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Debra Mollen

Theo Burnes

Samantha Lee

Dena M. Abbott

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Sexuality Training in Counseling Psychology

Debra Mollen,[1] Theo Burnes,[2] Samantha Lee,[3] and Dena M. Abbott[4]

1. Department of Psychology and Philosophy, Texas Woman's University, Denton, Texas, USA
2. Antioch University, Culver City, California, USA
3. Department of Psychology and Philosophy, Texas Woman's University, Denton, Texas, USA
4. Department of Psychology and Behavioral Sciences, Louisiana Tech University, Ruston, Louisiana, USA

Corresponding author – Debra Mollen, email dmollen@twu.edu

Abstract

The United States (U.S.) is characterized by some of the poorest sexual health outcomes in the industrialized world, as indicated by the teen and unplanned pregnancy rates, rate of sexually transmitted infections (STIs), and occurrence of sexual dysfunction. Many people seek psychotherapy for sex-related concerns, yet little is known about the specific education psychologists receive during their training regarding sex. Existing research has largely been conducted in Canada and among clinical psychologists. While studies have revealed that few applied psychology graduate programs offer training in sexuality, very little is known about the specific content areas covered by those programs who do offer this training. We surveyed faculty from 38 counseling psychology doctoral programs primarily in the U.S. Results indicated that relatively few programs offer comprehensive training in sexuality with particular areas such as sex therapy, sexual expression, and reproductive health especially unlikely to be covered. Commonly covered topics included sexual development, sexual orientation and gender identity, intimacy, sexual trauma and abuse, and intersectionality. Implications for training and future research are offered.

Keywords: counseling psychology, sexuality, graduate training, curriculum, reproductive health

Sexuality encompasses erotic and romantic relationships, body image and functioning pertaining to sex, reproductive health and practices, and sexual orientation and gender identity (World Health Organization [WHO], 2010) and is a critical component of well-being and relationship satisfaction (Khosla, Say, & Temmerman, 2015; Muise, Schimmack, &

Impett, 2015; Stephenson & Meston, 2015). The centrality of sex and sexuality to the production and maintenance of social inequalities is also critical when examining the intersections between sexuality and counseling psychology.

Sexuality impacts people across the lifespan and intersects, typically in profound ways, with diversity factors, as those with marginalized identities are often stigmatized sexually (Hall & Graham, 2014), which makes it a compelling fit for counseling psychologists who study lifespan development, health and well-being, person-environment interactions, and multiculturalism and social justice (American Psychological Association [APA], 1999; Gelso, Williams, & Fretz, 2014; Lichtenberg, Goodyear, Hutman, & Overland, 2016). Although many counseling psychologists may be aware of the necessity of attending to themes of intersectionality in their various professional roles, they may not see the direct link between counseling psychology and sex. For example, individuals with disabilities may be excluded from conversations about sex due to stereotypes about their sexual expression. LGBTQI individuals in particular experience systemic sexual stigma as well as internalized forms of stigma (Herek, 2009). Intersecting marginalized identities multiply experiences of oppression for LGBTQI people of color (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Parent, DeBlaere, & Moradi, 2013). Further, an individual's disadvantaged social class may impede their access to sexual expression or sexual health care. Women's sexuality is often especially medicalized (Cacchioni & Tiefer, 2012; Tiefer, 2010), an approach that disregards diversity and sociocultural factors. Further, in the U.S., misinformation related to reproduction abound (Matlin, 2003; Rowlands, 2011; Rubin & Russo, 2004; Wampold, 2014); yet, little counseling psychology scholarship has focused on reproductive justice, an integral component of both sexuality and also a social justice framework (Grzanka & Frantell, 2017). Bay-Cheng (2010) positioned women's sexuality and its intersection with class, race, and sexual orientation as a compelling fit for a social justice agenda, noting that women especially experience deleterious impacts of sexual coercion, unplanned pregnancies, and persistent sexual double standards, markedly problematic for poor women and women of color. She challenged pathologizing perspectives of risks accompanying women's intersecting identities from a strengths-based social justice perspective, commensurate with the tenets of counseling psychology.

With particular disciplinary emphases on normative lifespan development, social justice, and multiculturalism, there is a need for a greater understanding of sexuality within counseling psychology, particularly regarding curricular and training issues. Our aim in the current study was to expand on previous scholarship in which researchers studied primarily clinical psychologists from Canadian programs and build upon recent scholarship (e.g., Burnes, Singh, & Witherspoon, 2017a, 2017b) by capturing a more comprehensive state of sexuality education within counseling psychology programs primarily in the U.S.

Sexuality and well-being

Sex has a robust relationship with happiness and contributes positively to wellness (Laumann et al., 2006) and life satisfaction (Muise et al., 2015; Stephenson & Meston, 2015). Laumann and colleagues (2006) found that physical and emotional pleasure, satisfaction with sexual functioning, and importance of sex were all significantly predictive of happiness

in a multinational sample consisting of 27,500 men and women between the ages of 40 and 80 years representing 29 countries. In a sample of heterosexual women with sexual difficulties, Stephenson and Meston (2015) identified sexual well-being as predictive of life satisfaction both cross-sectionally and over time. Despite the presence of some protective factors, including relationship satisfaction, sexual distress independently predicted life satisfaction, suggesting sex is an important component of overall well-being (Stephenson & Meston, 2015). Researchers identified eight major common components of great sex within a sexually diverse sample: being present during sexual experiences, feeling connected to one's sexual partner, deep erotic intimacy, strong communication and empathy, authenticity, transcendence and personal transformation, fun and exploration, and vulnerability (Kleinplatz et al., 2009). These components were consistently reported across the study's diverse sample, suggesting great sex can be cultivated and enjoyed by a wide array of people (Kleinplatz et al., 2009).

People who desire the pursuit of great sex may seek guidance in popular media sources. Unfortunately, these sources are likely to emphasize sexual technique and personal psychological factors (Wampold, 2014) despite the availability of information associated with optimal sex (Kleinplatz et al., 2009). Likewise, many sexuality educators and clinicians are relatively well versed in sexual dysfunction but lack sufficient training in the components of optimal sexuality (Wampold, 2014), in spite of practice guidelines published by the APA for working with LGBTQI clients (American Psychological Association [APA], 2012, 2015) and with women and girls (American Psychological Association [APA], 2007) that include directives for psychologists to attend to unique sexuality-related experiences such as menarche, safe sex, sexuality across the lifespan, pregnancy, and menopause. Further, counseling psychologists and other clinicians may be underprepared to assist clients with other sexuality-related concerns or sexual expressions that may present in psychotherapy.

Reproductive myths and misinformation

Sexual misinformation, both in popular culture and formal education, is commonplace and can have deleterious effects. For example, abstinence-only sex education, which received considerable federal funding during the early part of the century and continues to be disseminated widely in many states, has been associated with poor outcomes and inefficaciousness, including disseminating medically inaccurate information, promoting gender stereotypes, and resulting in decreased condom use (Lindberg & Maddow-Zimet, 2012; Santelli et al., 2017). Southern states (Alabama, Arkansas, Louisiana, Oklahoma, and Texas) with abstinence-focused or no formal sexuality education consistently have the highest teen pregnancy, birth, and STI rates in the U.S. (Jozkowski & Crawford, 2015).

Women and those from other marginalized groups may be especially negatively impacted by sexual misinformation (Bay-Cheng, 2010), much of which relates to reproduction and contraception (Black, Lotke, Buhling, & Zite, 2012; Gomez, Hartofelis, Finlayson, & Clark, 2015; Hickey, 2009; Matlin, 2003) and abortion (Bessett, Gerdts, Littman, Kavanaugh, & Norris, 2015; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Rowlands, 2011). When women become pregnant, they may seek guidance from crisis pregnancy centers (CPCs), organizations that appear to be health clinics but are nonprofit organizations that

provide medically inaccurate information to dissuade women from obtaining an abortion (Bryant et al., 2014). Despite decades of evidence that legal abortion does not result in long-term, negative consequences, CPCs and antiabortion activists warn women of abortion-related risks including infertility, breast cancer, and mental illness (Bryant et al., 2014; Rubin & Russo, 2004). In fact, most women do not experience mental health problems from abortion (Major et al., 2009), and such misinformation may transform normative sadness women feel following an abortion into depression or anger (Rubin & Russo, 2004). National knowledge of abortion-related health, including health implications and legality, is very low (Bessett et al., 2015).

Restrictive abortion policies are linked to other forms of systemic marginalization. Reproductive justice advocates assert that issues of reproductive agency and sexual and reproductive health are integral components of a broader social justice agenda. Counseling psychologists are uniquely suited to advocate for reproductive justice (Grzanka & Frantell, 2017), although it is unclear to what degree issues of reproductive justice are covered in counseling psychology training programs.

Health service psychology and sexuality education

Despite the need described above in examining intersections between counseling psychology and sexuality, there has been a particular dearth of studies regarding sexuality training among counseling psychologists. Specifically, training in sexuality has been defined as "a life-long process of acquiring information and forming attitudes, beliefs, and values about sexuality" (Sexuality Information and Education Council of the United States [SIECUS], 2018), has been identified as the most influential factor in determining comfort with addressing the topic of sexuality in therapy (Reissing & Di Giulio, 2010), and has been linked to increased comfort with discussion of both global and specific client concerns (Hanzlik & Gaubatz, 2012), consistently across awareness, knowledge, and skills domains of competency (Graham, Carney, & Kluck, 2012).

Most of the studies of training in sexuality in professional psychology have been concentrated in Canada and with clinical psychologists (Burnes, Singh, & Witherspoon, 2017b). Directors of clinical psychology programs have suggested sexuality can be competently addressed within general training (Wiederman & Sansone, 1999). By contrast, subsequent findings have revealed the need for specialized training as students with sexuality training report more confidence in addressing sexuality in practice (Miller & Byers, 2008). While all psychologists need knowledge, skills, and a healthy attitude to work effectively with clients regarding sexuality, counseling psychologists may be especially well suited to spearhead training and research in sexuality. Yet little attention has been paid to sexuality education and training in counseling psychology, which is problematic given the importance of sexuality across the lifespan. Sex is often clinically relevant, though clients may be inclined to follow their therapists' lead, and many therapists, having been ill trained, are uncomfortable broaching sex in session (Berry & Barker, 2013; Stevenson, 2010).

In an early survey of APA-accredited clinical psychology programs, Nathan (1986) found that 37% of programs offered a graduate course in human sexuality, sexual dysfunction, or sex therapy while less than half (41%) of programs covered sex-related topics as a

small portion of the core curriculum (e.g., 5%–15% of psychotherapy or psychopathology). The remaining 22% of programs reported no training in sexuality. While additional learning opportunities were available through sex therapy practicum or extra-departmental courses, these were pursued by only a minority of trainees (4% and 13%, respectively). Subsequent researchers (Campos, Brasfield, & Kelly, 1989; Wiederman & Sansone, 1999) explored sexuality training across all APA-accredited counseling and clinical psychology programs in the U.S., corroborating the trend of limited sexuality training over the course of the next decade. Only one-third of the programs surveyed offered courses in human sexuality (Campos et al., 1989). Nearly half (49%) of predoctoral internship programs did not offer any training in human sexuality, and of the ones that did, the most common (27%) modality was through individual seminars (Campos et al., 1989).

A decade later, researchers found that few programs offered a course in assessment of sexual dysfunction (9.5%), sex therapy (7.4%), and healthy sexual functioning (5.3%); however, these topics were mentioned within the curriculum of another course in nearly half of the programs surveyed (49.5%, 42.1%, and 48.4%, respectively; Wiederman & Sansone, 1999). One-third of programs offered no training in sex therapy, sex in counseling, or healthy sexual functioning. Of the 228 predoctoral internships surveyed, the majority offered no training in healthy sexual functioning (70.6%) nor discussed sex as a topic in therapy (63.6%). Although these findings highlight the consistency in the lack of training across time, there was still no information about what information was being shared in this training and in what format the trainings were being offered.

Building on and updating Nathan's (1986) study, Asher (2007) surveyed 67 graduate psychology programs' and doctoral-level social work programs' training directors. She found that no clinical, counseling, or social work programs offered specialization within topics of human sexuality, sex therapy, or treatment of sexual dysfunction. Only one of the sexuality courses offered by the programs surveyed was required; most courses were electives. Clinical psychology programs were twice as likely as counseling psychology programs to offer a course in a topic of sexuality (21% versus 10%) or cover related topics in another course (44% compared to 24%). Training directors of counseling psychology programs also rated the importance of sexuality training lower than the ratings of clinical psychology directors.

Recently, Swislow (2016) found that clinical psychology faculty demonstrated significantly more knowledge pertaining to sexual problems than healthy sexuality, consistent with the historical focus on sexual dysfunction (Miller & Byers, 2008, 2010; Wiederman & Sansone, 1999). While the majority (90%) of faculty members identified human sexuality as highly important, they reported a lack of competence (Swislow, 2016). Burnes et al. (2017a) surveyed directors of counseling psychology doctoral training programs to investigate the degree to which sexuality was covered. Of the 25 program respondents, only four noted having a course dedicated entirely to the topic, while 13 had courses that dedicated one or more modules to a sexuality or sexuality-related topic. These researchers did not query for a comprehensive perspective of content areas covered, an omission we sought to address in the current investigation. The data from these studies exemplify that while the need for sexuality education in professional psychology programs has been given some attention, the limited availability of sexuality training within graduate

psychology programs has not been adequately addressed in program development and may be decreasing over time (Asher, 2007).

Training with respect to comfort with one's own sexuality is one of the most important foundational components to working with sexuality in therapy (Anderson, 1986; Hertlein, Weeks, & Sendak, 2009). Zimmerman (2012) proposed that therapists must be open to exploring and challenging heterocentric biases. Psychotherapists have consistently reported limited exposure to and competence in areas pertaining to sexuality with most training centering around sexual dysfunction or concerns (Graham et al., 2012; Phillips & Fischer, 1998). Miller and Byers (2010) found that one-third of their sample of licensed clinical and counseling psychologists had taken a graduate class on human sexuality; sexual problems and dysfunction were most frequently discussed. No participants reported experiencing extensive training in all facets of human sexuality topics, from sexual dysfunction and dissatisfaction to healthy sexuality; of those who reported experience in various areas, responses averaged between "somewhat covered" and "covered," indicating that these topics are limited to the same prevalence as 30 years ago (Miller & Byers, 2010). Such data suggest that more specific understanding of sexuality training for health service psychologists needs examination.

The present study

Sexuality courses, when available, are generally offered in the form of an elective or sought out by students through other forums (e.g., workshops and additional training opportunities; Wiederman & Sansone, 1999). Further, researchers consistently note that counseling psychology students are receiving training in working with LGBTQI clients, but they may not be receiving training in other content areas related to human sexuality. There is still not comprehensive data published that identify the content areas of sexuality training counseling psychology students receive. Of the few studies exploring sexuality training within the U.S., most of the participants surveyed have exclusively (Hanzlik & Gaubatz, 2012; Nathan, 1986) or predominantly (Asher, 2007; Campos et al., 1989) consisted of faculty and students in clinical psychology programs. Additionally, which of the many important and diverse areas of sexuality (e.g., reproductive justice, pleasure, sexual expression) compose the training provided remains unexamined. As training has been identified as an influential factor in determining comfort with addressing the topic of sexuality in therapy (Reissing & Di Giulio, 2010), and given that counseling psychology programs have been underrepresented in studies to date, there is a need to understand more comprehensively the content and modalities of sexuality education within counseling psychology. To answer this call, we designed the current investigation to determine the state of sexuality education within counseling psychology training.

Method

Participants

After acquiring Institutional Review Board (IRB) approval, participants were identified for solicitation through the APA website. Potential respondents were training and/or program

directors, or suitable colleagues as determined by the training/program director, for all APA-accredited and unaccredited counseling psychology doctoral programs within the U.S. and Canada (*N* = 92). Demographic information for surveyed programs, including geographic location, size of program, and accreditation status, is listed in Table 1. We chose to retain the sole Canadian program's data to capture as much breadth as possible among counseling psychology programs.

Table 1. Demographics

		n	Percentage
Geographic Region	East North Central U.S. (OH, IN, IL, WI, MI)	4	10.5
	East South Central U.S. (MS, AL, KY, TN)	4	10.5
	Mid-Atlantic U.S. (NY, NJ, PA)	2	5.3
	Mountain U.S. (MT, WY, CO, NM, ZA, UT, ID, NV)	7	18.4
	Northeastern U.S. (NH, VT, MA, RI, CT)	3	7.9
	South Atlantic U.S. (WV, MD, DE, DC, VA, NC, SC, GA, FL)	2	5.3
	West U.S. (CA, OR, WA, HI, AK)	4	10.5
	West North Central U.S. (ND, SD, NE, KS, MN, IA, MO)	9	23.7
	West South Central U.S. (TX, OK, AR, LA)	1	2.6
	Canada	1	2.6
Students Enrolled	1–25	7	18.4
	25–40	20	52.6
	40–55	7	18.4
	More than 55	4	10.5
Sexuality Training	Sexuality course, required	1	2.6
	Sexuality course, elective	9	23.7
	Sexuality addressed as needed	3	7.9
	Sexuality modules in other courses	15	39.5
	LGBT issues only	6	15.8
	No human sexuality training	4	10.5
APA Accreditation	APA Accreditation	34	89.5
	Applying for APA Accreditation	2	5.3
	Formerly APA-Accredited	1	2.6
	No APA Accreditation	1	2.6

Representatives from 38 of the 92 solicited programs participated, resulting in a response rate of 41.3%, consistent with or better than similar studies (e.g., Asher, 2007; Burnes et al., 2017a; Miller & Byers, 2008, 2010) . Most programs identified as Ph.D. programs in counseling psychology (*n* = 16) or offering a Ph.D. and master's-level degree (M.A., M.Ed., or M.S.) in counseling psychology (*n* = 9). Other programs combined clinical, school, and/or counseling psychology (*n* = 3), offered a Psy.D. (*n* = 2) and/or a Psy.D. and master's-level degree (M.A. and M.S.) in counseling psychology (*n* = 2), offered an unspecified Psy.D. or Ph.D. (*n* = 2), offered a Ph.D. in Urban Education with a counseling psychology emphasis (*n* = 1), or did not specify their degree type within counseling psychology (*n* = 3). One program indicated it offered an M.S. in mental health counseling and was

therefore ineligible to participate. Nearly one-third of the programs included identified multiculturalism (*n* = 13) and social justice (*n* = 11) as specialties or focus areas within their program. Additional areas of focus included feminist-developmental, vocational, integrated behavioral health, spirituality/religiosity and psychology, urban education, forensic and health psychology, at-risk populations, career development, play therapy, and athletic counseling.

Most participants (71.1%) indicated they served as their program's training director, and a similar proportion (55.3%) of the participants indicated their duration of service in their program was 10 years or more, while others served for 6–9 years (18.4%), 2–5 years (18.4%), and less than 2 years (7.9%). Slightly more than one-quarter (26.3%) of the participants surveyed reported that their personal graduate training program offered a course in Human Sexuality. Of those participants (23.7%) who reported taking a Human Sexuality course during their graduate training, 22.2% reported that the course was taken as a requirement while the majority (77.8%) reported that the course was an elective. While the vast majority of the participants reported never having taught a graduate course in sexuality (81.6%), 7.9% were teaching a graduate sexuality course at the time of the study and 10.5% previously taught, but were not currently teaching, a graduate sexuality course.

Instruments

We reviewed the theoretical and empirical literature to determine the breadth of topics that encompass a comprehensive approach to sexuality education, including positive perspectives and consulted the standards and guidelines from professional organizations dedicated to sexuality education, including SIECUS and the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Based on these sources, we constructed, reviewed, and edited questions to ensure that the measure was assessing the breadth of information needed for comprehensive training in human sexuality for counseling psychologists. We consulted with two sexologists outside the field of counseling psychology to solicit and incorporate feedback on the questions.

The survey, created for the present study, first defined the construct of education in human sexuality for the respondent followed by 25 questions; respondents indicated to what extent their training programs included specific domains of knowledge by endorsing content areas in each domain that were included within their program's sexuality curricula (see content areas in Table 2), indicating their role in their training program, and offering reasons why sexuality might not be covered as comprehensively. Topics included sexual development across the lifespan, health factors impacting sexuality, sociocultural values, identities, intimacy, sexual functioning and behavior, sexual ethics, exploitation, sexual expression, online considerations, and the history of sexuality research. We also asked participants how well they believed their programs addressed sexuality, how important they believed it was to include sexuality as a part of training, and what factors may inhibit their programs in covering sexuality more comprehensively. Finally, we included an open-ended question to query for any additional information participants wanted to share with us about sexuality education in training. The instrument is available upon request from the researchers.

Procedures

We initially sent email solicitations to program directors to invite them to participate in the study; the email included a link to the survey which began with participants offering consent. We sent a second round of solicitation emails about one month later to those program directors who had not yet responded, with a final round of emails sent one month later. We offered $25 gift cards to participants who supplied their email addresses. As ours is the first study in a decade to examine sexuality education in counseling psychology programs, we did not generate specific hypotheses; instead, analyses were driven by the following broad research question: What aspects of human sexuality are incorporated in counseling psychology training programs? This research question was investigated via descriptive analyses.

Results

Descriptive statistics were analyzed to determine how commonly various sexuality-related topics were addressed within counseling psychology programs (see Table 2). The majority of programs (n = 36; 94.7%) were most likely to provide training on sexual orientation and/or gender identity, with the following topics offered by most programs: lesbian and gay identity (n = 36; 94.7%), gender identity and expression (n = 35; 92.1%), transgender identity (n = 35; 92.1%), bisexual identity (n = 34; 89.5%), heterosexuality (n = 28; 73.7%), and genderqueer identity (n = 23; 60.5%). Similarly, 89.5% of respondents (n = 34) reported that sociocultural values and identities associated with sexual health and wellness were addressed. Notably, only 23.7% of respondents (n = 9) reported reviewing a historical understanding of sex from a White, Western context within their programs. Sexual intimacy skills and intimate relationships were addressed by 76.3% (n = 29). However, only 15.8% of respondents (n = 6) reported that sexual pleasure in relationships was covered in their program. Similarly, when examining sexual diversity, only 18.4% (n = 7) and 15.8% (n = 6) of respondents reported polyamory and open relationships being covered, respectively. Although 47.4% of respondents (n = 18) reported sexual health being addressed in their coursework, 71.1% (n = 27) reported the specific topic of sexual trauma being covered and 71.1% (n = 27) reported the broad area of sexual exploitation being addressed. Training related to other types of sexual harassment, such as online sexual harassment, and sex trafficking were offered by 23.7% (n = 9) and 26.3% (n = 10) of respondents' programs, respectively.

Sexual functioning and behavior were offered in 39.5% (n = 15) of respondents' programs. There was notable scarcity of training related to sexual expression including kink (n = 6; 15.8%), BDSM (n = 6; 15.8%), and tantra (n = 1; 2.6%), an Eastern spiritual practice that joins partners' sexual energies (Urban, 2003). Likewise, only 15.8% (n = 6) of respondents reported training in sexual ethics being offered in their program. Similarly, 15.8% (n = 6) and 34.2% (n = 13) reported sex and technology and human sexuality research being offered, respectively.

Table 2. Type of sexuality training offered

Specific Training	*n*	Percentage
Sexuality		
Sex therapy	5	13.2
Sexual health	18	47.4
Sexual self-efficacy	1	2.6
Sex positivity	10	26.3
Sexual expression	13	34.2
Unsure/No training	18	47.4
Sexual Development		
Lifespan	26	68.4
Childhood	8	21.1
Adolescence	9	23.7
Young adulthood	10	26.3
Midlife	9	23.7
Older adulthood	8	21.1
Sexual maturation	4	10.5
Sexual anatomy & physiology	2	5.3
Pregnancy	4	10.5
Childbirth	3	7.9
Pregnancy termination/Abortion	4	10.5
Unsure/No training	12	31.6
Health/Medical Factors		
Acute or chronic illness	8	21.1
Disability	14	36.8
Drugs	8	21.1
Conception	1	2.6
Contraception	3	7.9
Fertility	1	2.6
HIV/AIDS	8	21.1
Sexually transmitted infections	6	15.8
Other infections	0	0
Sexual Trauma	27	71.1
Injury	3	7.9
Addiction	19	50
Unsure/No training	7	18.4
Sociocultural Values/Identities		
Privilege and sex	27	71.1
Sociocultural identity and sex	24	63.2
Cultural oppression and sex	21	55.3
History of Western understandings of sex	9	23.7
Dual/Multiple sexual minority status	13	34.2
Unsure/No training	4	10.5
Intimacy skills/Relationships		
Sexual pleasure enhancement	6	15.8
Social intimacy	12	31.6
Relationship intimacy	24	63.2
Emotional intimacy	22	57.9
Intimate relationships	24	63.2
Polyamory	7	18.4
Open relationships	6	15.8
Unsure/No training	9	23.7

Table 2. *continued*

Specific Training	*n*	Percentage
Sexual functioning and behavior		
Desire discrepancy	7	18.4
Lack of desire	10	26.3
Difficulty achieving/maintaining arousal	8	21.1
Sexual pain and penetration problems	7	18.4
Difficulty with orgasm	9	23.7
Safer sex practices	8	21.1
Affective response	8	21.1
Unsure/No training	23	60.5
Sexual ethics		
Sexual ethics	6	15.8
Ethical behavior in sex therapy	8	21.1
Unsure/No training	28	73.7
Sexual orientation and gender identity		
Heterosexuality	28	73.7
Gender identity and expression	35	92.1
Asexual people	16	42.1
Lesbian and gay people	36	94.7
Pansexual people	18	47.4
Bisexual people	34	89.5
Transgender people	35	92.1
Genderqueer people	23	60.5
Intersex people	13	34.2
Unsure/No training	2	5.3
Sexual exploitation		
Sexual abuse of adults	20	52.6
Online sexual harassment	9	23.7
In-person sexual harassment	14	36.8
Sexual assault	23	60.5
Sex trafficking	10	26.3
Sexual abuse of children	20	52.6
Unsure/No training	11	28.9
Sexual expression		
Swinging	5	13.2
Kink/kinky sex	6	15.8
BDSM	6	15.8
Tantra	1	2.6
Sex work	2	5.3
Pornography use	3	7.9
Sex toys	2	5.3
Unsure/No training	32	84.2
Sex and technology		
Cyber sexuality	2	5.3
Sex and social media	5	13.2
Unsure/No training	32	84.2
Sexuality research		
History of sexuality research	9	23.7
Current trends in sexuality research	11	28.9
Human sexuality research methods	5	13.2
Unsure/No training	25	65.8

None of the programs surveyed covered all the human sexuality topics explored. Overall, the topics most frequently covered were sexual orientation and gender identity (*n* = 36; 94.7%), forms of intimacy (*n* = 29; 76.3%), intersecting identities (*n* = 36; 94.7%), sexual trauma and abuse (*n* = 27; 71.1%), and sexual development across the lifespan (*n* = 26; 68.4%). The topics covered least were sex therapy (*n* = 5; 13.2%); sexual self-efficacy (*n* = 1; 2.6%); reproductive aspects of sexual development and sexual health, such as pregnancy (*n* = 4; 10.5%), childbirth (*n* = 3; 7.9%), and pregnancy termination/ abortion (*n* = 4; 10.5%); human sexuality research methods (*n* = 5; 13.2%); and all surveyed forms of sexual expression including swinging (*n* = 5; 13.2%), kink (*n* = 6; 15.8%), BDSM (*n* = 6; 15.8%), tantra (*n* = 1; 2.6%), sex work (*n* = 2; 5.3%), pornography use (*n* = 3; 7.9%), and sex toys (*n* = 2; 5.3%).

Most participants (*n* = 27; 71.1%) identified their program's incorporation of sexualityrelated topics in the curriculum as average or comparable to other programs while 13.2% of participants (*n* = 5) reported that they believed their program was above average and 15.8% of participants (*n* = 6) considered their program's incorporation to be poor. While the majority of participants (*n* = 30; 78.9%) identified training in human sexuality as ranging from important to essential, most participants (*n* = 34; 89.5%) identified time as the primary constraint to addressing human sexuality in their training programs.

Free response analysis

We posed two questions to allow for open-ended responses. We used inductive thematic analysis to identify patterns in responses. We read, coded, and reviewed participants' answers for common themes (Braun & Clarke, 2006). Given the nature of our free response questions as supplementary to our survey's multiple-choice options, we elected to summarize and report responses rather than making interpretations based on an underlying philosophy of analysis.

One survey question inquired about factors that inhibited respondents' programs from covering the sexuality topics surveyed and included an opportunity for participants to identify reasons other than the categorical responses generated by the researchers. Of seven total responses, several (*n* = 4) noted curriculum restraints, imposed by their institution or APA to maintain accreditation, as barriers to incorporating more comprehensive human sexuality training in their programs. Other factors that inhibited incorporation of human sexuality training in respondents' programs included concerns about additional classes extending the duration of the training program ("time to degree") (*n* = 1), lack of faculty support for requiring a human sexuality course (*n* = 1), too few faculty members to offer specialized courses (*n* = 1), institutional pressure to offer courses that meet a predetermined enrollment (*n* = 2), and institutional obstacles to developing new courses (*n* = 2).

We also invited participants, in the final question of the survey, to share other information pursuant to sexuality education in counseling psychology that they thought was relevant to our study. We did not detect common themes but noted individual responses. One respondent noted that many of the sexuality-related topics explored in the current study were covered in courses (e.g., multicultural counseling, couples' counseling) that some students transfer into the respondent's program following the completion of a master's degree. Therefore, though the respondent endorsed some sexuality topics were covered in their program, not all students who complete the program were exposed to those

topics during training. In another program, the respondent was unsure of the coverage of sexuality-related topics as they may be addressed in courses taught by Marriage and Family Therapy faculty, such as a couples' and family therapy course.

One participant noted the conflict between the possibility of considering sexuality as a post-doctoral specialty area given the difficulty of covering all relevant topics during graduate training and the concern that, without training, counseling psychologists' practice may be influenced by morals and values rather than the science of sexuality. Another participant indicated they were a trained sex therapist without the opportunity to teach a sexuality course; the participant noted they taught about sexuality in their practicum and ethics courses.

Discussion

Our study updates and expands upon the existing literature through an exploration of graduate sexuality training within counseling psychology programs primarily in the U.S. Results indicate that human sexuality courses are rarely offered in counseling psychology programs and, when they are, are typically offered as electives. Compared to earlier studies conducted primarily with clinical psychology programs with largely Canadian samples, results indicate fewer contemporary counseling psychology programs provide sexuality training (e.g., Campos et al., 1989; Miller & Byers, 2010; Nathan, 1986; Wiederman & Sansone, 1999). Further, few human sexuality-related topics beyond lifespan sexual development, relationships and intimacy, sexual trauma and abuse, and gender and sexual minorities are typically covered within counseling psychology programs. Most areas related to sexual development, sexual health and medical factors, sexual functioning, sexual ethics, sexual expression, and sexuality research are infrequently addressed. Of note, only 10% of participants indicated their programs cover abortion, which may be especially problematic in light of persistent widespread misinformation (Bessett et al., 2015; Bryant et al., 2014) coupled with the common occurrence of abortion (Jones & Kooistra, 2011); indeed, researchers recently found abortion knowledge lacking among a group of psychologists and graduate students and a positive relationship between having accurate abortion knowledge and endorsing legal support for abortion access (Mollen, Hargons, Klann, & Mosley, 2018). Infrequent coverage of other topics of sexual development related primarily to women, including childbirth and pregnancy, was observed although most psychotherapists will work with women clients during the reproductive stage of their lives. Qualitative data suggested that several factors may be contributing to the historical and ongoing omission of human sexuality from graduate counseling psychology training, including curriculum restraints, availability of resources, and faculty and university support. Given these constraints, it is possible that there has been a shift from covering topics of sexuality in limited course offerings to integrating the topics within the structure of other courses/training or in response to students' expression of a professional need and/or interest in the topic. More direct exploration of these constraints is an area in need of more research.

Implications for training

Our findings provide several implications for training ranging from faculty and student training to advocacy and program development. First, the current findings suggest that programs may need to consider broader conceptualizations of topics encompassed in sexuality training to ensure comprehensive and nonpathologizing training opportunities for future practitioners. The present study provides empirical support for and builds upon previous literature (e.g., Burnes et al., 2017b) that counseling psychology focuses more on sexual orientation rather than other types of diverse sexualities. Indeed, LGBTQI-related topics were addressed in more than 90% of the programs surveyed, although few mentioned polyamory, kink, or other identity-based forms of sexual expression. Such a dearth of inclusion suggests the need for programs' comprehensive evaluation about the extent to which sexuality is discussed in both didactic and fieldwork training components of counseling psychology programs. For example, training programs can review guidelines from SIECUS and AASECT when constructing or amending curricula to ensure that a variety of needed topics about sexuality are being covered. Faculty should review updated guidelines about sexuality education to ensure that course content reflects contemporary and updated information about sexuality.

Further, these data suggest that failure to provide diverse representations of healthy sexuality in training may inadvertently perpetuate stigmatization of marginalized groups. Trainers should actively seek course materials that explore sexuality for individuals who have historically not been represented in sexuality courses. For example, discussing chapters from Miller-Young's (2014) text on representations of Black Americans in pornography or discussing sexuality for individuals with disabilities per Mona, Syme, and Cameron (2014) can help to address issues of power, privilege, and oppression that are vital parts of a larger discourse about human sexuality. Further, training programs should seek to incorporate a consideration of the many facets of sexuality evident in the definition provided by the WHO including not only relationships, sexual orientation, and sexual functioning but also largely omitted components such as body image, reproductive health and practices, and gender identity (WHO, 2010). Educators should consider initiating partnerships with local community organizations, such as transgender and gender nonconforming advocacy groups, local sexual health clinics, and organizations dedicated to wellness and health promotion. These organizations often have staff dedicated to outreach who would welcome the opportunity to attend class in-person or virtually. Further, the instructor can create clinical vignettes and assign students to small groups to apply their knowledge of readings in the creation of structured interventions or research designs. The use of these various teaching methods can aid instructors in ensuring the comprehensive nature of their sexuality courses.

Second, the present findings, in conjunction with previous research demonstrating faculty members' self-perceptions of a lack of competence in sexuality training (Swislow, 2016), suggest additional training may be warranted for faculty as well as students. Data suggested that collaboration with other departments to provide additional training in topics pertaining to sexuality may be necessary in the absence of faculty in their own programs with expertise in this area. While such a collaboration, outlined as necessary by previous researchers (e.g., Wiederman & Sansone, 1999), may serve as a temporary solution, it is

evident that additional training is needed that is facilitated with counseling psychologists to provide explicit connections between sexuality and the values of the discipline. Faculty can attend local, regional, or national conferences to receive necessary continuing education in sexuality-related topics. Faculty may also participate in webinars through sexual health organizations that can help them continue to update their knowledge base. Further, faculty can start or join an existing faculty consultation group for instructors of human sexuality through in-person meetings or Internet-based chat functions (e.g., Skype, Zoom, etc.). Such groups can provide faculty the chance to receive supportive feedback on their own biases, while offering invaluable learning and consultation opportunities.

Data from the present study highlight potential points of intervention, including perceived significance of topics of human sexuality in graduate counseling psychology training and integration of the field of counseling psychology's core tenants of multiculturalism and social justice into program curriculum. Such socialization is particularly important for trainees who take a course in sexuality in a terminal master's program outside of counseling psychology (e.g., marriage and family therapy) to ensure that they receive training within the context of the core values of the discipline, such as promoting health and wellness across the lifespan, embracing a strengths-based perspective, and advocating for social justice. Beyond the important link between sexuality training and the tenets of the field of counseling psychology, faculty training is essential, given previous findings demonstrating a trend of insufficient training among sexuality educators in topics of healthy sexuality (Wampold, 2014) and the influential role of sexuality training in predicting comfort with the topic of sexuality in psychotherapy (Reissing & Di Giulio, 2010).

Third, considering the relationship between sex and well-being (Laumann et al., 2006), the saliency of sexuality in diversity considerations, and the inclusion of sexuality in guidelines for practice (e.g., with LGBTQI clients; APA, 2012, 2015 and with women and girls, 2007), the need for sufficient training and education in these areas is vital. Although directors of clinical psychology programs have suggested that sexuality training can be sufficiently incorporated in general training (Wiederman & Sansone, 1999), subsequent research has identified a relationship between specialized sexuality training and increased practitioner confidence in addressing topics of sexuality in practice (Miller & Byers, 2008). Accordingly, sexuality training should be considered in program and curricular development. Given our study's findings regarding what directors consider to be the primary constraints to including sexuality training in graduate education (e.g., lack of faculty support and institutional obstacles), raising awareness regarding the importance of sexuality training may be an integral foundation upon which comprehensive training can be developed. In the interim, participants identified intentional inclusion of specified sexuality training within preexisting courses as an approach to addressing this limitation in training.

Lastly, the data from this study also have implications for larger training and accreditation standards within the profession as they suggest the need for sexuality to be more comprehensively integrated into training expectations within health service psychology. Further, given the strong alignment with the values of counseling psychology, the question of sexuality becoming a discipline-specific competency for counseling psychology is one that merits further discussion by training-focused organizations.

Future research considerations

Results from the current study have a variety of implications for counseling psychology research. Building on existing literature (e.g., Burnes et al., 2017a), these data broadly suggest that there is a deficit of training related to learning outcomes in sexuality-based education. We encourage future researchers to consider conducting content analyses of course syllabi to assess sexuality coverage. Future researchers should attend to the ways that counseling psychologists promote, assess, and evaluate trainees' learning about sexuality. Exploring the experiences and perspectives of trainees within counseling psychology programs pertaining to the topics explored in the current review would capture another vital dimension in sexuality education. Lastly, investigators should consider surveying counseling psychologists in practice across their careers to ascertain their perspectives on the quality of training they received in sexuality and whether and how they address issues related to sex in their practice.

Limitations

Consistent with previous studies (e.g., Campos et al., 1989), the anonymity inherent to the current methodology presents a limitation in exploring the differences between programs represented in the current study and those that did not respond to the survey request. Respondents may have been more comfortable with and interested in sexuality training compared to those who did not respond. Similar with previous studies, ours is limited in its reliance on the perspectives of those who participated, the majority of whom were training directors. Given that many of these individuals are leaders within their respective programs, a social desirability bias, for which we did not assess, may have emerged. The instrument we used, developed specifically for this study, is another limitation. Finally, relying on participants' self-reports is a limitation that future researchers could rectify by analyzing syllabi, surveying additional faculty members from the same programs, and including students' perspectives and experiences.

Conclusion

Our study's findings suggest sexuality education in counseling psychology training programs is strong in some domains, particularly training related to gender and sexual minorities, but neglects other important aspects of human sexuality with the majority of topics surveyed excluded from the curriculum. Additionally, the current findings reveal a perspective in which topics of human sexuality are viewed as additional, elective considerations or areas addressed in response to students' interests or needs rather than an integral component of the human experience and therefore, of comprehensive training. Given the unique tenets of counseling psychology, we hope our colleagues will join us in calling for greater attention to sexuality education in training health service providers in the future.

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Notes on contributor – Debra Mollen is Professor in Counseling Psychology at Texas Woman's University and a Certified Sexuality Educator with the American Association of Sexuality Counselors, Educators, and Therapists (AASECT).

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