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## Sex is Not a Four-Letter Word: Sexuality Counseling Training for School Counselors

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### Cover Page Footnote

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# Sex is Not a Four-Letter Word: Sexuality Counseling Training for School Counselors

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Although sexuality counseling training is not a requirement for Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited Counselor Education programs or for licensure in most states as a professional counselor, there is increasing dialogue taking place among professional counselors regarding the need for additional training in this area. The current article highlights techniques for incorporating and enhancing sexuality counseling training in Counselor Education programs based on the eight CACREP core competencies. After a review of the relevance of sexuality counseling within each area, with attention given to implications for school counselors.

*Keywords:* sexuality, counselor education, school counselors, CACREP

## Introduction

Sexuality concerns stemming across one's lifespan makes it a topic relevant in all settings to all concentrations within counselor education programs, including school counseling. Researchers in the counseling profession have increased the emphasis on the need for generalization of sexuality counseling training in counselor education programs (Behun, Cerito, Delmonico, & Campenni, 2017; Diamond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin, Dam, & Hergenrather, 2017). In addition, the counseling profession has increased sexuality awareness through the creation of such professional organizations as the Sexual Wellness in Counseling Interest Network (SWIC) in the American Counseling Association (ACA) and the Association of Counseling Sexology and Sexual Wellness (ACSSW) (ACSSW; Rubow, 2013). The purpose of this manuscript is to highlight the importance of incorporating sexuality counseling training in counselor education for school counselor trainees (SCTs) within the context of the CACREP (2015) standards as well as the importance of including the ACA Code of Ethics (2014) and the American School Counselor Association (ASCA) National Model (2020a). Taking into consideration both the expectation that school counselors demonstrate competency in the areas relevant to their professional practice and the role that sexuality concerns have in human development and overall wellness, counselor education programs have a responsibility to move beyond recognizing the need for sexuality training and take action to incorporate this training into programs, in spite of training requirements for each

specialization (Sanabria & Murray, 2018).

## Sexual Wellness and Sexuality Counseling in the Counseling Profession

As authors have demonstrated a consensus that sexuality is a normative, developmental experience (Behun et al., 2017; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018), understanding the most current available definition for sexual wellness and sexuality counseling is essential to determining how to move forward with training efforts. According to ACSSW (2019, para.3), sexual wellness is defined as:

The unique, subjective experience of physical, emotional, mental, and social well-being in relation to sexuality is essential to overall wellness. While sexual wellness can include the absence of disease, dysfunction, or infirmity, the holistic and subjective nature of sexual wellness extends beyond one's physical health status to include a

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positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sensual experiences, free of coercion, discrimination, and violation. Sexual wellness encompasses diversity in both expression and influences, respecting, protecting, and fulfilling the sexual rights of all persons.

In addition, according to Behun et al. (2017), human sexuality concerns can be categorized into five domains, which can be used to assess and measure the extent of sexuality concerns and effectiveness of counselor training interventions: sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence. School counselors should be aware of the definition and five domains when thinking about needed services for youth.

After decades of inconsistency regarding the definition of “sexuality counseling” (Mallicoat, 2014), scholars in the past several years have begun to clarify what is included in sexuality counseling interventions provided by professional clinical mental health and school counselors. In a phenomenological study to clarify the construct and experience of providing sexuality counseling, Mallicoat (2014) noted that participants perceived sexuality counseling as a dialectical process that includes balancing a wellness versus dysfunction conceptualization; subjectivity versus objectivity; and providing both flexibility and structure throughout the process. Meanwhile, Millner and Upton (2016) focused on the role of the school counselor when addressing students’ concerns related to sexuality, specifically as it pertains to prevention and support of marginalized populations and the need to balance the roles of counselor and educator in sexuality interventions. According to ACSSW (2019, para. 2):

Sexuality counseling is a professional relationship that empowers diverse individuals, families, and groups to: “Increase comfort and awareness of sexuality and sexual experiences,” “Validate sexuality as a core aspect of the human experience that is actively included throughout the counseling process based on the needs of clients,” “Provide empirically-based education, guidance, and resources regarding sexual health concerns,” “Support clients as they navigate various influences on their sexuality in their goal toward overall wellness,” “Empower clients to express their sexuality with respect to their individual and other’s sexual rights,” and “Promote sexual wellness.”

Efforts to clarify the specific tasks in sexuality counseling have been informed by research studies focused on the experiences of counselors providing sexuality counseling (Behun et al., 2017; Mallicoat, 2014). However, many counselors,

regardless of their concentration area, are providing sexuality counseling without training or are relying solely upon their individual review of information (Behun et al., 2017; Dupkoski, 2012; Millner & Upton, 2016; Sanabria & Murray, 2018).

### Licensure and Certification Requirements for Sexuality Counseling

In general, the counseling profession has certifications at a national level and licensure at a state level. The National Board for Certified Counselors (NBCC) provides certifications, and each state’s professional licensing board oversees licensing. Although national certification provides continuity, professional counselors must meet each state’s specific requirements, which involves incomplete continuity across state lines. Regarding sexuality counseling, training required for state licensure lacks clarity and consistency. Sexuality counseling is not included as a unique content area outlined by the NBCC as required in their graduate level training for national certification (NBCC, 2015). While generalization of the content areas can provide flexibility for programs to determine how to provide sexuality counseling training, it may also contribute to a lack of motivation or emphasis to include training in counselor education programs.

### State Licensure

Among licensure requirements regarding education for professional counselors in each state, sexuality counseling is not often required, with some exceptions. Three states specifically require such training. Florida requires a course specific to sexuality counseling equivalent to three semesters or four quarters (Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling [CSWMFTMHC], 2020). California requires ten contact hours in human sexuality training (California Board of Behavioral Sciences [BBS], 2020). Finally, Nevada requires that sexuality training be included in human development training (State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors [CPC], 2019). Other states allow applicants to indicate sexuality counseling training as an elective or additional course to meet licensure education requirements, including Massachusetts, Oklahoma, Vermont, and West Virginia (Massachusetts Board of Allied Mental Health and Human Services Professions [AMH], 2020; Oklahoma State Board of Behavioral Health [SBBH], 2020; Vermont Board of Allied Mental Health [VBAMH], n.d.; West Virginia Board of Examiners in Counseling [WVBEC], n.d.).

### **School Counselor Certification and the ASCA National Model**

According to the American School Counselor Association (ASCA), Professional School Counselors (PSC) must meet each state's requirements (ASCA, 2020b), which align with the requirements outlined in the core curriculum of CACREP programs for most states. There is some variation in additional certification, training, experience, and examination completion. The only state that requires training specific to sexuality concerns is Massachusetts, which only specifies training related to sexual abuse (ASCA, 2020b).

According to the ASCA National Model (2020a), guidance for school counselors regarding their role within the schools affirms programs developed by PSCs are "based on data-informed decision making; delivered to all students systematically; include a developmentally appropriate curriculum focused on the mindset and behaviors all student need for postsecondary readiness and success; close achievement and opportunity gaps; and result in improved student achievement, attendance and discipline" ("Get an Overview" section). In addition, ASCA has published three position statements that pertain to addressing sexuality concerns focusing on HIV/AIDS/STD prevention, at-risk student behavior, and sexual minority youth. While these position statements may serve as a guide, ASCA has not provided an avenue for PSCs to develop competency in sexuality counseling or collaborate with other PSCs on this specific topic.

### **Specialty Training**

Although sexuality counseling training may not be required for general licensure or certification, professional counselors may seek specialty certification in this area through specific academic or professional organizations. Options available to all counselors seeking specialty training and certification include an additional degree or certificate through specific academic institutions or certification through professional organizations focused on sexuality, such as the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), which offers a resource identifying training programs on the undergraduate and graduate levels focused on sexuality, as well as certification resources (AASECT, 2020).

Counselors electing to seek certification through AASECT can incur a significant financial strain in post-graduate specialized training. AASECT is a multi-disciplinary organization that offers resources, training, and certification for sexuality educators, sexuality counselors, and sex therapists (AASECT, 2020). It is important to note that professional counselors "with a master's or doctoral degree who hold valid state regulatory licenses or certificates in a discipline that provides psychotherapy will not be eligible for AASECT

Sexuality Counselor Certification but are encouraged to apply for AASECT Sex Therapist Certification" (AASECT, 2020, "Academic Qualifications" section). PSCs choosing to pursue sexual counselor certification will need to complete a minimum of sixty hours of training in specific content areas through an AASECT-approved educational institution, ten hours of training related to attitudes and values, and 100 hours of supervised clinical experience in sexuality counseling (AASECT, 2020). However, should PSCs pursue licensure in their states, they would then be required to apply for certification as a sex therapist, adding more training requirements and financial burden.

Counselors may also seek membership with AASECT without pursuing certification to benefit from available resources. Other professional organizations are available for membership. However, these organizations do not specifically meet the unique needs of PSCs, whose roles and restrictions vary from those of counselors trained and working in clinical settings.

### **Current Training Standards for Sexuality Counseling**

CACREP, the dominant entity monitoring counselor education programs at the graduate level, offers standards for training practices, accreditation, and, as a result, increased portability in licensure across states (CACREP, 2015). According to CACREP, program objectives should "reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society" (CACREP, 2015, p. 9). While sexuality counseling training is incorporated into CACREP standards for rehabilitation counseling and marriage, couple, and family counseling, making this a requirement across concentrations would be in alignment with the increased emphasis of the universal nature of sexuality and need for baseline training in sexuality counseling interventions for all counselors (Behun et al., 2017; Malli-coat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin et al., 2017). Currently, sexuality-related topics specified in the CACREP standards include: (a) reviewing the American Counseling Association code of ethics and legal issues related to sexuality counseling, (b) working with sexual minorities, (c) effects of client disability on sexual functioning for rehabilitation counseling, and (d) effect of sexuality on couple and family functioning for marriage, families, and couples counseling (CACREP, 2015). However, sexuality is not specified for the school counseling concentration. Furthermore, isolating the competency expectation to Marriage Couples Family Counseling programs may discount the relevance of sexuality in other contexts, such as with individuals or in school settings, where counselors are likely to encounter clients with presenting sexual concerns (Behun et al., 2017; Dupkoski, 2012; Jones, da Silva, & Soloski, 2011; Millner & Upton, 2016; van der Kwaak, Ferris, van Kats, & Dieleman, 2010).

Often there is hesitation within schools to address sexuality concerns. This is due to a lack of knowledge and fear of what is appropriate and inappropriate to discuss within the confines of a school setting (Millner & Upton, 2016). PSCs are well positioned to be able to assist parents, school administration, and staff in communicating with youth about their development. PSCs may advocate in school systems through educating about appropriate sexual behaviors at each developmental stage. Interventions targeting healthy sexual behaviors have reported decreases in risky sexual behaviors among adolescents (Henderson et al., 2020). PSCs are trained to meet the needs of youth from pre-school through twelfth grade throughout which sexual development is ongoing. PSCs need to be able to identify normal sexual development and when an outside referral may be necessary (e.g., pediatrician & counselor). PSCs in training are required to take a course in school ethics, which could incorporate sexual development while addressing imminent danger and confidentiality as it pertains to addressing sexual issues with school aged youth (Millner & Upton, 2016). Within school counseling programs, sexuality can be incorporated throughout academic studies by integrating sexuality competencies into required coursework. Training could be incorporated into courses that focus on working with parents, school administration, and staff (e.g., Coordination of School Counseling) and into a school counseling course focused on counseling children and adolescents. The eight CACREP core competencies areas of counselor training need to be examined through a school counseling lens to incorporate sexuality training for school counseling programs.

### **Professional Counseling Orientation, CACREP and Ethical Practice**

**Relevance.** Counselor education programs could reasonably explore the role and responsibility of a PSC with regards to addressing sex and sexuality concerns with students in initial courses within the program. The CACREP competency standard outlines training requirements for counselors-in-training regarding the counseling profession, roles, ethics and legal issues, and credentialing, as well as other aspects relevant to becoming a professional counselor (CACREP, 2015). These courses tend to emphasize specific topics related to sexuality, including multiple relationships, ethical standards of conduct, and multicultural considerations in counseling. In addition, courses focused on meeting this competency standard review the roles and settings of PSCs.

Recently, the generalization of sexuality counseling training to increase competence for all counselors to address sexual behavior with clients has been emphasized (Behun et al., 2017; Sanabria & Murray, 2018). In one study, most PSCs believed addressing sexuality concerns with students, providing an opportunity to review the scope of school counseling as it pertains to sexuality topics would be valuable to their

development and preparation for student issues (Behun et al., 2017; Millner & Upton, 2016). Another relevant concern that can be explored in professional orientation courses is when sexual behaviors warrant a referral for focused sexuality counseling and if a referral to a pediatrician is necessary. Professional counselors are not required to be trained in sexuality counseling; therefore, PSCs will need to be careful not to assume a clinical mental health counselor would be more competent to address sexuality concerns unless areas of specialty training are made known (ACA, 2014). Indeed, PSCs are expected to demonstrate competence in addressing concerns related to developmental experiences impacting students' functioning and pose a risk for marginalization, negative academic impact, and prematurely discontinuing their education (Millner & Upton, 2016). PSCs would need to be aware of potential barriers to accessing clinical mental health services, such as when a student resides in a rural area where such services are limited. To address the concern at the school in these situations, PSCs would need to consult with a counselor with more experience, comfort, and expertise in the area of sexuality, seek supervision specific to sexuality, or otherwise advocate for the student's sexuality concern to be addressed.

The perception that sexual behavior is addressed by sex therapists and marriage, couples, and family counselors provides a distorted impression to counselors-in-training of the role of PSCs with regards to addressing sexuality with students that could lead to professional discomfort, avoidance, or incompetence (Dupkoski, 2012; Mallicoat, 2014). Introducing information and dialogue regarding sexuality counseling in professional orientation courses could provide a foundation for PSCs to begin to examine their own perspectives regarding sexuality, increase their comfort with the topic, and address any potential personal barriers that may impede their performance in the counseling role.

**Recommendations and Practical Applications.** If PSCs are uncomfortable with the topic, unaware that it needs to be discussed, or assume that sex is "too private" to discuss with students, dialogue regarding students' sexual functioning may be delayed or even avoided altogether (Alvarez, 2010; Juergens, Smedema, & Berven, 2009). Thus, counselor educators may introduce the role of PSCs in addressing sexuality in professional orientation courses guided by four specific recommendations for addressing sexuality counseling in these courses, including: (a) increase comfort/decrease avoidance, (b) increase knowledge/decrease myths and biases, (c) emphasize sexuality wellness over dysfunction, and (d) emphasize ethics (Alvarez, 2010).

To increase the comfort of school counselor trainees (SCTs) regarding sexuality, we recommend exploring personal values and biases regarding sexuality in relevant discussions and assignments (Dupkoski, 2012; Mallicoat, 2014; Sanabria & Murray, 2018; Zeglin et al., 2017). For example,

ask students to write a personal exploration paper regarding their own values that led them to decide to pursue school counseling as a career, including a statement on how their sexual values may impact their work with students or to analyze their stance regarding the role of a PSC addressing sexuality concerns. Students may be encouraged to include sexuality in advocacy projects or include a question for PSCs regarding how they approach/include sexuality in their work with students in an interview assignment. Case examples may be introduced when discussing ethics that include sexuality examples beyond professional boundaries. For example, a case example may include how to navigate a situation that includes working in a rural area with a student who presents with disruptive sexual behaviors, and the local clinician to whom the PSC usually refers has no specific sexuality training beyond a high school sex education course.

To increase SCTs' knowledge regarding sexuality, counselor educators could make recommendations for free training and resources that SCTs may access through the internet as a resource for themselves, students, and students' families. One example of such a resource is the Sex Positive Families (2019) website (<https://sexpositivefamilies.com/10-best-sex-ed-resources-for-families/>) or Amaze (n.d.) website (<https://amaze.org/?topic=puberty>). In addition, counselor educators can inform SCTs about and encourage them to join professional organizations such as American Association of Sexuality Educators, Counselors and Therapists; ACA's Sexual Wellness in Counseling Interest Network; Association for Counseling Sexology and Sexual Wellness; and the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE), which will increase their access to resources and connection to other counselors regarding sexuality counseling. Providing information regarding organizations may also serve to emphasize sexuality wellness rather than sexual dysfunction, a paradigm shift essential to normalizing students' sexuality-related experiences (Dupkoski, 2012; Mallicoat, 2014).

In addition to providing resources, counselor educators should address the context in which the sexuality concern is presented and interventions that are provided, as ethical and legal implications vary depending on these factors. For example, state regulations often limit how PSCs may address sexuality with students, and PSCs need to be informed about laws regarding mandatory reporting and confidentiality. Developmental level plays a role in how to address and present information to students. Providing information regarding state and district school board policies to SCTs and enriching discussions with case examples, articles, and scenarios can emphasize the responsibility for counselors to address sexuality in a professional manner, in accordance with ACA (2014) and ASCA (2016) Codes of Ethics and Professional Standards (e.g., treat students with respect and dignity regardless of sexual orientation/gender identity, monitor and

expand social-justice, and report sexual abuse).

### **Social and Cultural Diversity**

**Relevance.** ACA's Code of Ethics highlights the importance of attending to diversity and inclusion in counseling, supervision, and training practices (ACA, 2014). CACREP standards 2.a-h focus on theories of multicultural counseling, cultural identity development, and addressing issues of oppression and discrimination (CACREP, 2015). As such, courses in multicultural counseling will likely incorporate some issues related to sexuality. A review of the syllabi in the ACA-ACES clearinghouse revealed that most multicultural counseling courses include lectures and readings related to working with LGBTQ+ populations, both in general and among specific racial minority groups (e.g., perceptions of LGBT individuals within the African-American community; ACA, 2009). Coursework often addresses gender issues, societal oppression of sexual minorities, and advocacy and social justice issues. Given the breadth of material that is covered in most of the syllabi reviewed, these topics are generally covered in one or two lectures, and sexuality information does not permeate the entire course.

A variety of literature exists related to the intersection of sexuality counseling and diverse populations. For instance, many multicultural counseling courses include a segment related to counseling diversely abled individuals (Feather & Carlson, 2019). Much of the literature is focused in rehabilitation counseling, where research emphasizes the intersection between disabilities and various aspects of sexual wellness (Valvano et al., 2018). However, as disabilities impact persons of all ages and settings, PSCs also need both to develop an awareness of sexuality issues specific to this population and examine their own attitudes towards sex and disability (Pebdani, 2013).

According to the ASCA National Model (ASCA, 2020a), PSCs have a responsibility to address issues that contribute to students being considered "at-risk," which may include diversity considerations. For example, sexual minority youth (e.g., lesbian, gay, bisexual, transgender, gender fluid, queer, and questioning) face significant problems and even violence in school environments that place them at risk for mental health issues that negatively impact their academic performance (Bidell, 2012). PSCs have an advantageous position to have a positive impact on concerns related to students' sexual identity development and healthy sexual behaviors, which can have a positive impact on educational outcomes (Behun et al., 2017; Millner & Upton, 2016). In spite of increased risks for sexual minority students, PSCs do not feel confident in addressing multicultural and sexual minority concerns. They may view training in sexuality counseling as insufficient to prepare them for addressing students' sexuality-related concerns (Behun et al., 2017; Bidell, 2012; Mallicoat, 2014). Furthermore, pregnancy is directly con-

nected to adolescent girls dropping out of school, and sexual identity questioning is an indirect cause of attrition (Millner & Upton, 2016). As such, PSCs need to be able to address healthy sexual decision making to promote student sexual wellness.

**Recommendations and Practical Applications.** If PSCs indicate feeling ill-prepared and insufficiently competent to address concerns related to sexual diversity, they risk not acting in accordance with ACA Code of Ethics (2014) codes C.5. and E.8., and ASCA Professional Standards (2019) standards M 4., B-PF 6., B-SS-1., B-SS 3., B-PF 6., B-SS 4., and B-SS5. Counselor educators can intentionally include issues related to sexual diversity in multicultural course content through active discourse regarding SCTs' personal and environmental challenges intervening with and advocating for sexual minority youth and other marginalized students. Exploring biases, prejudices, and fears can enhance SCTs' self-awareness, in alignment with the ACA Code of Ethics (ACA, 2014; Bidell, 2012). Private journal assignments and discussion with the class community can emphasize the dynamics of potential school environments SCTs anticipate serving. SCTs could also be asked to demonstrate increased knowledge regarding the intersection of sexuality and morality, religion, ethnicity, gender, and SES, as well as populations that may be at higher risk for sexual health concerns that could lead to increased marginalization (Behun et al., 2017) through incorporating free resources into the curriculum. For example, The Safe Zone Project (n.d.) has various trainings available for supporting sexual minority youth (<https://thesafezoneproject.com/activities/>). SCTs could benefit from inviting PSCs into the classroom to share their experiences with sexuality interventions and advocacy. Learning experiences and assignments should incorporate restrictions and policies in school districts to explore how SCTs might navigate these challenges, possibly creating community resource lists and references to use when advocating on the behalf of students. Finally, counselor educators should highlight the sections of both ACA Code of Ethics (2014, C.5. and E.8.) and the ASCA National Model (2020a, M 4., B-PF 6., B-SS-1., B-SS 3., B-PF 6., B-SS 4., and B-SS5) that address and apply to sexuality concerns in assignments.

### Human Growth and Development

**Relevance.** The human growth and development CACREP competency standards outline training requirements for counselors-in-training that are wide-ranging and cover both normal and abnormal personality development, as well as individual and family development (CACREP, 2015). An examination of the syllabus clearinghouse in the "Human Growth and Development" section illustrated these courses tend to emphasize aspects of lifespan development that include the emotional, social, cultural, physical, and cognitive aspects, as well as

developmental theories. While a few syllabi included gender roles or sexual minorities as a special topic within the course, only one available syllabus was specifically designed for a course on sexuality development and counseling (ACA, 2009).

SCTs need to be able to address and assess child sexual development, which includes being able to understand normalcy of sexual behaviors in pre-adolescent children and identify problematic behaviors when necessary and sexual development issues that would require a referral to a pediatrician (Behun et al., 2017; Millner & Upton, 2016). Furthermore, awareness of the five domains of human sexuality—sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence—will ensure that SCTs are able to assess students for specific concerns that arise external to normal sexual development (Behun et al., 2017). As SCTs become competent in these areas, they are better equipped to broach this topic with parents, caregivers, and school administration, advocating for students and providing education regarding normative behaviors.

Sexuality is an integral part of human ontogeny, with a spectrum of sexual feelings along with behaviors beginning in early childhood, and adolescent sexuality is a pivotal stage in one's lifespan development (Behun et al., 2017; Vrangalova & Savin-Williams, 2011). When adolescents recognize sexual curiosity and exploration as being normative and healthy processes, they can experience positive sexual wellbeing (Millner & Upton, 2016; Vrangalova & Savin-Williams, 2011). PSCs should be able to understand the link between healthy development and healthy ways of expressing sexuality during the adolescent period, influenced by media and prone to misinformation and misinterpretation (Bleakley, Hennessy, Fishbein, & Jordan, 2011). PSCs can provide support for parents and aide adolescents in making healthy media choices by providing an environment to speak freely about sexuality.

Sexually vulnerable youth need to understand sexual wellness and have access to models for healthy sexuality to help inform their behaviors (Millner & Upton, 2016). PSCs play a particularly important role for adolescent girls (Bay-Cheng, Livingston, & Fava, 2010). As sexualization of youth informs their sexual development and cultural messages impact their sexual self-perception, PSCs can enhance social, emotional, and academic growth by advocating for youth to build self-worth independent of their sexual appeal (Choate & Curry, 2009). To maximize their effectiveness in these roles, PSCs need to have access to training specifically focused on sexuality development for children and adolescents (Behun et al., 2017; Millner & Upton, 2016; Mallicoat, 2014).

**Recommendations.** School counseling course work should include preparation for addressing sexuality-related concerns with students throughout the P-12 setting, with specific focus on adolescence due to the explicit concerns



related to this stage of development (Jackson, 2017). Human Growth and Development and Counseling Children and Adolescents courses offer several opportunities for addressing the needs of PSCs with regards to sexual development. Personal lifespan reflections and family genograms could include sexual development to help SCTs analyze the role of personal sexual development in their overall wellness throughout their lives. SCTs could use the genogram to explore their family's views of sexual development, messages received about gender roles, communication about sexual development and sexuality, accepted norms and inclusion of sexual minorities. SCTs could present genograms to the class to get a better understanding of differences and experience speaking about sexuality development. SCTs examining their own values may enhance their ability to relate to youth (Pearson, 2003). Some states, such as Florida, that require a formal sexuality course may utilize this type of assignment but SCTs benefit from intentional exploration. Focusing on human sexuality in discussions and readings for each stage of youth development can expand understanding of sexuality development and increase comfort for SCTs when addressing the topic. Experience discussing sexuality development will prepare SCTs for discussions they will have with students, school personnel, and parents regarding future students' sexual behaviors.

### Career Development

**Relevance.** The career development CACREP competency standard outlines training requirements for counselors-in-training regarding understanding career development and how career development relates to life factors (CACREP, 2015). An examination of the syllabus clearinghouse in the "Career Development" section illustrated that these courses tend to emphasize theories, application, and ethics related to career counseling. These courses do not include discussion of sexuality-related topics (ACA, 2009). Although the connection between career development and sexuality may not be initially apparent, career decisions are connected and subsequently impact individuals in other arenas of their lives specifically related to sexual behavior and expression (Durante, Griskevicius, Simpson, Cantú, & Tybur, 2012; Fisher, Gushue, & Cerrone, 2011). There are several considerations in this content area relevant to incorporating sexuality counseling training for PSCs tasked with incorporating career development into their work with students, particularly at the high school level (ASCA, 2020a), which include the social and relational impact of career and the needs of sexual minorities.

With regards to sexual minorities, the coming out process itself can be viewed as a career management process (Guittar & Rayburn, 2015). Specifically, the coming out experience, which often begins in adolescence, is viewed as a lifelong process that sexual minorities need to address throughout

their lives. The coming out experience has relevance to the selection of a career and satisfaction with one's career choice and quality of life (Guittar & Rayburn, 2015). While working with sexual minority youth, PSCs should be aware of the relationship between sexual identity and career choices. The degree of family and peer support of career aspirations with sexual minority women can have a negative impact on their sexual identity (Bay-Cheng et al., 2010; Fisher et al., 2011). Career development and sexuality may impact heterosexual youth depending on their prescribed gender roles, career expectations, and relationship expectations they receive from their family system. For all students, awareness of social, gender, and cultural influences on career choices with regards to relationships is important for PSCs.

**Recommendations and Practical Applications.** Given the connection between career aspirations and sexuality, there are several recommendations for counselor educators to include sexuality counseling training into career development courses. To include discussion of sexuality/intimacy, instructors can incorporate role play of conducting values inventories with clients that include sexuality, relationships, and family planning in the discussion. Instructors can employ articles, discussion, role play, case examples, guest speakers, and media which include sexual minorities, women, and military families to increase awareness of the impact of career on sexual functioning. Value inventories can be used in school settings with youth to help create understanding of values and how these values may shape career choices. Environments that foster inclusivity generate a climate of safety for students to feel free to explore and make career choices that best suit them (Strear, 2017). Therefore, PSCs need to be able to construct career counseling interventions that attend to sexual and gender diversity.

### Counseling and Helping Relationships

**Relevance.** The counseling and helping relationships CACREP competency standards outline training requirements for counselors-in-training regarding counseling theories, case conceptualization and treatment planning, fundamental counseling skills, and evidence-based counseling strategies (CACREP, 2015). An examination of the syllabus clearinghouse in the "Helping Relationships / Counseling Techniques" section illustrated these courses tend to emphasize: the role of the counselor, basic counseling skills, applied theories of counseling, and activities to increase counselor self-reflection. The topic of sexuality is only overtly mentioned in reference to the need to develop skills that will enable the counselor to work with diverse clients including sexual orientation (ACA, 2009). Nevertheless, courses focusing on helping relationships could provide opportunities to introduce sexuality as a topic to be covered in basic needs assessments. Counselors may feel ambivalent and not sufficiently competent to address sexuality (Dupkoski,

2012; Mallicoat, 2014; Sanabria & Murray, 2018). PSCs, in particular, may feel uncertain about what is appropriate to address within their school counseling role and within the specific parameters of their school district and school board (Behun et al., 2017; Millner & Upton, 2016). Much of the information in the literature highlights issues related to supporting sexual minority youth in their educational environments using evidence-based approaches (Asplund & Ordway, 2018; Craig, Austin, & McInroy, 2013; Mims, Hof, Dinsmore, & Wielechowski, 2016). However, sexuality development and concerns impact all students, and therefore, sexuality interventions are essential to address for SCTs. From childhood through adolescence, sexuality is a key component of personal, social, and emotional development of all P-12 students (Behun et al., 2017). PSCs may provide help for children and youth who are questioning their sexuality, trying to understand gender roles, learning to embrace a family member who has changed their gender expression, feeling curious about human anatomy, or one who identifies as non-binary, in addition to helping parents who are struggling to understand their children's sexual development. These are all situations a PSC may encounter at some point in their career and in which they must be capable of helping children and youth with their personal and social development (Behun et al., 2017).

**Recommendations and Practical Applications.** Integrating sexuality counseling training for SCTs into helping relationships courses can involve intentional structuring of current assignments to include child and adolescent sexuality-related concerns into current role plays. Encouraging SCTs to demonstrate interventions reflective of ASCA National Model (2020a) recommendations in their conceptualization of case studies would ensure the opportunity to explore potential barriers and relevant resources. SCTs can deepen self-awareness and identify areas to increase competency in preparation for supporting students through self-reflection papers and journal exercises. This will allow SCTs to process their own sexuality and level of comfort in helping others with sexual issues, in alignment with ACA and ASCA Code of Ethics (ACA, 2014; ASCA, 2016). Counselor educators can incorporate the exploration of personal and regional spiritual, cultural, and moral beliefs regarding sexuality to prepare for how to address these topics with sensitivity. SCTs can be encouraged to establish goals related to sexuality or sexual issues within the educational environment and assess when a student may require a referral to a clinical mental health counselor or other helping professional. PSCs can develop a resource list for providers and specialty areas for consultation and referrals.

### Group Counseling and Group Work

**Relevance.** The group counseling and group work CACREP competency standard outlines training require-

ments for counselors-in-training regarding theories and process of group work, therapeutic factors, effective group leadership, and types of groups and populations served (CACREP, 2015). An examination of the syllabus clearinghouse in the "Group Work" section illustrated group courses tend to emphasize: theories of group practice, types of groups, group stages, ethical guidelines of group work, counselor self-awareness (e.g., interpersonal group experience, understanding how the leaders' personal and cultural characteristics affect group members in theory and personally), an understanding of group counseling theories, dynamics, processes, and other group skills. Other topics of group courses include multicultural issues, ethical and legal concerns, and professional preparation standards. PSCs utilize groups as a common method of delivery for mental health services to reach more students and target specific challenges students are facing within schools. Adolescents are more than 21 times more likely to attend school-based mental health treatment than community-based, and school-based groups represent a much-needed approach for all youth but in particular, sub systems of youth such as sexual minority youth (Craig et al., 2013). SCTs need to understand diagnostic and demographic variables such as ethnicity, gender, social class, sexual orientation, on the group process and group interactions. SCTs need to be able to understand how these variables inform children and youth's sexual development and be able to address them ethically within a group context.

**Recommendations and Practical Applications.** Incorporating training for groups which target sexual development for children and youth in group courses will help prepare SCTs to facilitate groups to meet the needs of the whole child. SCTs could create group curriculum projects addressing sexuality and sexual development for students as a course assignment, role play in group sessions to address sexual development, and learn more about group ethics and school policy regarding sexuality in group formats. SCTs could use self-reflection of their own group experiences during P-12 and be tasked with analyzing what they may have needed during these developmental stages. SCTs could learn how to develop a multi-family group curriculum to address sexual development with school families. School-based groups that foster healthy sexual development could include an array of topics (e.g., gender roles, media influences on sexuality, sexual minority youth inclusion, sexual wellness, etc.). When SCTs gain the knowledge to address sexual development of students through a group format, it is reasonable to infer SCTs mental health services will reach a broader span of students and increase positive outcomes for students.

### Assessment and Testing

**Relevance.** The assessment and testing CACREP competency standard outlines training requirements for counselors-in-training regarding an understanding of in-

dividual and group approaches to assessment and evaluation in a multicultural society (CACREP, 2015). An examination of the syllabus clearinghouse in the “Testing/Measurement/Assessment” section illustrated that these courses tend to emphasize supervision and consultation, and therefore, may not be representative of assessment courses in counselor education masters level programs (ACA, 2009). Sexuality counseling is particularly relevant to assessment courses. Even when a PSC may not have developed competence in addressing sexuality concerns with clients, they still need to be able to assess the nature of the concern to determine the most appropriate course of action to meet the student’s needs.

Counselors need to be familiar with and, perhaps wary of, assessment instruments available to assess sexual functioning and behavior, as some of these may invite stigma surrounding clients’ sexual concerns and/or may not be based on the most current research. With increasing emphasis on sexual wellness rather than sexual dysfunction (Diamond & Huebner, 2012; Dupkoski, 2012; Jones et al., 2011; Southern & Cade, 2011), sexuality in assessments of overall wellness may be helpful for SCTs. In addition, SCTs need to understand the context of the assessment instrument, as the theory motivating the assessment provides a particular lens through which the sexual concern is evaluated. Sexuality can be viewed in terms of an ecological model (Jones et al., 2011), the medical model (Dupkoski, 2012; Mallicoat, 2014; Zeglin et al., 2017), social learning theory (Hogben & Byrne, 1998), or wellness perspective (Diamond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014). Additionally, it is significant for SCTs to be familiar with the connection between sexual behavior and psychiatric diagnoses (Dupkoski, 2012) and understand the limitations of the Diagnostic and Statistical Manual in addressing sexuality from a developmental, wellness perspective (Dupkoski, 2012).

**Recommendations and Practical Applications.** Given the support in the literature for incorporating sexuality into routine assessment, there are several approaches and methods counselor educators can utilize to accomplish this goal. Instructors can emphasize collaboration with other support persons in the community, agency settings, and professional organizations to acquire assessment tools that are most useful and unbiased to determine the sexual functioning of students. For example, the SWIC within the ACA or the ACSSW could be avenues to access other counselors and determine what culturally responsive assessment tools they use in practice. When working with child and adolescent populations, such as in a school setting, instructors can target training in this area by role playing how to talk with parents in a manner that encourages a collaborative relationship when addressing the needs of students. Open discussion in assessment courses regarding types of testing for sexuality concerns, as well as how and when to administer these assessments, is

essential. Instructors can incorporate resources and research articles, as well as having SCTs administer assessments to themselves and others, followed by a reflective discussion or written assignment about the students’ experience. Strength-based curriculum emphasizing sexuality wellness rather than sexual dysfunction is key to normalizing students’ sexuality-related experiences (Dupkoski, 2012; Mallicoat, 2014).

## Research and Program Development

**Relevance.** The research and program development CACREP competency standard outlines training requirements for counselors-in-training regarding the importance of conducting research, evaluation of research design, outcomes, intervention programs, and using data to inform counseling practices (CACREP, 2015). An examination of the syllabus clearinghouse in the “Research” section illustrated these courses tend to emphasize critical thinking and analysis of journal articles, statistics, and multicultural considerations within research. These syllabi did not specifically identify topics related to sexuality, although several provided an option for students to focus on a topic of interest through the completion of structured assignments, such as literature reviews, article critiques, and research proposals (ACA, 2009). This competency area presents a significant opportunity to introduce current research and stimulate dialogue regarding sexuality to SCTs.

The literature shows specific trends regarding sexuality in the counseling field. The first pattern noted is the greater number of positional publications and literature reviews in the area of sexuality and sexuality counseling. Research studies in this area have been increasing as well, indicating that more researchers are emphasizing the relevance of sexuality counseling (Asplund & Ordway, 2018; Millner & Upton, 2016; Sanabria & Murray, 2018; Strear, 2017). In addition, there has also been a shift toward recognizing sexual wellness and sexuality as a developmental experience rather than emphasis on disease/medical model approaches and sexual deviance/dysfunction, in addition to a surge in emphasis on social and cultural aspects of sexuality, such as gender, sexual minorities, and wellness (Bhugra, Popelyuk, & McMullen, 2010; Diamond & Huebner, 2012; Elders, 2010; Petersen & Hyde, 2010; Tiefer, 2010), and sexuality counseling training (Dupkoski, 2012; Riggs, 2012). With regards to school counseling, recent research has indicated the PSC’s role when addressing sexuality concerns with students and PSC preparation to meet the needs of students in this area is necessary (Behun et al., 2017; Bidell, 2012). However, research regarding sexuality counseling in school settings is focused largely on sexual minority youth in high school environments (Asplund & Ordway, 2018; Millner & Upton, 2016; Strear, 2017).

**Recommendations and Practical Applications.** Given these patterns, the inclusion of sexuality counseling into

research and program development courses could be one avenue to heighten awareness of the current research gaps and trends in counseling and encourage an increase in sexuality-specific research in the school setting for children and adolescents. Recommendations for including sexuality counseling training into these courses involve increasing the focus on research in sexuality counseling, training, and competency, and exploring research from other disciplines that may be relevant to the counseling profession and can help inform SCTs and PSCs.

To accomplish such inclusion, counselor educators can provide both direct and indirect training by incorporating research articles into course syllabi for critique and discussion regarding methodology and implications. They may also have students actively participate in research projects focused on sexuality counseling and sexual abuse research for PSCs. The research could be running focus groups with PSCs and asking them what issues they are seeing in the schools, or asking how they could be better supported with sexuality issues on campuses. Or, students could conduct a group research project collecting all research about sexuality/sexual development and dividing the research into development domains pertaining the school level where they would like to work. Students may be presented with scenarios that may take place in schools and review how assessments could be used to inform decisions for students. SCTs could have classrooms discussions focused on working with use other parts of the systems in the school setting (e.g., school psychologist) to use assessments to inform practices with students. It is important for SCTs to be able to understand the research in this area so they can appropriately support students who may be or have been sexually abused. This support may come in the form of being able to recognize abuse, take the appropriate steps to report abuse, and make the necessary referrals to support the students and potentially the family. Students could utilize the research to create a short professional development for local school district faculty and staff about sexuality in the schools and then present to each other in class. To target program development, counselor educators can review competencies and certification requirements with SCTs related to sexuality counseling. Instructors can also include research conducted in related professions to illustrate trends and gaps in the research and identify areas of need within the counseling profession.

### Conclusion

In the past decade, research and recommendations regarding incorporating sexuality counseling training in Counselor Education programs has increased. While authors may have different suggestions for how this could be accomplished, the recognition of the need for CACREP to consider integrating sexuality counseling into requirements for all concentration areas of counseling is consistent (Behun et al., 2017; Dia-

mond & Huebner, 2012; Dupkoski, 2012; Mallicoat, 2014; Millner & Upton, 2016; Sanabria & Murray, 2018; Zeglin et al., 2017). As the current literature reviewed had not addressed specific training considerations for SCTs, the authors would like to emphasize the need to ensure PSCs are prepared for the issues they will need to address with students when they enter the field, taking into consideration the specific challenges presented in the school setting (Behun et al., 2017; Millner & Upton, 2016). As the inclusion of sexuality counseling into CACREP standards is not currently known to be a topic of consideration, we call on counselor educators and counselor education programs to begin taking steps to integrate sexuality counseling throughout courses and curriculum for PSCs in accordance with ACA Code of Ethics (2014) and ASCA National Model (2020a) assertions. While an additional course in Sexuality Counseling for PSCs could address these recommendations, integration throughout the curriculum could maintain an ongoing dialogue throughout PSC training to address students' sexuality counseling needs.

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