



**Association for Counseling Sexology and Sexual Wellness
Exemplary Practices for
Counseling Sexology and Sexual Wellness***

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This is a listing of the Exemplary Practices for Counseling Sexology and Sexual Wellness. Please refer to the complete article (citation below) for additional information. We encourage counselors and mental health professionals to utilize the Exemplary Practices as a resource and guide.

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The Exemplary Practices for Counseling Sexology and Sexual Wellness have been endorsed by the Association of Counseling Sexology & Sexual Wellness Board of Directors.

Structure of Exemplary Practices

The 12 exemplary areas in counseling sexology and sexual wellness are as follows:

1. Comfort, Awareness, & Personal Reflection
2. Ethical & Professional Behavior
3. History & Systems
4. Anatomy & Physiology
5. Sexual Identity
6. Sexual Development
7. Attractions
8. Intimacy & Interpersonal Relationships
9. Pleasure & Sexual Subcultures
10. Sexual Functioning
11. Mental Health & Medical Factors
12. Sexual Exploitation

Within each area of practice there are the following domains:

- a) attitudes, beliefs, & understanding of historical influences
- b) knowledge
- c) counseling skills
- d) action and advocacy
- e) counselor education and supervision

Exemplary Practice Areas

1. Comfort, Awareness, & Personal Reflection

It is important that counselors regularly reflect on their own values and beliefs around sexuality, including their potential biases, so they can work towards increasing their own comfort and awareness regarding sex and sexuality. Establishing personal comfort in discussing sex and sexuality is essential to foster direct and honest discourses about these topics (Zeglin et al., 2018).

1a. Attitudes, Beliefs, & Understanding of Historical Influences

- Counselors critically examine their personal sexual values and beliefs and are aware of the factors influencing those beliefs and values.
- Counselors recognize and acknowledge how historical and cultural power dynamics influence sex and sexuality.
- Counselors acknowledge the role of intersectionality in conceptualizing experiences of sex and sexuality within clinical populations.

1b. Knowledge

- Counselors develop a sex-positive/sex-affirming framework.
- Counselors engage in continuing education to gain further insight and awareness of topics related to sex and sexuality.
- Counselors commit to openness of thought and scholarship related to sex and sexuality.
- Counselors stay abreast of current and evolving research and discourses on sex and sexuality.

1c. Counseling Skills

- Counselors demonstrate critical self-reflection.
- Counselors affirm the wide range of sexual identities, behaviors, expressions, and values.
- Counselors intentionally use language that is sex- positive and affirming of others.
- Counselors demonstrate the ability to consider varying points of view on controversial sexual topics.
- Counselors conceptualize sex and sexuality-related concerns in a non-pathologizing manner.

1d. Action & Advocacy

- Counselors hold space for future possibilities regarding sex and sexuality within the

sociocultural context.

- Counselors apply a sex-positive and affirming framework to advocacy efforts.
- Counselors engage, participate in, and advance scholarship that promotes healthy and positive sexuality.
- Counselors remain aware of state and federal laws and regulations that impact the presentation, discussion, and existence of sexual identities and expressions.

1e. Counselor Education & Supervision

- Counselors seek continuing education, supervision, and consultation around sex and sexuality throughout their careers.
- Counselor educators and supervisors promote critical self-reflection and examination of biases with trainees.
- Counselor educators and supervisors foster sex- positivity and openness in their work with trainees.
- Counselor educators and supervisors specifically obtain and make available literature, interventions, and techniques within their courses that affirm the spectrum of sexual expression and identities.

Self-Evaluative Questions

1. What are my beliefs and values around sex and sexuality?
2. What are my biases around sex and sexuality? Where do these biases come from?
3. What is my comfort level around sex and sexuality, and discussing these topics with others? What influences my comfort level?

2. Ethical & Professional Behavior

Ethical and professional practices are central to providing effective sexuality counseling. Abiding by the American Counseling Association's (ACA) Code of Ethics (2014), as well as federal and state legal statutes, is foundational to all interactions with clients, supervisees, and students.

2a. Attitudes, Beliefs, & Historical Influences

- Counselors critically examine their personal values and beliefs about sex and sexuality and avoid imposing those values on clients.
- Counselors exhibit cultural sensitivity and trauma- informed perspectives to promote the dignity, autonomy, and well-being of clients' experiences of sex and sexuality.
- Counselors acknowledge and respect diverse sexualities through embodying nonjudgmental attitudes.

- Counselors provide an affirming, safe, and accepting atmosphere for clients to explore experiences of sex and sexuality.

2b. Knowledge

- Counselors stay apprised of shifts in culture and language and use a trauma-informed lens to promote sex positivity in counseling and avoid potential harm to clients.
- Counselors maintain awareness of ethical sexual behavior, including but not limited to noncoercion, autonomy, personal responsibility, respect for others' beliefs and differences, and allowance of the freedom to change.
- Counselors familiarize themselves with professional competencies related to working with diverse clients and sexuality-related issues.
- Counselors actively increase their knowledge base about sex and sexuality, while not practicing outside of the scope of their competency (ACA, 2014).

2b. Knowledge

- Counselors stay apprised of shifts in culture and language and use a trauma-informed lens to promote sex positivity in counseling and avoid potential harm to clients.
- Counselors maintain awareness of ethical sexual behavior, including but not limited to noncoercion, autonomy, personal responsibility, respect for others' beliefs and differences, and allowance of the freedom to change.
- Counselors familiarize themselves with professional competencies related to working with diverse clients and sexuality-related issues.
- Counselors actively increase their knowledge base about sex and sexuality, while not practicing outside of the scope of their competency (ACA, 2014).

2c. Counseling Skills

- Counselors utilize language and verbiage that is affirming of varied sexualities and sexual experiences.
- Counselors purposefully avoid using harmful language, microaggressions, or any derogatory terminology.
- Counselors engage in ethical decision-making and actively seek consultation and supervision when experiencing conflicting values with clients.
- Counselors choose appropriate sexuality-related assessments based on the individual and unique needs of their clients and use cultural sensitivity and a trauma-informed lens in interpreting assessment results.

2d. Action & Advocacy

- Counselors actively work to reverse sex negativity by engaging in actions intended to reduce shame, stigma, and pathologizing of sex and sexuality.
- Counselors educate clients and communities about ethical and healthy sexual behaviors.
- Counselors lobby for ethical and equitable legislation that promotes the welfare and sexual wellness of diverse communities.
- Counselors engage in prevention and intervention efforts that are grounded in trauma-informed practices.

2e. Education & Supervision

- Counselor educators and supervisors model and prepare trainees on how to apply the principles of ethical sexual behavior in counseling.
- Counselor educators conduct sex and sexuality research that promotes the welfare and sexual wellness of participants through protecting their privacy, autonomy, and confidentiality.
- Counselor educators and supervisors model and facilitate using sex-positive language, broaching, and navigating discomfort around sex and sexuality-based topics.

Self-Evaluative Questions

1. What ethical and professional challenges have I experienced in exploring sex and sexuality-related topics with clients?
2. How do I (or would I) ethically navigate conflicting values with my clients?
3. What are actions I can take to reverse sex negativity and/or reduce shame, stigma, and pathologizing of sex and sexuality?

2. History & Systems

To decolonize sexuality and sexual wellness, counselors must first be aware of the roles of oppressive historical institutions centering societal power (i.e., white patriarchy, cisnormativity, heteronormativity, purity culture) and their influence on current conceptualizations of sexuality. Counselors critically examine ways in which dominant groups determine sexual norms and weaponize sex to further oppress marginalized groups, such as through the fetishization of BIPOC sexuality, preoccupation with genitalia of gender expansive folk (specifically trans individuals), the infantilization of older adult sexual expression, the denial of adolescent sexual rights, erasure of sexuality in disabled persons, and sexual exploitation of sex workers. Further, counselors should use a trauma-informed lens when working with clients experiencing the mental health consequences of

colonized cultural and institutional messaging, values and customs pertaining to sex and sexuality.

3a. Attitudes, Beliefs, & Historical Influences

- Counselors critically examine the historical messages and values underpinning conceptualizations of sex and sexuality.
- Counselors consider the current conceptualizations of sexuality through an intersectionality-informed lens.
- Counselors consider the influences of oppressive systems in examining their own values related to sex and sexuality through a trauma-informed lens.
- Counselors critically reflect on the use of sex as a weapon of colonization and oppression towards individuals of marginalized identities.
- Counselors consider the systems and historical contexts that may shape clients' expressions and experiences of sex and sexuality.

3b. Knowledge

- Counselors seek continuing education regarding the decolonization of sexuality and sexual wellness.
- Counselors commit to learning about the history of diverse sexual identities, expressions, and conceptualizations of sexuality across cultures.
- Counselors seek to foster clients' knowledge of ways in which historical and/or oppressive values may be contributing to sexual expression that misaligns with clients' current sexuality.
- Counselors engage in scholarship to reverse sex negativity and unlearn internalized stigma towards sex and sexuality.
- Counselors engage with trauma-informed scholarship to inform their work with clients of diverse sexual identities and expressions.

3c. Counseling Skills

- Counselors foster a sex-positive, non-judgmental counseling relationship to enhance clients' exploration of their sexuality.
- Counselors use empirically supported, culturally sensitive, destigmatizing instruments to assess client concerns related to sex and sexuality.
- Counselors explore how clients' understanding of sex and sexuality are shaped by historical, cultural, and societal messages.
- Counselors avoid the pathologization (and re- pathologization) of clients' sex and sexuality-related concerns utilizing trauma informed care practices.

3d. Action & Advocacy

- Counselors engage in various levels of advocacy to foster clients' abilities to express their sexuality in a manner that allows for client autonomy.
- Counselors create instruments/assessments that are inclusive and affirming for individuals with diverse sexual identities, experiences, and expressions.
- Counselors advocate for the deconstruction of systems that foster sexual oppression and exploitation.
- Counselors offer opportunities for clients' exploration of sexuality identities, expressions and liberation.
- Counselors co-construct empowering conceptualizations of sex and sexuality with clients.

3e. Education & Supervision

- Counselor educators and supervisors provide sex- positive and affirming education and supervision to trainees.
- Counselor educators and supervisors foster trainees' abilities to deconstruct oppressive conceptualizations of sex and sexuality.
- Counselor educators and supervisors integrate expansive, empirically supported theories of sexuality and sexual wellness into coursework and supervision.
- Counselor educators and supervisors hold space for trainees to explore ways in which historical forms of oppression continue to shape current conceptualizations, expressions, and expectations regarding sex and sexuality.
- Counselor educators train supervisors to engage in critical conversations with supervisees regarding client concerns involving sex and sexuality from a trauma-informed lens.

Self-Evaluative Questions

1. How are my current beliefs and values pertaining to sex and sexuality shaped by historical, cultural, and societal messages?
2. In what ways am I currently challenging oppressive, historical values surrounding sex and sexuality?
3. How might historical and sociocultural messages around sex and sexuality inform my comfort level in discussing sexuality and sexual wellness concerns with clients?

4. Anatomy & Physiology

Having a basic knowledge of anatomy and physiology is central to better understand diverse clients' experiences of sex and sexuality throughout the lifespan. Having a healthy body contributes to sexual wellness. In addition to minimizing health risks, understanding

unique anatomy and physiology can promote positive sexual functioning, enhance pleasure, and contribute to healthier lifestyles. It is also important for counselors to understand how medical trauma and stigmatization within the healthcare system can contribute to clients experiencing a negative relationship with their bodies and diminish their sexual wellness.

4a. Attitudes, Beliefs, & Historical Influences

- Counselors engage in appropriate self-reflection on their own feelings, experiences, and/or past trauma impact their relationship with their sexual anatomy and physiology, maintaining awareness of how their own experiences may impact the counseling relationship.
- Counselors develop awareness of historical and colloquial terms that may be used by clients to describe sexual anatomy and physiology.
- Counselors examine self and sociocultural biases that contribute to derogatory conceptualizations of sexual anatomy and physiology in marginalized populations.
- Counselors respect clients' bodily autonomy and decision-making regarding sexual anatomy and physiology.

4b. Knowledge

- Counselors have a basic understanding of human anatomy, including internal and external physiological structures (e.g., vulva, labia major and minor, uterus; or the glans, the frenulum, the scrotum).
- Counselors avoid binary assumptions related to sex and gender when considering clients' sexual health, wellness, and functioning.
- Counselors seek information about sexual anatomy and physiology from accurate and medically reputable sources, such as the National Library of Medicine (<http://www.nlm.nih.gov/medlineplus/>).
- Counselors develop understandings of sexual anatomy and physiology that are trauma-informed and applicable to diverse populations across the lifespan (e.g., gender affirming care for non-binary individuals).

4c. Counseling Skills

- Counselors accurately communicate in a developmentally appropriate and trauma-informed manner about the roles and functions of sexual anatomy and physiology with clients.
- Counselors rely on language used by their clients for identifying themselves and their sexual anatomy and physiology.
- Counselors promote sexual health and pleasure with differently abled clients by assisting with adaptation of sexual practices and behaviors to their unique

circumstances.

- Counselors use medically reputable sources when providing psychoeducation to clients on sexual anatomy and physiology.
- Counselors interpret assessments related to physiological sexual functioning in a culturally sensitive, trauma-informed, and developmentally appropriate manner.

4d. Action & Advocacy

- Counselors empower clients with clear, inclusive, and valid information and feedback related to a clients' sexual anatomy and physiology.
- Counselors actively work to challenge derogatory conceptualizations of anatomy and physiology that contribute to marginalization, stigmatization, and fetishization.
- Counselors provide accurate, medically reputable, and anatomically correct information about sexual anatomy and physiology throughout the lifespan to clients and communities.
- Counselors create inclusive spaces within the healthcare system and educate other healthcare providers to prevent and reduce the occurrence of medical trauma for marginalized populations.
- Counselors lobby for legislation and policies that respect clients' bodily autonomy and decision-making regarding sexual anatomy and physiology.

4e. Education & Supervision

- Counselor educators and supervisors utilize inclusive, accurate, and reputable medical sources in sexuality counseling training.
- Counselor educators and supervisors model and promote positive and respectful discourses of sexual anatomy and physiology.
- Counselor educators and supervisors prepare trainees to provide culturally sensitive, trauma-informed, and developmentally appropriate psychoeducation on sexual anatomy and physiology to their clients.

Self-Evaluative Questions

1. What sexual anatomy and physiology-based topics am I comfortable discussing with my clients?
2. How can I increase my knowledge of sexual anatomy and physiology-based topics?
3. How may my understanding of sexual anatomy and physiology be culturally sensitive for diverse clients' (e.g., transgender and gender-expansive, disabled persons, children and/or older adults, BIPOC communities) experiences?

5. Sexual Identity

We define sexual identity broadly as a person's innermost sense of themselves as a sexual being, which influences how individuals self-identify within social groups. Sexual identity is often associated with sexual/affectional orientation. However, sexual identity is multifaceted and encompasses many dimensions of human sexuality, including sex assigned at birth, gender identity and expression, preferred attributes of sexual and romantic partners, physiological responses to stimuli, and sexual needs, values, behavior, and fantasies (Dillon et al., 2011; Savin-Williams, 2011).

5a. Attitudes, Beliefs, & Historical Influences

- Counselors critically reflect upon their personal values, biases, and beliefs about sexual identities and the origins of these biases.
- Counselors are aware of the ways in which their personal values, biases, and beliefs about sexual identities may impact their work with clients.
- Counselors are aware of how the media and sociopolitical culture influence client's perceptions of themselves and their sexual identities, and how sociocultural oppression can contribute to and/or exacerbate trauma.
- Counselors are aware of historical (and current) oppression and discrimination against clients with non- dominant sexual identities, gender identities, relationship configurations, or sexual interests.

5b. Knowledge

- Counselors are aware of the unique components that make up and the multifaceted nature of sexual identity.
- Counselors understand how having other marginalized intersections of identity and potential intersectionality of components that make up sexual identities impacts clients' lived experiences, especially in relation to trauma.
- Counselors understand the uniqueness and dynamic nature of sexual identities, which may vary over time.
- Counselors intentionally strive to increase their knowledge and understanding of diverse sexual identities.

5c. Counseling Skills

- Counselors respectfully and sensitively broach client sexual identities from a place of cultural humility.
- Counselors provide culturally sensitive and trauma- informed psychoeducation to clients about sexual identities.
- Counselors use the client's self-identified language to describe sexual identities.

- Counselors use affirming, validating, and empowering modalities, interventions, and language pertaining to sexual identities.

5d. Action & Advocacy

Counselors advocate with and for clients and communities with non-dominant sexual identities to reduce barriers to affirming healthcare and eliminate ongoing systemic oppression.

- Counselors provide information about sexual identities to populations who may not have direct access to this information.
- Counselors remain current on legislation, policies, and practices at various systemic levels that oppress individuals with non-dominant sexual identities.
- Counselors work collaboratively and interdisciplinarily to advocate for individuals with non- dominant sexual identities.

5e. Education & Supervision

- Counselor educators and supervisors provide training and education regarding affirmative and empowering practices with individuals with non-dominant sexual identities.
- Counselor educators and supervisors prepare trainees to engage in advocacy efforts for individuals and communities with non-dominant sexual identities.
- Counselor educators and supervisors broach sexual identity in classrooms and supervision, fostering culturally sensitive and trauma-informed discussions with trainees.
- Counselor educators and supervisors infuse information pertaining to sexual identities across courses and fieldwork experiences.

Self-Evaluative Questions

1. How are my current beliefs and values pertaining to sexual identities shaped by historical and sociocultural contexts?
2. What are my experiences with my own sexual identity development and how does this influence my work with clients?
3. What am I doing and what more can I do to increase my awareness and understanding of non-dominant sexual identities?

6. Sexual Development

Sexual development includes physical changes as well as evolving sexual knowledge, sources of pleasure, preferences, and beliefs individuals hold throughout the lifespan. Counselors need to critically examine and possess substantial understanding and ability to address sexual development and potential concerns that

clients may present.

6a. Attitudes, Beliefs, & Historical Influences

- Counselors critically reflect on their attitudes and beliefs towards the different approaches and conceptualizations of sexual development beyond traditional westernized models.
- Counselors hold space for examining clients' worldview or personal understanding (or lack thereof) of sexual development.
- Counselors challenge historical and sociocultural narratives that attempt to shape sexual development according to a specific agenda, recognizing how such narratives contribute to ongoing trauma for marginalized populations.
- Counselors actively demonstrate and engage in creating clinical spaces that invite diverse experiences and understandings of sexual development.

6b. Knowledge

- Counselors actively engage in research and purposely infuse current empirically supported scholarship on sexual development into clinical practice.
- Counselors collaborate with clients to integrate theory and culture to holistically understand sexual development, also considering the impact of trauma.
- Counselors utilize their knowledge to inform clients' conceptualizations and understanding of sexuality and sexual development.
- Counselors are open to and explore non-western and non-traditional understandings and expressions of sexual development (i.e., storytelling, poetry, dancing).
- Counselors actively seek to learn about a client's sexual knowledge, sources of pleasure, preferences, and beliefs without applying assumptions based on outside factors (i.e., perceived maturity, physical appearance, age, etc.)

6c. Counseling Skills

- Counselors practice ethically by maintaining appropriate proficiency and licensing or training to work with specific populations.
- Counselors integrate medically reputable and trauma-informed psychoeducation to inform clients/students of relevant information with regards to sexual development.
- Counselors utilize developmentally appropriate, culturally sensitive, trauma-informed language and resources to communicate about sex and sexuality development.
- Counselors are apprised of ways to practically apply knowledge of sexual development into counseling/mentoring sessions.

6d. Action & Advocacy

- Counselors actively participate in lobbying for legislation that mandates the inclusion of empirically supported holistic sexual development education.
- Counselors advocate for the inclusion of diverse experiences and perspectives of sexual development.
- Counselors provide information and resources about sexual development to the community and populations therein.
- Counselors work collaboratively and interdisciplinarily to advocate for individuals with expansive sexual development identities or experiences.

6e. Education & Supervision

- Counselor educators and supervisors actively engage in broaching trauma-informed conversations about affirming experiences of sexual development with trainees.
- Counselor educators and supervisors integrate conversations on expansive sexual identity concerns and knowledge with trainees.
- Counselor educators and supervisors provide supervision that challenges trainees to explore their personal values, biases, and beliefs about sexual development.
- Counselor educators and supervisors deconstruct educational materials and systems that do not utilize empirically supported scholarship.

Self-Evaluative Questions

1. How does my current understanding of sexual development assist or hinder me in supporting my clients?
2. What are the systemic, sociocultural, historical, and traumatic influences that impact how I conceptualize and explain sexual development?
3. What non-traditional, non-western models can I use to discuss, conceptualize, and explain sexual development to diverse identity groups?

7. Attractions

Attraction is a phenomenon that encompasses various types of desires and connections towards others, including aesthetic, affectional, intellectual, platonic, romantic, sensual, and sexual attractions. Attraction represents the complex spectrum of human interaction and emotional response, ranging from physical closeness and sexual intimacy to non-romantic bonds and friendships.

7a. Attitudes, Beliefs, & Historical Influences

- Counselors critically examine their own attitudes and beliefs towards various forms of attraction, including but not limited to aesthetic, affectional, intellectual, platonic, romantic, sensual, and sexual attractions.
- Counselors are aware of historical and cultural influences on their attitudes towards and beliefs about attraction.
- Counselors understand the impact of societal norms, media representations, and cultural narratives on the conceptualization of attraction, for both themselves and their clients.
- Counselors actively create clinical spaces that foster safety and acceptance for the varied forms of attractions.
- Counselors avoid assumptions about clients' descriptions and experiences of attraction when considering clients' sexual health, wellness, and functioning.

7b. Knowledge

- Counselors strive to possess a thorough understanding of the spectrum of attraction, recognizing that it extends beyond traditional binary notions of sexuality, including knowledge of asexual and aromantic spectrums, the fluidity of attraction, and the distinction between different types of attraction.
- Counselors familiarize themselves with current research on attraction, including psychological, biological, sociocultural, and historical factors that influence patterns of attraction.
- Counselors intentionally strive to increase their knowledge and understanding of how attraction might impact clients' lived experiences.
- Counselors develop knowledge about the intersections of attraction when considering clients' sexual health, pleasure, wellness, and functioning.

7c. Counseling Skills

- Counselors develop the ability to discuss topics of attraction openly and without judgment, using inclusive language that respects clients' experiences and identities, and fostering a safe space for exploration and understanding of one's attractions.
- Counselors address the complexities and challenges that clients may face regarding their attractions, including societal stigma, internalized negativity, trauma history, and relationship dynamics.
- Counselors use affirming and inclusive language and resources to communicate with clients about their experiences of attraction.
- Counselors practically apply knowledge and understanding of attraction to support

clients in counseling sessions.

7d. Action & Advocacy

- Counselors advocate and lobby for the recognition and respect of all forms of attraction within societal, educational, and policy contexts.
- Counselors challenge stereotypes, biases, and misinformation about attraction.
- Counselors engage in community education and outreach to promote a broader understanding of diverse forms of attraction.
- Counselors support resources and community initiatives that are inclusive, affirming, and aim to reduce stigma and discrimination based on attraction.

7e. Education & Supervision

- Counselor educators and supervisors emphasize the importance of understanding attraction in its various forms in counselor training.
- Counselor educators and supervisors incorporate comprehensive training on attraction into counseling curricula, ensuring that future counselors are well-equipped to support clients in this area.
- Counselor educators and supervisors include reflective practices that encourage trainees to explore their own beliefs and attitudes towards attraction and how these may impact their counseling practice.
- Counselor educators and supervisors broach and integrate critical conversations on the diverse types of attractions with trainees.
- Counselor educators and supervisors foster trainees' abilities to deconstruct oppressive conceptualizations of the diverse forms of attraction.

Self-Evaluative Questions

1. How do my beliefs and attitudes about attraction influence my counseling practice? How am I providing a non-judgmental, inclusive space for clients to explore their experiences of attraction?
2. What steps am I taking to continually educate myself about the spectrum of attraction and the implications for counseling practice?
3. How can I better advocate for the recognition and acceptance of diverse forms of attraction within my community and professional networks?

8. Intimacy & Interpersonal Relationships

Sexuality is shaped by and expressed in intrapersonal and interpersonal interactions throughout the lifespan, namely through learning how to be intimate with and connect with ourselves and others. Sexuality and sexual expression are often facilitated through intimate connection with others, which in turn fosters empathy, interpersonal flexibility,

and a healthy sense of self. Intimacy includes a broad range of interpersonal dynamics which are not limited to sex and sexuality.

8a. Attitudes, Beliefs, & Historical Influences

- a. Counselors have an expansive understanding of intimacy as encompassing emotional, physical, psychological, spiritual, and/or sexual experiences and interactions with oneself and/or others.
- b. Counselors consider how early caregiving or familial interactions, and trauma history influence their own attitudes, beliefs, and values about intimacy, sex, and sexuality.
- c. Counselors are mindful of sociocultural and historical influences that impact caregiving and familial dynamics and interpersonal relationships throughout the lifespan.
- d. Counselors are mindful of how sociocultural and historical messaging impacts and restricts the expression of intimacy and interpersonal interactions of marginalized groups.

8b. Knowledge

- a. Counselors actively obtain knowledge about attachment styles and how attachment is associated with intimacy, sexuality, and sexual behavior.
- b. Counselors seek to foster clients' knowledge of ways in which their familial, sociocultural, and/or historical interactions and trauma history may be contributing to how they express intimacy within intrapersonal and interpersonal relationships.
- c. Counselors explore their emotional self-awareness and self-regulation as it relates to intimacy and interpersonal interactions to inform therapeutic relationships with their clients.
- d. Counselors actively seek training in empirically supported and trauma-informed approaches to relational and family counseling.

8c. Counseling Skills

- Counselors actively develop skills in relational and family counseling.
- Counselors use culturally responsive and trauma-informed assessments and intake questions to effectively identify client's attachment styles, intrapersonal responses, and interpersonal interaction patterns.
- Counselors incorporate familial, sociocultural, and/or historical influences and trauma history in case conceptualizations when exploring how clients define and express intimacy.
- Counselors provide psychoeducation about and use interventions that enhance clients' emotional awareness and self-regulation as it relates to their experiences of intimacy and intrapersonal/interpersonal interactions.

- Counselors actively attend to and broach intrapersonal and interpersonal processes that clients demonstrate regarding intimacy and relationships.

8d. Action & Advocacy

- Counselors advocate and support preventative measures that educate youth on socio-emotional learning and teach families skills to develop secure attachment relationships.
- Counselors work collaboratively and interdisciplinarily with other health professionals to provide holistic and trauma-informed care to diverse familial structures throughout their lifespan, including supportive resources for parents and caregivers.
- Counselors actively lobby for legislation that eliminates barriers and increases resources for parents and caregivers to build healthy relationships with their children.

8e. Education & Supervision

- Counselor educators and supervisors infuse empirically supported and trauma-informed approaches to relational and family counseling throughout counselor training.
- Counselor educators and supervisors integrate conversations on attachment styles and developing healthy relationships into counselor training.
- Counselor educators and supervisors establish co-constructed and collaborative supervision relationships with supervisees and model healthy interpersonal dynamics and boundaries throughout supervision.
- Counselor educators and supervisors utilize supervision interventions (e.g., interpersonal process recall) that promote trainees' interpersonal and intrapersonal exploration as connected to trainees' professional development as counselors.

Self-Evaluative Questions

1. In general, how do you feel close and connected to yourself and/or others?
2. How do you communicate within your closest relationships about intimacy, sex, and sexuality?
3. How do the intrapersonal/interpersonal patterns you identified in questions 1 and 2 contribute to how you relate to clients in counseling? Contribute to how you discuss intimacy, sex, and sexuality with clients?

9. Pleasure & Sexual Subcultures

Central to understanding sexual pleasure and subcultures is the emphasis on consensual interactions, ensuring safety, and achieving personal satisfaction, pleasure,

and fulfillment. We acknowledge the ways historical and sociocultural messages regarding sexual pleasure and subcultures have hinged on the purpose of sexuality as a function for procreation and for the enjoyment of others.

9a. Attitudes, Beliefs, & Historical Influences

- Counselors critically reflect on the consequences of dominant narratives of pleasure and sexual subcultures on clients and communities.
- Counselors lead with acceptance and non-judgement regarding expressions of pleasure and sexual subcultures.
- Counselors examine their biases and attitudes towards all consensual sexual subcultures, presentations, avenues, and functions of pleasure.
- Counselors understand how historical and sociocultural narratives influence personal worldviews of pleasure and sexual subcultures.

9b. Knowledge

- Counselors actively incorporate current literature to inform their understanding of pleasure-seeking and sexual subcultures, including divergent sexual desires, activities, and expressions.
- Counselors work collaboratively with clients to explore their own pleasure-seeking activities and experiences.
- Counselors explore non-traditional, non-dominant understandings of pleasure-seeking, sexual expressions, and subcultures.
- Counselors possess substantial understanding of sexual divergence to distinguish healthy, ethical sexual desires and behaviors from those that may cause distress for the individual and/or harm other persons and beings.

9c. Counseling Skills

- Counselors use current models of ethical sexual practices to conceptualize clients' pleasure seeking, sexual subcultures, and divergent sexual expressions and desires.
- Counselors integrate assessment of pleasure-seeking behaviors, sexual expressions, and sexual desires within clinical intake sessions.
- Counselors use appropriate techniques and questions to ascertain pleasure-seeking behaviors as a foundation for clinical goals.
- Counselors actively use and model unconditional positive regard and radical acceptance in understanding of sexual biases to create safe spaces in counseling.
- Counselors critically evaluate sexual divergence to discern healthy, ethical sexual desires and behaviors from paraphilic disorders or other mental health diagnoses in the DSM-5-TR.

9d. Action & Advocacy

- Counselors support the liberation from prescribed narratives of pleasure and exploration towards an evolving understanding of diverse and consensual pleasure-seeking activities and sexual subcultures.
- Counselors actively lobby for legislation that mandates inclusivity and affirmation of varied consensual pleasure-seeking activities and expressions.
- Counselors work collaboratively and interdisciplinarily with other professionals to provide unbiased, affirming, holistic care and services.
- Counselors advocate within the community at large for the inclusion of diverse consensual pleasure-seeking experiences and sexual subcultures.

9e. Education & Supervision

- Counselor educators and supervisors infuse empirically supported approaches and practices regarding pleasure-seeking and sexual subcultures when working with counselor trainees.
- Counselor educators and supervisors initiate and integrate conversations on diverse pleasure-seeking practices and sexual subcultures in educating trainees.
- Counselor educators and supervisors provide supervision that challenges trainees to reflect on their personal values, bias, and beliefs surrounding diverse consensual pleasure-seeking behaviors and sexual subcultures.
- Counselor educators and supervisors ensure that trainees explore their interpersonal and intrapersonal development by operating from a sex-positive framework and broaching diverse sexual desires, consensual pleasure-seeking behaviors, and sexual subcultures.

Self-Evaluative Questions

1. What are the systemic, socio-cultural, and historical influences that impact how I conceptualize and explain pleasure-seeking practices and sexual subcultures?
2. What models and frameworks can I use to discuss, conceptualize, and explain pleasure seeking?
3. What knowledge do I hold related to consensual, pleasure-seeking practices and sexual subcultures? In what areas do I need to seek more information?

10. Sexual Functioning

The predominant framework for conceptualizing sexual functioning in Westernized society since the 1960s has been Masters and Johnson's (1966) sexual response cycle, which has influenced the definitions and associated symptoms of the Sexual Dysfunctions in the DSM-5-TR (APA, 2022). This commonly accepted understanding of

sexual functioning is limited in its responsiveness to diverse sexual experiences, specifically for historically and currently oppressed communities, identities, and subcultures. Holistic and depathologizing conceptualizations of sexual functioning emphasize how the interactions between physiological, mental, emotional, spiritual, intrapersonal, and interpersonal responses impact sexual desire, arousal, lubrication, pleasure, orgasm, satisfaction, and intimacy.

10a. Attitudes, Beliefs, & Historical Influences

- Counselors consider the ways in which sexual functioning can be conceptualized through holistic, culturally responsive, trauma-informed and depathologizing frameworks.
- Counselors holistically understand sexual functioning as an interaction of physiological, mental, emotional, spiritual, and interpersonal responses.
- Counselors recognize how historical and sociocultural conceptualizations of sexual functioning have negatively impacted marginalized populations and/or pathologized healthy sexual behavior.
- Counselors acknowledge the ways in which their biases and contextual factors influence their own conceptualization of sexual functioning.

10b. Knowledge

- Counselors familiarize themselves with current, alternative, and sex positive conceptualizations of sexual functioning such as the incentive motivation model (Ågmo & Laan, 2022) or the intimacy-based female sexual response cycle (Basson, 2001).
- Counselors recognize the limitations of the DSM-5- TR in diagnosing sexuality-related disorders (e.g., genital/pelvic pain disorder emphasizes symptom association with sexual intercourse, although women experiencing genital/pelvic pain also encounter pain in a wide range of activities).
- Counselors are knowledgeable about the various ways in which individuals may experience and conceptualize their sexual functioning and its impact on their sexual pleasure.
- Counselors develop an understanding of how clients' trauma histories and familial, sociocultural, and historical influences can impact their sexual functioning.

10c. Counseling Skills

- Counselors conduct holistic assessments and evaluations to provide culturally sensitive, trauma-informed, and developmentally appropriate DSM-5-TR diagnoses for clients presenting with symptoms of sexual dysfunctions or related mental health disorders.

- Counselors develop holistic case conceptualizations that include clients' trauma histories and how familial, sociocultural, and historical influences impact their sexual functioning.
- Counselors discuss the benefits and limitations of diagnosing sexual dysfunctions and related mental health disorders with clients.
- Counselors broach topics related to sexuality and sexual functioning with clients in a sex positive manner.

10d. Action & Advocacy

- Counselors empower communities to expand their definition of healthy sexual functioning, promote opportunities for clients to articulate and explore what they find pleasurable, and assist with expanding their sexual repertoire.
- Counselors advocate for sex positive, trauma-informed, and holistic conceptualizations of sexual functioning, particularly in communities and cultures in which sexual functioning historically has been stigmatized or erased.
- Counselors advocate for holistic and sex positive assessment of sexual functioning and related sexual pleasure to depathologize the array of sexual responses individuals may experience.

10e. Education & Supervision

- Counselor educators and supervisors use destigmatized, depathologized, and sex positive language and frameworks to inform education and consultation on sexual functioning.
- Counselor educators and supervisors provide trainees with culturally responsive, trauma-informed, and holistic case conceptualizations of sexual functioning.
- Counselor educators and supervisors provide opportunities for trainees to critically examine and critique existing models of sexual functioning and diagnoses for their relevance and responsiveness to diverse populations and sexual experiences.

Self-Evaluative Questions

1. What factors currently influence my conceptualization of sexual functioning?
2. In what ways do my conceptualizations of sexual functioning perpetuate stigma and the pathologizing of diverse sexual experiences?
3. What is my understanding of the limitations of the DSM-5-TR diagnostic criteria related to sexual functioning?

11. Mental Health & Medical Factors

Mental and medical health are important aspects of sexual wellness. Clients' bodies may not always function in the ways in which they desire, which can negatively impact

sexual fulfillment and pleasure. Further, the onset of health concerns, medical procedures, and negative interactions with the healthcare system can lead to medical trauma that may impact clients' sexual wellness and willingness to seek healthcare in the future. It is important that counselors do not overemphasize or stigmatize clients' sexual wellness based on mental health and medical health presentations. Counselors need to be intentional in using sex-positive, culturally responsive frameworks to address sexuality-related mental and medical health factors with clients of marginalized identities, inclusive of disabled and gender expansive persons.

11a. Attitudes, Beliefs, & Historical Influences

- Counselors understand the historical and social barriers to health and medicine within non-dominant, marginalized populations.
- Counselors are aware of and validate the mistrust of mental health and medical systems that clients of marginalized and oppressed identity groups may hold.
- Counselors are aware of societal stigma related to sexual health and wellness and how this impacts clients' lived experiences (e.g., HIV within LGBTGEQIAP+ and Black communities).
- Counselors support client autonomy in sex and sexual experiences (i.e., sex positivity) and avoid shaming or stigmatizing clients based on the intersections of their medical health and sexual desires.
- Counselors affirm clients who reject Westernized mental health and medical practices related to sex, sexuality, and sexual function and foster client's exploration of non- Westernized medical care.

11b. Knowledge

- Counselors understand how medical conditions, medical trauma, and other trauma affect the nervous, cardiovascular, and other systems, as well as how treatment side effects may impact clients' experience of sex and sexuality, including pleasure.
- Counselors understand the possible side-effects of medications used to treat mental and emotional disorders and how this impacts sex, sexual functioning, and pleasure (e.g., SSRIs can contribute to decreases in libido).
- Counselors understand the most common STIs (e.g., chlamydia, gonorrhea, syphilis, herpes, HPV), their treatment, and potential health implications later in life.
- Counselors are aware of the ways in which social stigma regarding sexual health might influence clients' desire to receive or not receive mental health and medical treatment.
- Counselors are aware of the ways in which the fetishization and hypersexualization

of individuals of marginalized identities may manifest in mental health and medical practices or by providers (e.g., assuming individuals from certain identity groups engage in riskier sexual behaviors/practices).

11c. Counseling Skills

- Counselors use culturally responsive and trauma- informed interventions with clients of marginalized identities, particularly disabled persons, that promote their sexual agency.
- Counselors provide meaningful and accurate resources, psychoeducation, and information for appropriate treatment for sex-related mental and medical health (e.g., STIs, fertility, libido concerns connected to a mental health or medical diagnosis) (Centers for Disease Control, 2021).
- Counselors assess for sexual risk and/or sexually risky behaviors and provide appropriate information and options to clients to encourage healthy sexual practices (e.g., condoms, vaccines, dental dams, less-risky behaviors, abstinence).
- Counselors practice within the scope of their competency (ACA, 2014) and actively refer clients to affirming specialists in sexual care, sex therapy, gender- affirming care, and for medical consultations, as needed.

11d. Action & Advocacy

- Counselors advocate for equitable access to mental health and medical treatment for sexual health and wellness.
- Counselors advocate for improved access to sexual health information and treatment for clients of intersecting, marginalized, and non-dominant populations.
- Counselors work interdisciplinarily with other healthcare professionals to best support their clients' sexual wellness and prevent medical trauma.
- Counselors advocate for clients' rights to make mental health and medical decisions (e.g., contraception, abortion, vasectomy, tubal ligation, choice of medications, gender affirming care) related to their sexual functioning, health, and wellness.
- Counselors advocate against mental health and medical practices that are harmful to clients of marginalized and oppressed identities.

11e. Education & Supervision

- Counselor educators and supervisors include sexuality-based mental health and medical factors in case conceptualizations throughout the curriculum and fieldwork experiences.
- Counselor educators and supervisors operate from a sex-positive framework,

ensuring that trainees are prepared to take affirming, holistic approaches to clients' intersecting, sexual, mental and medical health.

- Counselor educators and supervisors model affirmation of clients' autonomy in making mental health and medical decisions related to sex and sexuality.
- Counselor educators and supervisors prepare trainees to conceptualize clients' mental health, medical, and sexual wellness through a trauma-informed, decolonized, and non- binary lens, rejecting and critiquing oppressive dominant discourses (e.g., ableism, anti-Blackness, cissexism, Eurocentrism, heterosexism, sexism).

Self-Evaluative Questions

1. What are my own experiences with sexual health, including discussion of and/or treatment in mental health and medical settings?
2. What STIs do I need to learn more about to best serve my clients?
3. What are ways in which I'm conceptualizing clients' sexual health and wellness through an oppressive (e.g., ableist, anti-Black, cisnormative, Eurocentric, heteronormative, sexist) lens?

12. Sexual Exploitation

Sexual exploitation is characterized as actual or attempted abuse of a position of vulnerability and trust (WHO, 2021). We acknowledge that individuals with more power may abuse or harm individuals who lack power in some way (i.e., based on social position, privilege, access). As counseling professionals are mandated reporters, counselors should ensure client safety and adhere to ethical and legal guidelines upon discovery of acts of sexual exploitation, abuse and/or trafficking.

12a. Attitudes, Beliefs, & Historical Influences

- Counselors understand historical and social customs, messaging, and values that perpetuate sexual exploitation, abuse and/or trafficking.
- Counselors are aware of the devices of sexual exploitation and control as a means of dehumanization and terrorism towards BIPOC, LGBTGEQIAP+, and lower socioeconomic status communities.
- Counselors are aware of common behaviors and hallmarks of sexual exploitation, abuse and/or trafficking when working with clients and vulnerable populations at risk for sexual exploitation (i.e., children, older adults, disabled persons, gender expansive persons, immigrants, non-residents, displaced persons, persons from lower socioeconomic statuses, and sex workers).
- Counselors recognize and work to combat societal stigma related to people who

have been victims of sexual exploitation, trafficking, and abuse.

- Counselors avoid blaming or shaming and are mindful of personal bias and beliefs about individuals who have experienced sexual exploitation, abuse or trafficking.

12b. Knowledge

- Counselors understand how sexual exploitation, abuse and/or trafficking can be proliferated within familial and community systems.
- Counselors examine risk factors for the perpetration of sexual exploitation, abuse and/or trafficking for vulnerable client populations.
- Counselors seek information and maintain awareness about how institutions and systems perpetuate sexual exploitation, abuse and/or trafficking (i.e., institutional betrayal) (Smith & Freyd, 2014).
- Counselors are aware of the ways in which the fetishization and hypersexualization of individuals of marginalized communities serve as a function of sexual exploitation and trafficking and/or facilitates abuse.
- Counselors support clients by understanding trauma- informed practices that mitigate the psychological, emotional, physiological, relational, and legal consequences of experiencing sexual exploitation, abuse and/or trafficking.
- Counselors understand that reporting sex trafficking often falls on the individual who is trafficked and can have repercussions such as loss of custody of children, imprisonment, legal charges, loss of employment, denial of community resources, and loss of social supports.

12c. Counseling Skills

- Counselors affirm and empower clients who have experienced sexual exploitation, abuse and/or trafficking.
- Counselors provide meaningful and accurate psychoeducation and information about sexual exploitation, abuse and/or trafficking and how these practices are proliferated through a trauma-informed lens.
- Counselors provide credible trauma-informed resources for preventing and addressing sexual exploitation, abuse, and/or trafficking.
- Counselors practice non-judgment and unconditional positive regard with clients who have experienced sexual exploitation, abuse and/or trafficking and clients who are at risk for perpetuating sexual exploitation and/or abuse (i.e., perpetrators of intimate partner violence, minor attracted persons).
- Counselors use culturally responsive and trauma- informed interventions and assessments for risk and experiences of sexual exploitation, abuse and/or trafficking when working with clients.

12d. Action & Advocacy

- Counselors advocate for programming and resources for survivors and perpetrators of sexual exploitation, abuse, and trafficking.
- Counselors advocate for preventative practices that promote healthy discussion and awareness regarding sexuality, relationships, and exploitation/abuse/trafficking.
- Counselors lobby for legislation that prevents and limits the perpetuation of sexual exploitation, abuse, and/or trafficking.
- Counselors advocate for the destigmatization and lessening of victim-blame within the process of disclosure and reporting of sexual exploitation, abuse, and/or trafficking.
- Counselors engage communities in establishing culturally affirming and trauma-informed survivor response systems outside of the traditional judicial system.

12e. Education & Supervision

- Counselor educators and supervisors operate from and exemplify a culturally affirming, trauma-informed, and non-judgmental stance regarding reports of sexual exploitation, abuse, and/or trafficking.
- Counselor educators and supervisors use trauma-informed, destigmatized, depathologized, and sex positive language and frameworks to inform education and conceptualizations of working with clients who have had or perpetrated experiences of sexual exploitation, abuse, and/or trafficking.
- Counselor educators and supervisors facilitate and engage trainees in conversations about sexual exploitation, abuse, and/or trafficking through a culturally affirming and trauma-informed lens.
- Counselor educators and supervisors educate and ensure trainees are aware of the signs, symptoms, and risk factors associated with sexual exploitation, abuse, and trafficking.
- Counselor educators and supervisors initiate discourse with trainees on the historical, social, and cultural processes that perpetuate and maintain sexual exploitation, abuse, and trafficking within society.

Self-Evaluative Questions

1. What are my current attitudes, biases, and preconceptions about individuals who have experienced and/or perpetrated sexual exploitation, abuse, and trafficking? How will I hold space for those whose experiences do not align with my values and beliefs?
2. What is my conceptualization of the differences between sex work and sex

trafficking? How do my personal values or beliefs influence these conceptualizations?

3. In what ways am I pathologizing behaviors and/or experiences clients have shared regarding sexual exploitation, abuse, and trafficking?