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ACES Proposal 2025 Power Point Notes

SLIDE #1

I would like to thank you for coming to have a conversation about Human Sexuality as a Core Component in Counselor Education. Without a doubt, human sexuality is often a key aspect of the human life well lived. Our time will highlight many reasons why this should be added as a core component in counselor education. Minimally, this session desires to spur each person in the field to expand their personal knowledge of human sexuality and gain confidence to approach the topic with client regularly.

SLIDE #2

Why are we discussing human sexuality in counselor education?

Few programs include human sexuality.

This discussion will show some reasons why this should be changed.

There are no specific guidelines.

The exclusion of human sexuality as a core component in counselor education training programs is a disservice to counseling practitioners and the community served.

Nationwide guidelines should be considered.

Without nationwide guidelines, human sexuality training is lacking in most programs.

Human sexuality effects life satisfaction.

Counselors could spur increased satisfaction by being prepared to engage the topic of human sexuality without shame or embarrassment and being equipped with evidenced based information.

SLIDE #3

Why is human sexuality important for counselor education?

Sexual satisfaction is a determiner of life satisfaction.

Human sexuality is a component of human existence that plays a substantial factor in who a person is and will likely affect the overall capacity of the lived experience of every person.

Stephenson & Meston (2013) suggested their findings point to sexual satisfaction as potentially being a higher determiner of life satisfaction than “wider interpersonal dynamics”.

Counselor must be equipped

Counselors need not be embarrassed

Counselors need confidence

Imagine for a moment you are the client that goes to a professional counselor to talk about your sexual desires or concerns and realize the professional is embarrassed by the topic or is not equipped to discuss the matter generally. Would this instill confidence in your situation or cause you to think your issue is odd, taboo, or too difficult?

Counselors should be holistic

Counselor Education programs need to be assisting future counselors to be well equipped to counsel from a holistic perspective and human sexuality should not be excluded.

SLIDE #4

Why is human sexuality important for counselor education?

Few programs teach human sexuality.

Mollen et al. (2020) said, “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.”

Add human sexuality as a core component

Sanabria & Murray (2018) have introduced the idea of not only having a stand-alone human sexuality course, but to also spread a hint of sexuality counseling techniques throughout most of the curriculum to be best equip students for the variety of sexual needs that may come up throughout their professional career.

Spur the field to action

A hope of this presentation is to make clear the need to include human sexuality in all counselor education programs and spurs the field of professional counseling to action.

SLIDE #5

Human Sexuality Effects on Relationship Satisfaction

Prominently

In this discussion, it seems pertinent to consider the effects that human sexuality may have on relationship and individual satisfaction. Sexual satisfaction figures prominently in relationship satisfaction and personal well-being (Walker & Lutmer 2024).

Sexual Boredom

Lack of Stimulation

Sexual Novelty

Matthews et al. (2018) found that sexual novelty (keeping sexuality fresh, alive, interesting, spontaneous) helps improve both sexual and relationship satisfaction. de Oliveira et al.'s (2024) research points to addressing “sexual boredom” and the “lack of stimulation” in promoting sexual and relationship satisfaction.

Therapy Helps

According to Sanabria & Murray (2018), Intensive Therapy should be a key component in counseling clients with sexual issues that includes “sex therapy”, “relationship dynamics and/or psychological concerns” and other “complex sexual issues”.

SLIDE #6

Human Sexuality Effects on Individual Satisfaction

Sexual Distress

Stephenson & Meston (2013) did a work regarding the association between sexual well-being and life satisfaction. Their efforts pointed to sexual distress being a larger contributor to overall life satisfaction than did their attachment style or the general satisfaction of their relationship.

Unlocking Life Satisfaction

Their findings are indicative of the importance of evaluating a person's sex life because it could be a key to unlocking, or at least promoting, life satisfaction even amid other life encumbrances.

Crucial Topic

Human sexuality is a crucial topic for discussion in the counseling relationship to help a person achieve a better state of well-being.

Missed Opportunities

There are many missed opportunities to affect real improvement in clients due to the lack of human sexuality training in counselor education programs.

Supplemental Training

Practitioners who desire training in human sexuality are having to try to find resources to supplement their academic educational training. Please consider, if you attended a counselor training program that excluded human sexuality, getting some training in human sexuality to be prepared for clients who will have concerns or are looking for ways to make improvements.

SLIDE #7

Human Sexuality is Lacking in Counselor Education

A lack of guidance regarding the inclusion of human sexuality in counselor education has each program choosing if they will or will not include human sexuality courses. If it is included, it may have very different competencies included from program to program

Sex Positivity

The problem being highlighted is viewed by Cruz et al. (2017) as being significant enough to write about needing to “integrating sex positivity in counseling...” in light of 60% of practitioners never or rarely discussing sexual health with their clients.

Sexual Health

Avoiding or failing to include sexual health in session can be viewed as reenforcing negative schemas regarding sexuality.

Self-Efficacy

Miller and Byers (2008) put forward the idea that if students do not develop “sexual intervention self-efficacy”, they may be more likely to avoid the topic in their professional career.

Continuing Education

Miller and Byers (2009) say the gap in the training in sex education is not being filled by continuing education courses and likely explains why counselors are not asking or addressing sexual issues with their clients.

Counselor Education Programs

(1) This lack of education may be the reason why of 105 clinicians, only 21% of those surveyed had asked clients about sexual issues in the four weeks prior to the study and 20% had not asked a single person about their sexual health in the prior four-week period (Miller and Brers 2009). Dermer & Bachenberg (2015) did research and found that in 2007, only 8% of the 537 counseling programs that were located at 221 different universities required a course in sexuality. Their research indicates that over the eight-year period (2007-2015) the numbers had not changed. Dermer & Bachenberg (2015) say that mental health workers “need knowledge, experiential exercises, and supervision in working with sexual issues.”

(2) Mollen (2020) looked at 38 PSYCHOLOGY programs (with 71% of respondents being program directors and 55.3% having a tenure of 10 years or more with only 7.9% being less than 2 years) and determined that 26.3% of those surveyed had a human sexuality course in their graduate program. Of these only 22.2% said the course was required, meaning 77.8 % were only offered as electives. This research indicated an approximate 73% of the programs did not offer any type of human sexuality course. Only 7.9% of the respondents were currently teaching a human sexuality course. These percentages help to make clear the short fall in the teaching of human sexuality in training programs. How can the training of counselor trainees be complete without being taught aspects regarding human sexuality that is such a critical part of a human life well lived?

[Additional Articles Needed](#)

Another clear gap is in the articles being published. Between 2007-2017 in *The Journal of Counseling & Development*, *The Journal of Multicultural Counseling and Development*, and *Counselor Education and Supervision*, that had included the root word sex in the titles. Many

were eliminated for being a passive occurrence (e.g., list like sex, race, gender) and narrowed 487 articles to 73. Zeglin (2019) did a review of the 73 articles and found that 46.6 % covered sexual identity, 0% on anatomy and physiology, 10% on sexual identity, 15% intimacy and interpersonal relationships, 3% pleasure/sexual lifestyle, 0% sexual functioning, 10% health and medical factors, 12% Sexual Exploitation, and 5% history and systems. There is a great need for good human sexuality articles to supplement the gap in counselor education requirements.

Inflating the Taboo

Zeglin (2017) encourages the proficiency of human sexuality among counselors in training. Adequate training is an essential component to overcoming the felt need of practitioners to refer due to a perception of the need to be a sex specialist (sex therapist) and therefore must refer. Always referring may increase the perception of human sexuality as being a taboo subject that is to be avoided Sanabria & Murray (2018).

SLIDE #8

CACREP 2024 3.B & C

When the attention is shined on CACREP, it becomes distinct that their standards have some things to say about a counselor's role in human sexuality and the need for training.

When looking at the broad section indicators in CACREP (2024) Section 3 (guidance for the foundational counseling curriculum),

CACREP 3.B (speaks to the social and cultural identities and experiences)

We can see more specific dynamics that address the need for counselor education programs to include human sexuality training (i.e., CACREP 3.B.2, 3, 5, 6, 9, & 11 & 3.C.9 clarify that this discussion in counselor education cares about:

3.B.2 attitudes, values, beliefs, worldview

Counselors who are equipped can help their clients in their clarification of their attitudes, values, beliefs, and how their worldview effects their sexuality.

3.B.5 effects on stereotypes

Counselors who are equipped can help their clients understand stereotypes and decide what they think about these and how that may affect their sexuality.

3.B.6 socio-cultural influence and cultural values

Counselors who are equipped can help their clients understand socio-cultural influence and cultural values and decide what they think about these and how that may affect their sexuality.

3.B.9 identifying and eliminating barriers

Counselors who are equipped can help their clients identify and eliminate barriers to achieving sexual satisfaction.

3.B.11 role of religion and spirituality

Counselors who are equipped can help their clients to consider what role their religion and spirituality may play in having a fulfilling sexuality.

3.C.9 the role of sexual development and sexuality related to overall wellness.

Counselors who are equipped and therefore able to be confident in a discussion regarding human sexuality can help their clients to work through the role sexual development and sexuality may play in clients' overall wellness.

SLIDE #9

ACA Ethics 2014

The ACA Code of Ethics (2014) has a few areas to contribute to the need for teaching human sexuality due to the immense effect it has on relationships.

Section C Introduction, Counselors Aspire to:

open, honest, and accurate communication in dealing with the public and other professionals

Human sexuality is an area where many people are hindered to speak freely. Counselors need to be equipped to have “open, honest, and accurate conversations with their clients regarding human sexuality.

practice within the boundaries of professional and personal competence

Human sexuality is an area of competence that is needed to help clients be empowered to live healthy, happy, & holistically which includes sexuality.

advocate and promote change for individuals that improves quality of life

As mentioned, human sexuality is a key for many individuals and partners to improve the quality of their lives.

[engage in counseling practice that are based on rigorous research methodologies](#)

Counselors need the training in the counselor education programs to have the foundation to have been well laid with practices in human sexuality that are based on rigorous research methodologies.

SLIDE #10

ACA Ethics 2014 (Continued)

[Section C, Counselors Aspire to:](#)

[C.2.a. Counselors only practice where they have been trained and are well prepared to benefit their clients](#)

Counselor Education should be equipping counselors in human sexuality to help them be “trained and well prepared to benefit their clients”.

SLIDE #11

Human Sexuality is Encountered in Many Ways

Have you ever been to a beach that is set up with the various sunbrellas for people to sit under. Everyone sets up exactly the same, wearing the same outfits, has the same number of people in their groups... No, what we see is every sunbrella area is unique, diverse, and is being enjoyed in ways that may be miserable to the person beside them. One person’s ideal day at the beach is being alone and reading their book where the next may want to be playing loud music while being boisterous and loud. Humans are so unique and see life’s adventures from varying lens. Human sexuality is much the same where it is experienced in so many ways. Again, what one person enjoys and finds exciting may be taboo or even terrifying to the next. How great would it be if counselor education programs were equipping counselors to be confident in helping clients to sort through these ideas and then to be better able to enjoy their sexuality conversations with clients. We will spend a few minutes exposing us to various ways humans’ sexuality plays out both in positive and negative ways.

[Exposure to Human Sexuality](#)

Positive and Negative

Counselor Education programs should be equipping their students with a well-rounded view of the lived realities of individuals' varied sexuality experiences.

misinformation and risky behaviors

An area we will talk about is the prevalence of misinformation and risky behaviors. Nield et al. (2015) shared that there are a variety of reactions to sexuality. The women they interviewed reported their sexual encounters as having been discordant who reported being heterosexual while also stating they have had sexual encounters with other women in recent months. They go on to mention that the definition of what constitutes having sex is narrowing to the penis penetrating the vagina while considering acts such as oral sex to be "less risky or even casual". This is thought to be so because of the heavy push to prevent unwanted pregnancies has failed to take a well-rounded approach leaving individuals to make invalid conclusions (e.g., no chance of pregnancy equals safe sex). This could also lead into a conversation regarding using or nonuse of condoms as well. Somehow there seems to be a disconnect between sex fluids not being consumed vaginally to prevent sexually transmitted diseases and pregnancies but being consumed orally as not being an issue or concern. This should make the case for better sex education generally and for counselors to be well trained and equipped through their counselor education to have informed conversations with their clients regarding the risk being taken through various acts (e.g., oral sex), mistakenly, thought by some to be less risky or even safe.

sexual trauma

A second area counseling students need to be made aware of is the area of sexual traumas. Traumas of all types are despicable, and it would be such a blessing if they never occurred! Sexual traumas are often perpetrated by people that are trusted and endeared by the very people they hurt (Mukhlisiana et al. 2024). Mukhlisiana et al. (2024) go on to state that counselors who work with children of sexual traumas need to learn appropriate skills to be able to be understood (i.e., use of easily understood language, appropriate word choices, tone of voice, behavior, and readiness to receive feedback from children in any situation). Counselors need to have the opportunity to have thought through their reactions when presented with sexual traumas. A

person should be angry and want to take action to promote change, however, a counselor becoming angry or saddened to the point of despondency will not be helpful for their client who has come to them for help. Interiano-Shiverdecker et al. (2023) in their discussion about the lack of preparedness of counselors to deal with survivors of sex-trafficking came up with 128 child sex trafficking competencies that they “organized into five domains: (a) *intervention strategies and the helping relationship*, (b) *trauma and sex trafficking*, (c) *assessment of risk factors and indicators*, (d) *ethical practice*, and (e) *cultural diversity and human growth and development*.” This group experiences numerous traumatic events such as rape, torture, kidnapping, and severe psychological, emotional, and physical abuse and is just one example of the needs for counselors to be trained in human sexuality so they will be well prepared to assist these clients towards healing.

sexual fetishes

A third area counseling students need to be made aware of is those who are living with a consensual non-monogamy (CNM) agreement (e.g., polyamorous arrangement (a sexually open arrangement where there is often a primary and secondary relationships with some indicating all are equal in relational status (Balzarini et al., 2017); Tatum et al. (2024) refer to these as hierarchical verses nonhierarchical). This needs to occur so student will not be shocked to learn that some people are choosing to live their sexuality outside of traditional norms, and the norms of most humans today, that many people have not been exposed to or have had an opportunity to consider their personal thoughts around the ideas. Students need to have time to process any concerns, apprehensions, aversions, etc. (ask questions) so if presented with a case involving polyamory or other CNM activities (e.g., swinging, open relationships, cheating), the student will be more likely to maintain decorum and therefore be better equipped to maintain the helping relationship

boredom

de Oliveira et al (2024)“...found that sexual boredom partially mediated the relationship between partnered sexual desire and sexual and relationship satisfaction...”Think about being in a counseling session and helping a couple to consider ideas to spice up their sexual experiences

with the introduction of variety and spontaneity with their partner to help improve their sexual vigor and zeal. Such an idea is a simple adjustment, though often overlooked but seems obvious once introduced. A counselor often cannot help a client arrive at a conclusion if the counselor themselves has not considered such ideas. Zorn et al. (2022), put forward the need to test the creativity in the place, setting, or position of a couple's sexual encounters to see if these would influence the sexual frequency and satisfaction levels reported. Matthews et al. (2018) also conclude that combating sexual boredom, such as through the use of sexual novelty, can be important to ensuring happy and healthy relationships.

sexual dysfunction

It goes without saying that there are a variety of sexual dysfunctions in individuals that can be helped through the counseling relationship if the practitioner is trained appropriately to be an adequate helper when these issues arise. Santos Silva (2022) discusses menopausal sexual dysfunction and the drastic effects it can have on a women's sexual desire and function due to physiological changes that occur during this period. Some of these issues can be improved, in many cases, by using a "holistic approach" that not only involves the client's medical helpers, but also utilizing Cognitive Behavioral Therapy, Mindfulness, and cognitive restructuring (Santos Silva 2022). With the right training, counselors can be equipped to come along side of these ladies and their partners to help them to consider ways to work through the changes and continue to enjoy the pleasure of sexuality as they age.

Sexual difficulties of women with diabetes can be an issue that is not well known. Sulastri & Permana (2023) write about this with a specific focus on diabetes mellitus type II with sexual diffusion. They state that sexual dysfunction can cause pain and lack of interest in intercourse with their partner and thus leading to feelings of guilt. To further complicate the matter, they indicate this leads to strife in the home which then is a contributing factor leading to depression, low self-esteem and body image concerns. Sulastri and Perma (2023) did a qualitative study with eight women with diabetes mellitus. Participant 8 said, "I feel guilty because I cannot serve my husband with satisfaction...but if we are healthy, we can serve well,

with mutual satisfaction” This lady was suffering from sexual dysfunction because of physiological issues that arose due to diabetes mellitus.

The authors go on to suggest that the feeling of guilt could be lessened by “a mutual understanding between the partners and support for treatment so that the wife does not feel guilty and fearful about her household” (Sulastri & Permana 2023). It would seem plausible that a counselor could help a couple to achieve this very outcome. Abdelkhaliek et al. (2024) found that of the 25 (from the group of 178) that were self-identified as having sexual dysfunction for at least one year, there was significant pre-intervention (92.7 % with SD) and post-intervention (55.1% with SD) difference using the PLISSIT model to help assist in relieving some of the sexual dysfunction that had occurred because of diabetic issues. “The PLISSIT model were given on an individual basis, which include Permission (P), Limited Information (LI), Specific Suggestions (SS), and Intensive Therapy (IT)” (Abdelkhaliek et al. 2024). These two types of sexual dysfunction should demonstrate the need for counselors in training to be prepared to meet the sexual needs of their future clients.

orgasm or lack of orgasm

Forth we will consider some issue commonly associated with monogamous heterosexual relationships, that could also occur in and apply to other type relationships. An area of training that will be beneficial is a better understanding of sexual orgasms and ways this is hindered or improved. Bhat & Shastry (2020) did research regarding female orgasm for those reporting as being in monogamous heterosexual relationships. They had a sample size of 645 women from across the world and determined the average time to orgasm is 13.41 minutes which is shortened when you include additional stimulation (e.g., nipple stimulation). Another finding is that women reach orgasm quicker when their vagina is wet, whether from lubricant or due to being stimulated. These are areas of sexual health and relationship satisfaction that may be understood

as causation of outcomes that are typically considered to be desirable and need to be better understood by those who are professional counselors.

We could go through the rest of these with the same level of conversation, but time will not permit.

The conclusion from this slide is to introduce the variations of lived human sexual experiences within the counselor education programs to help counselors to be equipped to serve their clients well from a holistic perspective.

lack of desire or hyper desire

control issues

sexually transmitted diseases

sexual compulsion

values based concerns

SLIDE #12

Zeglin et al. (2017)

Proposed Human Sexuality Counseling Competency Domains

When we start to think about where to begin, it may seem like a vast ocean where navigating can be daunting without being adequately prepared to sail the ship with the right tools and in the right direction.

Using insights from the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), Zeglin, R. J., Van Dam, D., & Hergenrather, K. C. (2017) point to 10 domains they believe should be core areas for counselors in training that represent “the sexuality-related topics, models, and information with which counselors should be familiar”

(a) ethical/professional behavior

ACA 2014 indicates counselors should be in tune with diversity and the rights of clients to make decisions about who they will be, including their sexuality and desires. They remind counselors that even when sexual behaviors are outside of the counselor’s visions of normality or properness, it should not automatically be deemed as “disordered, deviant, or paraphilic” (paraphilia—a condition characterized by unusual sexual desires, typically involving extreme or dangerous activities). They share similar reminders for researchers and state that some sexual practices may be difficult to research due to the perceived shame that may be generally associated with the behaviors. Additionally, they share that research questions should be formed with consideration and not seek to “pathologize” certain sexual behaviors.

The part I cannot align with is being intentional to publish findings in a manner where it intentionally does not “support any stigmatizations”. Their work correctly says sexual proclivities need to be researched to show the “possible health outcomes” and in a “holistic context”. If research points to positive or negative effects of a behaviors, it needs to be published as having the effect it has without being skewed to meet an agenda of inclusion or exclusion.

Zeglin et al. (2017) conclude their conversation regarding ethical and professional behaviors with, “Ethical practice should be the foundational aspiration of sexuality-competent counselors.”

(b) history and systems

Zeglin et al. (2017) continue with the reminder that sexual dysfunction was once believed to be the result of “deeper psychological upset”. Modern counselors should be able to work with clients from a holistic view using counseling techniques but also understanding the need to refer to a medical physician to ensure issues are not of a physical nature. They recommend that counselors be familiar with the PLISSIT model as introduced by 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.) “This model outlines a four-step approach to addressing sexuality-related distress: 1) Permission (given to clients to discuss and ask questions about sexuality), 2) Limited Information (i.e., provide clients with evidence-based information), 3) Specific Suggestions (for how to concretely address sexuality-related distress), and 4) Intensive Therapy (to uncover and treat psychological etiologies).

(c) anatomy/physiology,

Zeglin et al. (2017) speak about the need for counselors to be aware of the anatomy of both male and females to help clients to identify potential issues that may need attention or to simply be equipped to speak knowledgably with clients regarding sexual topics from an anatomically accurate stance.

(d) sexual identity

Zeglin et al. supports counselors being aware of what people today are meaning when discussing:

Biological Sex—physical hardware

Gender Identity—internal feelings

Gender Expression—“outward enactment of gendered behavior”

Sexual Orientation—sexual attraction of an individual.

A counselor should be prepared to discuss sexual identity in a sensitive manner.

A counselor should be prepared and provide psychoeducation regarding the complexities that can affect a person’s thoughts regarding their sexual identity.

(e) sexual development

Counselors must be equipped with age-appropriate knowledge regarding sexuality to help clients navigate their sexuality regardless of where they are in life. An example would be the young child who is touching their genitals because it feels good. Being equipped to realize this is perfectly normal, though it may be discouraged by their adults, will hopefully allow the counselor to assist the parental figure to react in a manner that does not pathologize the behavior while also regulating it as well. It is appropriate if a parent does not want their children to be doing this, but it must be handled in a manner that does not pathologize the behavior and therefore increases the likelihood of future sexual difficulties.

Also, a well-prepared counselor can also help the couple who has experienced a thriving sexual life for many years but are now older where a higher rate of sexual expression through their lives may begin to lessen or even diminish. A couple may need help accepting the changes, to understand that it is common for these changes to develop, and to help develop new and exciting ways to be sexual in the new stage of life.

(f) intimacy and interpersonal relationships

Counselors need to have an awareness of the factors that help to shape their clients’ sexuality (e.g., interpersonal relationships). Zeglin et al. (2017) go on to make an association between a person’s attachment style and how this can affect a person’s sexuality.

(g) pleasure and sexual lifestyles

These include monogamy, polyamory, swinging, kink, BDSM, etc. and can be signs of distress for some while being signs of strength in others. This section may lead to conversations about the value of foreplay that can be as simple as a foot rub or stimulating breast etc. Should these activities lead to more involved expressions of desire, a counselor should be equipped when sexual play has become mundane to recommend the idea of trying various positions or the use of toys etc. to help improve the enjoyment of a sexuality experienced with their partner. A key tool that counselors need when helping with sexuality is to encourage communication to highlight the good and making aware negatives to avoid or make adjustment regarding the less enjoyable aspects of their sexual encounters.

(h) sexual functioning

Counselors should be trained and aware of normal physical sexual functioning of both females and males to help their clients process through what may be occurring. This information will help a counselor to hear things that may alert them to suggest an appointment with their medical provider or open conversations of things that may be affecting them psychologically that could be talked through. Zeglin et al. (2017) discuss these things but say not to use “normal” as a hard and fast rule but to look at the whole of the person and their views of sexuality and the world.

(i) health/medical factors

Similarly to sexual functioning, counselors will be a benefit to their clients by having some general understanding of side effects associated with prescriptions or medical procedures. Zeglin et al. (2017) want their readers to know there are too many prescriptions and medical procedures to know them all but encourage practitioners to have a general knowledge or know where to look when needed. Knowledge of STD's and the link to risky behaviors may provide an opportunity for a counselor to prevent some of these issues for clients. The way a counselor sees and develops the counseling relationship and process can help affect their clients' sexual health.

(j) sexual exploitation

Counselors must be aware of power differentials that effect their interactions with clients and their clients' interactions with others who may be in a role of authority over them. Being equipped with this knowledge will help counselors to have better conversations with their clients that will hopefully prevent issues from occurring and how to deal with issues that have occurred or are occurring.

When Zeglin et al. (2019) researched the articles regarding sex, they helped their readers to be aware that the sphere of topics helping to educate the counseling profession, regarding human sexuality, is lacking and encouraged additional information to be published.

SLIDE #13

Human Sexuality as a Core Component in Counselor Education [Rapping Up]

Experienced Throughout the Lifespan

This effort has been to make clear the various ways human sexuality can be experienced throughout the human life span.

Ample Opportunity to be Exposed

Some may think there are variations of sexuality that would likely benefit society if it had never been thought of or practiced. The question arises; Who gets to decide? Throughout this presentation there has been many variations of human sexuality that would benefit counselors in training to be exposed to so they will have had ample opportunity to decide how to react or respond.

A Balanced Approach

A counselor who is very free thinking and sees sex as a feat to be conquered (no limitations sexually) may need to consider how they will respond to the person who struggles to be having sex period, or if they do, it only involves missionary style with the lights off. Likewise, the extremely conservative counselor with a very limited sexual repertoire need not become a sexual savant but should take the time to figure out what they will do when the polyamorous family walks into their office for counseling.

Not Ashamed or Embarrassed

Adequate training is a necessity to ensure that instructors are not ashamed or embarrassed to cover sexuality and that they are not espousing antidotal ideas that “further pathologize otherwise healthy sexuality” (Sanabria & Murray, 2018).

SLIDE #14

Human Sexuality as a Core Component in Counselor Education [Rapping Up]

More Research Needed

Find modalities that best move clients towards their preferred future desires

Future research needs to help to establish areas of focus that would be the best use of time for when human sexuality is added to counselor education programs. The impact of various modalities to affect helping clients to move towards their preferred future sexual desires should also be studied.

Better understand when to refer

Where is the line between helping from a general practitioner whose program does include human sexuality and the need to refer to someone who specializes in sex therapy? As human sexuality becomes implemented into more programs, further questions will become more apparent and should spur the field of professional counseling to lead in the pursuit of best practices to improve the sexual health of clients with an eye on overarching improvements in their lives as well.

Equipped to Help

Imagine how counselors who have been well prepared in these areas could benefit their clients as they sit and have conversations about the clients' sexual experiences and are equipped to mitigate harmful manifestations of sexuality or health related concerns and to then help them to improve their sexual enjoyment levels.

More Than

“a topic”

“a single class”

To use a closing thought from Sanabria & Murray (2018), counselor educators need to acknowledge the immense need for human sexuality training that is more than a “special topic” or a “single class” to develop counselors who will be well equipped to speak into the conversation regarding human sexuality.

SLIDE #15

Human Sexuality in Counselor Education

What should the response be as a profession and as individuals to the information that has been presented today?

My hope is that you will have heard this presentation and put it in to action!

Whether it becomes a core component or not, I hope you will find ways to grow in this area and become better equipped to help your clients to be empowered to discuss and improve their sexuality.

SLIDE #16

PRESENTER INFORMATION

Thanks for attending this session on:

Human Sexuality as a Core Component in Counselor Education.

SLIDE #'s 17, 18, &19

REFERENCES

SLIDE #20

PRESENTER INFORMATION