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*Journal of Counseling Sexology
&
Sexual Wellness*

Research, Practice, and Education

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Editor

Megan Speciale
Associate Editor

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is transferred onto the supervisee, creating a circuit of uninformed clinicians and left to fend on their own when encountering a future client seeking treatment. Not only are we causing a disservice to our supervisees, but we are perpetually injuring the clinical community as a whole. This commentary will examine the clinical, research and training priorities in clinical mental health counseling.

Submissions

If you are interested in submitting your work to *JCSSW* for consideration for publication, you can locate our submission requirements at

<https://digitalcommons.unf.edu/jcssw/styleguide.html>.

The *JCSSW* editorial team is committed to ensuring an efficient review process and aims to communicate all initial decisions within 90 days of submission. Please also feel free to contact [Robert J. Zeglin](#) (Editor) or [Megan Speciale](#) (Associate Editor) with any questions.

Letter From the Special Issue Editor

Megan Speciale
Palo Alto University

In the midst of the final drafting of the 2024 CACREP standards, this special issue is designed to call attention to the important role of sexuality across the CACREP specialty areas. Voices from across the counseling community have come together to create this special issue. Their contributions and perspective are shared here.

Keywords: counseling sexology, counseling, clinical mental health, future directions, commentary

In developing the first special issue of the *Journal of Counseling Sexology and Sexual Wellness*, our goal was to publish a set of commentaries supporting the clinical, research, and training priorities related to sexual wellness and intimacy across each of the entry-level specialized practice areas outlined by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The timing of this special issue coincides with the final drafting of the 2024 CACREP standards—which to date still fail to include competency standards related to sexuality, despite growing field-wide support for the inclusion of sexuality in counselor training programs.

Since the release of the 2016 Standards (CACREP, 2015), numerous scholars in counseling and related mental health fields have documented the myriad benefits of infusing sexuality-focused coursework and supervision opportunities into counseling training programs (Burnes, Singh, & Witherpoon, 2017). The deleterious effects of low or absent sexuality training opportunities have also been well-documented, including decreased competence and self-efficacy treating sexual issues, decreased awareness of the clinical impacts of sexual issues, and decreased training in necessary clinical broaching and bracketing skills related to sexual issues (Abbott, Vargas, & Santiago, 2022; Blount, Booth, Webb, & Liles, 2017; Dupkoski, Kelchner, & Haley, 2021; McCray, Whittaker, Wolfgang, Webb, & Ethridge, 2022). Put simply, graduate-level sexuality training enhances counselors' abilities to assess clients' sexual wellbeing comfortably and com-

petently, positioning counselors to approach the counseling process with a holistic focus integrative of issues related to sex, gender, intimacy, and relationships.

Currently, forty-eight states do not require sexuality training for counseling licensure and, as such, the exclusion of sexuality in counseling professional standards has significant implications for students' access and exposure to sexuality learning opportunities. If sexual health knowledge is not required for graduation and not required for licensure, it is likely that many counselors will not pursue this learning elsewhere. These training inconsistencies yield vast discrepancies across counselors' readiness and ability to conduct holistic, affirming, and evidence-based assessment and treatment of sexual issues—and our clients deserve better.

We recognize that many of our readers are students, educators, and practitioners housed in universities and within states that do not support and/or provide resources for the inclusion of sexuality training, and thus, the aim of this special issue is twofold: 1) To support educators with aspirations to include sexuality topics across existing coursework in the CACREP specialization areas of Addictions Counseling; Career Counseling; Clinical Mental Health Counseling; Marriage, Family, and Child Counseling; Rehabilitation Counseling; School Counseling; and Student Affairs and College Counseling and 2) To spark ideas for continued learning across the many intersections of the counseling profession and sexual wellness.

I offer my sincerest appreciation to the Editor of JCSSW, Dr. Robert Zeglin, and each of our contributing authors for their invaluable work on this much needed collection of commentaries.

References

- Abbott, D. M., Vargas, J. E., & Santiago, H. J. (2022). Sexuality training in counseling psychology: A mixed-methods study of student perspectives. *Journal of Counseling Psychology, 70*(1). doi:10.1037/cou0000641

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- Blount, K. C., Booth, C., Webb, T., & Liles, R. G. (2017). Integration of sex and sexuality into counseling programs. *VISTAS Online*, 50(1-12). Retrieved from https://www.counseling.org/docs/default-source/vistas/integration_of_sex_and_sexuality.pdf?sfvrsn=eb354c2c_4
- 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. doi:10.1177/0011000017710216
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP Standards*. Author. Retrieved from <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Dupkoski, W. N., Kelchner, V., & Haley, A. (2021). Sex is not a four-letter word: Sexuality counseling training for school counselors. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 1–13. doi:10.34296/03011046
- McCray, S. H., Whittaker, T. T., Wolfgang, J., Webb, T., & Ethridge, G. (2022). Sexuality and disability in rehabilitation counseling curricula: Rehabilitation counselor educators' attitudes, comfort, and knowledge. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 50–57. doi:10.34296/03021042

A Path Towards Intersectionality-Informed Counseling Sexology: A Special Commentary

Bianca R. Augustine
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It is the goal of professionals within the field of counseling sexology and sexual wellness to provide clients with clinical mental health counseling through a sex-positive and affirming framework. To do so, clinicians must pay special attention to best practices in the field, especially as it relates to historically oppressed and minoritized clients. To do so, appropriate training is required to inform care. Furthermore, clinical practice is also informed by research, making it imperative that research is conducted related to various aspects of sexual wellness and treatment. This commentary will identify and discuss sexual health and wellness priorities within the field of clinical mental health counseling to outline future directions for the field.

Keywords: counseling sexology, counseling, clinical mental health, future directions, commentary

Introduction

Within the growing field of counseling sexology, a greater understanding of sexual health and wellness priorities is needed as it relates to clinical mental health counseling. This includes clinical, research, and training priorities that will allow for the provision of enhanced clinical mental health treatment for clients with sex and sexuality related concerns. To best serve clients, further attention must be paid to best practices in providing sex-positive and affirming counseling services through an intersectionality-informed lens, especially for marginalized clients (Alexander, 2019; Cardona, Farago, & Bedi, 2022; Mosher, 2017). Sex positivity generally refers to the extent to which thinking about sexuality and/or sex bring about positive or favorable thoughts, affect, attitudes, and/or evaluations (Hangen & Rogge, 2021). In regards to counseling sexology, affirming counseling refers to the provision of services that normalize clients' sexual curiosities and preferences while validating and destigmatizing clients' experiences, identities, and concerns, thereby fostering the client's ability to increase their comfort in their own sexuality (Gupta, 2019). Furthermore, increased research efforts within the clinical mental health counseling field are needed to explore the sex and sexuality-related experiences of minoritized groups, the training of sexology counselors, and the decolonization of American society's sexual expectations (Emelianchik-Key, Labarta, & Irvine, 2021). Lastly, special attention must be paid to the training provided to counselors as it relates to sexual health and wellness (Emelianchik-Key et al., 2021).

Clinical Priorities

As counselors, it is imperative that we are prepared to provide sex-positive and affirming services to all clients seeking our services. This is especially true for specific client populations, such as those for whom sex is a cultural taboo (Montejo, 2019; Mosher, 2017). Moreover, to effectively affirm and serve our clients, we must be able to conceptualize and treat them through an intersectionality-informed lens (Alexander, 2019; Hall & Graham, 2014). In some cultures, discussions and education pertaining to sex are considered taboo, thereby potentially limiting the provision of sex education and sex-positive ideals (Hall & Graham, 2014; Montejo, 2019). Therefore, it is our duty as counselors to be intentional in providing these clients with an affirming and sex-positive framework through which they can begin to reconceptualize their view of sex and their sexuality. Within American society, for example, Black women are often hypersexualized (Chambers et al., 2021; Sydnor-Campbell, 2017) or hyper-masculinized (Douglass, 2018; Gammage, 2018) based on skin tone. More specifically, Black women are often hypersexualized due to the stereotype

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of the Black women as “Jezebel” (Leath, Jerald, Perkins, & Jones, 2021). This intersectional phenomenon is rooted in American society’s history of colonization and resulting racism and sexism (Leath et al., 2021). Being mindful and informed regarding such phenomenon may allow counselors to have an improved understanding of the experiences of Black, female-identifying clients, as well as the experiences of individuals within other minoritized identities (Leath et al., 2021). Furthermore, knowledge of a client’s experiences in society may provide valuable insight into how they perceive themselves as a sexual being, especially for clients identifying within minoritized groups, such as those with differing socioeconomic class and varying abilities (Mollen, Burnes, Lee, & Abbott, 2018).

Research Priorities

To best inform the practices of counselors, research is needed in an array of sexuality-related areas. Further research into the experiences of individuals identifying within underrepresented groups/cultures is needed as it relates to sexology counseling (Mosher, 2017). Findings from such research may guide the practices of counselors working with this clientele by providing enhanced insight into diverse experiences related to sexuality, thereby ensuring that clients receive multiculturally-informed and affirming services (Emelanchik-Key et al., 2021; Montejo, 2019). Similarly, research exploring the relationship between intersecting minoritized identities and sexual satisfaction would benefit the field of counseling sexology (Cruz, 2021). More specifically, an increased understanding of the ways in which intersectionality relates to individuals’ sexual satisfaction would provide counselors with a better-informed framework to foster clients’ increased sexual satisfaction (Cruz, 2021). Sexual scripts, expectations, and values are often rooted in American society’s history of colonization (Meissner & Whyte, 2017). To further strengthen sexology counselors’ abilities to provide sex-positive and affirming care, additional research is also needed regarding best practices in decolonizing sexual expectations to allow for the construction of healthier sexual scripts and expectations (Hargons et al., 2021). For instance, due to colonialism, BIPOC individuals and individuals with various disabilities are often fetishized (Amin, 2017; Ebrahim, 2019). Research related to the decolonization of sex and sexuality would provide a frame of reference for counselors to aid in the deconstruction and reconstruction of the systems and schemas that foster such oppression of minoritized identity groups. Research within the field of sexology counseling and sexual wellness may not only inform the practice of current counselors but may also shape the future practices of counselors-in-training. To this end, it would behoove the field of sexology counseling to explore the extent to which counselors are trained in the treatment of sex and sexuality-related concerns (Dupkoski,

Kelchner, & Haley, 2021). Findings of such research would enlighten counseling graduate programs and professional organizations as to areas for improvement in the training of sex-positive and affirming professionals (Cardona et al., 2022; Emelanchik-Key et al., 2021).

Training Priorities

It is imperative that we examine the training counselors receive in order to improve the sexology counseling services provided (Cardona et al., 2022; Dupkoski et al., 2021; Emelanchik-Key et al., 2021). Counselor training programs should pay special attention to the preparation of counselors-in-training to provide sex-positive services to future clients (Montejo, 2019). Furthermore, practicing counselors should seek ongoing continuing education to continuously enhance their abilities to affirm their clients’ sexual identities and provide sex-positive services (Mollen et al., 2018). To do this, it is important that counselors and future counselors are trained in the importance of identifying and acknowledging their biases and values related to sex (Sanabria & Murray, 2018). Through the identification and acknowledgement of their own sexual biases and values, the foundation is set for counselors and counselors-in training to reflect upon and develop the necessary skills to confront their biases, so they are not imposed onto clients (Sanabria & Murray, 2018). Knowledge and awareness of the roles of culture and cultural influences on one’s values and beliefs surrounding sex and sexuality are imperative in this reflexivity.

Language is an ever evolving and important aspect of the therapeutic relationship. Therefore, it is imperative that counselors-in-training and practicing counselors receive ongoing education regarding sex and sexuality-related vocabulary and terminology (Krieger, 2017). Additionally, ongoing continuing education is needed regarding the intersectionality of culture and sexuality. More specifically, sexology counselors should continuously seek and attain training that enhances their understanding of how clients’ cultures shape their perspectives, values, and beliefs regarding sex and sexuality (Buehler, 2016). Similarly, this ongoing education should include best practices for addressing sexuality-related concerns through a culturally aware and sensitive lens. Societal messages also shape individuals’ conceptualizations of sex and sexuality (Buehler, 2016). Therefore, sexology counselors must also be aware of the impacts of societal contexts and messages and be well versed in how to support clients as they deconstruct and reconstruct their views of sexuality. To partake in ongoing education, counselors and counselors-in-training must be aware of educational resources and opportunities available to them. This information can often be found through involvement in professional organizations or sex-positive community organizations to ensure that sexology counselors engage in best practices to foster client’s healthy and sex-positive conceptualizations of

sex and sexuality.

Conclusion

As the field of counseling sexology continues to grow, it is important that researchers, educators, and clinicians are intentional in implementing an intersectionality-informed framework (Alexander, 2019; Cardona et al., 2022); Mosher, 2017). Through the intentional implementation of such a framework, counseling sexology practice, research, and training will be increasingly decolonized (Emelianchik-Key et al., 2021). As a result, clients will receive affirming, sex positive, and culturally considerate services, enhancing their mental health, and potentially, their sexual satisfaction (Cruz, 2021).

References

- Alexander, A. A. (2019). Sex for all: Sex positivity and intersectionality in clinical and counseling psychology. *Journal of Black Sexuality and Relationships*, 6(1), 49–72. doi:10.1353/bsr.2019.0015
- Amin, K. (2017). Racial fetishism, gay liberation, and the temporalities of the erotic. In K. Amin (Ed.), *Disturbing attachment* (p. 76-108). Duke University Press.
- Buehler, S. (2016). *What every mental health professional needs to know about sex* (2nd ed.). Springer Publishing Company.
- Cardona, B., Farago, R., & Bedi, R. P. (2022). Teaching a sexuality counseling course: Counselors-in-training experience and implications for professional counseling programs. *American Journal of Sexuality Education*, 17(3), 320–342. doi:10.1080/15546128.2022.2035292
- Chambers, B. D., Arega, H. A., Arabia, S. E., Taylor, B., Barron, R. G., Gates, B., ... McLemore, M. R. (2021). Black women's perspectives on structural racism across the reproductive lifespan: a conceptual framework for measurement development. *Maternal and Child Health Journal*, 25(3), 402–413.
- Cruz, R. V. (2021). The role of sex guilt as a mediating variable in the association of relationship and sexual satisfaction: An intersectional approach. *Sexuality & Culture*, 26(2), 616–639. doi:10.1007/s12119-021-09912-y
- Douglass, P. D. (2018). Black feminist theory for the dead and dying. *Theory & Event*, 21(1), 106–123.
- Dupkoski, W. N., Kelchner, V., & Haley, A. (2021). Sex is not a four-letter word: Sexuality counseling training for school counselors. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 3(1), 1–13. doi:10.34296/03011046
- Ebrahim, S. (2019). Disability porn: The fetishisation and liberation of disabled sex. In P. Chappell & M. de Beer (Eds.), *Diverse voices of disabled sexualities in the global south* (p. 77-99). Palgrave Macmillan.
- Emelianchik-Key, K., Labarta, A. C., & Irvine, T. (2021). Understanding education in sexuality counseling from the lens of trainees: A critical examination and call for increased attention and training. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 3(2), 70–81. doi:10.34296/03021057
- Gammage, M. M. (2018). *Representations of black women in the media: The damnation of black womanhood (routeledge transformations in race and media)*. Routledge.
- Gupta, S. (2019). Indian counselors' comfort and interventions with sexuality-related concerns. *SAGE Open*, 9(1). doi:10.1177/2158244018821760
- Hall, K. S. K., & Graham, C. A. (2014). Culturally sensitive sex therapy. In Y. M. Binik & K. S. K. Hall (Eds.), *Principles and practice of sex therapy* (5th ed., p. 334 – 358). Guilford.
- Hangen, F., & Rogge, R. D. (2021). Focusing the conceptualization of erotophilia and erotophobia on global attitudes toward sex: Development and validation of the sex positivity–negativity scale. *Archives of Sexual Behavior*, 51(1), 521–545. doi:10.1007/s10508-021-02085-7
- Hargons, C. N., Dogan, J., Malone, N., Thorpe, S., Mosley, D. V., & Stevens-Watkins, D. (2021). Balancing the sexology scales: A content analysis of black women's sexuality research. *Culture, health & sexuality*, 23(9), 1287–1301. doi:10.1080/13691058.2020.1776399
- Krieger, I. (2017). *Counseling transgender and non-binary youth*. Jessica Kingsley Publishers.
- Leath, S., Jerald, M. C., Perkins, T., & Jones, M. K. (2021). A qualitative exploration of jezebel stereotype endorsement and sexual behaviors among black college women. *Journal of Black Psychology*, 47(4-5), 244–283. doi:10.1177/0095798421997215
- Meissner, S. N., & Whyte, K. P. (2017). Theorizing indigeneity, gender, and settler colonialism. In P. Taylor, L. Alcoff, & L. Anderson (Eds.), *The routledge companion to the philosophy of race* (p. 152-167). Routledge.
- Mollen, D., Burnes, T., Lee, S., & Abbott, D. M. (2018). Sexuality training in counseling psychology. *Counselling Psychology Quarterly*, 33(3), 375–392. doi:10.1080/09515070.2018.1553146
- Montejo, A. L. (2019). Sexuality and mental health: the need for mutual development and research. *Journal of clinical medicine*, 8(11), 1794. doi:10.3390/jcm8111794
- Mosher, C. M. (2017). Historical perspectives of sex positivity: Contributing to a new paradigm within counseling psychology. *The Counseling Psychologist*, 45(4), 487–503. doi:10.1177/0011000017713755
- Sanabria, S., & Murray, T. L. (2018). Infusing human sexuality content and counseling

in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190–204. doi:[10.1080/15546128.2018.1457461](https://doi.org/10.1080/15546128.2018.1457461)

Sydnor-Campbell, T. (2017). Sex, sexuality, and the disabled black woman. *Journal of Black Sexuality and Relationships*, 3(3), 65–79. doi:[10.1353/bsr.2017.0004](https://doi.org/10.1353/bsr.2017.0004)

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

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

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

Introduction

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

Clinical Priorities

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

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

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

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

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Research Priorities

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

Training Priorities

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

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

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

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

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

References

- Alexander, S. C., Fortenberry, J. D., Pollak, K. I., Bravender, T., Davis, J. K., Østbye, T., ... Shields, C. G. (2014). Sexuality talk during adolescent health maintenance visits. *JAMA Pediatrics, 168*(2), 163. doi:10.1001/jamapediatrics.2013.4338
- American Counseling Association. (2014). *Code of ethics*. Author.
- Bloom, Z. D., Gutierrez, D., & Lambie, G. W. (2015). Sexual opinion survey: An exploratory factor analysis with helping professionals. *American Journal of Sexuality Education, 10*(3), 242–260. doi:10.1080/15546128.2015.1049315

- Domar, A. D., Broome, A., Zuttermeister, P. C., Seibel, M., & Friedman, R. (1992). The prevalence and predictability of depression in infertile women. *Fertility and Sterility*, 58(6), 1158–1163. doi:10.1016/s0015-0282(16)55562-9
- Huber, V. J., & Firmin, M. W. (2014). A history of sex education in the united states since 1900. *International Journal of Educational Reform*, 23(1), 25–51. doi:10.1177/105678791402300102
- Kaslow, F. W. (2006). The role of the family in sex education: How sex therapists, sexuality counselors and educators can assist them. *Contemporary Sexuality*, 40(11), 15–18. Retrieved from <http://www.worldcat.org/title/contemporary-sexuality/oclc/37229308>
- Kazukauskas, K. A., & Lam, C. S. (2009). Disability and sexuality: Knowledge, attitudes, and level of comfort among certified rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 54(1), 15–25. doi:10.1177/0034355209348239
- Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research and Social Policy*, 5(3), 18–27. doi:10.1525/srsp.2008.5.3.18
- Lambert, M. J., Bergin, A. E., & Collins, J. L. (1977). Therapist induced deterioration in psychotherapy patients. In A. M. R. A. S. Gurman (Ed.), *Effective psychotherapy: A handbook of research* (p. 452–481). Pergamon Press.
- McBride, M. S. (2018). *Exploring the relationship between independently licensed counselor identity factors and human sexuality competencies* (Unpublished doctoral dissertation). University of Toledo.
- Mueller, T. E., Gavin, L. E., & Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *Journal of Adolescent Health*, 42(1), 89–96. doi:10.1016/j.jadohealth.2007.08.002
- Parritt, S., & O'Callaghan, J. (2000). Splitting the difference: An exploratory study of therapists' work with sexuality, relationships and disability. *Sexual and Relationship Therapy*, 15(2), 151–169. doi:10.1080/14681990050010745
- Pearsall, S. M. S. (2001). The state of the union: Sexuality in american history. *Gender & History*, 13(2), 374–379. doi:10.1111/1468-0424.00233
- 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
- SIECUS. (n.d.). *SIECUS: Sex ed for social change*. Website. Retrieved from <https://siecus.org/>
- Southern, S., & Cade, R. (2011). Sexuality counseling: A professional specialization comes of age. *The Family Journal*, 19(3), 246–262. doi:10.1177/1066480711408028
- Yu, J. (2010). Sex education beyond school: implications for practice and research. *Sex Education*, 10(2), 187–199. doi:10.1080/14681811003666515
- Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017). An introduction to proposed human sexuality counseling competencies. *International Journal for the Advancement of Counselling*, 40(2), 105–121. doi:10.1007/s10447-017-9314-y

Counseling Sexology in Marriage, Couple, & Family Counseling: A Special Commentary

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Healthy couple and family sexuality adds satisfaction and intimacy to the most important human relationships. Systemic work around sexual issues can be complex yet very satisfying. This commentary includes basic information on clinical priorities in working with couples and families including how a counselor's comfort level might determine outcomes in sexuality counseling. Research and training priorities and their impact are also discussed.

Keywords: counseling sexology, marriage counseling, couples counseling, family counseling, commentary

Clinical Priorities

Clients present with a broad continuum of sexual concerns. Unfortunately, to address the clinical priorities related to sexual health in couple and family counseling, counselors could first help clients unpack former unhealthy experiences and how those experiences impact the system in which they now co-exist with significant others. In marriage, couple, and family counseling, the counselor must hold each person's beliefs and emotions as reality for that person and conceptualize cases by considering the various realities of the client couple or client family. Couple and family counselors must consider the systemic dimension of healthy sexuality (who is in the system?) as well as the developmental dimension (where on the family life cycle does the couple or family exist?). While individual interests, fears, and experiences are diverse, the systemic patterns that drive dysfunction or satisfaction in couple and family systems are generally repetitive and often difficult for the clients to understand or even to identify.

When clients present with sexual issues that impact couples and families, counselors must take a hard look at the dynamics of these systems to help them achieve better functioning. Because sexuality is at the core of human identity and experience, these issues often are uncovered in couple or family counseling, and they do not impact just one person.

Additionally, even past generations might play a part in a couple's or family's sexual concerns. Thus, including questions about intimacy and healthy couple and family sexuality in the intake process is necessary, keeping in mind that each person in the system has a personal perspective.

It is critical to incorporate discussions of healthy sexuality with couple and family clients because it is an inherent, essential, and beneficial dimension of being human (AASECT, 2015). Counselors should be prepared to support couples and families presenting with sexual issues in setting the focus on healthy sexuality rather than strictly avoiding pathology (AASECT, 2015). Healthy sexuality conversations in the therapy room begin with acceptance and empathy from a counselor who is trained to lead such discussions.

Couples and families most likely relax when discussing sexual issues if the counselor is comfortable and reassuring. To further help clients feel comfortable, it might be useful to include another therapist in the case or to make use of the training mirror with a team weighing in on the process. When working with multiple clients, everything moves quickly. Using a co-counselor can help slow the process down a bit as one counselor might notice subtleties that the other does not. If a team is involved, the team members can be brought into the session at the mid-point or the end to weigh in on the strengths of the family and how to address their concerns.

Goals in counseling might range from a couple gaining or maintaining a satisfying sexual relationship throughout their family life cycle to a family accepting a teen's unwanted pregnancy or a partner who has been sexually abused as a child. In a couple relationship, one partner might want to experiment with sexual activities that the other partner feels uncomfortable exploring. A child of a traditional family might be struggling with gender identity or sexual orientation and fear that talking to the parents might upset the system to a point where the child is marginalized in that system.

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Lastly, there are sexual issues that require more expertise than most counselors have. Ethically, counselors must refer clients when a greater degree of specialization is needed. There is an excellent guide for determining when to treat and when to refer which is the PLISSIT model written by Jack Anon in 1976 and continues to be relevant today (Annon, 1976). For counselors working with couple and family clients, referrals must be made to sex therapists and medical doctors who are trained systemically and who will treat the system, not just the individual.

Research Priorities

Much of the literature on sex positivity published has been generated outside of the counseling and psychological fields, in disciplines such as social work, women's studies, gender studies, sociology, and others (Burnes, Singh, & Witherspoon, 2017). Thus, counselor researchers have ample opportunity to collect and analyze data in their professional arena.

Expanding definitions and understanding of healthy couple and family sexuality should be a priority in sexuality research. According to the World Health Organization (2023):

- Sexual health is about well-being, not merely the absence of disease
- Sexual health involves respect, safety and freedom from discrimination and violence
- Sexual health depends on the fulfilment of certain human rights
- Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly
- Sexual health is expressed through diverse sexualities and forms of sexual expression
- Sexual health is critically influenced by gender norms, roles, expectations, and power dynamics

These key concepts around sexual health are basic to human sexual satisfaction and well-being. Counselors can advocate for healthy family sexuality in their daily work, and counselor researchers can do the same by collecting and reporting data on how couples and families in the 21st century achieve sexual health.

Additionally, American families are greatly affected by policy and legal debates around gay and lesbian relationships, and often research informs these debates. According to Umberson, Thomeer, Kroeger, and Xu (2015), "research on same-sex relationships is in a period of intense discovery and enlightenment, and advances in the study of these relationships are sure to further our theoretical and empirical knowledge in family studies more broadly" (p. 15).

The authors remind us that the factors surrounding same-sex relationships are complex and increasingly important including the diversity of same-sex couples and the increasing political and legal importance of what constitutes a same-sex couple or family. Therefore, it is essential that family scholars develop a scientifically driven agenda to implement a coordinated and informed program of research in this area.

Training Priorities

Counselors must be comfortable hearing and leading discussions about a wide variety of sexual issues involving couples and families. Counselors must also confront their own biases and hot buttons regarding sex and couple and family functioning. Any counselor working in the couple and family field should have training on sexual issues and how to cope with their own biases. Counselors must understand that the continuum of sexual behaviors is very wide, and they probably will encounter ideas and behaviors that are novel if not off-putting to them. Knowing how to put aside their own discomfort and accept the diversity of their clients is imperative.

Some universities offer coursework in their graduate counseling programs to help students think about their own sexual issues, attitudes, and beliefs and how they will respond to clients who present with sexuality concerns. Graduate courses in counseling that focus on sexual issues are not the same as the human sexuality courses that many students take in their undergraduate work, but rather provide information and practice on how to have discussions on sexual concerns, misconceptions, and questions. Sexuality coursework in graduate programs should focus on the patterns and dynamics of the couple or family systems.

Another training possibility is attendance at one or several SAR (sexual attitude reassessment) trainings (Sitron & Dyson, 2009), which can be effective in teaching counselors to accept diversity in clients and differences in clients' sexual behaviors. These trainings are offered through the American Association of Sexuality Educators, Counselors, and Therapists (AASECT, 2020) at a variety of locations and online. A SAR is a process-oriented seminar designed to help attendees explore and challenge their attitudes and beliefs around sexuality.

As trainees grow and develop during their programs, they become more open to couples and families who relate to the world differently and perhaps view their sexuality in a way that is entirely foreign to the novice counselor. Teaching trainees to question their own assumptions and beliefs when faced with couples who view sex differently than the counselor is one strategy that is helpful in training (Cruz, Greenwald, & Sandil, 2017). Additionally, asking students to be curious rather than put off by sexual diversity is another way to help trainees. Training students to adhere to sex positive strategies and interventions is critical as we consider sex

positivity within the counseling framework of social justice, wellness, and resilience for couples and families.

References

- American Association of Sexuality Educators, Counselors, and Therapists. (2015). How we interpret and integrate the principles of sexual health in our work. *Contemporary Sexuality*, 8-15.
- American Association of Sexuality Educators, Counselors, and Therapists. (2020). *Standards for sexual attitude reassessment seminars*. Author. Retrieved from <https://www.aasect.org/sites/default/files/documents/AASECT%20New%20SAR%20Guidelines%20effective%20Jan%202022.pdf>
- Annon, J. S. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *Journal of Sex Education and Therapy*, 2(1), 1–15. doi:10.1080/01614576.1976.11074483
- 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. doi:10.1177/0011000017710216
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569. doi:10.1177/0011000017714763
- Sitron, J. A., & Dyson, D. A. (2009). Sexuality attitudes reassessment (SAR): Historical and new considerations for measuring its effectiveness. *American Journal of Sexuality Education*, 4(2), 158–177. doi:10.1080/15546120903001407
- Umberson, D., Thomeer, M. B., Kroeger, R. A., Lodge, A. C., & Xu, M. (2015). Challenges and opportunities for research on same-sex relationships. *Journal of Marriage and Family*, 77(1), 96–111. doi:10.1111/jomf.12155
- World Health Organization. (2023). *Sexual and reproductive health and research (SRH)*. Author. Retrieved from <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

LGBTQ+ Substance Use and Sexual Health and Wellbeing: A Special Commentary

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Although there has been some increased visibility in professional counseling literature pertaining to LGBTQ+ issues, gaps still exist. One such omission is how LGBTQ+ sexual wellbeing is negatively influenced by substance use. This commentary briefly reviews ways LGBTQ+ sexual wellbeing is negatively impacted by substance use. We provide commentary on how counselors may bolster sexual wellbeing when working with LGBTQ+ substance users and highlight gaps in counseling research. Lastly, recommendations for integrating this content into counselor training are provided.

Keywords: counseling sexology, LGBTQ+, sexual wellness, sexual orientation, substance use, addiction, commentary

Introduction

Studies consistently report disproportionate substance use rates within LGBTQ+ populations. Non-heterosexuals have as much as 3.1 times the odds of lifetime substance use disorder (SUD) compared to heterosexuals (Williams & Fish, 2020). The prevalence of any SUD among transgender people was 3.6 times that of cisgender people (Hughto et al., 2021). LGBTQ+ youth start abusing opioids and sedatives at younger ages compared to heterosexuals (Kecojevic et al., 2012).

Research posits factors that contribute to disproportionate rates of substance use within LGBTQ+ communities including affiliation with queer communities (due to more opportunities to engage in substance use), minority stress and internalized heterosexism/transphobia, sexual pharmacological effects of substances, gender dysphoria, and attitudes toward substance use within queer communities (Brubaker & Chaney, 2017; Bryant et al., 2018; Connolly & Gilchrist, 2020; Hequembourg & Dearing, 2013; Lea, Reynolds, & de Wit, 2012). Although there is a moderate amount of scholarship delineating the above risk factors, literature that addresses the ways in which LGBTQ+ sexual health and wellness is impacted by substance use is limited. In this commentary, we review ways LGBTQ+ sexual wellbeing is negatively impacted by substance use. We identified components of LGBTQ+ sexual wellbeing severely impacted by substance use. We provide commentary on how counselors may bolster sexual wellbeing when working with LGBTQ+ substance abusers and highlight gaps in counseling research. Lastly, we provide recommendations for integrating this content into counselor training.

As it pertains to how substance use impacts the sexual wellbeing of LGBTQ+ individuals, studies have primarily

focused on increased risks of contracting sexually transmitted infections (STIs) and other blood-borne viruses (BBVs) due to sexual risk-taking while using substances (Bosma-Bleeker & Blaauw, 2018; Halkitis, Levy, Moreira, & Ferrusi, 2014; Johnson, Herrmann, Sweeney, LeComte, & Johnson, 2016). Increasingly, visibility is given to the role of chemsex in the lives of queer communities (Evers et al., 2020; Feinstein, Moody, John, Parsons, & Mustanski, 2017; Lorenz, 2021; Palamar, Kiang, Storholm, & Halkitis, 2012). Chemsex is the use of drugs (typically methamphetamine, cocaine, GHB, MDMA/Ecstasy, nitrite inhalants/poppers etc.) to intensify and/or prolong sexual arousal. Given that substance use lowers inhibitions and one's sexual standards, some LGBTQ+ people may have sexual connections they would not have otherwise engaged but for the introduction of alcohol and drugs (Palamar et al., 2012). Relatedly, chemsex may lead to nonconsensual sexual encounters. A recent study found that 18% of men who have sex with men (MSM) who engaged in chemsex reported unwanted sexual experiences (Evers et al., 2020). These and other sexual experiences may lead to sexual shame. Sexual shame associated with sexual behaviors (e.g., condomless sex, sex work, etc.) in which one engages while using or to help

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maintain addiction negatively impacts the sexual wellbeing of LGBTQ+ individuals (Connolly & Gilchrist, 2020; Race, Lea, Murphy, & Pienaar, 2017). Finally, substance use can diminish and interfere with sexual functioning of LGBTQ+ individuals, especially for cis-men and some trans-women. Although substances such as alcohol, cannabis, and cocaine, for example, increase sexual arousal, at high doses they can lead to erectile dysfunction (Bosma-Bleeker & Blaauw, 2018).

Clinical Priorities

Compared to heterosexual clients treated for SUDs, LGBTQ+ clients tend to have worse treatment outcomes (Zajac, Rash, Ginley, & Heck, 2020). One explanation for this is that counselors may discount the role that substances play in the lives of many LGBTQ+ clients and the impact these substances have on sexual wellbeing. A recent study investigated the counseling needs of MSM who engaged in chemsex and reported that 23% of the participants needed or wanted to be in counseling (Evers et al., 2020). They preferred to talk to providers who had expertise in the areas of sexual health and drug and alcohol use. These findings suggest that some LGBTQ+ substance users want help, and they specifically want affirming counselors who can address sexual health and substance use issues simultaneously.

Affirming counselors select interventions and engage in discussions that take into consideration clients intersecting identities (i.e., sexual and gender identities, race, SES, substance user etc.; Knight, 2019). For example, when gathering substance use and treatment history, affirming counselors also gather information about experiences with discrimination and oppression and LGBTQ+ developmental milestones (e.g., coming out, first sexual experiences, transitioning, etc.) and explore possible relationships between the substance use and these intersecting risk factors. If administering standardized substance use assessments or screening tests, counselors should ask open-ended follow-up questions that allow clients to explain if responses to test items were influenced by aspects of their identities. To enhance the sexual wellbeing of LGBTQ+ substance users, competent counselors educate clients about the connection between substance use and sexual behavior. This may involve teaching clients harm reduction strategies that result in safer drug use (e.g., alternate nostrils between hits, use your own sterile syringe) and safer chemsex practices [e.g., discuss benefits of going on pre-exposure prophylaxis (PrEP), have lubricant readily available]. This line of inquiry is consistent with Evers et al. (2020) study that reported the primary three topics chemsex participants wanted to discuss in counseling were increasing self-control, safer drug use, and reducing the risk of contracting STIs/BBVs.

Informed counselors educate clients about sex as a trigger for relapse when working with LGBTQ+ clients in recovery.

Counselors explore clients' unique sexual behavior needs, which will bring awareness to sexual situations or issues that may sabotage recovery (Bosma-Bleeker & Blaauw, 2018). Other topics to address include feelings of fear, shame, and guilt associated with being sexual while sober, intensity of sexual experiences may feel different sober, and individualized strategies to promote sexual health and wellness in recovery. A priority when working with LGBTQ+ substance users to bolster sexual wellbeing is to connect clients to supportive queer recovery communities that address the links between substance use and minority stress, stigma, and concealment of sexual/gender identities (Mericle, Carrico, Hemberg, de Guzman, & Stall, 2019). Counselors advocate on behalf of clients to find recovery support groups that are LGBTQ+ affirming.

Research Priorities

When exploring published literature focused on sexual health and LGBTQ+ substance users, two issues were salient. First, research focused on queer women and transgender individuals is lacking. Each subgroup that comprises the collective LGBTQ+ community has their own histories, experiences, and connections to alcohol and drugs that should be studied separately rather than as a homogenous group (Chaney, 2019). Given that the sexual health needs of queer women and transgender substance users are distinctly different than MSM, more research is needed that examines the following questions: To what extent and how do queer women and transgender individuals engage in chemsex? Among queer women and transgender individuals, how is sexual wellbeing impacted by substance use? What are queer women's and transgender individuals' sexual wellness needs in recovery?

Second, there is a lack of scholarship that discusses sexual wellness during recovery. Research is needed that investigates evidence-based relapse prevention strategies that specifically address sex in recovery. Researchers may examine the following: How do LGBTQ+ clients in recovery navigate sexual behavior during recovery? What is the relationship between sexual arousal, craving, and risk of relapse? To what extent do counselors address sexual health as a component of relapse prevention throughout the recovery process? Given that empirical research focused on sexual health and wellness among LGBTQ+ substance users is lacking in counseling literature, this commentary serves as a reminder that any research that studies these issues is valuable.

Training Priorities

In order to adequately prepare counselors to competently address sexual health and wellness issues of LGBTQ+ clients with SUDs, an integrated approach to counselor training is needed. Current training standards may not be

enough. CACREP (2015) Standards (e.g., II.K.2.b.) related to multicultural practice are vague enough that LGBTQ+ sexual health issues may be excluded from training, which may not equip novice counselors with skills or knowledge to fulfill the needs of this population. Troutman and Packer-Williams (2014) suggested that counselor education should move beyond CACREP Standards to ensure that counselors-in-training (CITs) are prepared to work with LGBTQ+ clients. One way to prepare CITs to effectively meet the sexual wellness needs of LGBTQ+ clients with SUDs is by integrating sex-positive approaches in counseling. Cruz et al. (2017) proposed five recommendations when adopting a sex-positive approach to counseling: 1) explore personal attitudes and beliefs about sexuality, 2) develop sex-positive knowledge and comfort about sexuality 3) integrate diversity and social justice issues into counseling. 4) proactively address sex and sexuality in counseling, 5) recognize limits of addressing sexuality in counseling.

CITs would be better prepared to work with this population if issues of LGBTQ+ substance use and sexual health and wellness were infused across counseling curricula. Given that approximately 88% of counselors will counsel nonheterosexual clients and at least one transgender client in their careers, it is not sufficient to discuss these issues exclusively in one addictions course (Gess & Horn, 2018). Across counseling curricula, counselor educators can utilize case vignettes, current events, role-plays, case conceptualizations, development of treatment plans, etc., that include LGBTQ+ substance use and/or sexual health issues. Counselor educators may also integrate LGBTQ+ ally trainings into coursework, given that many universities sponsor ally trainings. The most effective trainings to enhance counselor competence consist of content about gender identity, sexual orientation, sexual behavior, heterosexism/transphobia, and common misconceptions (Rivers & Swank, 2017). Lastly, counselor educators may invite medical professionals and sexual health experts from county or state sexual health agencies and clinics to speak to classes.

Conclusion

This commentary provides an account of how substance use may negatively impact the sexual health and wellness of LGBTQ+ communities. Given that high rates of LGBTQ+ individuals intertwine alcohol, drugs, and sex, efforts are needed to reduce substance use among this population. This commentary serves as a call to researchers to not only produce scholarship at the intersection of substance use, sexual wellness, and LGBTQ+ identities, but to also explicate culturally-responsive, pragmatic treatment implications for counselors who work with this population. This commentary, in tandem with this special issue, underscores the imperative for professional counselors to conceptualize clients from a multidimensional, holistic lens that explores

substance use, acknowledges sexual health and wellness, and affirms LGBTQ+ identities.

References

- Bosma-Bleeker, M. H., & Blaauw, E. (2018). Substance use disorders and sexual behavior: The effects of alcohol and drugs on patients' sexual thoughts, feelings and behavior. *Addictive Behaviors*, 87, 231–237. doi:10.1016/j.addbeh.2018.07.005
- Brubaker, M. D., & Chaney, M. P. (2017). Best practices in counseling gay male youth with substance use disorders. In P. S. Lassiter & T. J. Buser (Eds.), *Annual review of the Journal of Addictions and Offender Counseling, volume iii: Best practices* (p. 116-139). Wipf & Stock Publishers.
- Bryant, J., Hopwood, M., Dowsett, G. W., Aggleton, P., Holt, M., Lea, T., ... Treloar, C. (2018). The rush to risk when interrogating the relationship between methamphetamine use and sexual practice among gay and bisexual men. *International Journal of Drug Policy*, 55, 242–248. doi:10.1016/j.drugpo.2017.12.010
- Chaney, M. P. (2019). LGBTQ+ addiction research: An analysis of the *Journal of Addictions: Offender Counseling*. *Journal of Addictions: Offender Counseling*, 40(1), 2–16. doi:10.1002/jaoc.12053
- Connolly, D., & Gilchrist, G. (2020). Prevalence and correlates of substance use among transgender adults: A systematic review. *Addictive Behaviors*, 111, 106544. doi:10.1016/j.addbeh.2020.106544
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP Standards*. Author. Retrieved from <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569. doi:10.1177/0011000017714763
- Evers, Y., Hoebe, C., Dukers-Muijers, N., Kampman, C., Kuizenga-Wessel, S., Shilue, D., ... Liere, G. V. (2020). Sexual, addiction and mental health care needs among men who have sex with men practicing chemsex – a cross-sectional study in the netherlands. *Preventive Medicine Reports*, 18, 101074. doi:10.1016/j.pmedr.2020.101074
- Feinstein, B. A., Moody, R. L., John, S. A., Parsons, J. T., & Mustanski, B. (2017). A three-city comparison of drug use and drug use before sex among young men who have sex with men in the united states. *Journal of Gay & Lesbian Social Services*, 30(1), 82–101. doi:10.1080/10538720.2018.1408519
- Gess, J. M., & Horn, E. A. D. (2018). Queering counselor education: Situational analysis of LGBTQ+ Competent

- Faculty. *Journal of LGBT Issues in Counseling*, 12(2), 101–118. doi:10.1080/15538605.2018.1455554
- Halkitis, P. N., Levy, M. D., Moreira, A. D., & Ferrusi, C. N. (2014). Crystal methamphetamine use and HIV transmission among gay and bisexual men. *Current Addiction Reports*, 1(3), 206–213. doi:10.1007/s40429-014-0023-x
- Hequembourg, A. L., & Dearing, R. L. (2013). Exploring shame, guilt, and risky substance use among sexual minority men and women. *Journal of Homosexuality*, 60(4), 615–638. doi:10.1080/00918369.2013.760365
- Hughto, J. M. W., Quinn, E. K., Dunbar, M. S., Rose, A. J., Shireman, T. I., & Jasuja, G. K. (2021). Prevalence and co-occurrence of alcohol, nicotine, and other substance use disorder diagnoses among US transgender and cisgender adults. *JAMA Network Open*, 4(2), e2036512. doi:10.1001/jamanetworkopen.2020.36512
- Johnson, M. W., Herrmann, E. S., Sweeney, M. M., LeComte, R. S., & Johnson, P. S. (2016). Cocaine administration dose-dependently increases sexual desire and decreases condom use likelihood: The role of delay and probability discounting in connecting cocaine with HIV. *Psychopharmacology*, 234(4), 599–612. doi:10.1007/s00213-016-4493-5
- Kecojevic, A., Wong, C. F., Schrager, S. M., Silva, K., Bloom, J. J., Iverson, E., & Lankenau, S. E. (2012). Initiation into prescription drug misuse: Differences between lesbian, gay, bisexual, transgender (LGBT) and heterosexual high-risk young adults in los angeles and new york. *Addictive Behaviors*, 37(11), 1289–1293. doi:10.1016/j.addbeh.2012.06.006
- Knight, R., Karamouzian, M., Carson, A., Edward, J., Carriero, P., Shoveller, J., ... Fast, D. (2019). Interventions to address substance use and sexual risk among gay, bisexual and other men who have sex with men who use methamphetamine: A systematic review. *Drug and Alcohol Dependence*, 194, 410–429. doi:10.1016/j.drugalcdep.2018.09.023
- Lea, T., Reynolds, R., & de Wit, J. (2012). Alcohol and club drug use among same-sex attracted young people: Associations with frequenting the lesbian and gay scene and other bars and night-clubs. *Substance Use & Misuse*, 48(1-2), 129–136. doi:10.3109/10826084.2012.733904
- Lorenz, T. K. (2021). Sexual excitation and sex-linked substance use predict overall cannabis use in mostly heterosexual and bisexual women. *The American Journal of Drug and Alcohol Abuse*, 47(4), 433–443. doi:10.1080/00952990.2021.1922429
- Mericle, A. A., Carrico, A. W., Hemberg, J., de Guzman, R., & Stall, R. (2019). Several common bonds: Addressing the needs of gay and bisexual men in LGBT-specific recovery housing. *Journal of Homosexuality*, 67(6), 793–815. doi:10.1080/00918369.2018.1555394
- Palamar, J. J., Kiang, M. V., Storholm, E. D., & Halkitis, P. N. (2012). A qualitative descriptive study of perceived sexual effects of club drug use in gay and bisexual men. *Psychology & Sexuality*, 5(2), 143–160. doi:10.1080/19419899.2012.679363
- Race, K., Lea, T., Murphy, D., & Pienaar, K. (2017). The future of drugs: recreational drug use and sexual health among gay and other men who have sex with men. *Sexual Health*, 14(1), 42. doi:10.1071/sh16080
- Rivers, B., & Swank, J. M. (2017). LGBT ally training and counselor competency: A mixed-methods study. *Journal of LGBT Issues in Counseling*, 11(1), 18–35. doi:10.1080/15538605.2017.1273162
- Troutman, O., & Packer-Williams, C. (2014). Moving beyond CACREP standards: Training counselors to work competently with LGBT clients. *The Journal for Counselor Preparation and Supervision*. doi:10.7729/61.1088
- Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the united states. *Health Services Research*, 55(6), 932–943. doi:10.1111/1475-6773.13559
- Zajac, K., Rash, C. J., Ginley, M. K., & Heck, N. C. (2020). Sexual orientation and substance use treatment outcomes across five clinical trials of contingency management. *Psychology of Addictive Behaviors*, 34(1), 128–135. doi:10.1037/adb0000494

Integrating Sexuality Issues in Career Counseling: A Special Commentary

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The integration of sexual health and wellness competencies within the career counseling specialization is a crucial aspect of providing comprehensive support to clients. This integration holds significance in three key areas: clinical practice, research, and training. In clinical practice, addressing sexual health concerns that may impact career decisions can enhance the comprehensive support provided to clients. In research, exploring the relationship between sexual health and career development and satisfaction is crucial. Furthermore, incorporating sexual health and wellness competencies into training programs for career counselors is necessary to ensure practitioners have the knowledge and skills required to effectively support clients in this area. Ultimately, the prioritization of sexual health and wellness within the career counseling specialization has the potential to lead to improved overall well-being and career satisfaction for clients.

Keywords: counseling sexology, career counseling, intersectionality, LGBTQIA, sex work, commentary

Introduction

Departing from traditional models that emphasized highly directive trait-and-factor approaches, contemporary theories of career counseling have largely paralleled the broader counseling profession's movement toward culturally responsive, individualized, and collaborative client care (Chronister, McWhirter, & Forrest, 2006). From this perspective, career counselors implement a holistic framework to explore the client's individual career development within the context of their unique sociopolitical environment. Given the well-researched relationships between overall life satisfaction and work-related quality of life (Mendes & Pereira, 2021), employee wellbeing, and job performance (Baptiste, 2008), there is evidence that sexual health and wellness, which plays a pivotal role in overall life satisfaction (Stephenson & Meston, 2013), may also impact the career development landscape (Kazemi, Mousavi, & Etemadifar, 2020). Using a framework of sex-positivity (Burnes, Singh, & Witherspoon, 2017) and intersectional career counseling (Chronister et al., 2006; Speciale & Scholl, 2019), the focus of this special commentary is to explore opportunities for the integration of sexuality in career-focused counseling, research, and education.

Clinical Priorities

The clinical priorities for integrating sexuality into the career counseling specialization focus on understanding the ways in which clients' work life shapes and is shaped by their experiences of sex, intimacy, and relationships in their

personal lives. Sexual wellness involves a wide array of life issues (e.g., intimacy, identity, expression, safety, autonomy, and physical health; WHO, 2006) and the trajectory of one's work or career path is also often informed by these elements. Thus, the first tool in exploring this connection is the use of early and ongoing holistic assessment. Specifically, career counselors should begin new therapeutic relationships by normalizing the presence of sex and intimacy issues in clients' lives and by giving clients explicit permission to discuss topics of sex and intimacy throughout the counseling process. Counselors may also provide some basic psychoeducation to explain that a person's career path may be informed by their societal gender norms, internalized gender roles, relationship statuses, and family planning decisions. As an example, consider a cisgender lesbian client making a career change to a male-dominated field—the counselor may share information with the client about some of the common challenges experienced by sexual minority women in the workplace, which may prompt an opportunity to collaboratively develop a proactive plan for

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navigating her new work environment. Additionally, career counselors will want to ensure that they are utilizing culturally responsive career inventories and assessment tools that are inclusive to the unique experiences of LGBTQIA+ individuals with diverse sociocultural identities, such as Zunker's (2015) six stage model of career and life planning, which has been endorsed for use with intersectional LGBTQIA+ clients (c.f., Speciale & Scholl, 2019). Goals of the assessment phase include: 1) understanding the relationship between clients' sexual/relational wellness and vocational satisfaction and 2) understanding the relationship between gender/sexual identities and vocational satisfaction. Adapting clinical applications of the PLISSIT (permission, limited information, specific suggestions, intensive therapy; Annon, 1976 model of sex therapy to career counseling provides a well-researched basis for improvement to overall well-being (Farshbaf-Khalili, Malakouti, Golizadeh, & Mirghafourvand, 2020).

Clinical priority is also given to understanding the myriad ways culture, power, and discrimination impact clients' career opportunities and decision making. Specifically, career counselors should possess knowledge of the workplace and employment barriers experienced by clients with minoritized sexual and gender identities, including clients who are LGBTQIA+, practice kink/BDSM and/or consensual non-monogamy, or involved in the sex work industry (Chronister et al., 2006). This awareness should also include the counselor's personal self-examination of any internalized biases or moral judgments about individuals with minoritized sexual and gender identities, coupled with intentional supervision and training on cross-cultural counseling and therapeutic bracketing. It is also crucial that career counselors are familiar with relevant resources for individuals with minoritized identities, such as Equal Employment Opportunity Commission, American Civil Liberties Union (ACLU), and Lambda Legal.

Research Priorities

There is an extreme paucity of research examining the connections between career identity, fulfillment, and satisfaction and sexual wellness. Specifically, further research is needed to explore the relationships between 1) personal sexual satisfaction and career satisfaction/performance, 2) internalized sexual identity acceptance/shame and career satisfaction/performance, and 3) gender-based harassment experiences in the workplace and sexual self-esteem/well-being. Additionally, the career satisfaction and sexual wellness of sex worker populations is severely under-researched in the counseling literature. Priority should be placed on exploring the experiences, barriers, and supports of individuals in the sex work industry, including career satisfaction, sexual well-being, and internalized sexual identity acceptance/shame.

Training Priorities

Foremost, there is a strong need for the incorporation of sexual health and wellness topics in career counseling coursework, specifically with respect to the following CACREP (2015) student learning outcomes. Career counseling courses should include knowledge on the experiences of LGBTQIA+ employees and employees with other alternative sexualities (i.e., clients who practice kink/BDSM, ethical non-monogamous clients, clients involved in sex work) in various workplace settings, including limited employment opportunities, workplace discrimination, and issues with legal documentation (CACREP Section II, E, 2. Social and Cultural Diversity). Within Section II, E, 4. Career Development, training priorities should also include: 1) understanding theories and models of career development, counseling, and decision making that are inclusive to clients of diverse sexual and gender identities (c.f., Speciale & Scholl, 2019; Zunker, 2015); 2) understanding how holistic wellness, including sexual wellness, is impacted by work environment and vocational opportunities; and 3) understanding approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors for clients with diverse sexual and gender identities. Educators should also include information on how the conditions of the work environment impact LGBTQIA+ clients, clients with alternative sexualities, and sex worker clients, as well as knowledge of ethical and culturally relevant strategies for addressing career development for individuals with diverse gender and sexuality identities.

References

- Annon, J. S. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *Journal of Sex Education and Therapy*, 2(1), 1–15. doi:10.1080/01614576.1976.11074483
- Baptiste, N. R. (2008). Tightening the link between employee wellbeing at work and performance. *Management Decision*, 46(2), 284–309. doi:10.1108/00251740810854168
- 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. doi:10.1177/0011000017710216
- Chronister, K. M., McWhirter, E. H., & Forrest, L. (2006). A critical feminist approach to career counseling with women. In W. B. Walsh & M. Heppner (Eds.), *Handbook of career counseling for women* (p. 177-202). Lawrence Erlbaum Associates.
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP Standards*. Author. Retrieved from <http://>

www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf

- Farshbaf-Khalili, A., Malakouti, J., Golizadeh, R., & Mirghafourvand, M. (2020). The effect of counseling based on ex-PLISSIT model on sexual function and marital satisfaction of postpartum women: A randomized controlled clinical trial. *Journal of Education and Health Promotion, 9*(1), 284. doi:[10.4103/jehp.jehp_168_20](https://doi.org/10.4103/jehp.jehp_168_20)
- Kazemi, Z., Mousavi, M. S., & Etemadifar, M. (2020). The effect of counseling based on the PLISSIT model on sexual quality of life of married women with multiple sclerosis referring to MS center in 2019: a randomized, controlled trial. *Archives of Women's Mental Health, 24*(3), 437–444. doi:[10.1007/s00737-020-01080-6](https://doi.org/10.1007/s00737-020-01080-6)
- Mendes, C., & Pereira, H. (2021). Assessing the impact of COVID-19 on work-related quality of life through the lens of sexual orientation. *Behavioral Sciences, 11*(5), 58. doi:[10.3390/bs11050058](https://doi.org/10.3390/bs11050058)
- Speciale, M., & Scholl, M. B. (2019). Lgbtq affirmative career counseling: An intersectional perspective. *Career Planning & Adult Development Journal, 35*(1).
- Stephenson, K. R., & Meston, C. M. (2013). The conditional importance of sex: Exploring the association between sexual well-being and life satisfaction. *Journal of Sex & Marital Therapy, 41*(1), 25–38. doi:[10.1080/0092623x.2013.811450](https://doi.org/10.1080/0092623x.2013.811450)
- World Health Organization. (2006). *Sexual health and reproductive research*. Retrieved from <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>
- Zunker, V. G. (2015). *Career counseling: A holistic approach*. Cengage Learning.

Incorporating Sexual Health Content into the Rehabilitation Counseling Graduate Program Curriculum: A Special Commentary

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Sexual health is considered a state of physical, emotional, mental, and social well-being (World Health Organization, 2006). Persons with disabilities are likely to be presumed as sexually inactive, asexual (Rico Alonso et al., 2021; Sant Angelo, 2000), or sexually deviant (Earle, 2001), often leading to their lack of sexual education, an increased risk of sexual exploitation, unwanted pregnancy, or sexually transmitted infections (STIs; Doughty et al., 2017). This commentary addresses three priorities for rehabilitation counseling graduate program curriculum. Clinical priorities should focus on providing persons with disabilities information and education regarding sexual health and wellness. Training priorities should focus on implementation of multicultural competence to holistically support persons with disabilities and understanding their sexual identities to better facilitate successful gainful employment and independent living. Research should prioritize sexual health for persons with disabilities and the association with employment outcomes to create a more inclusive rehabilitation counseling curriculum.

Keywords: counseling sexology, disability, rehabilitation counseling, commentary

Clinical Priorities

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality; approached in a manner that is respectful and positive and free from coercion, discrimination, and violence (2006). Sexual health is fundamental to the well-being of persons with disabilities, persons without disabilities, and the economic development of communities and countries (WHO, 2012). In addition, sexual health and well-being does not only include engagement in sexual relationships but incorporates the understanding of safe sex practices, sexual identity (e.g., beliefs, behaviors, biases, knowledge, values), and gender expression (McDaniels & Fleming, 2018).

Though sexual identity and sexuality have been deemed a fundamental human right by the United Nations Standard Rules on the Equalization of Persons with Disabilities (United Nations, 2006), stigma and oppression continue to exist, creating low-level sexual knowledge and a reduced sense of self-worth as a sexual being (Shah, 2017). More than 1 billion persons live with a disability, including approximately 190 million persons 15 years of age and older with significant disabilities requiring healthcare services (WHO, 2020). Societal perceptions of sexuality within the disability community present with assumptions of asexuality (Rico Alonso, Francisco de Miguel, Cantero Garlito, & Pou-

sada García, 2021; Sant Angelo, 2000), as deviant when presenting sexual desires and behaviors (Earle, 2001) as having no capacity for sex (Kim, 2011), projecting fears or anxiety regarding 'non-normative bodies,' and reinforcing the isolating oppression or 'otherness' experienced by persons with disabilities (Lee, Fenge, & Collins, 2019). Research notes the importance of sexual wellness and well-being with regard to enhancing an individual's quality of life; however, little information exists regarding the impact sexual wellness presents on the quality of life for a person with a disability (Rosenbaum, Vadas, & Kalichman, 2014). Pebdani (2013) notes that by ignoring sexual health in persons with disabilities, the discrimination and oppression they face by being viewed as sexual beings is reinforced.

Compared to persons without disabilities, persons with

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disabilities (PWD) are perceived as not sexually active and less likely to marry or have children (Milligan & Neufeldt, 2001) and report higher rates of poverty with fewer opportunities for employment (Hosseinpour et al., 2013; Mitra, Posarac, & Vick, 2013). Sexuality is an essential and integral part of the lives of persons with disabilities (Pebdani & Johnson, 2014). However, individuals with disabilities that include severe mental illness (SMI), in addition to experiencing stigma and negative societal attitudes regarding sexual activity, many individuals are often isolated with regard to sexual education (Blalock & Wood, 2015). Many PWD, including women with SMI, are misinformed or receive a lack of sexual information, develop poor perceptions of sexuality, or are often left sexually dissatisfied (Blalock & Wood, 2015). Additionally, without the proper implementation of sexual education or exploration of sexual wellness/identity, individuals with learning disabilities risk sexual exploitation, exposure to sexually transmitted infections (STIs), unwanted pregnancy, or unknowingly engaging in behaviors that cross legal boundaries (Doughty, Race, Emery, & Salt, 2017).

Training Priorities

Rehabilitation counseling is a systematic process that assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process (Commission on Rehabilitation Counselor Certification [CRCC], 2021). The CRCC facilitates the Certified Rehabilitation Counselor (CRC) credentialing process and the CRCC Code of Ethics. Considerations of sexual wellness within the confines of the Rehabilitation Counseling graduate program curriculum, practicing rehabilitation counselors in the field are bound by the CRCC Code of Ethics (2023) and practice guidelines of the Rehabilitation Act of 1973. The CRCC Code of Ethics defines a Rehabilitation Counselors' scope of practice to systematically provide supports and services to individuals with disabilities to achieve not only employment goals but also their independent living and personal goals to achieve in the most inclusive and integrated environments (CRCC, 2023). Under these guidelines, Rehabilitation Counselors are bound by the Code of Ethics to maintain a holistic perspective (CRCC, 2023), an approach that considers physical, psychological, and interpersonal circumstances (Blalock & Wood, 2015).

The Council on the Accreditation of Counseling and Related Education Programs (CACREP) serves as an accrediting body for graduate counseling programs including the entry-level specialties of Rehabilitation Counseling and Clinical Rehabilitation Counseling. According to these standards, students are expected to develop skills to understand how disability impacts an individual's holistic functioning – this includes sexual functioning (2015). However, accredit-

ing standards for other counselor education tracks do not include human sexuality as part of the coursework (Zeglin, Van Dam, & Hergenrather, 2017). Graduate student knowledge and level of comfort when addressing the topic of sex could be enhanced by incorporating the WHO definition of sexual health and would be inclusive of four components of physical, emotional, mental, and social well-being. Incorporating sexual wellness into the rehabilitation counseling graduate program curriculum, with the intent to transfer this information into professional practice, assists graduate students to develop competencies and confidence when broaching this subject with clients, peers, and rehabilitation professionals.

Professionals have reported perceiving themselves as ill-prepared to address the sexual wellness of persons with disabilities (Dyer & das Nair, 2013). Pebdani and Johnson (2014) reported that among a sample of 312 graduate students enrolled in accredited rehabilitation counseling programs in the U.S., approximately 46.2% received training on sexuality during their graduate program. Juergens et al. (2009) reported that among rehabilitation counseling students, both sexuality knowledge and comfort with sexuality directly affected willingness to discuss sexuality with clients. Sexual expectations and concerns could be explored and compared to the level of other life concerns (Juergens et al., 2009), including employment. Understanding intersecting identities of persons with disabilities (Higgins, 2010) is a crucial component of incorporating holistic, person-centered, and comprehensive services, and it will need to be a multicultural consideration in training moving forward (Mosher, 2017). Additionally, sexuality presents as an intersecting component of an individual's identity, thus enhancing the need for incorporating this topic within aspects of multicultural competence and social justice (Sanabria & Murray, 2018). Rehabilitation counselors' level of comfort talking about sex and disability and having a positive attitude toward sexuality have been associated with knowledge about sex and disability (Kazukauskas & Lam, 2009). Sexuality courses offered within training programs are less likely to address sexual wellness and likely to address pathology, dysfunction therapies, and sexually transmitted infections (Miller & Byers, 2010).

The WHO guiding principles for sexual health interventions recognize disability in cultural diversity (WHO, 2006). Because a person's sexuality may be influenced by several factors (e.g., biological, economic, historical, religious, social) inclusive of LGBTQIA+ identity, the sexual rights of all people must be protected for sexual health to be pursued and maintained. This includes the impact of sexual well-being, including LGBTQIA+ identity, and the impact on persons with disabilities.

Under Title 1 of the Rehabilitation Act of 1973, services are provided for individuals with disabilities who have been determined eligible. Within the eligibility determina-

tion process for Vocational Rehabilitation Services (VRS), a category for functioning is “activities of daily living” that typically includes bathing, dressing, and toileting but not sexuality. The provision of VRS to assist an individual with “preparing for, securing, retaining, advancing in or regaining an employment outcome” is provided in accordance with an individual’s abilities, designated strengths, and the available resources (Cornell Law School, n.d.). Within the scope of services available to individuals, personal assistant services and “other” are available options to support an individual in achieving their employment outcome. However, sexuality is not addressed.

Research Priorities

Research supports the impact well-being presents on an individual’s ability to pursue and maintain employment. Though not a formal, measurable employment outcome, quality of life often influences employment goals for rehabilitation interventions (Fleming, Fairweather, & Leahy, 2013). Fleming et al. (2013) utilized the International Classification of Functioning (ICF) as a model framework to determine the linkage between quality of life, daily living activities, and employment. Although the ICF incorporates sexual activities as part of the measurements, researchers did not incorporate this content area due to cross-loading (Fleming et al., 2013). Previous research on sexuality for persons with disabilities presents that sexuality is associated with quality of life (McCabe, Cummins, & Deeks, 2000) and well-being (Taleporos & McCabe, 2002); however, there is little research to make associations with employment. Inadequate resources, the stigma of disability, and limited communication regarding sexual wellness can affect the well-being of young persons with disabilities, facilitating sexual identity confusion and lower self-esteem (Shah, 2017). Dispenza et al. (2019) acknowledges the individual research on career development addressing individuals with disabilities and gender minorities and references the lack of research on the intersection of career development and the oppression this population continues to experience.

Limited research exists to demonstrate the impact of sexual wellness, including identity and employment, for persons with disabilities. Additionally, there is limited research in existence that provides guidance to rehabilitation counseling professionals to support individuals with disabilities in discussing the topic of sexual wellness and the impact it presents on their well-being or employment potential. This commentary supports the need for further research and additional training for the rehabilitation counseling profession (e.g., graduate students, counselors, educators, service providers) to address the topic of sexual wellness and persons with disabilities. Future research areas could address the impact on sexual well-being for minoritized and oppressed populations (e.g., LGBTQIA+, persons with disabilities), upon

employment status, and the integration of sexual wellness competencies into the rehabilitation counseling graduate program curriculum to ensure proper preparation of counselors.

References

- Blalock, K. M., & Wood, S. K. (2015). Women living with serious mental illness: The impact of sexual stigma and sexual wellness on quality of life. *Women & Therapy, 38*(1-2), 77–88. doi:10.1080/02703149.2014.978218
- Commission on Rehabilitation Counselor Certification. (2021). *Rehabilitation Counselor Scope of Practice*. Author. Retrieved from <https://crrcertification.com/scope-of-practice/>
- Commission on Rehabilitation Counselor Certification. (2023). *Code of Ethics for Certified Professional Counselors*. Author. Retrieved from <https://crrcertification.com/wp-content/uploads/2022/10/2023-Code-of-Ethics.pdf>
- Cornell Law School. (n.d.). 34 CFR § 361.48. Retrieved from <https://www.law.cornell.edu/cfr/text/34/361.48>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP Standards*. Author. Retrieved from <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Dispenza, F., Brennaman, C., Harper, L. S., Harrigan, M. A., Chastain, T. E., & Procter, J. E. (2019). Career development of sexual and gender minority persons living with disabilities. *The Counseling Psychologist, 47*(1), 98–128. doi:10.1177/0011000018819425
- Doughty, M., Race, L., Emery, P., & Salt, K. (2017). Talking about sex: A relationship awareness group for adults with a learning disability. *Learning Disability Practice, 20*(5), 17–22. doi:10.7748/ldp.2017.e1836
- Dyer, K., & das Nair, R. (2013). Why don't healthcare professionals talk about sex? a systematic review of recent qualitative studies conducted in the united kingdom. *The Journal of Sexual Medicine, 10*(11), 2658–2670. doi:10.1111/j.1743-6109.2012.02856.x
- Earle, S. (2001). Disability, facilitated sex and the role of the nurse. *Journal of Advanced Nursing, 36*(3), 433–440. doi:10.1046/j.1365-2648.2001.01991.x
- Fleming, A. R., Fairweather, J. S., & Leahy, M. J. (2013). Quality of life as a potential rehabilitation service outcome. *Rehabilitation Counseling Bulletin, 57*(1), 9–22. doi:10.1177/0034355213485992
- Higgins, D. (2010). Sexuality, human rights and safety for people with disabilities: the challenge of intersecting identities. *Sexual and Relationship Therapy, 25*(3), 245–257. doi:10.1080/14681994.2010.489545

- Hosseinpoor, A. R., Stewart Williams, J. A., Gautam, J., Posarac, A., Officer, A., Verdes, E., . . . Chatterji, S. (2013). Socioeconomic inequality in disability among adults: a multicountry study using the world health survey. *American Journal of Public Health, 103*(7), 1278–1286.
- 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
- Kazukauskas, K. A., & Lam, C. S. (2009). Disability and sexuality: Knowledge, attitudes, and level of comfort among certified rehabilitation counselors. *Rehabilitation Counseling Bulletin, 54*(1), 15–25. doi:10.1177/0034355209348239
- Kim, E. (2011). Asexuality in disability narratives. *Sexualities, 14*(4), 479–493. doi:10.1177/1363460711406463
- Lee, S., Fenge, L.-A., & Collins, B. (2019). Disabled people's voices on sexual well-being. *Disability & Society, 35*(2), 303–325. doi:10.1080/09687599.2019.1634522
- McCabe, M. P., Cummins, R. A., & Deeks, A. A. (2000). Sexuality and quality of life among people with physical disability. *Sexuality and Disability, 18*(2), 115–123.
- McDaniels, B. W., & Fleming, A. R. (2018). Sexual health education: a missing piece in transition services for youth with intellectual and developmental disabilities? *Journal of Rehabilitation, 84*(3).
- 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), 93–100. doi:10.1037/a0018571
- Milligan, M. S., & Neufeldt, A. H. (2001). *Sexuality and Disability, 19*(2), 91–109. doi:10.1023/a:1010621705591
- Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: A multi-dimensional study. *World Development, 41*, 1–18. doi:10.1016/j.worlddev.2012.05.024
- Mosher, C. M. (2017). Historical perspectives of sex positivity: Contributing to a new paradigm within counseling psychology. *The Counseling Psychologist, 45*(4), 487–503. doi:10.1177/0011000017713755
- Pebdani, R. N. (2013). Rehabilitation counselor knowledge, comfort, approach, and attitude toward sex and disability. *Rehabilitation Research, Policy, and Education, 27*(1), 32–42. doi:10.1891/2168-6653.27.1.32
- Pebdani, R. N., & Johnson, K. L. (2014). Rehabilitation counseling students report on training and sexuality. *Rehabilitation Counseling Bulletin, 58*(3), 173–175. doi:10.1177/0034355214553308
- Rico Alonso, N., Francisco de Miguel, M. I., Cantero Garlito, P. A., & Pousada García, T. (2021). An occupational therapy approach to sexuality in people with acquired brain injury in a subacute setting. *Sexuality and Disability, 39*(1), 181–194.
- Rosenbaum, T., Vadas, D., & Kalichman, L. (2014). Sexual function in post-stroke patients: Considerations for rehabilitation. *The Journal of Sexual Medicine, 11*(1), 15–21. doi:10.1111/jsm.12343
- Sanabria, S., & Murray, T. L. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education, 13*(2), 190–204. doi:10.1080/15546128.2018.1457461
- Sant Angelo, D. (2000). Learning disability community nursing: addressing emotional and sexual health needs. In R. Astor & K. Jeffreys (Eds.), *Positive initiatives for people with learning difficulties* (p. 52–68). Macmillan.
- Shah, S. (2017). “disabled people are sexual citizens too”: Supporting sexual identity, well-being, and safety for disabled young people. *Frontiers in Education, 2*. doi:10.3389/educ.2017.00046
- Taleporos, G., & McCabe, M. P. (2002). *Sexuality and Disability, 20*(3), 177–183. doi:10.1023/a:1021493615456
- United Nations. (2006). *Convention on the rights of persons with disabilities (UNCPRD) and optional protocol*. Author. Retrieved from <http://www.un.org/disabilities/documents/convention/convoptprot-e-.pdf>
- World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health*. Author. Retrieved from https://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf?ua=1
- World Health Organization. (2012). *Gender equity and human rights*. Author. Retrieved from <https://www.who.int/campaigns/world-health-day/2021/gender-equity-and-human-rights>
- World Health Organization. (2020). *Disability and health*. Author. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017). An introduction to proposed human sexuality counseling competencies. *International Journal for the Advancement of Counselling, 40*(2), 105–121. doi:10.1007/s10447-017-9314-y

Abstinence-Only Sex Education in Public Schools: A Special Commentary

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Abstinence Only Until Marriage (AOUM) programs, also known as Sexual Risk Avoidance (SRA) programs, are non-comprehensive, religion and values-based programs that are still widely used, and supported by government funding, in schools around the United States of America. Content of these programs include messages of misogyny, heteronormativity, and racism, among others. Existing research has indicated that sex education programs lack efficacy in prevention or reduction in teen pregnancy and STI infection. However, little research has investigated the potentially harmful impact of biased messaging to long term sexual and mental health and well-being. In this commentary, I highlight some of the messaging included in AOUM and SRA programs and suggest future research into the impact on sexual development, intimate relationships, and mental health and wellness.

Keywords: counseling sexology, abstinence-only, sex education, sexual risk avoidance, sexual health, commentary

Introduction

The Real Education and Access for Healthy Youth Act of 2021 is a bill proposed in May of 2021 intended to provide education for youth which promotes sexual health and wellness across the lifespan (Govtrack.us, 2021). As the bill is in the early stage of the legislative process, its fate is unknown. In the meantime, non-comprehensive, religion and values-based programs known as Abstinence Only Until Marriage (AOUM) or Sexual Risk Avoidance (SRA) are still widely used, and supported by government funding, in schools around the country (Hastings, Cottrell, Williams, & Cohn, 2018).

AOUM curricula rely on shame, fear, and value-laden approaches which create oppressive classroom environments, particularly for marginalized students (Hendricks & Howerton, 2010; Hoefler & Hoefler, 2017; Santelli et al., 2017). Content of AOUM programs include messages of misogyny, homophobia, and racism, among others. The responsibility to reject sex is frequently placed solely on girls with little to no emphasis on standards of consent. Promotion of gender stereotypes, prescriptive gender roles, and heteronormativity may shame students who themselves or whose families do not meet the narrow standards of acceptability (Gish, 2018; Hastings et al., 2018; Hendricks & Howerton, 2010).

Research has indicated that AOUM programs do not stop sexual activity but rather prevent the proper use of contraceptive methods and make girls less likely to seek treatment for sexually transmitted infections (STIs; Hendricks & Howerton, 2010). On the contrary, comprehensive, developmentally appropriate sex education has been linked to lifelong sexual health (Suleiman, Johnson, Shirtcliff, &

Galván, 2015) and a reduction in adolescent pregnancy, HIV, and other STIs (Chin et al., 2012). Though major physician and public health associations have endorsed comprehensive sexuality education, many of which have expressly opposed AOUM programs (Santelli et al., 2017), 34 states require an emphasis on abstinence if sex education or HIV/STI instruction is provided and 13 states have no requirement that sex education or HIV/STI instruction be medically accurate, culturally responsive, or evidence based/evidence informed. Only 33 states and the District of Columbia require sex education at all (SIECUS, n.d.).

Counselors approach clients with a holistic perspective that includes an emphasis on all domains of wellness, including sexual wellness. Therefore, counselors should be involved in assuring that all individuals have access to wellness based empirically validated sex education. Counselors can contribute to the body of research on sex education in the United States of America, particularly regarding the impact of inaccurate and derogatory AOUM content on mental health and wellness. Practitioners can incorporate knowl-

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edge of sex education standards, local programming, and potential impact along with Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) to improve client work toward sexual wellness. Such research and practice can, in turn, inform the development of counselor training priorities and counselor competencies in counseling sexology and sexual wellness.

Clinical Priorities

It is critical that school counselors are prepared to respond to students' questions and concerns about sex, sexual orientation, and a variety of identities and relational structures, particularly when existing sex education classes fail to provide accurate and comprehensive information. The American School Counselor Association (ASCA) promotes a multitiered system of support (MTSS) to meet the needs of students. As part of the MTSS, school counselors can provide comprehensive sex education via direct classroom instruction or in consultation with other health curriculum providers as part of a Tier 1 intervention (ASCA, 2021b). School counselors integrating comprehensive sex education into a school counseling program will also address ASCA Student Mindsets and Behaviors for Student Success, such as developing "personal safety skills," and "positive, respectful and supportive relationships" (ASCA 2021a, B-SMS 9, B-SS 2).

Unfortunately, school counselors may be stifled by state or local laws and regulations which ban open and honest conversation about human sexuality. School counselors across the country may be challenged to perform duties in accordance with state law and district policy that are contradictory to counselor ethics and cultural competencies. Familiarity with local laws and policies, as well as intentional use of ethical decision-making models such as Solutions to Ethical Problems in Schools (STEPS) as recommended by ASCA Ethical Standards for School Counselors (2016a) may help school counselors provide ethical care to students and to advocate for comprehensive and affirmative sexual education programs.

When students are denied access to comprehensive sex education due to state and local laws and regulations, school counselors can provide support via Tier 2 interventions. For example, school counselors can establish an extracurricular workshop for students and parents to promote open, healthy discussion of fact- and science-based information about sex. Workshops may also address heterosexist, homophobic, and exclusive messaging common within AOUM programming by "promoting sensitivity and acceptance of diversity among all students and staff to include LGBTQ students and diverse family systems" (ASCA, 2016b, para. 5). Burnes' (2017) Sex-Positive Multicultural Education Framework can be incorporated in Tier 1 and/or Tier 2 interventions to acknowl-

edge diversity in sexual expression, human sexuality, and meeting learners where they are in terms of sexuality and comfort with sexual topics (p. 177).

Research Priorities

School counselors serve on the front line with regards to sex education in schools, but the responsibility to attend to sexual wellness is shared by all counselors. Counselor educators can conduct research to understand the impact of AOUM sex education messaging on sexual development, intimate relationships, and mental health and wellness. For example, qualitative research may be used to assess the short- and long-term impact of AOUM content on individuals' mental and sexual health and wellness. Quantitative research may be conducted to develop measurement tools to assess outcomes from AOUM and comprehensive sex education programs. Research and assessment can help to create practical tools that school counselors can use to help facilitate developmentally appropriate, fact-based conversations about sex and sexuality that may not be occurring in other aspects of the school curriculum.

Training Priorities

Some CACREP accredited counseling programs offer entire courses dedicated to a comprehensive understanding of human sexuality. Counselor education programs that are unable to add a human sexuality course can infuse content consistent with CACREP standards around human development and cultural awareness that provides at least a basic understanding of human sexuality including sexual identity development, gender identity, and sexual, affectional, and romantic orientation. Counselor education programs can also encourage school counselors in training to seek information about sex education curriculum provided at their practicum and internship sites and to advocate for comprehensive and affirming programs. It is also essential that the MSJCC (Ratts et al., 2016) be applied to reduce bias toward marginalized groups and to prepare counselors to provide safe and affirmative counseling about sex. Sexual wellness is inextricable from holistic wellness, and understanding and promotion of empirically based, affirmative sex education is a responsibility of all counselors.

References

- American School Counselor Association. (2016a). *ASCA ethical standards for school counselors*. Author. Retrieved from [https://www.schoolcounselor.org/About-School-Counseling/Ethical-Legal-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-\(1\)](https://www.schoolcounselor.org/About-School-Counseling/Ethical-Legal-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-(1))
- American School Counselor Association. (2016b). *The school counselor and LGBTQ youth*.

- ASCA position statement. Author. Retrieved from <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-LGBTQ-Youth>
- American School Counselor Association. (2021a). *ASCA student standards: Mindsets and behaviors for student success*. Author.
- American School Counselor Association. (2021b). *The school counselor and multitiered system of supports*. Author. Retrieved from <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Multitiered-System-of-Sup>
- Burnes, T. R. (2017). Flying faster than the birds and the bees: Toward a sex-positive theory and practice in multicultural education. In G. T. Akutsu, J. C. McDermott, & J. W. Lallas (Eds.), *Challenges associated with cross-cultural and at-risk student engagement* (p. 171-189). IGI Global Publishing.
- Chin, H. B., Sipe, T. A., Elder, R., Mercer, S. L., Chatopadhyay, S. K., Jacob, V., ... Santelli, J. (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections. *American Journal of Preventive Medicine*, 42(3), 272-294. doi:10.1016/j.amepre.2011.11.006
- Gish, E. (2018). "are you a 'trashable' styrofoam cup?": Harm and damage rhetoric in the contemporary american sexual purity movement. *Journal of Feminist Studies in Religion*, 34(2), 5. doi:10.2979/jfemistudreli.34.2.03
- Govtrack.us. (2021). *S. 1689: Real education and access for healthy youth act of 2021*. Retrieved from <https://www.govtrack.us/congress/bills/117/s1689>
- Hastings, S. L., Cottrell, E. M., Williams, J., & Cohn, T. J. (2018). Education, primary and secondary. In L. Guglielmo (Ed.), *Misogyny in american culture: Causes, trends, and solutions* (p. 147-168). ABC-CLIO.
- Hendricks, J. S., & Howerton, D. M. (2010). Teaching values, teaching stereotypes: sex education and indoctrination in public schools. *University of Pennsylvania Journal of Constitutional Law*, 13, 587.
- Hofer, S. E., & Hofer, R. (2017). Worth the wait? the consequences of abstinence-only sex education for marginalized students. *American Journal of Sexuality Education*, 12(3), 257-276. doi:10.1080/15546128.2017.1359802
- 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
- Santelli, J. S., Kantor, L. M., Grilo, S. A., Speizer, I. S., Lindberg, L. D., Heitel, J., ... Ott, M. A. (2017). Abstinence-only-until-marriage: An updated review of u.s. policies and programs and their impact. *Journal of Adolescent Health*, 61(3), 273-280. doi:10.1016/j.jadohealth.2017.05.031
- SIECUS. (n.d.). *SIECUS: Sex ed for social change*. Website. Retrieved from <https://siecus.org/>
- Suleiman, A. B., Johnson, M., Shirtcliff, E. A., & Galván, A. (2015). School-based sex education and neuroscience: What we know about sex, romance, marriage, and adolescent brain development. *Journal of School Health*, 85(8), 567-574. doi:10.1111/josh.12285

Supporting Mental, Emotional, and Sexual Wellness for LGBTQ+ College Students: A Special Commentary

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This brief commentary addresses the importance of campus-wide sexual health initiatives for lesbian, gay, bisexual, trans, queer, and other sexual and affectional identities (LGBTQ+) college students. LGBTQ+ college students in the emerging adulthood life stage are particularly susceptible to stigmatized, inequitable physical and mental healthcare, making the need for intentional and affirming support from college counselors, on-campus healthcare providers, and student affairs professionals essential. This article addresses LGBTQ+ friendly communication strategies, specific counseling modalities for work surrounding LGBTQ+ college student sexual health, implications for counselor education and supervision, as well as ongoing research priorities for college counselors. Because sexual health is relevant throughout the lifespan, we emphasize the importance of instilling strong foundational principles of consent, safety, responsibility, and joyful exploration during this phase.

Keywords: counseling sexology, lgbtq+, emerging adulthood, sexual health, sexual wellness, college counseling, commentary

Introduction

The lifespan development theory of emerging adulthood describes common aspects of development among people aged 18-29 who live in industrialized countries (Arnett, Žukauskienė, & Sugimura, 2014). This period of development is characterized by five features: identity explorations, instability, self-focus, feeling in-between, and possibilities and optimism (Arnett et al., 2014). Specifically related to the feature of identity exploration, emerging adults think seriously about how they define their intimate and romantic relationships as well as their personal lives (Arnett et al., 2014). They develop sexual identities by exploring emotional and physical intimacy through engaging in multiple sexual and romantic experiences (Arnett, 2000; Maas & Lefkowitz, 2014). Additionally, they seek stable social networks and supportive others who may assist in navigating feelings of instability within relationships and overall identity development (Arnett et al., 2014). Many emerging adults navigate these challenges while attending college (Arnett, 2014), and while this developmental phase may prove challenging for most, it may be especially difficult for members of marginalized communities, such as those who identify as lesbian, gay, bisexual, trans, queer, or other sexual and affectual identities (LGBTQ+). We believe this implicates college campuses in providing supportive and LGBTQ+-friendly resources which emerging adults may utilize as they learn and grow.

The American College Health Association's (ACHA,

2021) Spring 2021 survey of American college students indicated 74.9% of participants reported having vaginal, oral, or anal sex with at least one partner within the last 12 months. Sexual exploration can be fun and empowering, and it is critical for emerging adults in college to have access to resources which support safe and responsible exploration of their sexual identities (Anderson, Eastman-Mueller, Henderson, & Even, 2015; Butler, Mooney, & Janousek, 2018; Cassidy et al., 2018; Hovick & Silver, 2019). This includes education regarding sexually transmitted infections (STIs), sexual violence, and unplanned pregnancies (Cassidy et al., 2018) via campus health centers. However, some campus health services have perpetuated the stigmatization of lesbian, gay, bisexual, trans, queer, and other sexual minority (LGBTQ+) students on campus (Cassidy et al., 2018; Savitsky, 2021). Upon visiting on-campus medical

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health centers, LGBTQ+ students have reported healthcare providers ignored their preferred pronouns and assumed heterosexual preferences, despite repeat visits (Cassidy et al., 2018; Savitsky, 2021). Stigmatization experienced during these visits may contribute to LGBTQ+ students feeling unsupported by their universities on issues related to sexual/affective orientation and gender identity (S. R. Rankin, 2005). These feelings, accompanied by the harassment and violence LGBTQ+ students often face on college campuses, may motivate LGBTQ+ students to seek support through college counseling services (McKinley, Luo, Wright, & Kraus, 2014; S. R. Rankin, 2005). College counseling centers are typically the most accessible services to students seeking mental and emotional support (Campbell & Mena, 2021), which directs our attention to the need for college counselors to maintain knowledge, skills, and awareness of sexual identity development issues affecting all emerging adults, including those who identify as LGBTQ+. For these reasons, we address the need for holistic and affirming physical and mental/emotional health services on college campuses by reviewing data related to LGBTQ+ sexual health and its implications for counseling. We also discuss training and research needs in order to encourage more dialogue regarding these issues.

Gender and sexual minorities experience health inequalities, most notably in sexual (physical) health, mental health, and substance use (Hegazi & Pakianathan, 2018). Good sexual health on a college campus is dependent on both physical and mental wellness for its LGBTQ+ students. The World Health Organization (2006) defines sexual health as:

A state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

Findings from a Garcia et al. (2014) study emphasize the importance of collaboration between health service staff and broader campus staff, including student affairs representatives and on-campus mental health professionals, because students often turn to campus staff for initial questions and concerns about their wellness. For LGBTQ+ college students specifically, it is critical that campus mental and physical (sexual) healthcare providers emphasize mastery of basic LGBTQ+ concepts and terminology; openness toward and acceptance of LGBTQ+ people; and affirming responsiveness to culturally specific needs, sensitivities, and challenges

in order to achieve better overall health within this community (Keuroghlian, Ard, & Makadon, 2017). Lechner et al. (2013) found that college students believed it was the university's responsibility to provide sexual health resources, referrals, and a supportive community.

Clinical and Training Priorities

LGBTQ+-Friendly Communication

Common presenting concerns among emerging adults who utilize college counseling centers include increased anxiety, depressive symptoms, feelings of unstable social support, self-doubt, lack of optimism for the future (Arnett, 2014), increased risk for suicide (Luca, Lytle, Yan, & Brownson, 2019), and an overall increased prevalence of the development of any mental health disorder, including substance abuse (Kessler et al., 2005). However, researchers have found college students who identify as part of the LGBTQ+ population report higher levels of mental and emotional distress when compared with cisgender and heterosexual students, which is due to societal marginalization related stress (Effrig, Maloch, McAleavey, Locke, & Bieschke, 2014; S. Rankin, Weber, Blumenfeld, & Frazer, 2010; Woodford, Kulick, Sinco, & Hong, 2014).

These feelings of social unacceptance are incongruent with emerging adults' developmental needs of finding stability and social support. Because college students, including those in the LGBTQ+ population, rely on university counseling centers to provide mental and emotional help, it is critical that college counselors attend to the marginalization and lack of social support experienced by their clients and consider the impact this may have on their sense of sexual health and wellness. Nevertheless, results of recent studies of college counseling centers suggest university counseling centers may be contributing to this issue. For example, many college counseling center websites exhibit a lack of LGBTQ+-affirming content (Campbell & Mena, 2021), as well as low frequencies of LGBTQ+-oriented group counseling services (Campbell & Mena, 2021; McKinley et al., 2014). Thus, we implore college counselors to enhance their LGBTQ+-friendly communication, outreach, and services in order to better position their offices as safe spaces where clients can feel accepted and supported, especially as students navigate this period of sexual and affectual identity development. This aligns with college counselors' professional imperative to provide affirming and culturally competent counseling services (American Counseling Association [ACA], 2014), as well as scholarship from previous authors which demonstrate the need for culturally competent staff, particularly when it comes to supporting open communication regarding clients' sexual histories and enhancing clients' perceived experiences with services (Hegazi & Pakianathan, 2018).

Specific Counseling Modalities

College counselors may also support LGBTQ+ students as they navigate emerging adulthood by employing counseling techniques which are relationship-oriented, empowering, and egalitarian. These include interventions based on relational-cultural theory (RCT) and narrative theory. Counselors who utilize RCT focus on social connections within their clients' lives in order to foster resilience (Flores & Sheely-Moore, 2020) and reformulate negative self-perceptions into self-affirming beliefs (Jordan, 2009). By processing relational images, examining individual isolation as a result of social injustice, and forming mutually empathetic relationships with clients, it is evident that relational-cultural counseling can be a largely beneficial modality for emerging adults (Jordan, 2009). Additionally, tenets of narrative theory can be used to assist LGBTQ+ clients in liberating themselves from internalized negative societal messages (Semmler & Williams, 2000), including what they experience within their college campuses relating to their sexual/affectional orientation or sexual behaviors. Because our relationships and interactions with other people often shape our perceptions of our reality, it is critical that LGBTQ+ students receive specialized, collaborative support as a protective factor against internalizing homophobia and/or transphobia. These postmodern, constructivist theories provide frameworks for college counselors to more effectively support LGBTQ+ clients as they navigate challenges associated with developing their sense of self, finding social support, and being part of minoritized communities on college campuses.

Implications for Counselor Education and Supervision

Because college students in the LGBTQ+ community experience unique developmental challenges, we encourage counselor educators to infuse in their curricula more training regarding emerging adulthood theory as well as emphasize the use of postmodern theories with LGBTQ+ clients. While this training is recommended within all counselor education programs regardless of accreditation status, it is especially important for counselor trainees enrolled in the student affairs/college counseling specialty area of programs accredited by the Council of Accreditation for Counseling and Related Educational Programs (CACREP), as they have demonstrated an explicit interest in working directly with college students. Additionally, university and clinical supervisors of college counselors should directly address LGBTQ+ issues with supervisees to support positive clinical decision-making, facilitate appropriate referrals, and foster supervisees' client advocacy initiatives. This holistic approach to training college counselors supports developmentally-sensitive and LGBTQ+-friendly clinical work within college counseling centers.

Research Priorities

For sexual and affectional minorities, it is important to allow research participants to remain anonymous in order to maintain a sense of confidentiality and, in turn, offer researchers larger, more diverse samples of relatively small populations (Graham et al., 2011). Providing LGBTQ+ college students with an opportunity to express their [dis]satisfaction with their school's attempts at affirmative mental and physical (sexual) healthcare via an anonymous survey at the conclusion of each academic year would allow individual colleges to make appropriate alterations to their sexual health services and resources.

Conclusion

Though individual ideas about sexual health and wellness may develop rapidly during the emerging adulthood life phase, sexual health is relevant throughout the lifespan in social, economic, and political contexts (World Health Organization, 2006). For this reason, it is critical that college counselors and campus healthcare professionals provide LGBTQ+ students with appropriate, destigmatized care. Providing vulnerable sexual minority students with affordable, affirming healthcare and mental health counseling could ensure that students will graduate with foundational knowledge pertaining to maintenance of good mental and physical sexual health as they reach adulthood.

References

- American College Health Association. (2021). *American college health association-national college health assessment (ACHA-NCHA III) reference group data report - Spring 2021*. Author. Retrieved from https://www.acha.org/NCHA/ACHA-NCHA_Data/Publications_and_Reports/NCHA/Data/Reports_ACHA-NCHAIII.aspx
- American Counseling Association. (2014). *Code of ethics*. Author.
- Anderson, E. A., Eastman-Mueller, H. P., Henderson, S., & Even, S. (2015). Man up monday: An integrated public health approach to increase sexually transmitted infection awareness and testing among male students at a midwest university. *Journal of American College Health, 64*(2), 147–151. doi:10.1080/07448481.2015.1062768
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469–480. doi:10.1037/0003-066x.55.5.469
- Arnett, J. J. (2014). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). Oxford University Press.

- Arnett, J. J., Žukauskienė, R., & Sugimura, K. (2014). The new life stage of emerging adulthood at ages 18–29 years: implications for mental health. *The Lancet Psychiatry*, *1*(7), 569–576. doi:10.1016/s2215-0366(14)00080-7
- Butler, S. M., Mooney, K., & Janousek, K. (2018). The condom fairy program: A novel mail-order service for condoms and sexual health supplies. *Journal of American College Health*, *67*(8), 772–780. doi:10.1080/07448481.2018.1512500
- Campbell, C., & Mena, J. A. (2021). LGBTQ+ structural stigma and college counseling center website friendliness. *Journal of College Counseling*, *24*(3), 241–255. doi:10.1002/jocc.12194
- Cassidy, C., Bishop, A., Steenbeek, A., Langille, D., Martin-Misener, R., & Curran, J. (2018). Barriers and enablers to sexual health service use among university students: a qualitative descriptive study using the theoretical domains framework and COM-b model. *BMC Health Services Research*, *18*(1). doi:10.1186/s12913-018-3379-0
- Effrig, J. C., Maloch, J. K., McAleavey, A., Locke, B. D., & Bieschke, K. J. (2014). Change in depressive symptoms among treatment-seeking college students who are sexual minorities. *Journal of College Counseling*, *17*(3), 271–285. doi:10.1002/j.2161-1882.2014.00063.x
- Flores, C. A., & Sheely-Moore, A. I. (2020). Relational-cultural theory-based interventions with LGBTQ college students. *Journal of College Counseling*, *23*(1), 71–84. doi:10.1002/jocc.12150
- Garcia, C. M., Lechner, K. E., Frerich, E. A., Lust, K. A., & Eisenberg, M. E. (2014). College students' preferences for health care providers when accessing sexual health resources. *Public Health Nursing*, *31*(5), 387–394. doi:10.1111/phn.12121
- Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. *Washington, DC: Institute of Medicine*, *10*, 13128.
- Hegazi, A., & Pakianathan, M. (2018). LGBT sexual health. *Medicine*, *46*(5), 300–303. doi:10.1016/j.mpmed.2018.02.004
- Hovick, S. R., & Silver, N. (2019). “consent is sexy”: A poster campaign using sex-positive images and messages to increase dyadic sexual communication. *Journal of American College Health*, *67*(8), 817–824. doi:10.1080/07448481.2018.1515746
- Jordan, J. V. (2009). *Relational-cultural therapy (theories of psychotherapy)*. American Psychological Association (APA).
- Kessler, R. C., Birnbaum, H., Demler, O., Falloon, I. R., Gagnon, E., Guyer, M., ... Wu, E. Q. (2005). The prevalence and correlates of nonaffective psychosis in the national comorbidity survey replication (NCS-r). *Biological Psychiatry*, *58*(8), 668–676. doi:10.1016/j.biopsych.2005.04.034
- Keuroghlian, A. S., Ard, K. L., & Makadon, H. J. (2017). Advancing health equity for lesbian, gay, bisexual and transgender (LGBT) people through sexual health education and LGBT-affirming health care environments. *Sexual Health*, *14*(1), 119. doi:10.1071/sh16145
- Lechner, K. E., Garcia, C. M., Frerich, E. A., Lust, K., & Eisenberg, M. E. (2013). College students' sexual health: Personal responsibility or the responsibility of the college? *Journal of American College Health*, *61*(1), 28–35. doi:10.1080/07448481.2012.750608
- Luca, S. M. D., Lytle, M. C., Yan, Y., & Brownson, C. (2019). Help-seeking behaviors and attitudes of emerging adults: How college students reporting recent suicidal ideation utilize the internet compared to traditional resources. *Journal of American College Health*, *68*(3), 250–257. doi:10.1080/07448481.2018.1539397
- Maas, M. K., & Lefkowitz, E. S. (2014). Sexual esteem in emerging adulthood: Associations with sexual behavior, contraception use, and romantic relationships. *The Journal of Sex Research*, *52*(7), 795–806. doi:10.1080/00224499.2014.945112
- McKinley, C. J., Luo, Y., Wright, P. J., & Kraus, A. (2014). Reexamining LGBT resources on college counseling center websites: An over-time and cross-country analysis. *Journal of Applied Communication Research*, *43*(1), 112–129. doi:10.1080/00909882.2014.982681
- Rankin, S., Weber, G. N., Blumenfeld, W. J., & Frazer, S. (2010). *2010 state of higher education for lesbian, gay, bisexual & transgender people*. Campus Pride Charlotte, NC.
- Rankin, S. R. (2005). Campus climates for sexual minorities. *New Directions for Student Services*, *2005*(111), 17–23. doi:10.1002/ss.170
- Savitsky, D. (2021). Body image and disordered eating among LGBTQ+ university students and recent graduates in rural appalachia: A thematic analysis. *ProGCouns: Journal of Professionals in Guidance and Counseling*, *2*(1). doi:10.21831/progcouns.v2i1.39495
- Semmler, P. L., & Williams, C. B. (2000). Narrative therapy: A storied context for multicultural counseling. *Journal of Multicultural Counseling and Development*, *28*(1), 51–62. doi:10.1002/j.2161-1912.2000.tb00227.x
- Woodford, M. R., Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBQ stu-

dents: The mediating role of self-acceptance. *American Journal of Orthopsychiatry*, 84(5), 519–529.
doi:[10.1037/ort0000015](https://doi.org/10.1037/ort0000015)

World Health Organization. (2006). *Sexual health and reproductive research*. Retrieved from <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>

Transgender College Athletes: A Special Commentary

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Recently, multiple bills from various states have attempted to ban transgender athletes from participating in sports. Guided by misinformation, these bills and policies set a dangerous precedent that is overall harmful to the well-being of trans athletes. This article discusses clinical, research, training, and advocacy priorities that should be addressed to protect the rights of trans athletes.

Keywords: counseling sexology, transgender, athletes, college, commentary

Introduction

In the year 2020, twenty bills aimed at banning transgender individuals from participating in athletics were introduced into state legislatures (Strangio & Arkles, 2020). Even more recently, several states have passed bills barring transgender girls and women from participating on female sports teams. Bills such as these often contain false information and harmful beliefs that support a narrative that places cisgender individuals above trans individuals. A common claim is that allowing trans athletes to compete will harm cisgender women because trans women have “advantages” as they were born with male bodies. On the surface, this sends the message that women’s bodies should conform to a certain appearance that is not “too masculine” or else that individual is not a “real” woman. Additionally, this form of gender policing is damaging to all women as it further reinforces ideas of women being “weak” and in need of protection. Trans women and girls, in particular, commonly face discrimination and violence on the basis of their gender identity. This is in direct opposition to the statement that trans women somehow have an advantage over cisgender women. In this article, the authors address current clinical, research, training, and advocacy priorities related to this population. The variation of policies at the collegiate, state, and federal level make this topic extremely convoluted as they often do not align. Further, policies cloud the most important issue, the well-being of trans athletes.

Clinical Priorities

The clinical priorities for this population may be especially relevant for college counselors. When working with trans athletes, it is important for counselors to understand that their stressors are different from those of traditional college students. In general, college athletes experience more stress as they balance the roles of athlete and student. Organizational stressors such as pressure from coaches, parents, and the public can be pervasive and often prevail throughout

the athlete’s career.

Another consideration for this population is the impact of hormone treatment therapy and the need for counselors to educate themselves on this topic. In line with the National Collegiate Athletic Association (NCAA) policies, transgender athletes must have completed, initiated, or be in the process of taking hormones as part of the gender transition in order to participate in the sports team that aligns with their gender (NCAA, 2011). Hormone therapy is a common component of gender affirmation and promotes the health and well-being of trans individuals (Baker et al., 2021). Previous reviews of gender-affirming hormone treatment (GAHT) indicate psychological benefits such as reductions in depression and anxiety and overall improvements in quality of life among trans individuals. Although GAHT may improve mental health, clinicians need to assess the family relationships, social support, discriminatory events, and employment status of trans individuals to gain a better understanding of their mental well-being due to the high-risk levels of depression and anxiety, two disorders also common among college students. Because GAHT also has physical impacts, collaborative care with the individual’s treating physician is highly recommended for the most holistic approach. Long-term hormone treatment can impact bone and cardiovascular health (Unger, 2016). This is especially important for athletes to consider as it could leave the individual more prone to sports injuries. It should also be noted that feminizing

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hormone therapy typically causes decreased muscle mass with effects appearing three to six months after treatment begins.

Additionally, the authors urge counselors to utilize an intersectional framework to further understand the multidimensions of identity and experiences among the trans population. Intersectionality explains the multiplicity of identities and how they are embedded within specific social, cultural, and interpersonal contexts (Diamond & Butterworth, 2008). Moreover, it is necessary to recognize the power within social structures in environments such as political, economic, kinship, religious, and educational dimensions to understand its effects on trans individuals. All of these factors are important in the treatment planning process. For example, trans athletes of color are likely to experience compounding discrimination based on their gender identity and race. Further, with recent bills, a trans woman of color may be disbarred from participating in their sport with little legal recourse. By understanding the various connections of gender, race, and social class with sexuality, age, religion, and nationality of trans individuals, counselors are well prepared to offer individualized support and guidance.

Research Priorities

In general, there is a lack of research on trans college athletes. Therefore, the research priorities should further address the mental health and well-being of this population along with the impacts of policies aimed at trans athletes. For example, researching the lived experiences of trans athletes or researching levels of stress, anxiety, and depression. It may often be difficult to find trans athletes who are willing to participate in research or gather enough participants for a meaningful sample size. Trans individuals have cited issues related to mistrust, lack of awareness about research opportunities, logistical concerns, and psychosocial/emotional concerns related to being “outed” as potential barriers to research participation (Owen-Smith et al., 2016). Therefore, when conducting research with this population specific research methods may be helpful (Shaghghi, Bhopal, & Sheikh, 2011). Snowball sampling may be useful in identifying additional participants but could lead to over-sampling of subsets of the population depending on the original participant’s network. Respondent-driven sampling can help address some of these concerns. Indigenous field worker sampling is one way to use trained investigators from a specific community to recruit participants within the community. Facility-based sampling and time-location sampling may be helpful if researchers are aware of locations or organizations that trans individuals frequent. Within the recruitment process, it is essential to ensure that researchers are abiding by all ethical codes pertaining to research.

It is important to note that, while research on trans individuals themselves is important, it does not address issues

of equity and justice. In order to address misinformation, it is also important to research public perception and knowledge of trans athletes. For example, examining athletic administrators, trainers, and coaches factual knowledge (i.e. terminology, gender transitioning process, etc.) of trans individuals and NCAA policies. Consulting with trans rights groups such as the American Civil Liberties Union may also aid researchers in focusing their research on timely issues that can challenge public perception and sources of misinformation.

Training Priorities

One of the most important training efforts is to correct inaccurate information about trans athletes. Counselors can work with athletic departments to address these concerns. Many universities also have optional inclusivity training programs for faculty, staff, and students. Cross campus collaboration may be especially helpful in prioritizing the training of those in athletic departments. Learning more about how an athletic department functions can allow counselors to maximize their impact. For example, athletic departments have compliance officers who ensure that NCAA regulations are being followed. Collaborating with an administrative individual like a compliance officer can aid counselors in understanding NCAA regulations as well as the current issues in the athletic department. This will allow for more individualized training. Counselors will likely find that training priorities overlap with issues related to advocacy discussed in the next section.

Advocacy Priorities

The NCAA has long standing policies regarding the inclusion of trans athletes and is committed to diversity, inclusion and gender equity among college athletes, coaches, and administrators (NCAA, 2011). The goal of the NCAA Office of Inclusion is to provide an inclusive space for trans athletes. In 2010, the NCAA Inclusion of transgender Student-Athletes handbook was established as a resource to provide guidance to NCAA athletic programs to ensure trans athletes fair, respectful, and legal access to collegiate sports teams (NCAA, 2011, p. 2). Thus, the authors recommend following overall guidelines outlined in the handbook, which include providing equal opportunity, valuing diversity, and establishing policy (NCAA, 2011, p. 14-15). For example, focusing on developing non-discrimination and harassment policies that include gender identity and expression is imperative. Additionally, anticipate and address trans athletes’ issues in a proactive manner by providing prevention and education workshops to members of the athletics community. Further, becoming knowledgeable about trans identity such as using preferred terminology and language, recognizing current perspectives regarding participation of trans athletes on teams, and respecting the right to privacy

among trans athletes when discussing gender identity promote commitment to equity, inclusion, and respect within the athletic community.

Specific to the educational environment, the purpose of Title IX is to ensure equal treatment of individuals regardless of sex. However, LGBTQ+ individuals often do not have specific protections within Title IX. Many of the discriminatory legislative bills being introduced often cite that they are “protecting women’s sports” by banning trans athletes. In this case, Title IX which is intended to prevent discrimination is being “flipped” leading to direct discrimination in favor of cisgender athletes. Federal policies often undergo frequent changes or additions so it is important to stay up to date on current policies and do “refresher” trainings when changes occur. For example, the recent Supreme Court case of *Bostock v. Clayton County* led to an executive order that states that discrimination based on sex also covers discrimination on the basis of gender identity and sexual orientation (Exec. Order No. 13988, 86 FR 7023 (7023-7025), 2021). This court decision applies to Title VII of the Civil Rights Act of 1964 which is used to inform Title IX. Advocacy work should promote a narrative of inclusion rather than the one of exclusion frequently found in recent bills.

Conclusion

Overall, the focus in clinical, research, training, and advocacy areas should be to address the spread of misinformation regarding trans athletes. The current message is that if you do not “conform” you cannot participate in sports. This direct discrimination affects the overall well-being of trans athletes who may find themselves losing their athletic careers at the hand of these policies. The life of a college athlete is already overwhelming; by clearing the way for trans athletes to participate in sports through advocacy and education, the hope is that some of this stress can be mitigated.

References

- Baker, K. E., Wilson, L. M., Sharma, R., Dukhanin, V., McArthur, K., & Robinson, K. A. (2021). Hormone therapy, mental health, and quality of life among transgender people: A systematic review. *Journal of the Endocrine Society*, 5(4). doi:10.1210/jendso/bvab011
- Diamond, L. M., & Butterworth, M. (2008). Questioning gender and sexual identity: Dynamic links over time. *Sex Roles*, 59(5-6), 365–376. doi:10.1007/s11199-008-9425-3
- Exec. Order No. 13988, 86 FR 7023 (7023-7025). (2021).
- National Collegiate Athletics Association. (2011). *NCAA inclusion of transgender student-athletes*. Retrieved from https://ncaaorg.s3.amazonaws.com/inclusion/lgbtq/INC_TransgenderHandbook.pdf
- Owen-Smith, A. A., Woodyatt, C., Sineath, R. C., Hunkeler, E. M., Barnwell, L. T., Graham, A., ... Goodman, M. (2016). Perceptions of barriers to and facilitators of participation in health research among transgender people. *Transgender Health*, 1(1), 187–196. doi:10.1089/trgh.2016.0023
- Shaghghi, A., Bhopal, R. S., & Sheikh, A. (2011). Approaches to recruiting ‘hard-to-reach’ populations into re-search: A review of the literature. *Health Promotion Perspectives*. doi:10.5681/HPP.2011.009
- Strangio, C., & Arkles, G. (2020, 5). *Four myths about trans athletes, debunked*. ACLU. Retrieved from <https://www.aclu.org/news/lgbtq-rights/four-myths-about-Trans-athletes-debunked/>
- Unger, C. A. (2016). Hormone therapy for transgender patients. *Translational Andrology and Urology*, 5(6), 877–884. doi:10.21037/tau.2016.09.04

Sex-Positive Clinical Supervision: A Special Commentary

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This commentary focuses on clinical competencies, research frameworks, training implications that elevate the meta-competence awareness for the clinical supervisor. There is an identified need to expand sex-positive clinical supervision guidelines. The supervisory setting is created for the safety and personal-professional growth of the supervisee, where it is an opportunity to conceptualize the thematic development of our clinical evolution. In this space, we set a foundation for clinical frameworks to guide the applicability of specific intervention methods and strategies that allow for the critical formulation of a healthy therapeutic outcome. Without established and robust sex-positive frameworks in supervision, the clinical supervisor is exposed to incompetent practices that miss an adequate assessment, detection, and treatment, all critical elements of the conceptualization process. To make matters worse, the lack of training and preparation in sexual wellness and other sexual topics is transferred onto the supervisee, creating a circuit of uninformed clinicians and left to fend on their own when encountering a future client seeking treatment. Not only are we causing a disservice to our supervisees, but we are perpetually injuring the clinical community as a whole. This commentary will examine the clinical, research and training priorities in clinical mental health counseling.

Keywords: counseling sexology, clinical supervision, clinical supervisors, supervisees, commentary

Clinical Priorities

To address the root of the problem, we must examine the variability in the 53 supervisory jurisdictions (Henriksen, Henderson, Liang, Watts, & Marks, 2019). This shows that clinical supervisory competency-based standards differentiate among each other substantially. Since accrediting standards are not consistent and require different sexuality training requirements, how can we expect optimal supervisory competencies from clinical supervisors to be efficacious in an ethically-legally and culturally sound manner to develop the supervisees' knowledge, skills, and attitudes? For instance, licensing boards in Florida require licensed mental health counselors to attend a three-hour HIV/AIDS course to complete licensing status (Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling, n.d.). However, the course does not address human sexuality advances and treatments that are interconnecting sexual issues within biopsychosocial domains without pathologizing human sexual clinical treatment. The state-required training is essential without a doubt, except it is missing other positive aspects of sexual wellness. The greater the avoidance by licensing boards to integrate robust sex-positive clinical supervisory and academic training, the greater the disparities in clinical approaches, reducing the counseling process's efficaciousness. De Menezes-Franco et al. (2016) found that 62.5% to 77.7% of clinical supervisors experienced personal and professional interferences affecting

the adequate implementation of sexual intervention strategies within the supervisory setting.

Infusing sex-positive experiential activities sets the foundation of integrating sexual topics in a scaffolding method within the supervisory process. This pedagogical approach promotes supervisors in masters and doctoral academia to discuss sexual wellness in a clinically efficacious manner (Burnes, Singh, & Witherspoon, 2017a). The goal is to reshape the supervisory journey by expanding one's sexual views and raising awareness in conceptualizing sexual health care (Schuermann, Harris, & Lloyd-Hazlett, 2018). Enlisting supervisory competency courses in master's and doctoral programs by adopting sex-positive frameworks models breaks the cycle of academic institutions from banning essential core clinical competencies within the CES field (Sanabria & Murray, 2018; Sousa, 2018; Zeglin, Van Dam, & Hergen-

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rather, 2017; Zeglin, Niemela, & Vandenberg, 2019).

Research Priorities

The dearth in the body of literature examining the depth of discussion of sexual topics in supervision is prevalent. In a predictive study, Bjorn (2021) could not determine whether gender and sexual attitudes predicted the level of preparedness with sexual topics in supervision. However, the same study in a post-hoc analysis found that male clinical supervisors are substantially more flexible and have less rigid sexual attitudes when discussing sexual topics in the supervisory setting. Miller and Byers (2008) recommended further exploring the supervisor's willingness to treat sexual concerns and self-efficacy skills in addressing sexual issues to quantitatively investigate personal areas of discomfort that implicate a sound supervisory experience. The lack of appropriate measurement instruments contributes to underreported and skewed studies in addressing sexual wellness. Miller and Byers (2008) are the only authors to date that piloted several tools assessing sexual competencies and efficacy in the clinical supervisory setting. The lack of supervisory self-assessments tools can inhibit an overall comprehensive understanding of one's aptitudes and skills in addressing sexual topics in supervision (Miller & Byers, 2008). Leveraging the research in identifying gatekeeping standards in measuring a supervisors' internal sexual attitudes and competencies increases the pre-emptive status that is acknowledged by the licensing board to direct responsibility to clinical supervisors in maintaining optimal training and preparation in sexual topics in order to maintain supervisory accreditation (Burnes et al., 2017a; Burnes, Singh, & Witherspoon, 2017b; Miller & Byers, 2008; Weir, 2019). Ultimately, integrating a sex-positive lexicon within the research standards requires a swift modification to be inclusive and less pathologizing. Working to bridge research language in a way that our participants comprehend the material and prevent directly or indirectly instill shame through the act of macro-micro-aggressions (Ard & Keuroghlian, 2018). Lastly, enlisting peer-reviewed journals to incorporate sex-positive publications to expand scholarly research is necessary to close the gap in the body of literature (Zeglin et al., 2019). Hargons et al. (2017) reviewed *he Counseling Psychologist* and *Journal of Counseling Psychology*, finding that 5% of the literature published contained sex-positive content further supports the expansion of studies relevant in addressing supervisory standards and competencies.

Training Needs

Increasing sex-positive training with access to continuing education credits has an influential ability in leading clinical supervisors in seeking added preparation skills to build supervisory resiliency and competency. Integrating the Sexual

Attitude Reassessment Seminar (SARs) within all 53 supervisory jurisdictions as requirements for licensing renewal or newly licensed individuals increase the likelihood of mitigating supervisors reflecting negative-rigid-coercive sexual attitudes in the clinical setting (Henriksen et al., 2019). Gatekeeping standards can be applied if clinical supervisors cannot remediate biased beliefs and views. Also, infusing the ten domains of human sexuality competency skills elevating effective supervisory conceptualization frameworks by addressing sexual topics in supervision: (a) ethical/professional behavior, (b) history and systems, (c) anatomy/physiology, (d) sexual identity, (e) sexual development, (f) intimacy and interpersonal relationships, (g) pleasure and sexual lifestyles, (h) sexual functioning, (i) health/medical factors, and (j) sexual exploitation (Zeglin et al., 2017, 2019) and expanding training workshops in conferences through recruiting premier organizations (i.e., ACA, CACREP, NBCC) to acknowledge the inclusion of such training standards as part of the supervisory curriculum.

Conclusion

Closing the lacuna in clinical mental health counseling by addressing the supervisory standards for sexual health and wellness is critical for the mental health field. Addressing supervisory competencies within clinical, research, and training priorities embraces the shift towards comprehensive standards. Whereby setting the foundation for robust sex-positive supervisory frameworks sustaining the development of novice clinicians to be prepared to discuss sexual topics in supervision adequately (Bjorn, 2021; Burnes et al., 2017a; Miller & Byers, 2008; Sanabria & Murray, 2018).

References

- Ard, K. L., & Keuroghlian, A. S. (2018). Training in sexual and gender minority health — expanding education to reach all clinicians. *New England Journal of Medicine*, 379(25), 2388–2391. doi:10.1056/nejmp1810522
- Bjorn, B. (2021). *Qualified clinical supervisors' gender, sexual attitudes, and preparedness with sexual topics in supervision* (Unpublished doctoral dissertation). Capella University.
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017a). Graduate counseling psychology training in sex and sexuality: An exploratory analysis. *The Counseling Psychologist*, 45(4), 504–527. doi:10.1177/0011000017714765
- Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017b). Sex positivity and counseling psychology: An introduction to the major contribution. *The Counseling Psychologist*, 45(4), 470–486. doi:10.1177/0011000017710216
- de Menezes Franco, M., Driusso, P., Bø, K., de Abreu, D. C. C., da Silva Lara, L. A., de Sá Rosa e Silva,

- A. C. J., & Ferreira, C. H. J. (2016). Relationship between pelvic floor muscle strength and sexual dysfunction in postmenopausal women: a cross-sectional study. *International Urogynecology Journal*, 28(6), 931–936. doi:10.1007/s00192-016-3211-5
- Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling. (n.d.). *Licensing requirements*. Retrieved from <https://floridasmmentalhealthprofessions.gov/licensing/licensed-mental-health-counselor/>
- Hargons, C., Mosley, D. V., & Stevens-Watkins, D. (2017). Studying sex: A content analysis of sexuality research in counseling psychology. *The Counseling Psychologist*, 45(4), 528–546. doi:10.1177/0011000017713756
- Henriksen, R. C., Henderson, S. E., Liang, Y.-W. M., Watts, R. E., & Marks, D. F. (2019). Counselor supervision: A comparison across states and jurisdictions. *Journal of Counseling & Development*, 97(2), 160–170. doi:10.1002/jcad.12247
- Miller, S. A., & Byers, E. S. (2008). An exploratory examination of the sexual intervention self-efficacy of clinical psychology graduate students. *Training and Education in Professional Psychology*, 2(3), 137–144. doi:10.1037/1931-3918.2.3.137
- Sanabria, S., & Murray, T. L. (2018). Infusing human sexuality content and counseling in counselor education curriculum. *American Journal of Sexuality Education*, 13(2), 190–204. doi:10.1080/15546128.2018.1457461
- Schuermann, H., Harris, J. R. A., & Lloyd-Hazlett, J. (2018). Academic role and perceptions of gatekeeping in counselor education. *Counselor Education and Supervision*, 57(1), 51–65. doi:10.1002/ceas.12093
- Sousa, R. (2018). *Counseling supervisor self-efficacy and theoretical orientation as predictors of comfort with sexuality* (Unpublished doctoral dissertation). Capella University.
- Weir, K. (2019). *Ce corner: Sex therapy for the 21st century: Five emerging directions*. American Psychological Association. Retrieved from <https://www.apa.org/monitor/2019/02/cover-cecorner>
- Zeglin, R. J., Niemela, D. R. M., & Vandenberg, M. (2019). What does the counseling field say about sexuality? a content analysis. *American Journal of Sexuality Education*, 14(1), 55–73. doi:10.1080/15546128.2018.1518175
- Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017). An introduction to proposed human sexuality counseling competencies. *International Journal for the Advancement of Counselling*, 40(2), 105–121. doi:10.1007/s10447-017-9314-y