need to be treated by the CIT, instead sexual topics are contextual with many layers of implications for a clients’ life and highly unique to each individual client.

As sex positivity is focused on wellness and process rather than symptom elimination, the word “dysfunction” should be considered as somewhat negative and pathologizing. While the word dysfunction has become a common word in everyday language to refer to relational process or a dysfunctional family, it is still used as self-identifying. We wouldn’t talk to someone about their family and refer to their family as “your dysfunctional family” because that violates social norms and is considered impolite. Instead, people can often be heard as stating “my dysfunctional family” both in a counseling session and in the everyday world. In this way, it is accepted and depending on context could even be meant humorous because it was self-identified. This self-identification need was mentioned by participants as “getting caught up in label precision,” according to Joya, hindering the counseling process. Participants directly asked their CITs how their clients want to be called or referred to, and CIT was encouraged to open with how they themselves wish to be referred to if they do not

identify as CIS gender. This language consideration is supported by the literature in that sexual topic counseling and supervision almost always occur with some level of anxiety around language (Cardona & Farago, 2017; Harris & Hayes, 2008; Rutter et al., 2010).

### **Positive Sexuality and Multicultural Counseling and Social Justice Competencies Overlaps**

The construct of Positive Sexuality is a fitting model for the findings of this study because there are multiple overlaps with the MSJCC model. Tiefer (2006) states that sexuality always exists in social contexts, which determines how people express themselves as sexual beings. This idea is in direct relationship with the MSJCC to consider the client and the counselor's social context in which power, privilege and oppression exist and consider their impact. This means, that when supervisors discuss a sexual topic with CITs, the sexual topic should be considered within the context of the client's environment and to what extent the environmental considerations reinforce privilege or oppression. As an example, a client who is dating, but unemployed, wishes to come out to his friends in a geographical location supportive of same sex relationships and a supportive family will have a very different emotional experience in counseling than a client from a religious conservative environment and background, struggling with his sexual identity, gainfully employed but has an acquired disability. Keep in mind that a client may state they wish to come out on their intake form, but the above example illustrates how different the social and emotional consequences could be depending on the environment, ability status, SES etc. This is a prime example in the importance of not treating the presenting problem but encouraging CITs to practice sitting in the process with the client.

### **Recommendations for Supervisors**

Combining the ROAST sequence and the MSJCC used by the participants of this study and applying Positive Sexuality principles, supervisors can use the following sequence of steps to address any sexual topic with CITs that may surface in clinical training:

1. Using the acronym ROAST, focus on the CIT first, to understand their reactions, and help the CIT build awareness of the origins of those reactions. This is a multicultural competency, for CITs to become aware of their beliefs. Then, help them access empathy through highlighting the theme of emotion the client is experiencing.

Next, ask the CIT to appreciate the tension the client must be feeling.

2. Next, pull up the MSJCC quadrants for CITs to have a visual representation of power, privilege and oppression and ask them which identities they see as privileged and which one as oppressed. Help CITs understand identity through a model of your choice, I recommend the Addressing Model ( Hays, 1996). A piece of paper or notebook could be helpful to visualize the CIT identities and the client identities. Ask open ended questions about any differences or overlaps and how that can impact the counseling relationship. Practice how the supervisee might phrase questions and have them say words they are uncomfortable with in this process.

3. In the next step, talk about client sexual topic in a positive and affirming manner that highlights contextual considerations for the client concern. Conceptualize the client as a member of their context, and verbalize the identities listed in the Addressing Model, to stay away from pathology and dysfunction.

4. Allow students the autonomy, if developmentally appropriate, to practice their own way of broaching the sexual topic in a new context.

This study demonstrates participant's experiences creating meaning during the supervision process focused on client sexual topics. Barriers to initiation and willingness to address sexual topics have been consistently documented in the literature (Decker, 2010, Harris & Hayes, 2008; Lofrisco, 2013; Rutter et. al., 2010) without consistency in what causes these barriers for CITs in graduate level training. Using these steps, starting with the ROAST sequence, this study fills a gap in the literature in what it will take to have students talk to their clients about sexual topics they raise in counseling sessions. This study also illuminates that neither CITs nor supervisors need to possess expert training in sexual issues, because they are now able to move the sexual topic conversation to a deeper level of process and meaning. Supervisors are still encouraged to keep attention on clients who may in fact need specialty care from a certified and licensed sex therapist (credentialing varies by state and can be sought out through regulatory board sites) or may need a physician referral. With a release from the client, supervisors can contact other professionals for feedback in the medical community, sex therapy community or counselor education colleagues.

### **Researcher Voice and Ongoing Self-Reflexivity**

Due to my doctoral training and the extensive revision of the ligature, I entered this study with the notion that my participants most likely have not received much training in sexuality and have not received supervision training specific to sexuality issues. The lack of background in sexuality focus in the field of Counselor Education helped me approach each interview equally and with an open mind. I felt this was an

asset to keep my biases at bay about supervision of sex counseling and the only bias I had was that it is needed because CITs have expressed to me over the past three years that they wish to become proficient in working with sexual topics.

After each interview, I took 30 minutes to reflect and journal about my thoughts and reactions. I recall being highly impressed with participants claiming very little training background in sexuality were describing their work with such depth and intentionality that I soon concluded that one does not need sexuality training (although that does not hurt to have) as much as good supervision training and practice. The same way clients and CITs do not need to stay with the content of sexual topics and concerns, supervisors follow this same rule. An orientation to the process through MSJCC's pulled up together and going through all the requirements of it leads to enriching supervision experiences that foster CIT growth, no matter what the counseling topic. As I reflected on this, I kept in mind that my next participant might have had a different experience and I should bracket my thoughts and keep journaling.

I received 14 responses to my recruitment letter (Appendix C) from CESnet within the first 24 hours. Some responses were asking if they qualify and gave me a little background. One person did not meet the criteria listed in the letter. Two participants did not have professional signatures, so I verified with them that they are counselor educators, holding a license and have supervised for any type of sexual topics. Four interviews were scheduled for the first week, six for the second week. One participant was a no-show to the phone interview and after two weeks I repeated my recruited letter on CESnet and received the remaining participants, for a total of 12. I only had two situations of electronic difficulty with the gift cards and they were re-sent to correct email

addresses after clarification. The recruitment and interview process took from May 22, 2018- Jun21, 2018, the day I completed coursework was the day I completed interviews. All interviews were rewarding, with kind and considerate participants, who were very openly cheering for the success of this study. I was basking in words of encouragement and felt respected for the topic of my study. It was very validating to hear participants emphasize how important my study is.

One participant shared they have a specific model they use for supervision for sexual identity development, in their answer to the recruitment letter. That made me wonder how many participants follow a model. This participant followed their own that worked for them, one another used a model that is publicly known in the literature to address contextual considerations. While 11 other participants did not explicitly share with me a certain model they use, their reflections and experiences made it clear to me that they have a certain way and system them approach and think about client sexual topics for supervision purposes that was based in experience, wisdom, reflection of experiences, and attention to the immediate needs of the client and CIT. The lack of a specific model did not deter the quality of the supervision and the outcome of the counseling at all, however, participants seemed thrilled to hear that my study aims to find inform he profession with suggestions of a process that seems to collectively work for participants.

After each potential participant contact, I sent out demographic sheets and consent forms in the scheduling email. Sometimes I received the forms days prior to the interview and I printed the forms for my binder labeled “Dissertation” in effort to have both electronic and hard copies of the forms. I couldn’t help but read the demographic sheets,

and as a counselor's second nature, I began to think about contextual considerations for my participant. I felt participants relatable when their sheet claimed many years in counseling but much less in counselor education. Had to pause and journal that as well to keep my bracketing under control. But I sometimes wondered how conversations would be different, if at all with participants with certain experiences.

During the first interview, my warm-up question asked, "What is your experience with supervision in counselor education in a general manner?" and every participant needed clarification. It seemed like they heard the question asking about what experiences they have and started a list-like account. I had to clarify the question and say, "How do you experience supervision in counselor education in a general manner?" which shifted into describing personal and professional reactions, likes and meaning. Shifting from "what" to "how" brought out reflective thoughts. I will keep this in mind for the future when I plan interview questions for a study. However, during transcriptions and reading interviews it stood out to me that the male participants still listed their professional experiences in depth, while the female participants did not disclose any professional background beyond the demographic sheet. Another aspect that stood out to me was that participants who graduated in CES more recently, regardless of age or gender had a similar language style and vocabulary that felt very familiar to the language in my doctoral program. I wondered if this is due to the ever- evolving language piece of the counseling and multicultural competencies. The language piece stood out to me even during proposal when I struggled with labeling my construct sexual health topic, sexual topic, sexual health concerns or sex counseling concerns to name a few ideas I had, Throughout the study, it became obvious that sexual issues for example stands out as

somewhen judgmental and not fitting for the inclusivity I am trying to create with my approach and suggestions. Sexual topics seemed like an inclusive term of all topics brought forth by the participants without using pathologizing language.

### **Limitations and Delimitations**

I choose a very specific population for my study because, so little is known about supervision of sexual topics in mental health, that it seemed fitting to narrow down my inquiry to a subset of the population who has a very similar training background. I sought participants with a completed Ph.D. in Counselor education and Supervision form a CACREP accredited institution, to further reinforce the similar training background. Accreditation serves as a training standard, meaning I expected all my participants to have the same rigorous supervision training, allow me to see the implications of unified and common training in the context of sexual topics. Criteria in research contributes to rigor (Creswell, 2014), and I believed that setting delimitations for training history will create more meaningful results.

A second criteria I set as a delimitation is that the counselor educator supervisor must currently be providing supervision in an academic context, which also allows for the results to be generalizable to graduate students prior to graduation and licensure. Seeking saturation in supervision methods applied to a specific subset of counseling graduate students reinforces suggestions for faculty working with students pre-licensure, specifically in practicum and internship.

A limitation of the study is that phone interviews were conducted instead of in-person interviews. This is an advantage in terms of the ability to interview participants all over the United States in many different regions and training program. This diversity of

experiences and diversity in demographic backgrounds allowed for rigor and richness in the results but it can also mean losing some of the richness of the interview process. Since I was unable to see my participants, I may have missed nuances like facial expressions and other non-verbal cues that would have informed my reflections or enriched my findings.

An additional limitation of the study was the time commitment needed to collect, transcribe and analyze such a large set of data. I wanted to provide rigor and generalizability for this study, so I decided that I need at least 12 participants, and reached saturation (Merriam, 2009) at 13 participants relatively quickly. The dataset resulted in over nine hours of detailed audio material and 132 single spaced pages of transcription which was a time consuming and all-encompassing endeavor to analyze as a single researcher. What was helpful, however, was that counselor educators reflected in a very organized and coherent manner, allowing paragraphs of data to be rich and relevant.

These findings suggest a direction to take with supervising sexual topics in graduate programs, namely; begin with the ROAST sequence, and move to the MSJCC domains to address power, privilege and oppression, breaking down identity into manageable pieces and examining them individually for client from the standpoint of the Addressing model or any other identity model to begin a conceptual understanding of the client. Next, discuss the client's sexual concern in supervision with the CIT the context of the same identity and environmental factors to honor a Positive Sexuality Lens.

### **Recommendations for Research**

There are many potential directions for future research as this area. The findings of this study suggest a systematic way to approach supervision of sexual topics in

graduate level training to assist CITs in overcoming personal barriers that leave them disconnected from clients and over focusing on the sexual nature of the topic instead of process. The findings point to a systematic way to address sexual topics in counselor training. Further research could examine the effectiveness of this model applied to supervision theories not considered in this research such as the Discrimination Model, IDM Model or Sexual Identity Development Models.

In addition, research is needed in how supervision of sexual topics may be different with CITs who are earning licensure hours, are experienced clinicians or have obtained their Ph.D. but their license. Differences in supervision approaches dependent on counselor developmental levels could inform the profession further.

There is also a need for further research in each of the overarching sexual topics that surfaced in this study. While this study sought to provide a generalist approach to working with sexual topics, the process of working with CIT sexual concern, client sexual concern, and both, could provide valuable insight into the process and nuances between counselor and client. Issues such as countertransference and parallel processes could also be explored for dyads experiencing the same sexual topic in their lives. Outcome studies continue to be needed in the counselor education profession, therefore, quantitative inquiry into specific details within the broad themes of this study could strengthen the profession and increase understanding in how to successfully navigate sexual issues in a manner that reaches beyond CIT development and contributes to successful counseling outcomes.

## **Summary**

I began this chapter with sharing how the findings answer the research questions, which aimed to find out supervisor experiences with sexual topics and the skills supervisors apply to help CITs with sexual topics. Then I discussed the implications of each finding, as it relates to applicability for supervision sessions. Next, I discussed a sequence of steps I labeled ROAST, which was directly developed from participant's voices that emerged from the data. This sequence emerged from participant experiences when facing human sexuality topics in supervision settings. It was created by analyzing all the participant experiences collectively and seeking what they are all doing when addressing client sexual topics with CITs. Next, I detailed how multicultural competencies from the MSJCC can be helpful in moving from CIT focus to client focus and explaining step by step application of the quadrants from these competencies to avoid the mistake of staying in the concrete sexual topic expressed. Next, using the theoretical framework of positive sexuality, I encouraged supervisors to help CITs think through client conceptualization with contextual factors. As there is considerable overlap in the theoretical approach to MSJCC and positive sexuality, I recommended supervisors choose an identity model that covers considerations for age, ability status, religion, race, ethnic heritage, sexuality, and gender to develop a broad understanding of the client sexual topic.

I found this study to be both challenging and incredibly rewarding. The ability to speak with counselor educators across the country at this point in my development was more thrilling than I ever anticipated. The pride and ownership I feel of this process strengthens my identity as a developing counselor educator, supervisor, clinician, leader

and advocate. I tremendously look forward to next steps in this field, as I move through this rite of passage.

## REFERENCES

- Adams, M., Bell, L. A., Goodman, D. J., & Joshi, K. Y. (2016). *Teaching for diversity and social justice*. New York, NY: Routledge.
- American Counselor Association (ACA). (2014). *ACA code of ethics*. Alexandria, VA: Author.
- American Sexual Health Association (ASHA). (2018). *Understanding sexual health*. Retrieved April 2, 2018, from <http://ashasexualhealth.org/> sexual-health.
- Aponte, H. J., & Kissil, K. (Eds.). (2016). *The person of the therapist training model: Mastering the use of self*. New York, NY: Routledge.
- Arnold, R. L. (1980). *A study of the sexual attitudes, knowledge and experience of counselors in training and the effect of these factors on counselor reaction to client sexual concerns* (Dissertation, University of Northern Colorado). Retrieved from <https://unco.idm.oclc.org/login?url=https://search-proquest-com.unco.idm.oclc.org/docview/302974354?accountid=12832>
- Arredondo, P. (1999). Multicultural counseling competencies as tools to address oppression and racism. *Journal of Counseling & Development*, 77(1), 102-108.
- Atwood, J. D., & Klucinec, E. (2007). Current state of sexuality theory and therapy. *Journal of Couple & Relationship Therapy*, 6(1-2), 57-70.
- Barbach, L. G. (1976). *For yourself: The fulfillment of female sexuality*. New American Library.

- Barker, M., & Duschinsky, R. (2012). Sexualisation's four faces: Sexualisation and gender stereotyping in the Bailey Review. *Gender and Education, 24*(3), 303-310.
- Berman, L. A. (1997). A study of the influence of sexuality education experiences, sexual comfort and agency support on social workers' willingness to address client sexual concerns. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 58*(1-A), 0100.
- Berman, J., & Berman, L. (2011). *For women only: A revolutionary guide to reclaiming your sex life*. London, UK: MacMillan.
- Bernard, J. M., & Goodyear, R. K. (2003). *Fundamentals of clinical supervision* (5th ed.). New York, NY: Pearson Education.
- Berry, M. D., & Lezos, A. N. (2017). Inclusive sex therapy practices: a qualitative study of the techniques sex therapists use when working with diverse sexual populations. *Sexual and Relationship Therapy, 32*(1), 2-21.
- Bidell, M. P. (2005). The sexual orientation counselor competency scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and bisexual clients. *Counselor Education and Supervision, 44*(4), 267-279.
- Bidell, M. P. (2012). Examining school counseling students' multicultural and sexual orientation competencies through a cross-specialization comparison. *Journal of Counseling & Development, 90*(2), 200-207.
- Bidell, M. P. (2014). Personal and professional discord: Examining religious conservatism and lesbian-, gay-, and bisexual-affirmative counselor competence. *Journal of Counseling & Development, 92*(2), 170-179.

- Bieber, I. (1974). The psychoanalytic treatment of sexual disorders. *Journal of Sex & Marital Therapy, 1*(1), 5-15.
- Binnie, J. (2011). Class, sexuality and space: A comment. *Sexualities, 14*(1), 21-26.
- Blanchflower, D. G., & Oswald, A. J. (2004). Money, sex and happiness: An empirical study. *Scandinavian Journal of Economics, 106*(3), 393-415.
- Blount, K. C., Booth, C., Webb, T., & Liles, R. G. (2017). *Integration of sex and sexuality into counseling programs*. Retrieved from www.counseling.org/knowledge-center/vistas
- Borders, D. L., DeKruyf, L., Fernando, D. M., Glosoff, H. L., Hays, D. G., Page, B. & Welfare, L. E. (2011). *Best practices in clinical supervision* [ACES Task Force Report 2011]. Retrieved from Association for Counselor Education and Supervision website: <https://www.acesonline.net>
- Borders, L. D., & Brown, L. L. (2005). Ethical issues in supervision. *The New Handbook of Counseling Supervision*, New York, NY: Taylor and Francis.
- Borders, L. D., & Brown, L. L. (2006). *The new handbook of counseling supervision*. New York, NY: CRC Press.
- Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive Psychiatry, 7*(5), 345-374.
- Bowen, M. (1974). Toward the Differentiation of Self in One's Family of Origin, Family Therapy in Clinical Practice. *New York: Jason Aronson*.
- Bradley, P. D., & Fine, R. W. (2009). The medicalization of sex therapy: A call to action for therapists. *Journal of Systemic Therapies, 28*(2), 75-88.

- Bridges, S. K., Lease, S. H., & Ellison, C. R. (2004). Predicting sexual satisfaction in women: Implications for counselor education and training. *Journal of Counseling & Development, 82*(2), 158-166.
- Bullough, V. L. (1975). Sex and the medical model. *Journal of Sex Research, 11*(4), 291-303.
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017). Sex positivity and counseling psychology: An introduction to the major contribution. *The Counseling Psychologist, 45*(4), 470-486.
- Camic, P. M., Rhodes, J. E., & Yardley, L. (Eds.). (2003). Qualitative research in psychology: Expanding perspectives in methodology and design. Washington, DC: American Psychological Association.
- Cardona, B., & Farago, R (2017, October). *Sexuality matters; Using a sexuality course to increase empathy working with LGBTQI community*. Presentation at the 2017 Association for Counselor Educators and Supervisors Conference, Chicago, IL.
- Centers for Disease Control and Prevention (CDC). (2014, December). *NCHS data brief no. 175 births in the United States 2013*. Retrieved from <http://www.cdc.gov/nchs/> data/databriefs/db/175.htm
- Constantine, M. G. (2002). The intersection of race, ethnicity, gender, and social class in counseling: Examining selves in cultural contexts. *Journal of multicultural Counseling and Development, 30*(4), 210-215.

- Council for Accreditation of Counseling and Related Educational Programs (CACREP). (2016). *2016 standards*. Retrieved from <http://www.cacrep.org/wp-content/uploads/2016/06/2016-Standards-with-Glossary-rev-2.2016.pdf>
- Crenshaw, K. (2018). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics [1989]. In N. Levit & R. R. M. Verchick (Eds.), *Feminist legal theory* (pp. 57-80). New York, NY: NYU Press.
- Creswell, J. W. (2009). Mapping the field of mixed methods research. *Journal of Mixed Methods Research*, 3(2), 95-108.
- Creswell, J. W. (2014). *A concise introduction to mixed methods research*. New York, NY: Sage Publications.
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. New York, NY: Sage.
- Cupit, R. W. (2010). *Counselors' comfort levels and willingness to discuss sexual issues with couples they counsel* (Doctoral dissertation, University of New Orleans). Retrieved from <https://www.unco.edu/proquest>
- Dahl, C. M., & Boss, P. (2005). The use of phenomenology for family therapy research. *Research Methods in Family Therapy*, 2, 63-84.
- Decker, D. M. (2010). *Clinical supervision of marriage and family therapists and addressing the sexual needs of clients: A preliminary investigation*. Malibu, CA: Pepperdine University.

- Dengrove, E. (1967). Behavior Therapy of the Sexual Disorders. *Journal of Sex Research*, 3(1), 49-61.
- Dengrove, E. (1971). The Mechanotherapy of Sexual Disorders. *Journal of Sex Research*, 7(1), 1-12.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Dewey, J. (1933). Education in relation to form. *The Essential Dewey: Pragmatism, Education, and Democracy*, Boston, MA: Health & Co.
- Dollarhide, C. T., & Oliver, K. (2014). Humanistic professional identity: The transtheoretical tie that binds. *The Journal of Humanistic Counseling*, 53(3), 203-217.
- Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion and Health*, 23(3), 197-203.
- Dye, H. A., & Borders, L. D. (1990). Counseling supervisors: Standards for preparation and practice. *Journal of Counseling & Development*, 69(1), 27-29.
- Ellis, A. (1975). An informal history of sex therapy. *The Counseling Psychologist*, 5(1), 9-13.
- Farmer, L. B. (2017). An examination of counselors' religiosity, spirituality, and lesbian-, gay-, and bisexual-affirmative counselor competence. *Professional Counselor*, 7(2), 114-128.
- Federal Bureau of Investigation (FBI). (2016). *Crime in the United States, 2013*. Retrieved from <http://ucr.fbi.gov/hate-crime/2016>

- Flick, U. (2009). An introduction to qualitative research (4th ed.). Thousand Oaks CA: Sage
- Fluharty, L. B. (1996). The effects of sexual knowledge, professional status, and client gender, on male and female therapists' comfort with client-presented sexual material. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 56(12-B), 7043.
- Ford, M. P., & Hendrick, S. S. (2003). Therapists' sexual values for self and clients: Implications for practice and training. *Professional Psychology: Research and Practice*, 34, 80-87.
- Friedman, C., & Leaper, C. (2010). Sexual-minority college women's experiences with discrimination: Relations with identity and collective action. *Psychology of Women Quarterly*, 34(2), 152-164.
- Fyfe, B. (1980). Counseling and human sexuality: A training model. *Journal of Counseling & Development*, 59(3), 147-150.
- Galletta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York, NY: NYU Press.
- Gay & Lesbian Alliance Against Defamation (GLAAD). (2018). *Home*. Retrieved from <http://www.glaad.org/about>
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburg, PA: Duquesne University Press.

- Glaser, B. G., & Strauss, A. L. (2017). *Discovery of grounded theory: Strategies for qualitative research*. New York, NY: Routledge.
- Goodrich, K. M., & Luke, M. (2009). LGBTQ responsive school counseling. *Journal of LGBT Goodyear, R. K., & Bernard, J. M. (1998).*
- Gottman, J. M. (2011). *The science of trust: Emotional attunement for couples*. New York, NY: W. W. Norton & Company.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 42-55.
- Haag, S. C. (2009). *Psychotherapist factors that impact self-efficacy for working with clients presenting issues related to sexuality and sexual activities*. Retrieved from <http://www.unco.edu/proquest>.
- Hanzlik, M. P., & Gaubatz, M. (2012). Clinical PsyD trainees' comfort discussing sexual issues with clients. *American Journal of Sexuality Education*, 7(3), 219-236.
- Hardy, K. V., & Bobes, T. (Eds.). (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. New York, NY: Routledge.
- Hardy, K. V., & Laszloffy, T. A. (2002). Couple therapy using a multicultural perspective. *Clinical Handbook of Couple Therapy*, 3, 569-593.
- Harris, S. M., & Hayes, K. W. (2008). Family therapist comfort with and willingness to discuss client sexuality. *Journal of Marital and Family Therapy*, 34(2), 239-250.  
doi:10.1111/j.1752-0606.2008.00066.x

- Hartl, T. L., Zeiss, R. A., Marino, C. M., Zeiss, A. M., Regev, L. G., & Leontis, C. (2007). Clients' sexually inappropriate behaviors directed toward clinicians: Conceptualization and management. *Professional Psychology: Research and Practice*, 38(6), 674.
- Hays, D. G., Wood, C., Dahl, H., & Kirk-Jenkins, A. (2016). Methodological rigor in Journal of Counseling & Development qualitative research articles: A 15-year review. *Journal of Counseling & Development*, 94(2), 172-183.
- Hays, K. W. (2002). *The influence of sexuality education and supervision, clinical experience, perceived sex knowledge, and comfort with sexual content on therapists addressing sexuality issues with clients* (Doctoral dissertation, Texas Tech University). Retrieved from <http://www.unco.edu/proquest>
- Hays, P. A. (1996). *Addressing the complexities of culture and gender in counseling*. Retrieved from ERIC Retrieved from <https://unco.idm.oclc.org/login?url=https://search-proquest-com.unco.idm.oclc.org/docview/62603219?accountid=12832>
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52(3), 511.
- Hertlein, K. M., Weeks, G. R., & Sendak, S. K. (2009). *A clinician's guide to systemic sex therapy*. New York, NY: Routledge.
- Heru, A.M. (2006). Psychotherapy supervision and ethical boundaries. Directions in Psychiatry, 26(1), 79-88.
- Heru, A. M., Strong, D. R., Price, M., & Recupero, P. R. (2004). Boundaries in psychotherapy supervision. *American Journal of Psychotherapy*, 58(1), 76.

- Hough, E., & Ishak, R. J. (2008). The guidebook of sexual medicine. *Sexuality and Disability*, 26(3), 183-184.
- Husted, J. R. (1975). Desensitization procedures in dealing with female sexual dysfunction. *The Counseling Psychologist*, 5(1), 30-37.
- Ingersoll, T., & Satterly, B. (2016). *Sexuality concepts for social workers*. San Diego, CA: Cognella.
- Jersin-Woods, C., Softas-Nall, L., & Martinez, M. (2018, April). *Psychology trainees' discomfort addressing client sexuality when considering sexual attraction*. Rocky Mountain Psychological Association, Denver, CO.
- Juergens, M. H., Smedema, S. M., & Berven, N. L. (2009). Willingness of graduate students in rehabilitation counseling to discuss sexuality with clients. *Rehabilitation Counseling Bulletin*, 53(1), 34-43. doi:10.1177/0034355209340587
- Kaplan, H. S. (1974). *The new sex therapy: Active treatment of sexual dysfunctions*. New York, NY: Times Books.
- Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development*, 92(3), 366-372.
- Kaufman, M., Silverberg, C., & Odette, F. (2007). *The ultimate guide to sex and disability: For all of us who live with disabilities, chronic pain, and illness*. San Francisco, CA: Cleis Press.

- Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice*, 7(2), 189-202.
- Kazantzis, N., Whittington, C., & Dattilio, F. (2010). Meta-analysis of homework effects in cognitive and behavioral therapy: a replication and extension. *Clinical Psychology: Science and Practice*, 17(2), 144-156.
- Kazantzis, N., Whittington, C., Zelencich, L., Kyrios, M., Norton, P. J., & Hofmann, S. G. (2016). Quantity and quality of homework compliance: a meta-analysis of relations with outcome in cognitive behavior therapy. *Behavior Therapy*, 47(5), 755-772.
- Kazyak, E. (2012). Midwest or lesbian? Gender, rurality, and sexuality. *Gender & Society*, 26(6), 825-848.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Sloan, S. (1948). *Sexual behavior in the human male* (Vol. 1) Philadelphia, PA: Saunders.
- Kinsey, P. (1953). Martin, and Gebhard. *Sexual Behavior in the Human Female*, 227, 233.
- Kissil, K., Davey, M., & Davey, A. (2013). Foreign-born therapists in the United States: Supervisors' multicultural competence, supervision satisfaction, and counseling self-efficacy. *The Clinical Supervisor*, 32(2), 185-211.
- Kite, M. E. (2015). Multicultural competence. Retrieved from <http://www.apa.org>
- Kleinplatz, P. J. (2012). Advancing sex therapy or is that the best you can do. *New Directions in Sex Therapy: Innovations and Alternatives*, New York, NY: Routledge.

- Kreider, H. D. (2014). Administrative and clinical supervision: The impact of dual roles on supervisee disclosure in counseling supervision. *The Clinical Supervisor*, 33(2), 256-268.
- Ladany, N., O'brien, K. M., Hill, C. E., Melincoff, D. S., Knox, S., & Petersen, D. A. (1997). Sexual attraction toward clients, use of supervision, and prior training: A qualitative study of predoctoral psychology interns. *Journal of Counseling Psychology*, 44(4), 413.
- Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual dysfunction in the United States: Prevalence and predictors. *Jama*, 281(6), 537-544.
- Levine, P. B. (2007). *Sex and consequences: Abortion, public policy, and the economics of fertility*. Princeton, NJ: Princeton University Press.
- Lincoln, Y. S., & Guba, E. G. (1985). Establishing trustworthiness. *Naturalistic inquiry*, 289, 331.
- LoFrisco, B. M. (2013). *Counselor discomfort with sexual issues and supervisory role*. Tampa, FL: University of South Florida.
- LoPiccolo, J., & Miller, V. H. (1975). A program for enhancing the sexual relationship of normal couples. *The Counseling Psychologist*, 5(1), 41-45.
- Maddock, J. W. (1975). Initiation problems and time structuring in brief sex therapy. *Journal of Sex & Marital Therapy*, 1(3), 190-197.
- Mallicoat, W. D. (2013). *A constructivist examination of counselors' conceptualization of "sexuality": Implications for counselor education* (Doctoral dissertation, University of South Carolina). Retrieved from <http://www.unco.edu/proquest>

- Mark, K. P. (2012). The relative impact of individual sexual desire and couple desire discrepancy on satisfaction in heterosexual couples. *Sexual and Relationship Therapy*, 27(2), 133-146.
- Masters, W. H., & Johnson, V. E. (1966). *Human sexual response*. Boston, MA: Little, Brown.
- Masters, W. H., & Johnson, V. E. (1970). *The pleasure bond*. Boston, MA: Little, Brown.
- Matthews, A., Bancroft, J., Whitehead, A., Hackmann, A., Julier, D., Bancroft, J., . . .
- Shaw, P. (1976). The behavioural treatment of sexual inadequacy: A comparative study. *Behaviour Research and Therapy*, 14(6), 427-436.
- McAuliffe, G., & Eriksen, K. (Eds.). (2010). *Handbook of counselor preparation: Constructivist, developmental, and experiential approaches*. Thousand Oaks, CA: Sage.
- McCall-Hosenfeld, J. S., Jaramillo, S. A., Legault, C., Freund, K. M., Cochrane, B. B., Manson, J. E., . . . Bonds, D. (2008). Correlates of sexual satisfaction among sexually active postmenopausal women in the Women's Health Initiative-Observational Study. *Journal of General Internal Medicine*, 23(12), 2000-2009.
- McCary, J. L. (1978). Human sexuality: Past, present and future. *Journal of Marital and Family Therapy*, 4(2), 3-12.
- Melchiode, G. A., & Sloan, B. (1999). *Beyond Viagra: A commonsense guide to building a healthy sexual relationship for both men and women*. New York, NY: Henry, Holt& Co.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and interpretation*. San Francisco, CA: Jossey-Bass.

- Merriam, S. B., & Tisdell, E. J. (2016). Designing your study and selecting a sample. *Qualitative Research: A Guide to Design and Implementation*, 73-104.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: Sage.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). Qualitative Data Analysis: A Methods Sourcebook. Thousand Oaks, CA: Sage.
- Miller, S. A., & Byers, E. S. (2009). Psychologists' continuing education and training in sexuality. *Journal of Sex & Marital Therapy*, 35(3), 206-219.
- 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, T., Birch, M., Mauthner, M., & Jessop, J. (Eds.). (2012). *Ethics in qualitative research*. Thousand Oaks, CA: Sage.
- Morgan, J. F., & Porter, S. (1999). Sexual harassment of psychiatric trainees: experiences and attitudes. *Postgraduate Medical Journal*, 75(885), 410-413.
- Mosher, D. L. (1979). The meaning and measurement of guilt. In *Emotions in personality and psychopathology* (pp. 103-129). Boston, MA: Springer.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage
- Murray, C. E., Pope, A. L., & Willis, B. T. (2016). *Sexuality counseling: Theory, research, and practice*. Los Angeles, CA: Sage.
- Nagoski, E. (2015). *Come as you are: The surprising new science that will transform your sex life*. New York, NY: Simon and Schuster.

- Nelson, M. L., Barnes, K. L., Evans, A. L., & Triggiano, P. J. (2008). Working with conflict in clinical supervision: Wise supervisors' perspectives. *Journal of Counseling Psychology, 55*(2), 172.
- Obler, M. (1975). Multivariate approaches to psychotherapy with sexual dysfunctions. *The Counseling Psychologist, 5*(1), 55-60.
- Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48*(3), 274.
- Paiva, V. (2005). Analysing sexual experiences through 'scenes': a framework for the evaluation of sexuality education. *Sex Education, 5*(4), 345-358.
- Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N., & Hoagwood, K. (2013). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health Services Research, 42*(5), 533-544.
- Papaharitou, S., Nakopoulou, E., Moraitou, M., Tsimtsiou, Z., Konstantinidou, E., & Hatzichristou, D. (2008). Exploring sexual attitudes of students in health professions. *Journal of Sexual Medicine, 5*(6), 1308-1316.
- Patton, M. Q. (2002). Qualitative interviewing. *Qualitative Research and Evaluation Methods, 3*, 344-347.
- Perel, E. (2007). *Mating in captivity: Unlocking erotic intelligence*. New York, NY: Harper.
- Perry, W. G. (1998). Forms of ethical and intellectual development in the college years: A scheme. San Francisco: Jossey-Bass.

- Ratts, M. J., & Pederson, P. B. (2014). *Counseling for multiculturalism and social justice: Integration, theory, and application*. Hoboken, NJ: Wiley & Sons.
- Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development*, 44(1), 28-48. doi: 10.1002/jmcd.12035
- Reissing, E. D., & Giulio, G. D. (2010). Practicing clinical psychologists' provision of sexual health care services. *Professional Psychology: Research and Practice*, 41(1), 57.
- Remler, D. K., & Van Ryzin, G. G. (2010). *Research methods in practice: Strategies for description and causation*. Thousand Oaks, CA: Sage Publications.
- Ridley, J. (2006). The subjectivity of the clinician in psychosexual therapy training. *Sexual and Relationship Therapy*, 21(3), 319-331.
- Robinson-Wood, T. (2016). *The convergence of race, ethnicity, and gender: Multiple identities in counseling*. Thousand Oaks, CA: Sage Publications.
- Ronnestad, M. H., & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling & Development*, 71(4), 396-405.
- Rosen, R. C., Phillips, N. A., Gendrano, N. C., III, & Ferguson, D. M. (1999). Oral phentolamine and female sexual arousal disorder: a pilot study. *Journal of Sex & Marital Therapy*, 25(2), 137-144.
- Roysircar, G. (2004). Cultural self-awareness assessment: Practice examples from psychology training. *Professional Psychology: Research and Practice*, 35(6), 658.

- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.
- Runciman, A. (1975). Sexual therapy of Masters and Johnson. *The Counseling Psychologist*, 5(1), 22-30.
- Rutter, P., Leech, N., Anderson, M., & Saunders, D. (2010). Couples counseling for a transgender-lesbian couple: Student counselors' comfort and discomfort with sexuality counseling topics. *Journal of GLBT Family Studies*, 6(1), 68-79.  
doi:10.1080/15504280903472816
- Sansone R. A., & Wiederman, M. R. (2000). Sexuality training for psychiatry residents: A national survey of training directors. *Journal of Sex & Marital Therapy*, 26(3), 249-256.
- Sarrel, P. M. (1997). Hormone replacement therapy in the menopause. *International Journal of Fertility and Women's Medicine*, 42(2), 78-84.
- Schnarch, D. M. (1997). *Passionate marriage: Love, sex, and intimacy in emotionally committed relationships*. New York, NY: W.W. Norton.
- Schover, L. R., & Leiblum, S. R. (1994). Commentary: The stagnation of sex therapy. *Journal of Psychology & Human Sexuality*, 6(3), 5-30.
- Sears, S. J. (2002). *Contextual teaching and learning: A primer for effective instruction*. Bloomington, IN: Phi Delta Kappa International.
- Sells, J. N., & Hagedorn, W. B. (2016). CACREP accreditation, ethics, and the affirmation of both religious and sexual identities: A response to Smith and Okech. *Journal of Counseling & Development*, 94(3), 265-279.

- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for information*, 22(2), 63-75.
- Shifren, J. L., Monz, B. U., Russo, P. A., Segreti, A., & Johannes, C. B. (2008). Sexual problems and distress in United States women: prevalence and correlates. *Obstetrics & Gynecology*, 112(5), 970-978.
- Simon, M. K., & Goes, J. (2013). *Assumptions, limitations, delimitations, and scope of the study*. Retrieved from <http://www.dissertationrecipes.com/wp-content/uploads/2011/04/Assumptions-Limitations-Delimitations-and-Scope-of-the-Study.pdf>
- Shin, R. Q., Welch, J. C., Kaya, A. E., Yeung, J. G., Obana, C., Sharma, R., . . . Yee, S. (2017). The intersectionality framework and identity intersections in the Journal of Counseling Psychology and The Counseling Psychologist: A content analysis. *Journal of Counseling Psychology*, 64(5), 458.
- Shostrom, E. L., & Kavanaugh, J. J. (1971). *Between man and woman: The dynamics of intersexual relationships*. Los Angeles, CA: Bantam.
- Skovholt, T. M., & Ronnestad, M. H. (1992). Themes in therapist and counselor development. *Journal of Counseling & Development*, 70(4), 505-515.
- Smith, A. D., Resick, P. A., & Kilpatrick, D. G. (1980). Relationships among gender, sex-role attitudes, sexual attitudes, thoughts, and behaviors. *Psychological Reports*, 46(2), 359-367.
- Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and health*, 22(5), 517-534.

- Smith, L. C., & Okech, J. E. A. (2016). Negotiating CACREP accreditation practices, religious diversity, and sexual orientation diversity: A rejoinder to Sells and Hagedorn. *Journal of Counseling & Development, 94*(3), 280-284.
- Soheilian, S. S., Inman, A. G., Klinger, R. S., Isenberg, D. S., & Kulp, L. E. (2014). Multicultural supervision: Supervisees' reflections on culturally competent supervision. *Counselling Psychology Quarterly, 27*(4), 379-392.
- Southern, S., & Cade, R. (2011). Sexuality counseling: A professional specialization comes of age. *The Family Journal, 19*(3), 246-262. doi:10.1177/1066480711408028
- Speciale, M. J. (2015). *A multiple case examination of sexuality in counselor education: Pedagogy, ideology, and discourse*. Albuquerque, NM: The University of New Mexico.
- Stoltenberg, C. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*(1), 59.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477-486.
- Sue, D. W., & Sue, D. (2012). *Counseling the culturally diverse: Theory and practice*. Hoboken, NJ: Wiley.
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 11*(2), 63-75.
- Szuchman, L. T., & Muscarella, F. (2000). *Psychological perspectives on human sexuality*. Hoboken, NJ: Wiley.

- Tiefer, L. (2006). Sex therapy as a humanistic enterprise. *Sexual and Relationship Therapy, 21*(3), 359-375.
- Tomlinson-Clarke, S. (2013). Multicultural counseling competencies: Extending multicultural training paradigms toward globalization. *Ideas and research you can use*. Retrieved from <http://www.counseling.org/vistas>.
- Troutman, O., & Packer-Williams, C. (2014). Moving beyond CACREP standards: Training counselors to work competently with LGBT clients. *Journal of Counselor Preparation and Supervision, 6*(1) 3.
- University of North Carolina Charlotte (UNCC). (2018). *Research and economic development* Retrieved from <http://research.uncc.edu/departments/office-research-compliance-orc/human-subjects/informed-consent>
- Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing* (Developing qualitative inquiry). Walnut Creek, CA: Left Coast Press Inc.
- Vainio, A. (2013). Beyond research ethics: Anonymity as ‘ontology’, ‘analysis’ and ‘independence’. *Qualitative Research, 13*(6), 685-698.
- Walker, L. M., & Robinson, J. W. (2012). Back to the basics: Origins of sex therapy, sexual disorder and therapeutic techniques. *Reproductive Sys Sexual Disorders, 1*, 109. doi:10.4172/2161-038X.1000109
- Weerakoon, P., Jones, M. K., Pynor, R., & Kilburn-Watt, E. (2004). Allied health professional students’ perceived level of comfort in clinical situations that have sexual connotations. *Journal of Allied Health, 33*(3), 189-193.

- Weerakoon, P., & Stiernborg, M. (1996). Sexuality education for health care professionals: A critical review of the literature. *Annual Review of Sex Research*, 7(1), 181-217.
- Wiederman, M. W. (1998). The state of theory in sex therapy. *Journal of Sex Research*, 35(1), 88-99.
- Weiner, L., & Avery-Clark, C. (2014). Sensate Focus: clarifying the Masters and Johnson's model. *Sexual and Relationship Therapy*, 29(3), 307-319.
- Williams, A. (1995). *Visual and active supervision: Roles, focus, technique*. New York, NY: Norton
- Wolcott, H. F. (2005). *The art of fieldwork* (2nd ed.). Walnut Creek, CA: AltaMira Press/A Division of Rowman & Littlefield Publishers, Inc.
- Wolpe, J. (1954). Reciprocal inhibition as the main basis of psychotherapeutic effects. *AMA Archives of Neurology & Psychiatry*, 72(2), 205-226.
- World Health Organization, Human Reproduction Programme. (2006). *Sexual and Reproductive Health*. Retrieved from [https://www.who.int/reproductive\\_health/sexual\\_health/sh\\_definitions/en/](https://www.who.int/reproductive_health/sexual_health/sh_definitions/en/)
- Worthen, V., & McNeill, B. W. (1996). A phenomenological investigation of “good” supervision events. *Journal of Counseling Psychology*, 43(1), 25-34.
- Yin, R. K. (2015). *Qualitative research from start to finish*. New York, NY: Guilford Publications.

**APPENDIX A**

**INSTITUTIONAL REVIEW BOARD PROPOSAL**

## **Institutional Review Board Proposal**

### **Supervision of Sexuality Counseling Issues in Counselor Education & Supervision**

#### **A. Purpose**

Clinical supervision is an essential component of counselor training (Bernard & Goodyear, 2003; Hardy & Bobes, 2016; LoFrisco, 2013). Supervisors are in a unique position to increase counselor effectiveness beyond classroom training in multiple ways, such as opportunities for skills development (Berman, 1997; Harris & Hayes, 2008; Juergens et al., 2009), process feelings (Decker, 2010), manage projections (Mallicoat, 2013) and developmental needs (Bernard & Goodyear, 2003; Stoltzenberg, 1981) on an individual basis with counselors in training (CITs). In addition, research has shown that supervisor support is essential in increasing CIT comfort level with sexual issues (Berman, 1997; Harris & Hayes, 2008; Lofrisco, 2013). The history of research in sexual issues in counselor training has taught the counselor education field that graduate students strive to be competent counselors in client sexual health and at the same time struggle to address sexual issues with clients, frequently due to discomfort (Harris & Hayes, 2008; Lofrisco, 2013), and lack of preparation (Harris & Hayes, 2008; Juergens et al., 2009; Miller & Byers, 2010; Weerakoon et al., 2004). Without the needed training, counselors may continue to dismiss sexual topics with clients post-graduation as well, leading to consequences of unaddressed client needs, with a reduction in client well-being (Blanchflower & Oswald, 2004; Laumann et al., 1999). If counselors are ill prepared to work with client sexuality concerns, et al. as they themselves become supervisors over time, they may still be ill-prepared. Therefore, one purpose of the current study is to explore how supervisors experience working through client sexual concerns that CITs bring to them in one-on-one supervision.

Sexuality varies throughout the lifespan, based on stages of life (Southern & Cade, 2011), and the counseling profession values developmental, cultural and contextual factors (ACA, 2014; CACREP, 2016). Treating sexuality concerns has moved away from a medicalized perspective rooted in seeing clients as “functional” or “dysfunctional” (Paiva, 2005; Tiefer, 2006) instead, sexuality counseling views sexuality as contextual, unique and highly individual to each client based on their background and history. Using this theoretical lens of positive sexuality (Murray et al., 2016) and multiculturally sensitive considerations (Burnes et al., 2017; Hardy & Bobes, 2016), this study hopes to inform the supervision profession of how to effectively address client sexual health in one-on-one supervision from a contextual lens, rather than a sexual functioning lens.

The current study is multilayered and multipurpose. The study aims to (a) qualitatively explore the essence of supervisor experiences with counselors in training (CIT) concerns with client sexual health, (b) to adapt a multiculturally sensitive and positive contextual lens in comprehension of those supervisor experiences, and (c) to better understand how supervisors address CITs work with client sexual health during the training process. Per Creswell (2014), the study is aimed to be transformative by broadening the understanding of supervisor's work with sensitive issues such as client sexual concerns and ideally broadening the understanding the counselor education field has for increasing CIT efficacy with client sexual concerns in how to work with them. The research questions are:

RQ1: How do supervisors in graduate level counseling programs understand the meaning of their experiences talking to supervisees in one on one supervision regarding client sexual issues?

RQ2: How are supervisors addressing sexual topics with CITs?

Depending on the availability of the participants, I will follow-up with each participant in an email for the possibility a second phone interview, for the purpose of any participant questions, reflections or anything additional they may want to add.

Based on available levels of review, I am requesting this research would be considered for exempt IRB review because of its low risk to participants. This is research involving interview procedures to investigate supervision of sexual health construct, not causing discomfort beyond regular daily life. My information will be recorded in such a manner that participants cannot be identified. Disclosure of the participants responses outside the research will not reasonably place the participants at risk of criminal and civil liability or be damaging to the participants' financial standing, employability, or reputation.

## B. Methods

I plan to use phenomenology research. In phenomenology, the researcher explores the phenomenon in question (Moustakas, 1994), in this case, how supervisors experience supervising CITs regarding their counseling clients' sexual health. Phenomenology is appropriate for this study, as qualitative studies strive for a deeper meaning of a construct, and this construct has so far been explored through quantitative methods in the research literature. The goal in phenomenology is to uncover the essence of the lived experience, and meaning of the experience, in this case how supervisors experience the supervision process

with CITs regarding client sexual health, which will allow a deep understanding and uncover meaning structures about how the construct is experienced.

### **1. Participants**

I will target supervisors who have been employed as supervisors through professional listservs such as CESnet, the Counselor Education and Supervisor's listserv. In addition, I target supervisor participants through various regions of the Association for Counselor Educators and Supervisors (ACES), such as the Rocky Mountain Association for Counselor Educators and Supervisors (RMACES). I also plan to email universities across the United States with Counselor Education and Supervision training programs for permission to distribute my study request to their listservs as well. I plan to interview supervisors until saturation has been reached. Each participant will be emailed a \$40 electronic Amazon gift card for the interview, to the email address of their choice. Participants will coordinate interview times with me through the email listed in my study request letter ([fara4799@bears.unco.edu](mailto:fara4799@bears.unco.edu)). I plan to conduct all interviews over the phone from a private office type space.

### **2. Data Collection Procedures**

As congruent with phenomenology inquiry, I plan to interview participants for one hour each, one time, with open ended questions, allowing participants to choose what they say. I will use semi-structured interview questions (Appendix E). I will start the interview with a “warm-up” question, which is a brief question they can easily answer in order to start building rapport (Creswell, 2014), to put the participant more at ease to help the interview low more freely (Rubin & Rubin, 2011). Participants will be sent an informed consent form (Appendix B), which will include mention of recording the interview. They will be asked to complete this form and return it at the interview. At the same time, they will be sent and asked to complete a written demographics survey sheet (Appendix D) including questions about each participant’s region of work, ethnic identity, age, gender, any coursework training in sexuality counseling, years of experience as a Counselor Educator and Supervisor, as well as years of clinical experience. Participants will also be asked to provide an pseudonym for confidentiality purposes and will be informed that the two researchers are mandated reporters of child abuse.

The interview questions will be the nature of the supervisory work and experience when working through clients’ sexual concerns with the CIT (Appendix E). Participants will be aware of the purpose of the interview through the introduction recruitment letter sent through the listservs (Appendix C). Information about counseling resources in each participants’ region will be provided in case any participant may wish to seek counseling after the interview, in which case I will ask the participant

about the exact city they need me to locate services. The participants will be thanked for their time, emailed the Amazon gift card and asked about follow-up to read the interview transcription of their interview and exchanging any further contact information if needed.

### 3. Data Analysis Procedures

The data analysis process in phenomenological inquiry is best understood as inductive and comparative in its analysis strategy (Merriam & Tisdell, 2016). This type of analysis seeks to hone in on the essence or “basic structure of the phenomenon (Merriam & Tisdell, p. 227).

The initial process of analyzing data will consist of reading, sorting, and analyzing in phenomenological inquiry. In practical terms, I will read the transcribed interviews multiple times before I start line-by line analysis. As the researcher I am required to suspend all preconceived biases related to the study. Moustakas (1994) explained that this process allows the researcher to approach each interview in a new and equal experience to the one before. During the reading process, I will begin the process of phenomenological reduction by underlining small meaning units within sentences (Merriam & Tisdell, 2016) and label them with a color. As a capture the meaning of the information into a code or theme word, I will state this at the margins of the interview transcription. The participants experience of the phenomenon will lead to the “essence” extracted from the interviews into a holistic summary, relaying participants’ exact words to explain the meaning unit.

## C. Risks, Discomforts and Benefits

**Risks:** The risks inherent in this study are no greater than those normally encountered in daily life. Participants will be asked to provide their experiences with CITs working through client sexual concerns. This topic is similar in nature than supervisors’ meeting discussing CITs in general. Although no risk is anticipated, participants will be provided with contact information for available counseling services in both the informed consent as well as debriefing should they be needed.

**Discomforts:** Slight discomfort of participants is anticipated since sensitive information about one’s work is being probed. However, any individual who does become uncomfortable would be able to discontinue participation at any time. Additionally, all participants will be provided with contact information for counseling services in the event they feel those services would be necessary.

**Benefits:** Participants may benefit directly from their participation in this study through increased insight and self-awareness about their supervisory work. Other possible benefits include feelings of professional satisfaction as they share their experiences. Additionally, this project is expected to contribute to the literature in

counselor education and supervision and supervision training. It is expected that the results of the study on supervision of client sexual concerns will lead to professional presentations and submission for publication. I believe understanding methods and experiences of supervision contributes to our department's modeling of important research, hopefully attracting doctoral applicants who would be interested in such topics. The data from individuals conducting supervision would help other counselor's educators and supervisors in understanding supervision of client sexual concerns with CITs during their training process. Disseminating results will also increase the visibility of UNC.

**D. Costs and Compensations:**

Participation is completely voluntary, a \$40 electronic Amazon gift card will be emailed for compensation, after the first interview and participants will also be empowered through an educational debriefing and validation of working through sensitive issues with CITs. The costs for conducting this study are future presentation at conferences and the gift cards.

**E. E. Grant Information : N/A**

**APPENDIX B**

**CONSENT FORM**



**CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH  
UNIVERSITY OF NORTHERN COLORADO**

**Project Title:** **Supervision of Sexuality Counseling Issues in Counselor Education**

**Primary Researcher:** Reka Farago

**Phone number:** 970-351-27231 (UNC Counseling Psychology office)  
**e-mail:** fara4799@bears.unco.edu

**Research Advisor:** Dr. Betty Cardona  
**E-mail:** vilma.cardona@unco.edu @unco.edu

The purpose of this study is to explore supervisor experiences in one on one supervision sessions with counselors in training (CITs) working with client sexual concerns. This interview will take approximately 60 minutes to complete and you must be 18 years or older to participate.

For this study you will be asked to complete a survey of your demographic information and some details about your work as a supervisor. You'll then be asked to tell a brief story about your experience as a supervisor in counselor education. The interview questions will ask open ended questions about experiences you had in one on one supervision, discussing client sexual concerns with Counselor in Training (CIT). Any matters related to client sexual topics such as sexual issues, sexual concerns, or sexual health of any kind that you may have experienced as a supervisor is helpful for the purposes of this study. Your responses will remain confidential, you will not be asked to provide your name on any documents, but you will be asked to provide an alias. Your responses will be recorded only for transcription purposes and then the recording will be deleted. All transcriptions will be kept on a password protected USB drive in a locked drawer, in the locked office of the faculty supervisor for this project. All electronic forms of data will be erased following the mandatory 3-year period after conclusion of the study.

Your contribution to this study will benefit individuals working as supervisors and in the field of counselor education. Risks to you are minimal and similar to what you may face in everyday life. The interview questions, though, may be sensitive and may evoke memories and thoughts that are sensitive to you. The benefits to you include gaining

insight about yourself and your work as a supervisor. You will also receive a \$40 Amazon electronic gift card for your participation. If you wish to seek counseling after this interview you can contact one of the two services provided at the end.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled, including the \$40 Amazon electronic gift card. Once you read the above disclosures and have had an opportunity to ask questions, please complete the demographic questions if you would like to participate in this research. By signing below, you will give me permission for your participation. You acknowledge that all anonymous responses may be used in published materials pertaining to this specific study. You may ask for a copy of this form for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, Colorado 80639, USA; 001 970-351-2161.

---

Subject's Signature

Date

---

Researcher's Signature

Date

**APPENDIX C**

**RECRUITMENT LETTER**

## **Recruitment Letter**

Listserv Email Title: Supervisors Requested \$40 Interview

Dear Counselor Educator Supervisors,

My name is Reka Farago, I am a doctoral candidate in Counselor Education and Supervision at the University of Northern Colorado. I am currently working on my dissertation about supervisor's experience with counselors in training bringing client sexual topics of any kind to supervision sessions. The purpose of this study is to explore the nature of experiences supervisors have with working through issues related to sex and sexuality. Your participation involves your choice of a phone interview or Skype interview for approximately one hour and each participant will receive a \$40 gift card to Amazon via email immediately after the interview. Prior to each interview you will be emailed a demographic sheet for a pseudonym and demographics and a consent form.

To qualify, you must meet the following:

1. Identify as a counselor educator, holding a Ph.D.
2. Licensed in any state, working towards a license, or hold a certification in counseling
3. You have supervised counselors in training through client sexual concerns
4. Provided supervision of sexual issues in your employment setting

If you are interested in participating, please email me at [fara4799@bears.unco.edu](mailto:fara4799@bears.unco.edu) to setup an interview time. You may choose to withdraw from the interview at any time or choose to not answer any of the open-ended questions. In this case, you will still receive your Amazon gift card for partial participation of the interview.

Thank you for your time!

**APPENDIX D**

**DEMOGRAPHIC QUESTIONNAIRE**

**Demographic Questionnaire**

Pseudonym/ Alias: \_\_\_\_\_

Race/ Ethnicity: \_\_\_\_\_

Work Region: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Coursework/ Training in Sexuality: \_\_\_\_\_

Number of Employed Years in Counselor Education: \_\_\_\_\_

Years Employed as a Supervisor: \_\_\_\_\_

Years of experience as a clinician: \_\_\_\_\_

**APPENDIX E**

**INTERVIEW QUESTIONS**

### List of Structured Interview Questions

Warm-up question: What is your experience in general with supervision in counselor education?

1. Please think back to an experience in which you were supervising a graduate-level CIT for a client's sexual concern, one on one. Can you describe that experience for me (How you introduced the topic, what was the conversation like?)
2. How is this experience different from supervising CITs in other issues brought to you in the supervision process?
3. What are your concerns, if any, in addressing client sexual issues with CITs?
4. Please think back to one of the experiences you talk about, can you describe how you handled language and communication about sexual topics in supervision with CITs? How do these topics come to the forefront?
5. How do you see your training and CIT training playing a part in addressing client sexual concerns?
6. Anything else you would like to add in regard to sexual issues in counseling supervision that I did not ask?

**APPENDIX F**

**DEBRIEFING STATEMENT**

### **Debriefing Statement**

Debriefing: Thank you for your time and for participating in the research interview. The purpose of the interview was to explore Supervisor experiences with client sexual concerns in one on one supervision with CITs. Current literature demonstrates that CITs struggle with addressing client sexual health but find it important to gain self-efficacy in working with sexuality. This study specifically explored how supervision can contribute to CIT development in client sexual concerns. If you wish to seek counseling after this survey, I've provided contact information for two confidential clinics located at the University of Northern Colorado and I can provide local counseling clinic contact information in your geographical location.

Psychological Services Clinic - (970) 351-1645 – Open to community

University of Northern Colorado Counseling Center - (970) 351-2496 – Open to UNC students

**APPENDIX G**

**INSTITUTIONAL REVIEW BOARD APPROVAL**



*Institutional Review Board*

DATE: May 16, 2018  
TO: Reka Farago  
FROM: University of Northern Colorado (UNC) IRB  
PROJECT TITLE: [1239400-1] Supervision of Sex Counseling in Counselor Education: A Phenomenological Study from a Sex Positive and Multiculturally Sensitive Perspective  
SUBMISSION TYPE: New Project  
ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS  
DECISION DATE: May 16, 2018  
EXPIRATION DATE: May 16, 2022

Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNC) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

**Reka -**

**Thank you for a thorough and clear IRB application for your meaningful research. Please make the following changes to your consent form before use in data collection:**

- 1) update the letterhead to current UNC Logo; and
- 2) update the last sentence of the last mandatory paragraph as follows, '...please contact Sherry May, IRB Administrator, in the Office of Research, 25 Kepner Hall, University of Northern Colorado Greeley, Colorado 80639, USA; 001 970-351-1910.'

**Best wishes with your study and don't hesitate to contact me with any IRB-related questions or concerns.**

**Sincerely,**

**Dr. Megan Stellino, UNC IRB Co-Chair**

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or [Sherry.May@unco.edu](mailto:Sherry.May@unco.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNC) IRB's records.