

2025 ACES CONFERENCE PROPOSAL

Title: Human Sexuality as a Core Component in Counselor Education

Classification of Session: Teaching—Instruction in Counselor Preparation

Abstract

The exclusion of human sexuality as a core component in counselor education training programs is a disservice to counseling practitioners and the community served. Few programs include human sexuality core components. Without nationwide guidelines, human sexuality training is and will continue to be lacking in most counselor education programs. Human sexuality directly affects life satisfaction for many individuals and could be improved by professional counselors being prepared to engage the topic without shame or embarrassment. Being well equipped, regarding human sexuality, with evidenced based information from the foundations of their journey to becoming professional counselors is essential.

Learning Objectives

#1: Help make the case for adding human sexuality to counselor education programs.

#2: Demonstrate the immense impact human sexuality has most people and therefore counselors must be equipped.

#3: Look at some areas of focus for counselor education programs when human sexuality is added to core component.

This will be an informative and engaging session that will utilize a power point presentation that will captivate the audience. I as the presenter will deliver the presentation with zeal and exuberance to help bring the subject matter to life for those who attend the session. The information will help to show that a group who has been overlooked by many in our profession will be brought to the fore of the conversation. It is time that those who have struggled with human sexuality issues can feel confident that their counselor will be well equipped to help them for most human sexuality issues and will also know when it is time to refer to someone who specializes as a sex therapist.

Human sexuality is a component of human existence that plays a substantial factor in who a person is and will likely affect the overall lived experience of every person. Stephenson & Meston (2013) suggested their findings pointed to sexual satisfaction as potentially being a higher determiner of life satisfaction than “wider interpersonal dynamics”. Imagine for a moment you are the client that goes to a professional counselor to talk about your sexual desires and find out that the professional is embarrassed by the topic or is not equipped to discuss the matter generally (Zeglin et al., 2018, cites Haboubi and Lincoln, 2003 & Bradley and Fine 2009). Would this instill confidence in your situation or cause you to think your issue is odd or too difficult? 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.

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 are unlikely to be covered.” A hope of this work is to make clear the need to include human sexuality in all counselor education programs and spurs the field of

professional counseling to action. 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 the program. Throughout this writing, the real ways human sexuality is active in the lives of most humans as a meaningful determinant of life satisfaction will be displayed to help those present to draw their own conclusion regarding the need to have human sexuality as a core component in counselor education programs.

Human Sexuality Effects on Relationship and Individual Satisfaction

In this discussion, it is 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). 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. 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”.

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

Inconsistent Inclusion of Human Sexuality Courses in Counselor Training Programs

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

This lack of education may be the reason why of 105 clinicians, only 21% of those surveyed had asked their therapy clients about sexual issues in the four weeks prior to the study and 17% 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. Dermer & Bachenberg (2015) say that mental health workers “need knowledge, experiential exercises, and supervision in working with sexual issues.”

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. How can the training of future counselors be complete without being taught aspects regarding human sexuality that is such a critical part of a human life well lived?

Looking to the Standards for the Counseling Profession

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 (gives 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 clarify that this discussion in counselor education cares about (2) attitudes values, beliefs, worldview, (5) effects on stereotypes, (6) socio-cultural influence and cultural values (9) identifying and eliminating barriers, (11) role of religion and spirituality and most specifically CACREP 3.C.9. the role of sexual development and sexuality related to overall wellness.

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 has an introduction that says, "Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals...within the boundaries of professional and personal competence...advocate and promote change for individuals...that improves quality of life...engage in counseling practice that are based on rigorous research methodologies..." C.2.a Boundaries of Competence telling counselors to only practice where they have been trained and are well prepared to benefit their clients. Many other areas could be mentioned from consulting with other professional to continuing education, but the ACA Code of Ethics points the field,

through the implications of their guidance, towards the need for the inclusion of human sexuality as a core component in counselor education programs.

Human Sexuality is Encountered in Many Ways

Is including human sexuality in the counselor education curriculum a real need? Students need to be exposed to real world variations of life and how it is lived out holistically. This journey should be inclusive of human sexuality paradigms that manifest in both positive and negative ways in the lives of clients who are seeking out a competent counselor. In consideration of the need to make human sexuality training a core requirement of counselor education programs, the discussion will briefly cover some of the following areas; sexual trauma (e.g., rape, sex trafficking victims), sexual fetishes (e.g. consensual non-monogamy), monogamous heteronormative sexual issues (e.g., unfaithfulness, lack of desire or hyper desire by one or both partners, control issues, sexually transmitted diseases, sexual compulsion, sexual dysfunction, and potential values based concerns that may limit freedom to enjoy sex (e.g., purity culture—sex is dirty).

Sexual Traumas

An 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). Students need to have the opportunity to have thought through their reactions when presented with sexual traumas.

Consensual and Non-Consensual Non-Monogamy

A second 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 idea. 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

Monogamous Heterosexual Relationships

Third we will consider some issue commonly associated with monogamous heterosexual relationships. Nield et al. (2015) shared that there are a variety of reactions to sexuality from women. 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.

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 addition 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.

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. Herbenick et al. (2014) did a survey of 179 with 136 supplied answers regarding various ways they used to get sexual desires back on track (e.g., Communication (39%); unresolved (18.4%); try to respect/meet partner's needs (14%); have sex anyway (12.5%); patience/let time work it out (11.8%); flirtatious/take time to get the other in the mood (10.3%); compromise (9.6%); start and then get aroused (8.8%); masturbation (8.1%); respect lack of interest/do not have sex (7.4%); focus on emotional needs/work on relationship (5.9%); try new things (5.1%); set a goal/ set frequency goals (5.1%); cuddling/physically close without sex (3.7%); have oral sex (3.7). Studies like these being introduced in counselor education programs could point future mental health workers to be better equipped with techniques, practices, and confidence that may improve the sexual experiences of their clients, while simultaneously improving their clients' overall life satisfaction.

Sexual Dysfunction

Here the attention turns to a couple of areas that are known to cause sexual dysfunction. Santos Silva (2022) discusses menopausal sexual dysfunction and the effects it can have on a women's sexual desire and function due to physiological changes that occur. 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 to improve their sexual satisfaction.

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. Counselors who have been well trained in their counselor education program to understand these effects can be better equipped to help this client population. 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.

Conclusion

Throughout this writing 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. Through the use of insights from the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), Zeglin et al. (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, (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. (2019) researched the articles regarding sex and helped their readers to be made aware that the sphere of topics helping to educate the counseling profession regarding human sexuality is too narrow and needs to be diversified into other aspects that reflect all the ten areas just listed.

Imagine how counselors who have been well prepared in these areas could benefit their clients. 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.

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