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Mapping Sex Therapy Across the United States: An Exploratory Study

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The primary purpose of this study was to determine what someone who was interested in obtaining a provider for sex therapy would find if they simply searched for sex therapy using the Google search engine. The goal was to ascertain how someone might access providers in each state, what types of information someone seeking treatment for sexuality issues might find on provider websites, who is providing the services, what types of services are being provided, and whose services might appeal to given the content of the website. Once all of the data was compiled, the resulting data would include a listing of sex therapist providers in all 50 states. The researchers engaged in an online search for all 50 states and a target of a maximum of 10 providers were compiled from each state, however 28 states did not have the minimum of 10 providers. There were 1,007 clinicians identified in total. Of the identified clinicians, there were an almost equal number of social workers, marriage and family therapists, and licensed counselors. Of the sites identified, there were 264 private practices, 100 group practices, 6 clinics, 1 entirely telehealth practice, 2 training institutes, and 1 other. Only providers who had websites were included in the study. The study has implications for both educators and providers on several levels, including access to sex therapy, professional competence and expertise in sexually related issues, questions related to sexual addiction, utilization of websites and technology, expansion of sex therapy to be more inclusive of sexual minorities and kink communities.

Keywords: sex therapy, counselor education, counseling psychology, access to care

Introduction

According to the World Health Organization (2006), sexuality spans not only sexual orientation but gender and gender expression, erotic and relational expressions, sexual experiences, pleasure, as well as physical and biological health-related functions. The Sexuality Information and Education Council of the United States (SIECUS) contends that human sexuality is comprised of a person's beliefs, attitudes, values, and behaviors. Beyond the physiology of the sexual response system, it also includes the person's sexual identity and orientation. Sexuality is influenced by cultural, societal, and political contexts and everyone is sexual in some aspect of their lives (SIECUS, 2018). As such, sexuality is incredibly complex and multifaceted (Dupkoski, 2012). Despite sexual difficulties being reported by a substantial percentage of people throughout the world, the majority do not pursue professional assistance (Hobbs et al., 2019; Mitchell et al., 2013; Nazareth, 2003; A. Nicolosi et al., 2004). Given that sexuality encompasses so much of a person's life, sexual dissatisfaction or sexual problems can negatively impact quality of life and have been linked with depression and poor physical health (Mitchell et al., 2013).

Sexuality was a central component of early understandings of psychology, yet sexuality and the treatment of sexual issues has only recently grown as a significant treatment area in mental health. The beginnings of sex therapy can best be traced to the publication of *Human Sexual Inadequacy* (Masters & Johnson, 1970), but professional literature makes no other references to sex therapy until 1974 (Binik & Meana, 2009). Attitudes toward sexuality have shifted dramatically in the United States since the work of Masters and Johnson (Masters, Johnson, & Reproductive Biology Research Foundation, 1966), as have the variety of treatment modalities and approaches. Unlike early psychoanalytic approaches, Masters and Johnson focused on social and cognitive sources of sexual dysfunction, resulting in a brief, behavioral technique that was generally conducted with a male and female clinician working with a couple. This early behavioral approach was in direct opposition with most conventional therapeutic approaches at that time, which conceptualized sexual dysfunction as a manifestation of un-

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derlying conflicts (Binik & Meana, 2009). Later clinicians integrated different approaches, often initiating treatment with solutions-focused, behavioral techniques, and then exploring potential underlying issues if these techniques were ineffective. In 1967, Patricia Schiller founded the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), which was the first accrediting organization for sex educators in the United States (AASECT, 2020). Certification programs now exist across the country that allow clinicians to develop competency in a range treatment of sexual issues, from biological and health-related problems to issues of communication and intimacy (University of Michigan School of Social Work, 2016).

Research has estimated that as much as half of the men and women in the United States may experience sex-related issues at some point in their lifetime (Heiman, 2002; Simons & Carey, 2001) and somewhere between 30 to 50% of couples may experience sexual problems at some point in their relationship (Flynn et al., 2015). Furthermore, these issues are not only related to dysfunction (Buehler, 2017; Hertlein, 2009; McCabe et al., 2010; Southern & Cade, 2011; Zeglin & Mitchell, 2014); it is important to recognize sexuality-related issues include sexual identity, orientation, body image, gender and gender expression, as well as intimacy concerns. The Global Study of Sexual Attitudes and Behaviors (GSSAB) surveyed over 20,000 adult men and women regarding various aspects of sex. Among sexually active respondents, 43% of men and 49% of women reported experiencing at least one sexual problem, yet less than 19% of them attempted to seek treatment for their problem(s) (Moreira et al., 2005). So, despite the prevalence of sex-related problems, there is limited information or research available that would shed light on help-seeking behaviors and barriers to accessing treatment for sexual problems. This information would be beneficial in assisting clients overcoming potential barriers to accessing treatment as well as providing clinicians with important information related to gaps in services.

Barriers to Accessing Sex Therapy

Literature indicates that access to sex therapy is not universal. McCarthy and Ross (2018) found that sex therapy is accessed primarily by middle-class clients. According to Weir (2019), sex therapy has primarily been heteronormative, couple-focused, and predominantly available to middle and upper middle class white married couples. As a result, people who fall outside the gender binary, or whose sexual expressions, orientations, or relationships fall outside societal norms do not have access to sex therapy or the options are extremely limited. After a review of current sex therapy approaches, Berry and Barker (2013), called for more inclusive sex therapy that is more normalizing and affirming of different sexual expressions. According to Barker and Langdridge (Barker, 2010), research on sex therapy with sexually diverse and non-normative populations is only beginning to emerge. Currently, there is still limited information available in the literature regarding how people access sex therapy and who exactly is utilizing these services.

Obtaining adequate treatment for sex-related issues is confounded by clinicians who either lack adequate training or avoid addressing sex-related topics altogether. While sexuality issues are known to professional counselors, research has indicated that these topics are often avoided in treatment sessions (Buehler, 2017; Hanzlik & Gaubatz, 2012; Juergens, Smedema, & Berven, 2009; Russell, 2012; Southern & Cade, 2011). There may be a correlation between a clinician's discomfort with addressing sex-related issues and the lack of formal training related to human sexuality. At this time, there are only two states, Florida and California, that require a human sexuality course for licensure. Most counseling programs, if they do offer a sexuality course, only offer it as an elective. Historically, sexuality and sexual dysfunction has been viewed by the mental health professions as a specialty area (Binik & Meana, 2009). Haboubi and Lincoln (2003) reported approximately 90% of health care professionals acknowledge that addressing sexuality is an important part of health care, yet they seldom address it in treatment with their patients. This hesitancy to address sexual issues with patients is universal across health care professionals, which often results in individuals with sexual issues either not seeking treatment or attempting to find providers on their own.

Purpose of Study

There are currently two professional sex therapist directories available on the internet.

There is a directory on the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) website (https://www.aasect.org/referral-directory), but a person would have to know about the organization in order to access it. The other sex therapist directory website (http://www.sstarnet.org/directory.cfm) is a listing provided by the Society for Sex Therapy and Research (SSTAR). Again, this listing would be difficult to find if someone were not familiar with SSTAR. Additionally, after a quick review of the SSTAR directory listings for New York, 60 providers were listed for the entire state, of which 53 had office addresses in New York City or the surrounding boroughs. Using the same directory, Illinois had 14 listings for the state, with 8 office addresses in Chicago, 5 in Evanston, a city just outside of Chicago, and one in Highland Park, a northern suburb of Chicago. By taking a snapshot of two highly populated states, it appeared that access to sex therapy was extremely limited and likely to be located in larger cities. After reviewing the directories, the research team ascertained that the directories were not comprehensive. Both listed only providers who were members of the organizations, which

meant there may be a large number of providers not included. In addition, many AASECT-certified clinicians who were known by the researchers did not appear in either directory.

The present study explored what information was available via the internet for someone interested in obtaining a provider for sex therapy. The purpose was to gather information regarding what services were available across the United States for people seeking treatment for sex-related issues. The research team also wanted to determine how difficult it is to find providers in each state, what types of information someone seeking treatment for sexuality issues might find on provider websites, who is providing the services, what types of services are being provided, and whom services might attract, given the content of the website. Once all of the data was compiled, the resulting data would include a listing of sex therapist providers in all 50 states. The purpose of the study was to reveal information related to what sex therapy services were available across the U.S. when searching online. Since this area remains largely unexplored, the design of this study was to discover information that would lead to greater understanding and lay groundwork for future research.

Method

The research method chosen for this study was an exploratory approach. Given the limited information available in the literature related to clinicians providing sex therapy as well as how best to access these services, exploratory methodology allowed for gathering data without developing a hypothesis in advance. The benefits of exploratory research are that it "generates initial insights into the nature of an issue and develops questions to be investigated by more extensive studies" (Marlow, 2011, p. 334). Quite simply, the goal of this study was purposive, systematic discovery. As Stebbins (2001) wrote, "Researchers explore when they have little or no scientific knowledge about the group, process, activity, or situation they want to examine but nevertheless have reason to believe it contains elements worth discovering" (p. 6). The purpose of this study was to gather data and report on the trends and information found with recommendations for further research.

The research team consisted of a faculty member and student affiliated with the same counseling psychology department at a mid-west, professional graduate school. The faculty member is the lead instructor for the human sexuality course in the department, has taught the course for 5 years, and is a co-founder of a professional association focused on training and advocacy of counselor competency around sexuality. The student is a member of the association and has an interest in sexuality research. Prior to beginning the research, the team met to discuss their perceptions and expectations related to what they anticipated might emerge. This preparation was used to in an effort bracket the research team's biases and minimize their subjective perspectives. Throughout the data gathering process, the research team worked closely together to consult with one another, and determinations were made based on consensus among research team members.

The team engaged in explorative research that entailed a Google search of all 50 states to determine availability and accessibility of sex therapists across the United States. The states were divided into regions, with each of the two researchers covering the different regions. The online searches and review of provider websites took place over the course of a year. The researcher would type "sex therapy" along with the state name to bring up the listing of providers in that state. The team decided to keep the search limited and, after some trial searches of different states, "sex therapy" yielded the best results overall of providers utilizing the internet. Only those providers with websites were reviewed and included. It is estimated that 90% of people in North America have access to and use the internet daily. Of the top 10 most visited sites, Google was first on the list and is the most popular search engine (BroadbandSearch.net, 2022). For this reason, Google was chosen as the search engine for the study.

It was decided that a maximum of 10 listings would be reviewed for each state. It was decided that only 10 listings would be included given this was an exploratory study and the goal was to gather some information from each state. Additionally, after the review of the states from the SSTAR directory, targeting two highly populated states, it was felt that a listing of 10 would offer enough information to saturate the data. Once providers with individual websites listed from the search were exhausted, those listed in Psychology Today (psychologytoday.com) were reviewed and included. To be included in the study, a provider's website had to indicate that some type of sex therapy was being offered. For each provider listing, the researchers documented the city, name of the practice, a list of the provider's(s') licensure/certificate (See Table 1), the type of practice (private, group private, clinic, training institute, telepractice), whether the practice was primarily focused on sex therapy, gender presentation of the provider(s), race, whether kink or alternative sexualities were mentioned, and if the website had some type of media/online resources.

The parameters for the search were determined based on the researchers attempting to gather information as if they were anyone attempting to find a provider on the internet. Therefore, certain factors, such as the race and gender of the provider, were determined based on what the researcher could ascertain from the website. Race was determined based on available pictures of the providers or if the race of the provider was referenced in their biography. When determining the provider's gender, the researchers made the determination based on the pronouns used in the provider's bios and/or based on their gender expression. While gathering

Table 1
Professional Licensure

License	Total	Region*			
		East	South	Midwest	West
Licensed Counselors	266	20	166	51	29
Licensed Social Workers	182	44	43	69	26
Licensed Marriage & Family Therapists	203	43	59	43	58
Psychologists	118	20	43	41	13
Physicians**	17	4	8	5	0
Sexologists	17	8	3	1	5
Certified Sex Therapists	183	44	52	45	42
Other	52	12	22	10	8
Unlicensed	51	9	16	11	15
Total	1,089	204	412	276	196

Note. ***East**: Connecticut, Delaware, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont **Midwest**: Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, South Dakota, Wisconsin **South**: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia **West**: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, Wyoming; **Medical Doctor, Obstetrician-Gynecologist, Registered Nurse

this information was limited and based on the researcher's assumptions, it was also in keeping with what a person seeking services might determine based on their own biases and assumptions. The race of the providers was divided into White people of European descent and People of Color. Researchers determined the provider's race based on references in the provider's website and/or phenotypical markers and skin color. When the race or gender of the providers was not clearly defined on the website, the researchers came to a consensus or listed "unknown." The data gathered was only related to the race of the provider, not whether the provider included language or materials on the website indicating cultural sensitivity.

Results

Given that literature has indicated a lack of inclusivity in sex research with regard to alternative sexualities, the researchers chose to include data related to whether or not the providers included mention of BDSM or kink on their website. Nichols and Fedor (2017) define kink as "a slang term meaning sex that is non-standard and may include any of the following: role play, performances of power dynamics, and unusual forms of stimulation, as well as the use of specific objects or materials or a focus on specific non-genital body parts to achieve sexual satisfaction" (p. 295). Researchers found that sites commonly referred to "kink," "BDSM," or "alternative sexualities" when referring to this type of sexual activity. The goal was to gain information as to whether or not providers were being more inclusive or if this continues to be an area that sex therapists need to focus on expanding in order to meet the needs of persons with alternative sexualities and those from sexual minority populations more effectively.

Type of Practice

Of the sites identified, there were 264 private practices, 100 group practices, 6 clinics, 1 entirely telehealth practice, 2 training institutes, and 1 other. What differentiates clinics from group practices was the website descriptions as well as inclusion of a multidisciplinary team which generally included medical professionals such as registered nurses and physicians. The training institutes were self-identified and clearly focused on training and education rather than service provision. Only 113 of 374 (30%) mentioned kink and alternative sexuality either in identifying the types of issues they address or in their explanations of sex therapy. Many listed types of sexual issues that might prompt someone to seek sex therapy such as premature ejaculation and desire discrepancy in couples, but there was a tendency to be vague in an explanation of possible sexual concerns with confusing messages about what sex therapy entails. The majority (66%) had a clear sex focus to their practice, while the remaining third often had a short sub-page explaining sex therapy. The vast majority of sites framed sex therapy as an issue of relationship intimacy for couples, with little explicit mention of working with individuals. While there were some websites which featured explicit support for the LGBTQ+ community, many sites did not, and many framed sexuality concerns in heteronormative terms.

Websites

Only providers who had websites were included in the study. Slightly less than half of the websites, 172 of 374 (46%), had some media component like a blog, podcast, or webinars. This indicates that, while the providers are online and accessible to people searching for clinicians pro-

viding sex therapy, they are not utilizing the full potential of their online presence. Whether this is related to lack of knowledge, the cost involved, or not having the time available to engage in social media is unknown; nevertheless, opportunities to provide education and promote their services were not being maximized by a large portion of the providers identified.

Since Internet use has only continued to increase, mental health professionals need to become more competent in utilizing web-based resources, not only as an adjunct to treatment but also to assist clients utilizing the internet to access mental health information effectively (Greene, Lawson, & Getz, 2005; Zalaquett & Osborn, 2007). Greene et al. (2005) reported that, of the practitioners they surveyed, few of them utilized or included the use of online tools in their practice, although they acknowledged the influence of the Internet on their clients. Vincent et al. (2017) studied a group of psychotherapists regarding the impact of technology on their practices. When asked about websites, they expressed concerns about establishing unrealistic expectations and conveying over-idealized expectations of what therapy might entail. The onset of the COVID-19 pandemic has forced mental health professionals into using online services with telehealth becoming the mode of treatment nationwide. It is possible clinicians will begin to think differently about the use of social media and their websites in the post-pandemic era.

Discussion

Sex Therapist Competence

The study has implications for both educators and providers on several levels. It was evident, when reviewing both provider listings in Psychology Today and individual provider websites, that clinicians frequently indicated that they provided and/or had expertise in providing sex therapy or related services with no evidence to support their claim. Clinicians would frequently include a long list of areas of expertise on Psychology Today, however there was no mention of them providing any of those types of services on their websites. Professional ethics require that licensed clinicians do not operate or imply they have expertise outside their abilities. Specifically, in the American Counseling Association (ACA) Code of Ethics (2014), standard C.2.a. Boundaries of Competence advises counselors to practice only within the boundaries of their education, training, and professional experience. Standard C.2.b. New Specialty Areas of Practice specifically advises counselors to only practice in specialty areas after appropriate training and supervision. Given that there are currently no specific requirements for counselors to receive training related to sexuality (Zeglin, Dam, & Hergenrather, 2017) and only two states, Florida and California, require a course in human sexuality for licensure, it is the responsibility of providers to seek out specialized training to gain competency in working on issues related to sexuality. Just 18.2% of clinicians identified by researchers were Certified Sex Therapists, with other clinicians varying in their level of training and experience. With few guidelines for competence, there is little to ensure clients are accessing professionals with expertise in sex-related concerns (Zeglin, Goldberg, Stalnaker-Shofner, Walker, & Schubert, 2021). While there are some workshops dedicated to establishing private practices, few graduate programs offer training on how to promote oneself professionally and the potential ethical implications of misrepresenting oneself. Clinicians need to be more cautious when checking off listings of areas of expertise. If clinicians were required to provide certificates or proof of training for specialty areas, this requirement might prevent some of the misrepresentation.

Sex Addiction Therapy and Other Alternative Treatment Modalities

As reported, there were 26 Certified Sexual Addiction Therapists (CSAT), which is a certificate that is offered through the International Institute for Trauma and Addiction Professionals (2020), an organization founded by Dr. Patrick Carnes. Of the 26 CSAT clinicians, 23 were found in the southeastern states of the U.S. The issue of whether excessive nonparaphilic sexual behavior is an addictive disorder continues to be a source of debate within the counseling profession. There is some empirical and clinical support for treating excessive sexual behavior which causes distress as an addiction (Garcia & Thibaut, 2010). However, this is not the perspective held by everyone. Reay et al. (2012) suggested that sexual addiction is more of a social construct brought on by society's tension and discomfort with changing sexual mores. According to a Gallup Poll (Jones, 2018), the most highly conservative states are located in the southeastern states. As 23 out of 26 CSAT clinicians identified were located in this region, there may be a direct correlation between the pathologizing of increased sexual behavior and conservative social attitudes. According to the Association of Sexuality Educators, Counselors and Therapists (AASECT), though people may experience distress related to their sexual behaviors, there is insufficient empirical evidence to support a diagnosis of sex addiction as a mental disorder. In the AASECT Position on Sex Addiction (2016), AASECT stated:

> AASECT recognizes that people may experience significant physical, psychological, spiritual and sexual health consequences related to their sexual urges, thoughts or behaviors. AASECT recommends that its members utilize models that do not unduly pathologize consensual sexual behaviors. AASECT 1) does not

> find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge

The pathologizing and shaming of sexual behavior, which is influenced by the values and beliefs of clinicians, has the potential to do great harm. Providing treatment modalities without sufficient empirical support is also a risk. When addressing issues that are so clearly related to values and influenced by dominant societal discourse, clinicians would be best to operate from a much more client-centered, sex-positive approach.

In some instances, such as Pure Life Ministries in Dry Ridge Kentucky, which provides "life changing" counseling programs for people who are gripped by "sexual sin," it is unclear whether the individuals providing services have any formal education or training to provide clinical counseling. Its director is a certified Biblical Counselor, and the director of counseling has a master's degree in ministry. The Association of Certified Biblical Counselors website (https://biblicalcounseling.com/training/certification/) indicates that the organization "exists to equip you to minister the Bible faithfully to those all around you who are in need of God's truth." The other individuals at Pure Life Ministries referred to as "counselors" did not appear to have any education in counseling, Biblical or otherwise.

There were also some sites where there was some question as to whether the treatment being provided was conversion/reparative therapy. One provider in Indiana, who reported completing a graduate degree in marriage and family therapy as well as identifying as a Christian Sex Therapist certified by the American Board of Christian Sex Therapists (https://abcst.sexualwholeness.com/), lists "unwanted same sex attraction" under the types of issues addressed in treatment. Research has indicated that conversion/reparative therapies are ineffective and potentially harmful to clients (Forstein, 2002; J. Nicolosi, Byrd, & Potts, 2000; Schroeder & Shidlo, 2002). The American Counseling Association, The American Psychiatric Association, and the American Psychological Association (APA) have published position statements with strong opposition (ACA, 2013; American Psychiatric Association, 2013; APA, 2018) to the practice of conversion therapy. This type of treatment approach reinforces the misconception that any sexual orientation that is not heterosexual is pathological.

Websites

Researchers identified a number of common problems and best practices that could have a significant impact on the experience of accessing sex therapy. The sites that were most easily found through Google search had the term "sex therapy" in multiple places on their site—often in the name of their practice, their homepage website url, a subpage url, and clearly labeled subpages indicating treatment related to sexual issues. Clinicians who had to be found through Psychology Today often lacked these features that would ensure more visibility on Google. Many of the websites, especially those that primarily offered sex therapy, either provided an FAQ section or otherwise clarified the basic components of sex therapy. This is especially valuable in locations where a Google search elicits articles about sex surrogacy or other services in the sex industry, which may confuse potential clients.

A number of websites featured images of clinicians in sexually suggestive poses and dressed in ways which may be perceived as provocative that raised questions of professionalism for the researchers. In the most extreme example, one website included an image of a female clinician wearing just a white lab coat and black lingerie top. The ACA Code of Ethics (2014) does not explicitly address professional attire, which allows clinicians to determine what is most appropriate based on their cultural context and professional setting. General recommendations are for clinicians to dress in a manner that communicates professionalism and avoids distraction in the therapeutic relationship. While no research could be found on the impact of clinician attire in sex therapy, these examples raised a potential need for more explicit guidelines in the field. Clinicians might argue that outward expressions of sexuality in attire are congruent with their sex-positive approaches with clients, but researchers imagined this type of presentation could be distracting and confusing for many clients, potentially violating section A.4.a "Avoiding Harm" of the ACA Code of Ethics (2014).

Some sites dedicated a long paragraph to explaining clinicians' education, training, and specialized certifications. These explanations contrasted with clinicians who simply listed their licensure letters, often including more obscure certifications that would be unfamiliar to most potential clients. On other websites, it was impossible to discern licensure status. Many clinicians referred to themselves as "sex therapists" without any certification in sex therapy. Some clinicians provided more context for this designation, referencing pursuit of AASECT certification, many years of sex therapy practice, or advanced schooling in human sexuality. Reviewing the various websites from a layperson's perspective, it might be difficult to understand who was licensed or what training they have received to qualify them to work with sex-related issues. Despite the researchers having a mental health background, it was still difficult to determine what the different professional licensure acronyms represented. Master-level social workers and counselors license titles varied by state. This variation is likely to be confusing

to the consumer without adequate explanation given on the website, which was frequently missing.

Sexual Minority Inclusion/Exclusion

Just under a third of sites mentioned kink or alternative sexuality, which often correlated with being more explicit about different types of sexual concerns in general. The guidelines developed by the Kink Clinical Practice Guidelines Project (2019) encourage awareness and sensitivity to the impact of stigmatization on clients with "kink" identities. A more expansive explanation of diverse concerns related to sexuality could help potential clients identify their own concerns, which might feel taboo, and could help clients from alternative sexuality communities feel more accepted.

Clinicians who mentioned working with the LGBTQ+ community did so in a number of ways. On some sites, clinicians simply expressed an LGBTQ+ affirming approach. Others expressed specific specializations, for example, naming the Gender Nonconforming or leather communities. Clarifying a specialization in working with specific communities under the LGBTQ+ umbrella might communicate a greater level of familiarity and comfort to potential clients.

Researchers identified many clinicians who were LGBTQ+ affirming and indicated experience working with same-sex couples. However, few clinicians addressed non- monogamous relationships and the focus across the U.S. for clinicians providing sex therapy was largely heteronormative and directed at couples. These findings are consistent with the literature, which indicates the assumption of relationships consisting of two people appears to be the norm among clinicians providing sex therapy (Berry & Barker, 2013). Additionally, researchers found that providers who listed kink and/or alternative sexualities on their websites were unevenly distributed across the United States. Most notably, there were far fewer "kink-affirming" clinicians in the southern region of the United States. This disparity could make it more difficult for kink-identified individuals to receive affirming sex therapy services.

Gender and Race

Studies attempting to identify the importance of gender matching to the therapeutic relationship have shown mixed results, though these data may be more of a result of the inconsistent methodologies used (Behn, Davanzo, & Errázuriz, 2018). The impact of gender difference seems to become negligible over time (Bhati, 2014). Little data exists on the impact of gender in sex therapy relationships specifically, so it is uncertain whether the large gender disparity in the field might have an impact on client experience. So, given the statistically significant greater number of female presenting providers offering sex therapy treatment certainly warrants additional research and study in the future.

As reported, less than 10% of the total number of clinicians included in the study appeared to be People of Color. While the method of identifying race in the study had limitations, it was nevertheless apparent that the clinicians providing sex therapy across the United States were overwhelmingly White. In general, a majority of mental health professionals in the U.S. are White of European descent (ZIPPIA, 2021), so these numbers are consistent with the overall statistics in the field. When addressing concerns related to sexuality, where the client's culture and worldview will have a significant impact on navigating treatment, the race/ethnicity of the clinician is even more likely to influence a person's choice in pursuing treatment. While studies have not necessarily shown that racial matching of clinicians with clients improves treatment outcomes (Maramba & Nagayama Hall, 2002), there is research to support that racial matching leads to increased treatment utilization and retention (Maramba & Nagayama Hall, 2002; Sue, Fujino, tze Hu, Takeuchi, & Zane, 1991; Yeh, Eastman, & Cheung, 1994). It is projected that by 2060 (Colby & Ortman, 2015), the U.S. will be considered a "majority-minority" or plurality nation meaning no one racial/ethnic group will be in the majority. Changes in the U.S. demographics have highlighted the need for culturally responsive mental health care. It has been well documented that the mental health needs of racial/ethnic minoritized communities are not being met (Chow, Jaffee, & Snowden, 2003; L. R. Snowden & Cheung, 1990; L. R. Snowden, 2003; L. Snowden, Masland, Ma, & Ciemens, 2006; U.S. Department of Health and Human Services, 2016). This is certainly evident with regard to issues related to sex and sex therapy in the U.S. When addressing concerns related to sexuality, which are so value-laden, having a clinician who the client perceives as sharing the same worldview and backgrounds is likely to be even more important.

Limitations

There were limitations with this study, especially given the exploratory approach. The researchers only utilized Google as the search engine and did not use a private browser when searching, which may have impacted the listings obtained. The researchers limited the search utilizing only "sex therapy" while additional searches with other words or terms may have gleaned other results. Only those providers with websites were included in the study, so the list of providers offering sex therapy may be much longer than was obtained through this study. The provider gender and race were based on what could be gleaned from the website information and were subjective evaluations of the researchers, so these figures may not be exact. Some of the results are subjective with regard to the researchers' perspective of the material contained on the website related to content such as pictures and other information. The researchers' goal was to provide

information based on what someone seeking services might observe if searching on the internet. The method of determining race and gender was subjective and significantly limited to the research team's impressions. While it was not possible to determine exact numbers, based on the research method, it was important to report on the overwhelming number of what appeared to be white and female presenting providers. The researchers made the decision to limit the maximum number of listings for each state to no more than 10 when several states had more than 10, which may have added to the study outcome. The research team consisted of only two people and did not have additional cross checking available from another team or auditors or methodology to mitigate the subjectivity of the researchers.

Recommendations

This study was an exploratory approach to begin to gather information on how someone might access sex therapy services and what they might find when searching on the internet. It is clear that there is much yet to study with regard to sex therapy. The data indicates that mental health professionals across all disciplines (i.e., counselors, social workers, marriage and family therapists, and psychologists as well as certified sex therapists) are offering sex therapy. While AASECT provides certification, there is no other licensure or certification available and most mental health professions do not require human sexuality as a core area of study. Despite the statistics that indicate a need for services and the importance of sexual health, this study indicates there remains an incredible need for services throughout the U.S. with some states having only one sex therapist. There is also no policing regarding what providers list on their websites related to their expertise and competence related to sexuality. It may be time to place some restrictions on what a provider might list on their website without being able to substantiate it. The results of this study also supported the literature that indicates the need for greater inclusivity in sex therapy. The trend was consistent with being heteronormative and focused on couples and not individuals or non-monogamous relationships.

Conclusion

The results of this study indicate that access to sex therapy for persons seeking a provider by searching through an online web browser yields mixed results depending on where the person lives in the United States and what their needs may be for treatment. As reported, in over half of the states, researchers were unable to find listings for 10 providers for the entire state. In many states, provider listings were only in larger, metropolitan locations. Consistent with the literature, services primarily targeted heterosexual couples. All of the services were offered by private providers and there was no evidence of non-profit agencies providing sliding scale sex therapy services. While there are non-profit agencies that do provide services for LGBTQ+ and other sexual minority communities, none specifically identify sex therapy as a treatment option. Again, this is consistent with the literature which indicates that sex therapy is largely available to heterosexual couples with the financial means or health coverage to pay for sex therapy. It was evident there is a need in a number of areas across the United States for increased availability of sex therapy with attention to broadening the focus beyond heteronormative and couples treatment. Clinicians providing sex therapy included counselors, social workers, marriage and family therapists, and psychologists, but a surprisingly low number were certified sex therapists, raising concerns of competence and ethical practice. In reviewing provider websites, it was often confusing and difficult to determine the licensure of the provider(s) and/or the types of services provided. Given that individuals are reluctant to pursue sex therapy and that there are misconceptions of what sex therapy entails, it is critical that those providing the services utilize tools available such as websites to educate and engage people in exploring this area of treatment. Especially in 2020, during the COVID-19 pandemic, it became evident the mental health field is moving toward greater online presence and telehealth. As such, clinicians must become much more adept at technology and creating websites which convey clear, professional messages. This study provides an overview of the services available across the United States, but further exploration is needed. Finally, a more comprehensive directory would be beneficial for both providers and potential clients alike.

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