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SEX THERAPY
Social Workers' Potential as Sexuality Experts

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"Social workers help individuals, families, and groups restore or enhance their capacity for social functioning, and work to create societal conditions that support communities in need" (National Association of Social Workers [N.A.S.W.], 2016, para 3). It could be argued that human sexuality or optimizing sexual wellness falls within that mandate. Further, an essential component in promoting sexual health for our clients is preparing social workers trained in sex therapy. Professional sex therapists address a wide range of client sexuality issues, helping them regain or enhance sexual well-being. However, sex therapy is rarely, if ever, discussed as a career option for social workers. Yet, that is exactly what I did. As a social worker and certified sex therapist (American Association of Sexuality Educators, Counselors and Therapists – A.A.S.E.C.T.), I ran a thriving private practice in Kansas City, MO., U.S.A. (2003–2018) specializing in sexual wellness. In addition to addressing a full range of mental health issues, my practice was a comprehensive sexual wellness resource addressing sexual dysfunction, relationship enhancement, and sex education. Clinical cases often presented with sexual challenges associated with arousal, desire, orgasm, and pain. Other sexuality issues ran the spectrum and included issues intersecting with client sexuality such as infertility, infidelity, rape/trauma, sexual orientation, disability, aging, menopause, chronic illness, religious and social shame, guilt, and remorse.

Clients can present with a sexuality challenge that has biological, psychological, and social components. Additionally, sexual problems are often only a symptom of relationship or marital problems. To further complicate treatment, systemic and oppressive issues such as shame and misogyny can be woven throughout the case. Clinical social workers, with their grounding in biopsychosocial assessment and treatment approaches, advanced interpersonal skills, and social justice foundation are perfectly positioned to tackle these complicated client sexual health concerns. Seemingly at odds with this clinical practice opportunity, social work academic communities are not preparing sexually literate social workers (Prior, Williams, Zavala, and Milford, 2016; Bay-Cheng, 2010; Gezinski, 2009; Swank and Raiz, 2010) let alone offering advanced training in sex therapy. As Turner (2020) has noted, "This gap in social work skills is problematic, negatively impacting social worker's ability to provide comprehensive, accessible, medically accurate, shame-free, inclusive and pleasure affirming, sex-positive informed client services" (p. 306).

Individuals and couples seek the expertise of a professional social worker for a variety of reasons. Given the demonstrated interconnection between sexual well-being, relationship qual-

ity and quality of life (Byers, 2005; Davison, Bell, LaChina, Holden, and Davis, 2009; McNulty, Wenner, and Fisher, 2016), it is imperative that social workers, specifically those engaged in psychotherapy or couples counseling, should be skilled in modalities of sex therapy. This point is even more salient because mistakenly using relationship interventions to address sexual problems may increase a client's sexual distress and reduce hope for resolution of their sexual problem (McCarthy and Thestrup, 2008). Weeks and Hof (1987) noted,

> The integration of sex therapy and couple therapy changes the way problems are understood from an individual to a systems perspective. This type of integration calls for a new breed of sex therapists. Therapists trained in individual, sex, couple and family therapy.
>
> *(p. xiii–xiv)*

This chapter discusses a unique professional trajectory for social workers as sex therapists. First, sex therapy is defined, and then we explore the question, "But why social workers?" as a detailed case is made for the social work profession to seriously explore sexual health as a clinical specialization. Next, four prominent sexuality models are explored. Then, several case studies highlighting social work in sex therapy. Subsequently, five pathways are discussed to prepare social workers for specialization as sex therapists. Finally, suggestions for the field are presented.

What Is Sex Therapy?

All social workers need a basic understanding of sex therapy so that they can refer to a certified sex therapist when this intervention is necessitated. Social workers can often be a resource and advocate for more comprehensive and specialized wellness care. It is important for social workers to have exposure to this therapeutic option so that they can provide an explanation of this clinical tool, assuage possible concerns, as well as correct myths. For example, it may be helpful for social workers to offer that clients do not disrobe; nor do sex therapists have sexual contact with clients in the office or anywhere else.

Sex therapy can be a comprehensive source for sensual enhancement and information where clients can learn about their sexual wellness. Sex therapy as a discipline is still in the process of defining itself, combining various fields such as medical, behavioral, and public health. Once only discussed with a physician, client sexuality has moved somewhat more into the landscape of mental health professionals. Sexuality is still heavily medicalized, as seen by the explosion of medical interventions such as Viagra; however, there has been an emergence of multi-disciplinary sex therapy practices in hospitals, public clinics, and private offices.

The roots of sex therapy are in the models of Masters and Johnson (1966) and Helen Singer Kaplan (1975). Sex therapy, according to Binik and Hall (2014), has expanded beyond a concentration on a narrow list of sexual dysfunctions with a "clearly defined set of procedures" (p. 1). They further elaborated by adding "the relationship between sexual dysfunction and the other sexual disorders might be best characterized as a DSM-arranged marriage" (p. 5). Thus, sex therapy is a specialized form of talk therapy that focuses on sexual issues, sexual function, sexual feelings, and intimacy. The therapy is usually solution-focused, often concentrating on a sexual dysfunction or major sexual communication problems between partners. It is usually directive, meaning the therapist will be active, asking questions and often giving direct suggestions, homework exercises, and information in an effort to support goals for the therapy. Sex therapy is usually provided by licensed psychologists, social workers, physicians, or licensed therapists who have advanced training in issues related to sexual and relationship health. Certified sex thera-

pists have graduate degrees and can demonstrate their competence in sex therapy by becoming credentialed by the American Association of Sexuality Educators, Counselors, and Therapists (A.A.S.E.C.T.). Therefore, social workers who are sex therapists have a master's degree and clinical license to practice, as well as advanced certification in sexuality through A.A.S.E.C.T.

A sex therapist is like many other specialists on the client's health care team. As an example, sending a client to see a sex therapist is like sending a patient to see a gynecologist for gynecological problems rather than to a family practice physician. Sex therapists are trained to identify situations that require intensive therapy and to make appropriate medical referrals when necessary. Sex therapists often work collaboratively with others such as pelvic floor physical therapists, physicians, and pastoral counselors. Sex therapists have substantial knowledge about sexuality-specific physiological processes, sexuality communities such as the kink or bear sub-culture, sexual wellness resources within the larger community, and benefits as well as challenges around sexuality. In summary, sex therapists are trained to address sexuality from a rigorously scientific, evidence-based practice rather than from an ideological perspective. Sex therapists generally bring a sex-positive, shame-free, pleasure-centered, and strengths-based approach, making it compatible with social work values.

But Why Social Workers?

Social workers are the ideal sexual health professional and what follows is a detailed case for the social work profession to seriously explore supporting clinical social workers seeking to become sex therapists. Two arguments lay the foundation for this call for social workers to position themselves as certified sex therapists. First, conversations around sexuality can be essential for clients' well-being (Arrindell, Battaglino, Fadich, and Leonard, 2015); and second, clients will often seek advice from physicians who surprisingly receive little training around sexual medicine (Bayer and Satcher, 2015).

The failure of physicians to inquire about sexual functioning is a source of dissatisfaction for many patients. Metz and Seifert (1990) found that 85% of patients believe that physicians should inquire about sex, but 74% of patients felt "unsatisfied" by physician queries about sexual matters, and only 23% of patients reported that physicians asked about sex. This lack of preparation is even more sobering when considering that patients want to talk about sexual wellness matters but are hesitant to begin the discussion. Studies have shown that many people have difficulty bringing up the subject of sexual dysfunction with their physicians and/or believe that physicians would dismiss their sexual concerns. A poll of 500 adults, 25 years of age or older, showed that 71% of respondents thought their doctor would dismiss any concerns about sexual problems they might bring up (Marwick, 1999). As many as 68% of respondents said they were afraid that discussing sexual dysfunction would embarrass their physicians (Marwick, 1999).

If clients are unable to seek answers from physicians to their sexual wellness questions, then who do they have to turn to for this support? I believe social workers are the answer. In a society often dominated by "pop sex", influenced by porn myths and Hollywood relationship tropes, our clients frequently buy into unrealistic performance expectations and social media-driven perfect eroticism. Social workers trained as certified sex therapists are a counterforce to the porn-saturated education of many who super impose onto their sex lives myth-laden beliefs such as: (1) That all men have a 12-inch penis which operates with a flick of a button; (2) the only valid sex is an act that ends with an orgasm for everyone but most importantly the man; (3) and women enjoy a jackhammer-like vaginal–penis sexual experience which leads to orgasm for all women. Equally problematic are Hollywood fantasies that ideal relationships are dependent on care-free, monogamous sex for heterosexual couples who are in love. Social workers

with advanced training as certified sex therapists offer clients a sexual wellness expert for their health care team.

With social workers' training in the biopsychosocial approach, we can navigate the complex and myriad issues relevant to clients' sexuality beyond a medical or deficit approach. I envision a health care system where social workers are the default sexual wellness experts based on a three-tiered scaffolding approach that includes (1) all social workers are "askable" for basic sexual wellness resources and referrals; (2) licensed, clinically trained social workers have met sexual wellness core competencies to provide culturally informed, inclusive, sex-positive social work; and finally (3) social workers with advanced clinical training (M.S.W. and D.S.W.) in sexuality operate as certified sex therapists supporting clients. A clearly articulated professional line of training establishes a social work presence as the definitive sexual health profession and is similar to other social work tracks such as geriatric or forensic social work.

Sexuality Models for Social Work

The field of sexuality education and sexual wellness has established models that guide professional practice. Social workers can look to these sexuality models to anchor our learning, provide us with a holistic understanding of human sexuality, and guide our practice approach to best practices in sexual well-being. These hallmark models include: The Circles of Sexuality model (Dailey, 1981), the P.L.I.S.S.I.T. model (Annon, 1976), the Good-Enough Sex model (Metz, Epstein, and McCarthy, 2017), and the Pizza model (Vernacchio, 2014).

Circles of Sexuality

The Circles of Sexuality (1981) by Dennis Dailey, a social worker and University of Kansas professor emeritus, offers a comprehensive sexuality model, which can provide a theoretical grounding for social workers. A recent examination of this model (Turner, 2020) situated the model within social work's Strengths Perspective. This model provides five distinct areas (*Sensuality*, *Intimacy*, *Identity*, *Reproduction*, and *Sexualization*), thus elaborating the discourse beyond the typical intercourse-centric focus of most of our clients, and most social workers'. Dailey's model not only allows social workers to view sexuality through a holistic lens but provides a practical and useful assessment and treatment tool. First, it presents an opportunity for social workers to assess a client's ability and willingness to wade into an often challenging conversation while providing definitions and clarifying misinformation, myths, and stereotypes. Second, it provides a visual representation of topics that may be poorly represented in a client's life. Having a clear picture may help clients seeking more balance in their sexual wellness. Third, clients can explore their belief systems around sexuality through a sixth circle, *attitudes*, *values*, *feelings*, which encompasses the other five circles. Offering clients an opportunity to explore how their sexuality is situated within cultural norms, family messages, and religious teachings can be extremely beneficial, especially as they relate to shame and guilt.

P.L.I.S.S.I.T. Model

Jack Annon (1976) offered the P.L.I.S.S.I.T. model, which outlines four intervention levels allowing the social worker to apply the degree of therapeutic support needed. The letters of the model refer to the four different stages of clinical interaction: *Permission* (P.), *Limited Information* (L.I.), *Specific Suggestions* (S.S.), and *Intensive Therapy* (I.T.). A benefit of the P.L.I.S.S.I.T. model is that it addresses a common argument that social workers are not qualified to do any work in

the arena of sexuality. Rather than a black-and-white option where social workers can dismiss engagement around client sexuality, the Annon model provides a continuum of options based on the social worker's education and experience. This is a rich and dynamic practice approach. Generalist social workers may engage in the first three levels, *Permission*, *Limited Information*, and *Specific Suggestions*. *Permission* involves the social worker exercising fundamental social work skills around creating a non-judgmental environment and offering supportive listening. *Limited Information* allows the social worker to address specific sexual concerns, as well as correct myths or misinformation about sexuality. An example might be that the social worker supplies a client the sexual side effects of medications. *Specific Suggestions* include educating about behaviors that may increase the risk for sexually transmitted infections (STIs) and providing options for behaviors that reduce these risks. Finally, intensive therapy is a level reserved for professionals certified to address deeper, underlying sexual issues. Generalist social workers can identify these professionals and refer clients when the scope of work is beyond their own education and experience.

Good-Enough Sex Model

The Good-Enough Sex (G.E.S.) model (Metz, Epstein and McCarthy, 2017) counters the typical performance model which most of our clients have been indoctrinated to believe is the societal norm. Some may even elevate this default view to believe it is the gold standard by which they judge their and their partner's worthiness as sexual people in a pass/fail test. It mandates that successful sexual experiences are predicated on an erect penis and partners successfully reaching orgasm. As a clinical tool, the G.E.S. model allows social workers to help clients to make pleasure the goal of the sexual interactions. Additionally, social workers can incorporate more realistic expectations moving away from an all-or-nothing lens, providing a sexuality continuum. By educating clients that most sexual experiences are not earth-shattering, Hollywood porn moments, social workers can help clients create their own understanding of the experience that may include labels from "outstanding", "decent", or "meh". More importantly it gives permission to value and enjoy the full range of sexual experiences, not just the A+ experiences. This refocusing away from what went wrong, the deficit of the sexual encounter, or potential pathology resonates with social work.

Pizza Model

AlVernacchio's Pizza model (2014) is another tool for social workers to expand the conversation for clients beyond heterosexual, intercourse-only sexual experiences. It also focuses on pleasure and satisfaction over performance. Using the familiar baseball metaphor, an orgasm is depicted as a "home run", where the player has rounded the bases to score a point by crossing home base. In baseball, the earlier three bases do not count for any points but are merely a leading up to home base. Similarly, in the sexuality reference, activities that happen on first, second, or third base are often dismissed or seen as not counting. Rather than having value on their own merits, sexual acts such as foreplay, or those that do not lead to an orgasm are viewed as a precursor to the ultimate score of home base, the orgasm. The Pizza model can provide an alternative narrative that allows clients to get unstuck from a routine that dictates certain sexual activities are only allowed in pursuit of the ultimate goal, a home run orgasm. It allows clients to reclaim these sexual activities and their enjoyment as stand-alone play. Social workers can normalize first (second or third) base activities as the full sexual experience without the rule requiring advancement to the next base. Al has a great TED Talk that can be used as client homework to prompt robust discussion (see Al Vernacchio's "The Pizza Model" at: www.ted.com/talks

/al_vernacchio_sex_needs_a_new_metaphor_here_s_one?language=en). I have been able to access how married a client is to the idea that sexual encounters must include orgasm through our processing of the video, prompting a range of discussions around topics such as emotional intimacy, masculinity, and foreplay.

Case Studies: Social Work in Sex Therapy

According to Schnarch (1991), a client's expression of their sexuality is a window into who they are and how they relate to others. These hypothetical case studies are provided for illustrative purposes only and do not represent actual clients or actual client experiences, but rather are meant to provide an example of how an integrative social work approach can inform sex therapy. All names are fictional. Cases will provide a referral source to highlight the diverse interactions sex therapists engage in with allied health professionals. Additionally, case formats will include: A presentation of the client issue, client goals, and how a social work approach was utilized in the rapport building, assessment, case conceptualization, and treatment-planning clinical process. Cases to be discussed include the following topics: (1) attraction template; (2) chem sex; (3) desire discrepancy; and (4) genito-pelvic pain penetration disorder. These cases highlight that sex therapy does not take place in a vacuum. Clients often present with one concern when the social worker uncovers various other inter-related concerns that need to be acknowledged as part of the clinical picture. Sometimes, the work needs to be re-negotiated with the client as other clinically relevant issues must be addressed first.

Case 1: Attraction Template

Presentation

A young heterosexual couple presented for therapy stating their goals were to "fix" their marriage or to divorce amicably. They have been married for less than two years and have been engaged in pastoral counseling with their religious leader who provided the referral. Social workers adept at building community networks recognize that couples will often seek help from religious leaders and these relationship advisors can serve as gatekeepers for more specialized clinical interventions. A certified sex therapist who is a social worker will nurture these potential referral sources.

The couple have no children. Both have professional careers. The husband is of South-Asian descent and the wife is Caucasian. They both claim they are in love and want to save the marriage. They identify several key aspects that are highly regarded in their attraction for their partner: Religious devotion, appreciation for music, environmental philosophy, and friendship. The husband is physically and sexually attracted to his wife; however, the wife has recently disclosed that she is not sexually attracted to her husband, though she finds him to be an attractive man.

Social Work Integration

Psychoeducation was employed by introducing to the couple the concept of an *Attraction Template* found within the social work model, the Circles of Sexuality (Dailey, 1981). Situated within the circle, *Sensuality*, the concept details that all people have an attraction blueprint. Dailey describes a bullseye, with the center holding those unique attributes that are key or always grabbing the attention of a person. For example, a person's attraction template may include large breasts, or a chiseled chest. It may focus on a combination of attributes or a single one, such as hair color, facial features, or height. The common phrase, *tall, dark, and handsome* might be an example of an attraction template. For some people, their bullseye is very well-defined (e.g. only blonds), and

for others not so much. The further out the circles, the less crucial those characteristics are for the person. People are not born with these templates, but they are molded by our parents, social learning from peers, childhood sex play and fantasy, as well as cultural standards.

Providing a space where love could be defined separately from attraction allowed the clients to acknowledge the complexity and nuances of their relationship, one in which the wife was not equally attracted to her husband. By exploring the wife's attraction template, which was blond, largely built men with little body hair (not close to the trim-build, dark hair of her husband, who self-described himself as "furry") the couple could then explore how to accommodate the wife's unique attraction template. The therapist-supported conversations included exploring fantasy to facilitate orgasm, incorporating visual erotica into their sex play, and potentially opening the marriage up to outside partners. Additionally, clinical work included helping the husband grieve the held belief that "real love" means your partner is lustful for you or at the very least shares an equally proportionate lust as to your lust for them. Navigating these potentially taboo conversations required a clinician who could appreciate their cultural and religious backgrounds, while normalizing sexual practices such as the use of pornography to enhance a couple's sex life.

Case 2: Chem Sex

Presentation

DeShon, a 49-year-old, African American, cis gay male, was referred by the V.A. (Veterans Affairs) hospital identifying him as a "sex addict", which was outside the scope of their clinical expertise. The patient is in a relationship with a long-term partner, Alex. DeShon feels the V.A. counselors were "not prepared to work with gay life" and states that the couple enjoys attending party and play[1] (chem sex) venues, but the rules are that they always play together. This aspect was particularly challenging to the V.A. counselor when DeShon revealed this during a group session. DeShon's identified goals are: (1) Wanting to manage his substance use since he has noticed some complications with work and his play weekends; (2) open up the relationship with Alex so he does not need to keep his other boyfriends on the down low.

Social Work Integration

Social workers versed in the gay community, especially those in large metropolitan areas, should be familiar with sex on premises (S.O.P.)[2] venues (sometimes called bathhouses). A traditional, heteronormative counseling center, such as how the V.A. was experienced by DeShon, may not fully integrate nuances of the queer community within their substance use/recovery programs, potentially alienating their queer clients. Sex therapists who often use a lens of holistic positive sexuality avoid the pop-psychology, pathology-focused narrative of "sex addiction". Braun-Harvey and Vigorito's (2016) *Treating Out of Control Sexual Behavior* offers a more comprehensive framework, the Sexual Health Plan, which mirrors a strengths-based perspective in that it envisions "life beyond the mere absence of their troubling sexual behaviors" (p. 37). Additionally, this model resonates with social work values around cultural humility by eschewing pathologizing around specific sexual activities which "codify sociocultural sex negativity within the clinical models and privileges conventional sexual behavior as healthy" (p. 31).

Case 3: Desire Discrepancy

Presentation

A 55-year-old, Caucasian, cis female presents for treatment with husband of 35 years, through referral from doctor. Couple identified restoring sexual intimacy and addressing differing levels

of sexual desire on initial referral paperwork. The couple had significant stressors in their relationship 25 years ago: Patient had endometriosis, a partial hysterectomy, accused her husband of having an affair, and lived through the ensuing emotional roller coaster in their relationship during this time. The wife reports vaginal pain about three years ago and pain during sex, which has improved, partially due to Premarin cream and working up to using a Size 3 dilator. The husband has recently accused his wife of her physical therapy appointments being nothing more than "masturbating" and refusing to discuss her pelvic floor work. Wife identifies goals as: (1) Feel the way we used to; (2) talk and be listened to; (3) feel important and loved. Husband's goals include: (1) Wants wife to initiate sex; (2) include "cuddle time"; and (3) feel valued in marriage.

Social Work Integration

Often in case conceptualization, multiple areas need to be mapped out in order to formulate a thorough understanding of the challenges. Seeing the relationship as the third client allows social workers to move beyond working with the identified patient, the wife in this case, to framing the work within the system and advocating on behalf of the needs of the relationship. Further, social workers are skilled in multi-disciplinary health settings; thus can collaboratively bridge the sexual health team of the physical therapist, physician, wife, husband, and relationship together. Reporting on the wife's progress with her dilator exercises and engaging the husband within this treatment solidify patient compliance.

One issue addressed in therapy was addressing the husband's misunderstanding about his wife's PT appointment and the resulting anger he had. Having the wife describe in session her understanding of the goals of her PT appointments helped create a space for the husband to feel included. Having a pelvic model allowed for the social worker to provide an anatomy lesson to the clients and to further the husband's understanding. Additionally, a set of dilators provide an opportunity for the wife to show her husband the progress she had made by highlighting the size she had started with and the size she was currently using. This in office conversation modeled how to have sexually explicit conversations as a couple. Something they had not done. The social worker was able to broker a negotiation between the spouses that would include the husband in the wife's dilator exercises. Thus, including the husband more into the recovery process and facilitating an opportunity for increased intimacy set the stage to reinterpret this away from blaming the wife for an "us" challenge.

A second issue addressed was the wife's disclosure in session of a past sexual rape. While she had personally healed this past trauma the couple felt the husband needed skills to navigate this new awareness, especially as the couple began to explore erotic possibilities of joint bathing, shared full body massages, and reading erotica in bed. A third issue addressed was how each partner had withdrawn from the erotic part of their relationship. The husband continued to smoke cigarettes despite the wife noting this was a deal-breaker to kissing. Also, the wife had abandoned many details of personal hygiene and often attended to their dogs with more demonstrative affection than she displayed to her husband. The husband agreed to get a prescription to help quit smoking and the wife was persuaded to reclaim the bedroom from their dogs. In discussing with the wife how she viewed herself sexually, she was extremely self-deprecating with her looks. A make-over and new hair style were reframed as self-care, which allowed the wife to invest the time and money into these neglected areas. Additionally, the couple saw trips to a lingerie store and local adult-toy store as ways to expand their sexual intimacy beyond sexual intercourse.

Additional homework included an erotic pie chart, where the couple each drew a pie chart labeling pieces of the pie with sexual/erotic activities. The therapist can either have the couple discuss their pie chart in session or privately depending on the couple's assessment for this this

exercise. Sensate focus (Weiner and Avery-Clark, 2014) was also utilized to allow the couple to engage in physical intimacy that was not penis–vagina-focused. For further discussion of these, see: *Sensate Focus in Sex Therapy: The Illustrated Manual* by Linda Weiner (a social worker) and Constance Avery-Clark (2017).

Case 4: Erectile Disorder

Presentation

Fernando, a 49-year-old cis male referred by his urologist complaining of erectile disorder. Client is soft spoken, self-describing himself as lacking ambition. He has been married over 25 years. Upon the first visit, it is discovered that the wife has demanded the client "fix his problem". His wife is a CEO of a major accounting firm, and proudly discloses that she "wears the pants in the family". Client's wife reports using Astroglide for lubrication due to menopause and having recurring yeast infections. She equates "slut" with someone who enjoys sex, asks for sex, and/or being sexually knowledgeable. The husband solely focuses on vaginal–penile penetration as the "best sex possible".

Social Work Integration

The social worker urges that the wife joins the work to diminish the husband's sense of shame. Working with the couple, the social worker renegotiates the issue as the couple's challenge with each of them having responsibility in the healing. Using the Pizza model, the social worker was able to process the husband's beliefs that all sex should end with penile– vaginal penetration, otherwise it was a "waste of time". Men are schooled to privilege particular sexual activities often equating them with manhood, power, and normalcy. Unpacking these life-long, family and media-enforced narratives requires a social worker able to navigate the systemic cultural landscape of sexuality.

Introducing and legitimizing alternative non-penetrative sexual activities was required. It also disclosed that the wife's anxiety over her husband's flaccid penis was driving a huge amount of shared shame. While the wife held firmly to maintaining the problem was with her spouse, the social worker continued to refocus the work back on the system. This necessitated addressing the wife's body image issues, specifically around her misogynistic beliefs about her own vulva as "dirty". Looking at macro systems such as the porn and beauty industries and organized religion, with the wife allowed the social worker to simultaneously address societal messages around female bodies with the wife. The wife was able to own how her anxiety fed her demands of penile–vaginal intercourse as a way to avoid her husband's interests in oral and manual sexual activities.

Becoming a Sex Therapist: Current Pathways Available

Until social work pedagogy addresses the gap in preparing sexually literate social workers, practitioners will need to seek training post-graduation with established continuing-education venders. For social workers in the U.S. desiring more advanced training and possibly certification in sex therapy, there are a few established pathways that I would recommend. Six U.S. options and several international options will be reviewed.

Certification: A.A.S.E.C.T.

One organization leads in sexuality training for social workers, The American Association of Sexuality Educators, Counselors, and Therapists (A.A.S.E.C.T.). And while a pathway to certi-

fication in sexuality might be appealing to some, it does have its limitations, such as access and cost, and may not be the answer for all social workers. A.A.S.E.C.T. (n.d., a) offers three levels of certification for sexuality professionals: Sexuality educator, sexuality counselor, or sexuality therapist. Sex therapy certification requirements include an academic degree, specific training on 16 core subject areas (A.A.S.E.C.T., n.d., b), clock hours of education, field-related experience, and training. An A.A.S.E.C.T.-certified sexuality educator can address a range of sexuality topics and may teach in classrooms, workshops, or in 1:1 client education session. A sexuality counselor can represent a variety of professions, ranging from medicine to the clergy. Certified sex therapists are licensed mental health professionals and trained to provide in-depth psychotherapy (A.A.S.E.C.T., n.d., c). For more information, view: www.aasect.org/.

Intensive Trainings: A.A.S.E.C.T. Institutes

In addition to an annual conference where a variety of workshops are given, A.A.S.E.C.T. hosts two annual institutes in Winter and Summer (A.A.S.E.C.T., n.d., d). These institutes create a more intimate learning environment by limiting the size of registration and they typically focus around a specific theme. Since 2013, the institutes have been hosted by the Washington University Brown School of Social Work. Themes have included: Transformative sexuality education, counseling and therapy, sexual pleasure across the life course, is sex good for adolescence?, trauma-informed approaches to sexuality – coping to thriving, sexual kaleidoscope – sexual expressions for all abilities, and sex in and out of committed relationships: Expanding frameworks. For social workers wishing to specialize in sexuality, A.A.S.E.C.T. certification offers advanced training and a potential venue for career advancement through specialty credentials. This community of sexuality professionals can be a rich resource.

Intensive Trainings: Sexual Attitude Restructuring (S.A.R.)

One of the best tools for advanced training to improve sexual literacy available today is the Sexual Attitude Restructuring (S.A.R.), a curriculum developed 40 years ago by the National Sex Forum in consultation with experts in educational theory (Vandervoort and McIlvenna, 1979). A S.A.R. is a structured group experience consisting of a process-oriented exploration of the applicant's own feelings, attitudes, values, and beliefs regarding human sexuality and sexual behavior. It also benefits participants to hear the reflections of others about the same experience, thus developing a relativistic sexological worldview (Sitron and Dyson, 2012). This is not personal psychotherapy or an academic focus on cognitive information, but is similar to intercultural education, where participants are trying to develop insight into their own cultural beliefs as well as into other human reactions outside of our own. Most S.A.R.s use sexually explicit material to help participants confront their countertransference, or feelings, about sexual material, and participants are encouraged to monitor their self-care needs throughout the S.A.R. However, no one is forced to watch material if it contradicts with their values. No nudity or touch is ever required. Follow-up evaluations with S.A.R. participants indicate that the process was of great value. "A majority of students reported, 1 year after the course, that they had been helped in talking about sex with their patients … (and) no participants reported detrimental effects" (Vandervoort and McIlvenna, 1979, p. 241).

Intensive Trainings: Michigan Program

Individuals typically cobble together the requirements for A.A.S.E.C.T. certification through academic coursework, conference presentations, and C.E. workshops. However, there is a unique

one-stop shop approach that brings a person closer to the goal of certification, offered by The University of Michigan School of Social Work (2015). They offer a sexuality certificate program that includes six courses (90 hours) in sexuality education, a 15-hour specialized values training called the Sexual Attitude Reassessment (S.A.R.), and additional hours of training specific to certification credentials for sex educators (30 hours), sex counselors, or sex therapists (60 hours).

Graduate School: Widener

Yet another level of commitment is pursuing graduate school training. Widener University outside Philadelphia offers a joint M.S.W./M.E.d. program where a social work student can gain advanced academic course work in human sexuality. Another option is for those with an M.S.W. to pursue the M.E.d. and /or a Ph.D. in human sexuality. This has the advantage of coursework taking place in weekend blocks, allowing for a cohort of students who fly in from diverse locations. For more information, see: www.widener.edu/academics/graduate-studies/human-sexuality-studies-med.

Society for the Scientific Study of Sexuality

The Society for the Scientific Study of Sexuality (S.S.S.S.) offers an annual conference that every fourth year is hosted internationally. While there is overlap, A.A.S.E.C.T. conference attendees tend to be practitioners with presentations catering to therapists and educators, and S.S.S.S. seems more focused on sexuality researchers and academics. Also, S.S.S.S. offers the Journal of Sex Research, an interdisciplinary scholarly publication on diverse topics in contemporary sexual science. For more information, view: http://sexscience.org/.

International Professional Sexuality Pathways

Additionally, there are international sexuality professional organizations and training programs in sexuality. Kontula (2011) explored 25 European countries training in sexology. The preeminent global sexology group, the World Association for Sexual Health (W.A.S.) offers a Biennial Congress, has a Facebook page, and produces the International Journal of Sexual Health. Within W.A.S. there are five federations, including the African Federation for Sexual Health and Rights (www.africasexuality.org) and the Asia Oceania Federation for Sexology (www.aofs-asia.org/). More can be learned by visiting https://worldsexualhealth.net/.

The Latin American Federation of Sexology Societies (F.L.A.S.S.E.S.) is collection of organizations across Central and South America, and the Caribbean. More can be learned by visiting www.flasses.net/. The Mexican Federation of Sexual Education and Sexology, A.C. – F.E.M.E.S.S., established in 1995, is the organizing body in the Mexican Republic for organizations focused on sexuality education, research, justice, and services. They have a YouTube channel, Facebook page, and list the various member organizations in Mexico by state. To see more, view: www.femess.org.mx/. One of those member organizations, The Mexican Association for Sexual Health, A.C. (A.M.S.S.A.C.), offers an amalgamation of options including a sexual health clinic for patients experiencing sexual health challenges. For professionals seeking training, they provide online and face-to-face courses. A person can graduate with a Masters or Doctorate in Human Sexuality. To learn more, view: www.amssac.org/.

A collection of over 50 societies is organized by The European Federation of Sexology (E.F.S.), which offers a professional conference and Facebook page. To learn more, see: www.europeansexology.com/. The E.F.S. in partnership with The European Society for Sexual

Medicine (E.S.S.M.) oversee a Psycho-sexology Accreditation Committee which offers an examination. The E.S.S.M. also offers a conference with a more sexual medicine/reproductive focus. To learn more, see: www.essm-congress.org/.

Finally, a sister organization to A.A.S.E.C.T., the Society of Australian Sexologist (S.A.S.) offers accreditation of professional sexologists and an annual conference. To learn more, see: https://societyaustraliansexologists.org.au/. S.A.S. was formerly known as the Australian Society of Sexuality Educators, Researchers, and Therapists (A.S.S.E.R.T. National). There remains an active group known as A.S.S.E.R.T. N.S.W., which hosts a variety of professional trainings mostly in the Sydney area. To learn more, see: www.assertnsw.org.au/.

Suggestions

Given that sexuality is an essential element of both general well-being (Office of the Surgeon General (U.S.), 2001; World Health Organization, 2006) and intimate relationships (Hinchliff and Gott, 2004; Schnarch, 1991; Timm, 2009), clinical social workers providing psychotherapy are uniquely positioned to provide advanced sex therapy to support clients who are struggling with sexual concerns. While arguably a lofty suggestion, social work needs to establish a training pathway for clinicians pursuing a career in psychotherapy to become specialized as a sex therapist. Mind you, many social workers are already fulfilling these advanced practice roles through organizations such as A.A.S.E.C.T., but an unequivocal recognition of sex therapy within social work would not only provide a distinct career option for new social workers but serve to support the public good through a transparent and institutional professional pathway. A few concrete suggestions include: (1) Targeting Doctor of Social Work programs; (2) market existing academic programs with C.E.U. courses to certified sex therapists and those wanting to be certified; (3) solidify social work as a sexual health leader; (4) make peace with psychotherapy as a social work career option. A more detailed discussion of these proposals follows.

Doctor of Social Work (D.S.W.) Programs

The Council of Social Work Education (C.S.W.E.) identifies 14 Doctorate of Social Work (D.S.W.) programs. For a more in-depth look at these programs, see: www.cswe.org/CSWE/media/AccredidationPDFs/DSW-Program-list-as-of-November-2019.pdf. This practice doctorate in social work focuses on expanding the depth and breadth of clinical education typically for midcareer clinical social workers (Hartocollis, Cnaan, Ledwith, 2014). These programs offer an ideal environment to provide human sexuality courses to practitioners wanting advanced training, but additionally could serve to host a focus area much like other programs have chosen to carve out a clinical niche as the training center for trauma therapy, addictions/substance use, etc.

C.E.U.s to A.A.S.E.C.T. Certification

Academic social work programs often have a vibrant C.E.U. program that targets area clinicians needing to maintain their licensure requirements. A program could infuse C.E.U. offerings that would support clinicians who are A.A.S.E.C.T.-certified sex therapists who need 20 C.E.U.s every 3-year renewal cycle (A.A.S.E.C.T. nd, e, para 1), as well as those wanting to become A.A.S.E.C.T.-certified. Initial certification requires, in addition to 16 core areas around sexual health and pleasure, that:

> The applicant will have completed a minimum of sixty (60) clock hours of training in how to effectively carry out (do) sex therapy with patients/clients whose diagnoses

include the 'Psychosexual Disorders' described in the current edition of the *Diagnostic and Statistics Manual (DSM)* of the American Psychiatric Association.

(A.A.S.E.C.T. nd, f, para, 6)

Solidify Social Work Sexual Health Leadership

It could be argued that currently there is no one discipline that dominates the sex therapy field. Social work needs to solidify its role as a sexual health leader, otherwise it will acquiesce its position to other mental health professions such as marriage and family therapists or psychologists who are positioning themselves in this arena. This is an opportunity for social work to expand our presence in organizations such as A.A.S.E.C.T. Further, social work needs a more strategic plan to shorten the gap between social work, couples therapy, and sex therapy, which, with few exceptions (Turner and Crane, 2016a, 2016b, Constantinides, Sennott, Chandler, 2019, Wittmann, Montie, Hamstra, Sandler, Wood, 2009), continue to be distinct fields with very little overlap. An integrative approach offers clients a more holistic and robust service.

Make Peace with Psychotherapy as a Social Work Career

Finally, if the community-at-large is going to see social workers as the go-to-professional for sexual wellness, and as the expert in providing sex therapy, the social work profession must first embrace and value psychotherapy as a social work practice area. The division between social work and private practice (Green, Baskind, Mustian, Reed, Taylor, 2007) must be healed. Securing our footing as psychotherapists within social work is an essential first step if social workers are also going to claim a practice expertise as sex therapists. Social workers are already in these spaces, fulfilling a vital role in the sexual well-being of individuals, couples, families, and communities.

Conclusion

Schnarch (2009) describes a client's relationship with a significant other as a "people-growing process" (p. 18) and an "exquisite teacher" (p. 19). As social workers we have an opportunity to witness this transformative journey, to facilitate a better understanding for the individual and couple, and to enhance sexually healthy outcomes. Social work has a history of tackling bold initiatives and Dodd and Tolman's (2017) argument for reviving a positive discourse of sexual well-being aligns with our professional values. An advanced clinical speciality, sex therapy, is a valuable and needed client service where social workers can bring a unique viewpoint. For those considering this speciality practice, several hallmark sexuality models were discussed and a social work pathway for advanced training as a sex therapist was mapped out. The goal was to introduce a career trajectory for social workers as sex therapists. With many social workers going into private practice providing psychotherapy to individuals, couples, and families, the option to add sex therapy as a clinical speciality is a practice niche some social workers may want to consider.

Notes

1 Chem sex or "Party and Play" are phrases commonly seen on sexual networking apps for men who have sex with men (M.S.M.) that refer to substance use for sexual enhancement. These drugs include crystal methamphetamine, mephedrone, and/or GHB/GBL before or during sex. For additional information, see the following blog: www.abc.net.au/radionational/programs/sciencefric-

tion/chemsex/10950584?fbclid=IwAR2YEV8KfQ-eqV9Ta79Pi0wNnwmgxMSn0VZ4l8hkD-1YSfF39Z9dGnF2Y-8.

2 Commonly referred to as "bathhouses" or "saunas" by the gay community, these spaces are available in most large metropolitan cities. Sex on Premises (S.O.P.) venues is the term used primarily in British and Australian medical literature for the various commercial venues expressly for engaging in public sex. These spaces may include a darkened backroom at a bar, bookstores with cubicles, or dedicated club-style venues with various playrooms including spaces with a bed.

References

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.a). *Certification, Certification Overview*. Retrieved from https://www.aasect.org/aasect-certification

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.b). *AASECT Requirements for Sex Therapist Certification*. Retrieved from https://www.aasect.org/aasect-requirements-sex-therapist-certification

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.c). *Certification Types*. Retrieved from https://www.aasect.org/aasect-certification

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.d). Winter Institute. Retrieved from http://aasect.org/education/winter-institute-1

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.e) *AASECT Requirements for Sex Therapist Certification*. Retrieved from https://www.aasect.org/aasect-requirements-sex-therapist-certification

American Association of Sexuality Educators, Counselors, and Therapists. (n.d.f) *AASECT Certification Renewal Criteria*. Retrieved from https://www.aasect.org/certification/certification-renewal-criteria-and-policies

Annon, J. S. (1976). *Behavioral Treatment of Sexual Problems: Brief Therapy*. New York: Joanna Cotler Books.

Arrindell, D., Battaglino, B., Fadich, A., and Leonard, B. (2015). Sexual health, overall health, relationship satisfaction, and quality of life: A US survey. Presented at the 4th International Consultation on Sexual Medicine June 19–21, 2015 Melia Castilla Hotel, Madrid, Spain. *Journal of Sexual Medicine*, *12*, 389–411. doi:10.1111/jsm.12995.

Bay-Cheng, L.Y. (2010). Justifying sex: The place of women's sexuality on a social justice agenda. *Families in Society: The Journal of Contemporary Social Services*, *91*(1), 97–103.

Bay-Cheng, L.Y. (2010). Justifying sex: The place of women's sexuality on a social justice agenda. *Families in Society: The Journal of Contemporary Social Services*, *91*(1), 97–103.

Bayer, C., and Satcher, D. (2015). Moving medical education and sexuality education forward. *Current Sexual Health Reports,* 7(3), 133–139. doi: 10.1007/s11930-015-0050-1

Binik, Y., and Hall, K. (2014). *Principles and Practices of Sex Therapy* (5th ed.). New York: Guilford Press.

Braun-Harvey, D., and Vigorito, M. (2016). *Treating Out of Control Sexual Behavior: Rethinking Sex Addiction*. New York: Springer Publishing.

Byers, E. S. (2005). Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long-term relationships. *Journal of Sex Research*, *42*, 113–118.

Constantinides, D., Sennott, S., and Chandler, D. (2019). *Sex Therapy with Erotically Marginalized Clients: Nine Principles of Clinical Support*. New York: Routledge.

Dailey, D. (1981). Sexual expression and ageing. In D. Berghorn and D. Schafer (Eds.), *The Dynamics of Ageing: Original Essays on the Processes and Experiences of Growing Old*. Boulder, CO: Westview Press, pp. 311–330.

Davison, S. L., Bell, R. J., LaChina, M., Holden, S. L., and Davis, S. R. (2009). The relationship between self-reported sexual satisfaction and general well-being in women. *Journal of Sexual Medicine*, *6*, 2690–2697.

Dodd, S. J., and Tolman, D. (2017). Reviving a positive discourse in sexuality within social work. *Social Work*, *62*(3), 227–234. doi:10.1093/sw/swx016

Gezinski, L. (2009). Addressing sexual minority issues in social work education: A curriculum framework. *Advances in Social Work*, *10*(1), 103–113.

Green, R., Baskind, F., Mustian, B., Reed, L., and Taylor, H. (2007). Professional education and private practice: Is there a disconnect? *Social Work*, *52*(2), 151–159. doi:10.1093/sw/52.2.151

Hartocollis, L., Cnaan, R. A., and Ledwith, K. (2014). The social work practice doctorate. *Research on Social Work Practice*, *24*(5), 636–642.

Hinchliff, S., and Gott, M. (2004). Intimacy, commitment, and adaptation: Sexual relationships within long-term marriage. *Journal of Social and Personal Relationships*, *21*, 595–609. doi:10.1177/0265407504045889.

Kaplan, H. S. (1975). *The Illustrated Manual of Sex Therapy*. New York: Brunnel/Mazel.

Kontula, O. (2011). An essential component in promoting sexual health in Europe is training in sexology, *International Journal of Sexual Health*, 23, 168–180.

Marwick C. (1999). Survey says patients expect little physician help on sex. *Journal of American Medical Association*, 281, 2173–2174.

Masters, W. H., and Johnson, V. E. (1966). *Human Sexual Response*. Toronto, ON: Bantan Books.

McCarthy, B. W., and Thestrup, M. (2008). Couple therapy and the treatment of sexual dysfunction. In A. S. Gurman (Ed.), *Clinical Handbook of Couple Therapy* (pp. 591–617). New York, NY: The Guilford Press.

McNulty, J. K., Wenner, C. A., and Fisher, T. D. (2016). Longitudinal associations among relationship satisfaction, sexual satisfaction, and frequency in sex in early marriage. *Archives of Sexual Behavior*, *45*, 85–97.

Metz, M., Epstein, N., and McCarthy, B. (2017). *Cognitive-behavioral Therapy for Sexual Dysfunction*. New York: Routledge.

Metz, M. E., and Seifert, M. H. (1990). Men's expectations of physicians in sexual health concerns. *Journal of Sexual and Marital Therapy*, 16, 79–88.

National Association of Social Workers. (2016). Social work profession. Retrieved from https://www.socialworkers .org/pressroom/features/general/profession.asp

Office of the Surgeon General (US). (2001, July). *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. Rockville, MD: Office of the Surgeon General (US). Retrieved June 11, 2016, from: http://www.ncbi.nlm.nih.gov/books/NBK44216/

Prior, E. E., Williams, D. J., Zavala, T., and Milford, J. (2016). What do(n't) American undergraduate social work students learn about sex? A content analysis of sex positivity and diversity in five popular HBSE textbooks, *Critical Social Work*, 17(1), 55–73.

Schnarch, D. M. (1991). *Constructing the Sexual Crucible: An Integration of Sexual and Marital Therapy*. New York: W. W. Norton.

Schnarch, D. M. (2009). *Passionate Marriage: Keeping Love and Intimacy Alive in Committed Relationships*. New York: W. W. Norton.

Sitron, J. A., and Dyson, D. A. (2012). Validation of sexological worldview: A construct for use in the training of sexologists in sexual diversity. *SAGE Open*, *2*(1), 1–16. doi: 10.1177/2158244012439072

Swank, E., and Raiz, L. (2010). Attitudes toward gays and lesbians among undergraduate social work students. *Affilia: Journal of Women and Social Work*, *25*(1), 19–29.

Timm, T. M. (2009). "Do I really have to talk about sex?" Encouraging beginning therapists to integrate sexuality into couple's therapy. *Journal of Couple and Relationship Therapy*, *8*, 15–33. doi:10.1080/15332690802626692.

Turner, G. W. (2020). The circles of sexuality: Promoting a strengths-based model within social work that provides a holistic framework for client sexual well-being. In M. Mohr-Carney and A. Mendenhall (Eds.), *Rooted in Strengths: Celebrating the Strengths Perspective in Social Work* (pp. 305–325). Kansas: University of Kansas Libraries, Publisher.

Turner, G. W., and Crane, B. (2016a). Sexually silenced no more, adults with learning disabilities speak up: A call to action for social work to frame sexual voice as a social justice issue. *British Journal of Social Work*: Special Issue*: Sexualities and Social Work in the Contemporary World*, *46*(8), 1–18. doi: 10.1093/bjsw/bcw133

Turner, G. W., and Crane, B. (2016b). Pleasure is paramount: Adults with intellectual disabilities discuss sensuality and intimacy. *Sexualities Special Issue: Intellectual Disability and Sexuality*: *On the Agenda? 19*(5–6), 677–697. doi: 10.1177/1363460715620573

Vandervoort, H. E., and McIlvenna, T. (1979). The use of sexually explicit teaching materials. In R. Green (Ed.), *Human Sexuality-a Health Practitioner's Text* (2nd ed., pp. 12–21). Baltimore, MD: The Williams and Wilkins Co.

Vernacchio, A. (2014). *For Goodness Sex: Changing the Way We Talk to Teens About Sexuality, Values, and Health*. New York: Harper Collins.

Weeks, G. R., and Hof, L. (Eds.). (1987). *Integrating Sex and Marital Therapy: A Clinical Guide*. New York, NY: Brunner/Mazel.

Weiner, L., and Avery-Clark, C. (2014). Sensate focus: Clarifying the Masters and Johnson's model. *Sexual and Relationship Therapy*, *29*(3), 307–319. doi:10.1080/14681994.2014.892920.

Weiner, L., and Avery-Clark, C. (2017). *Sensate Focus in Sex Therapy: The Illustrated Manual*. New York: Routledge. ISBN 9781138642355.

Wittmann, D., Montie, J. E., Hamstra, D. A., Sandler, H., and Wood, D. P. (2009). Counseling patients about sexual health when considering post-prostatectomy radiation treatment. *International Journal of Impotence Research*, *21*(5), 275–284. PM19609297

World Health Organization. (2006). *Defining Sexual Health: Report of a Technical Consultation on Sexual Health, 28–31 January 2002*. Geneva: World Health Organization.