Interactions of Sexuality Training, Sexual Awareness, and Comfort With Sexual Discourse in Counselors-in-Training

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ABSTRACT

INTERACTION OF SEXUALITY TRAINING, SEXUAL AWARENESS, AND COMFORT WITH SEXUAL DISCOURSE IN COUNSELORS-IN-TRAINING

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Northern Illinois University, 2023
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Since the initial call to action nearly half a century ago, sexuality training has not been made a core component of counselor education. Despite this, upon graduation counselors are expected to be able to handle diverse client needs, some of which are likely to be sexual in nature. Nevertheless, there is limited research regarding counselor sexuality education or factors influencing counselor-in-training comfort with sexual discourse. The purpose of this research study was to determine the relationship(s) and interaction(s) between counselor-in-training sexuality training experience, sexual awareness, and comfort with sexual discourse. The study also explored group differences based on gender and sexual identities. In total 79 participants were randomly recruited via cluster sampling and completed an internet-based survey package which included a demographic questionnaire, a sexuality training experience measure, the Sexual Awareness Questionnaire, and a comfort with sexual discourse measure. A bivariate correlation and a hierarchal multiple regression analysis were conducted to analyze the data. The bivariate correlation found significant correlation between sexuality training and sexual awareness, and sexual awareness and comfort with sexual discourse, but not sexuality training and comfort with sexual discourse. The hierarchical multiple regression was significant and found that sexuality training and sexual awareness together account for 4.4% of the variance in counselor-in-training
comfort with sexual discourse. Implications of the results for counselor education are discussed. It is imperative that counselor education programs and overseeing organizations recognize the importance of sexuality training and awareness development as core education, as they contribute positively to critical capacities such as comfort with sexual discourse. Future research is recommended to explore other factors that influence comfort with sexual discourse and relate to sexuality training and sexual awareness in counselors-in-training.
INTERACTIONS OF SEXUALITY TRAINING, SEXUAL AWARENESS, AND COMFORT WITH SEXUAL DISCOURSE IN COUNSELORS-IN-TRAINING

BY

KATIE ADELINE RODENKIRCH
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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Doctoral Director:
Dana T. Isawi, PhD
ACKNOWLEDGMENTS

The successful completion of this study and manuscript would not have been possible without the energy and resources provided by a community of people. To begin, I am grateful for the support and guidance provided by my dissertation committee. To Dr. Dana Isawi, Dr. Peitao Zhu, and Dr. Melissa Fickling: thank you for your patience, guidance, and support throughout this process and program. To Dr. Kimberly Hart, Dr. Jehan Hill, and my mishmash of cohort members: Dr. Valerie Moreno-Tucker, Dr. Kari Mika-Lude, pre-Dr. Kyle Goodwin, and future doctors Lucas DeMonte and Ariana DePinto- thank you for building and providing the core of my doctoral education and significant personal growth, and participating in long, complicated discussions about ethics, theory, practice, and the horrors of colonialism, capitalism, and the patriarchy.

I want to thank my Rodenkirch family for always answering my phone calls, listening to me rant and cry and swear, and still believing that I am S-M-R-T. Thank you, Mom and Papa, for instilling in me my insatiable curiosity, love of reading, and personal value of lifelong learning. Thank you, Cora, for always being by and on my side, from sharing a pink and purple room to a dance team to now. I want to thank my Brandfass family- Paula, Robert, Ally, Lara, & Buster- for lovingly giving me space to focus on my goals while being readily available for dinners, weekend getaways, and quick chats. Thank you, Becky, Sam, Amandla, Morgan, and Nondi, for weaving our life paths in and out together; your support and presence in my life enabled me to become who I am today.
To Alissa Droog, the C&HE librarian at NIU; thank you for your speedy responses, open mind to exploring new topics, and for helping me publish for the very first time. To Gail D. Jacky, Director of the Huskie Academic Support Center; thank you for, out of the goodness of your heart on a random Friday, completely taking over the formatting of this manuscript. You both have saved me from unnecessary stress, and I could not have completed this without you.

To Dr. S. Michele Cohen, thank you for your model of personal and professional grace, your authenticity, and your boundaries. To Dr. Terri Jahinsky, thank you for broadening my comfort zone. To Dr. Marion Toscano, thank you for asking me ‘when’ instead of ‘if.’

To my dog, Fezzik; thank you for your snuggles, kisses, and for getting me out of the house when I need it most. To my turtle, Berry; thank you for reminding me to slow down and take care of us. Lastly, I want to thank Matthew R. Brandfass for Being There for me. Thank you for being exactly who you are. Thank you for your continual commitment and efforts toward co-creating a life in which we consistently grow together. I love you recklessly, violently, endlessly, and I will give you everything.

Thank you all for helping me, quite literally, live the dream: I could not have done it without you.
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CHAPTER 1

INTRODUCTION

Counselor education programs are responsible for preparing counselors-in-training (CITs) to work with clients who have diverse and complex identities, promote social justice, and manage personal biases and emotions during sessions with clients (American Counseling Association, ACA, 2014; Council for the Accreditation of Counseling and Related Educational Programs, CACREP, 2016). However, calls throughout the past forty years to include sexuality-related training in counselor education have not led to significant changes in programming (Fyfe, 1980; Dupkoski Mallicoat, 2014). Counselor preparation programs have not implemented such training as a prerequisite to professional engagement (ACA, 2014; CACREP, 2016). For the purposes of this study, sexuality training is defined as a learning experience for the purpose of information, skill, and attitude development within the confluence of both the realms of human sexuality and professional counseling. Sexuality training should be an integral component of counselor education where counselors-in-training can enhance their sexual awareness, a part of comprehensive self-awareness (Fyfe, 1980; Landis et al, 1975). Further, CITs may use sexuality training to develop or increase their level of comfort discussing clients’ sexuality and other sex-related topics, so that they are able to best serve a diverse range of clients (Emelianchik-Key et al, 2021). Without such training, CITs are at risk of practicing outside the bounds of their competence and harming clients through perpetuating biases or misinformation, ignoring aspects
of a client’s identity, or not treating important issues (Blount et al, 2017; Pebdani, 2013; Williams et al, 2020). To best understand the problem at hand, it is necessary to situate oneself within the sociocultural, political, and historical contexts of sexuality and sexual discourse in the United States.

Sexuality in the United States

American sexual idealization inherently causes othering of non-normative experiences and identities (Blount et al, 2017). Clients who do not align with these socially normative sexual scripts may question themselves, their sexual health, their experiences, and emotions, and why these aspects of themselves are left out of therapeutic conversations (Kelsey et al, 2013).

According to dominant systems in the professional counseling field, counselors and CITs must be ready to support LGBTQIA+ clients in the name of diversity and multicultural competencies (ACA, 2014; CACREP, 2016). However, these competency mandates are broad, vague, and do not currently include attention to the multiplicity, fluidity, and depth of sexuality as a concept.

For one to begin to understand the complexities of sexuality in counseling, one must hold a basic knowledge of how dominant viewpoints of sex and sexuality in America have evolved and how these views have influenced the field of professional counseling at large.

In the 1950s, the United States popular viewpoints regarding sex, gender, and sexuality were rooted in a dominant culture of conservatism (Johnson, 1997). Members of the lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other sexual- and gender-expansive identity (LGBTQIA+) communities were targeted and othered in a political response to Communism in what came to be known as the ‘Lavender Scare’ (Johnson, 1997). Homosexuality was deemed a mental illness during this time period (American Psychological Association, APA, 1952), though
significant percentages of men and women indicated having participated in homosexual activity (Kinsey et al, 1948, 1954). The 1960s started the trend towards a liberated view of sexuality, with products like birth control (Bailey, 1997) and erotica (Otto, 1963) made more widely available. Nevertheless, LGBTQIA+ communities continued to experience oppression from dominant heterosexual and cisgender culture, culminating in the pivotal Stonewall Riots in 1969 (Carter, 2004).

The 1970s became a decade known in history books for its wanton sexual promiscuity, from embodying the bulk of the ‘porno chic’ trend to an increased normalization of sexual topics in public media (Levine, 2007; Paasonen & Saarenmaa, 2007). Part of this normalization increased comfort with sexual discourse about the normalcy of othered sexuality (Bayer, 1987). In response to activism efforts, homosexuality was removed as a mental disorder in favor of a sexual orientation disturbance modifier (Bayer, 1987; APA, 1973). However, in the 1980s, it was recategorized yet again as ego-dystopic homosexuality as an attempted political appeasement between those who viewed homosexuality as a pathology and those who viewed it as a healthy sexual expression (Drescher, 2015). The HIV/AIDS epidemic of the 1980s reignited suspicion, bias, and oppression of the LGBTQIA+ community by the culture at large (McKenzie, 2016). This was reflected in the media presentation of the LGBTQIA+ community (Tropiano, 2002). In the 1980s, media also shifted how it portrayed sex and sexuality from the fun-loving freedom of the 1970s to a newer, more serious, and capitalistic tone (Haithman, 1989).

The 1990s continued this tone of tumult in views of sex and sexuality, with the increased access to the internet pushing the boundaries of what aspects of sex and sexuality were socially acceptable in public discourse (Friend, 2017). Over the course of the 2000s, laws oppressing or uplifting the LGBTQIA+ community were passed state-by-state (Killian, 2010), while views on
sex continued to become more liberal with each younger generation (Twenge et al, 2015). Since roughly 2010, a chasm between politically opposing conservative and progressive views on sex and sexuality has developed and deepened within the United States. Early years in the decade reflected an increase in acceptance of sexual identities, with any mention of sexual orientation removed as a diagnosis or disorder, while the technological boom drastically increased the variety of access to sex and sexuality-related media consumption by the population at large (APA, 2013; Taylor, 2018). However, the early 2020s have shown through American anti-LGBTQIA+ legislation and other global acts of oppression that “homophobia is widely sustained by religious, political and cultural values and beliefs at [the] individual and social level” (Ventriglio et al, 2021, p. 30).

Public opinion and cultural factors influenced the increase in both sexual awareness and level of comfort with sexual discourse within the population at large. This has been reflected in the diagnostic inclusions of healthy and unhealthy sexuality, media and internet culture, and interpersonal interactions (APA, 1952, 2022; Johnson, 1997; Taylor, 2018; Twenge et al., 2015). For counselors and counselors-in-training to serve clients who present with sex or sexuality-related concerns, as they will throughout the course of their career, they must also hold capacity to learn about, attend to, and manage varying aspects of sexuality through a professional standpoint (Southern & Cade, 2011; ACA, 2014; CACREP, 2016).

**Queer Theory Conceptual Framework**

Queer theory was used as a conceptual framework for the study as it synthesizes identity multiplicities, gray areas within gender and sexuality, and rebellion against forcing individuals to categorize themselves into dominant ways of being. While at times confusingly
multidimensional (Dilley, 1999) or problematically vague (Grzanka, 2020), the word queer has undergone several evolutions. For the purposes of this study, *queer* is defined as a socially othered way of being in, receiving, and reacting to one’s world on a micro and macro level, often rooted in examining one’s relationship to their own gender and their own sexuality. Queer theory originated in academia in the early 1990s (Butler, 1990; de Laurentis, 1991; Halperin, 1993, 1995; Rubin, 1994) in a simultaneous call and response to the extant view of lesbian and gay studies becoming hegemonized and the provocation of disrupting this assimilation (Halperin, 2003). In literature, the term originally referred to a rejection of heterosexuality as a sexual standard, challenging the view of gay and lesbian studies as a singular entity, and focusing on the ways race interacts with sexual biases (de Laurentis, 1991). Over time, queer theory has evolved into a rebellion against structuralized oppression in and outside of academia. While these critical approaches may be more accurately represented by the multiplicate queer theories rather than the monolith of a cohesive singularity (Harper, 2000), they all contain “antinormative, counter-hegemonic” perspectives that are fundamentally political in nature (Grzanka, 2020, p. 3). Queer theory centers critical deconstruction of language and knowledge to broaden the definition and inclusivity of what are considered cultural norms, particularly as relating to gender and sexuality. It honors the multiplicity of realities that each respective identity co-creates within an individual’s experiences and rejects dominant power structures via critical interrogation of what is and what is not deemed accepted. Finally, it underlines the need for people to view realities as contextually constructed and promotes resistance against accepting what is constructed to be the most dominant of traits, characteristics, and ways of being.

In this study, queer theory accounts for the internal processes considering rejecting and conforming to dominant-culture gender and sexuality that people with expansive sexual and
gender identities go through to come to the awareness of their own identity. As othered individuals come to know themselves as members of gender and/or sexual expansive groups, they consider aspects of themselves and the world in ways that members of dominant groups have never had to. Further, they make these considerations against a backdrop of dominant culture values, systems, and expectations that may or may not align with their own identity or expression of it. Whether the ultimate realization of expansion is one of celebration or horror depends on each individual experience, which is heavily influenced by dominant culture systems. During this process, sexuality- and gender-expansive individuals may come to varying levels of their own self-awareness and personal comfort with the topic of sexuality in a manner that contrasts with or outright rejects dominant culture beliefs and values. It is here that queer theory provides a framework for the first four research questions, addressing level of sexual awareness and level of comfort with sexual discourse.

Queer theory encompasses the gray area within sexuality and counseling by recognizing the issue and its placement within historical, sociopolitical, and cultural context, and rejecting dominant narratives surrounding it. Early and contemporary sexuality training efforts are most often viewed and implemented through dominate lenses, which lends this study greater urgency (Andersen, 1986; McGlasson et al, 2014; Zeglin et al, 2018). Researching sexuality and counseling through a queer theory lens provides opportunity for significant change within the field to include training on sexual awareness, comfort with discussing sexuality-related issues, and broad foundational sexuality information.
Sexuality Training, Sexual Awareness, and Counselor Comfort with Sexual Discourse

Newly graduated professional counselors and CITs benefit most from trainings attending to sexual function and dysfunction, expectations of sexual behavior as presented by the media and cultural tradition, counselor bias, and the integration of sex therapy into counseling, should they be made available (Blount et al, 2017). It is for this reason that the study is centered around counselors-in-training. Though there have been a variety of definitions utilized across extant research, this study considers sexuality training to be a learning experience for the purpose of information, skill, and attitude development within the confluence of both the realms of human sexuality and professional counseling. There is scant literature surrounding sexuality counseling training. Since 1980, research on such sexuality training has provided calls for its inclusion in counselor education programs (Dupkoski Mallicoat, 2014; Kirkpatrick, 1980), suggested course or educational components (Andersen, 1986; Fyfe, 1980; Sanabria & Murray, 2018; Willard, 2019), and explored the experienced of students who have participated in sexuality training experiences (Emelianchik-Key et al, 2021; Diambra et al, 2016). Since the initial call for training, researchers have noted that a lack of sexuality training contributes to a lack of counselor comfort with sexual behavior (Fyfe, 1980; Parritt & O’Callaghan, 2000; Southern & Cade, 2011).

Another counselor characteristic that studies purport to be of import to develop through sexuality training is sexual awareness (Dupkoski Mallicoat & Gibson, 2013; Fyfe, 1980; Landis et al, 1975). For this study, the term sexual awareness is defined as the collection of attentive behaviors that one holds regarding one’s own sexuality, including (but not limited to) motivations, arousal, knowledge, impression management, autonomy, and how one fits in
realistically with hegemonically-rooted views of attractiveness. As a construct, there is sparse research on sexual awareness. That which does exist attends sparingly to sexual identity or gender identity; more limited still is research regarding counseling professionals and their sexual awareness. This is of concern, given the research expressing the importance of developing this capacity. Sexual awareness is also related, limitedly, to counselor comfort with sexual discourse. Studies have noted that, for counselors to be comfortable and effective when engaging in sexual discourse, they must hold self-awareness of sexuality and its role in their own lives (Dupkoski Mallicoat & Gibson, 2013; Emelianchik-Key et al, 2021; Kell & Mueller, 1966; Landis et al, 1975).

As an independent factor, counselor comfort with discussing client sexual discourse has been highlighted as an important aspect of serving clients for a variety of reasons, including increasing counselor self-efficacy and meeting diverse client needs (Blount et al, 2017; Buehler, 2013; Wiederman & Sansone, 1999). For the purposes of this research study, comfort with sexual discourse is defined as the degree to which a counselor or CIT feels at ease hearing about and discussing both a client’s sexual activity and aspects of sexuality at large. Early studies have linked comfort with sexual discourse with sexual awareness through intentionally teaching the concepts to therapists-in-training in a sexuality course (Anderson, 1986; Landis, et al, 1975). Others commented on comfort with sexual discourse being an equally important factor as sexual knowledge level in effective treatment (Buehler, 2013; LoFrisco, 2013). Though conflicting reports of mental health practitioner comfort with sexual discourse exist (Ford & Hendrick, 2003; Miller & Byers, 2008, 2011; Reissing & Di Giulio, 2010; Schover, 1981; Urry et al, 2019; Wilson, 2019), it is an important factor to clarify, considering the harm that can be done to clients should clinicians feel uncomfortable with sexual discourse. Treatment efficacy
impediments (Kazukauskas & Lam, 2009, 2010; Miller & Byers, 2010, 2012), therapeutic alliance shifting (Pillai-Freidman et al, 2015), issues of broaching sexuality conversations (Hegarty et al, 2007; Metz & Seifert, 1990; Rubin, 2004), and more harm can come from a discomforted clinician when counseling a client regarding a sex or sexuality issue.

Problem Statement

Literature within the realms of sexuality training, sexual awareness, and comfort discussing sexual topics within counseling research remains limited (Dupkoski Mallicoat 2014; Sanabria & Murray, 2018; Zeglin et al, 2018). Extant literature indicates that counselors without sexuality training, sexual awareness, and comfort discussing sexual topics are at risk of harming the clients they aim to help (Bradley & Fine, 2009; Fyfe, 1980; Sanabria & Murray, 2018; Snell et al, 1991). Counselors’ lack of sexuality training can be harmful as inexperienced or undereducated counselors may add confusion to or pathologize healthy sexuality, promote harmful dominant-culture norms, utilize therapies that are not evidence-based, or practice outside their competence (Behun et al, 2017; Kelsey et al, 2014; Marks & Fraley, 2006; Sanabria & Murray, 2018). Counselors who lack sexual awareness may experience increased guilt and shame related to sexuality, have difficulty managing their emotional response to sexual topics, lose objectivity, or be closeminded to new ideas about and ways of being sexual (Dupkoski Mallicoat & Gibson, 2013; Landis et al, 1975). Counselors discomforted by sexual topics may fail to broach needed sexual conversations, inhibit client progress, damage the therapeutic alliance, or even medicalize psychologically rooted issues with sexuality (Bradly & Fine, 2009; Kazukauskas & Lam, 2009, 2010; Miller & Byers, 2010, 2012; Pillai-Freidman et al, 2015). This study aims to address the identified literature gaps and problem areas by determining the
relationship between counselor-in-training sexuality training, sexual awareness, and comfort with sexual discourse.

Purpose of the Study

The purpose of this study was to determine the relationship(s) and interaction(s) between CIT sexuality training experience, sexual awareness, and comfort with sexual discourse. The study also explored group differences based on gender and sexual identities. The following research questions guided the study.

Research Questions

To examine group differences, the following research questions were explored:

1. Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

2. Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with gender-expansive identities and individuals with cisgender identities?

3. Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with sexuality-expansive identities and individuals with heterosexual identities?
4. Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with gender-expansive identities and individuals with cisgender identities?

To explore the relationship(s) between sexuality training, sexual awareness, and comfort with sexual discourse, the following research questions were examined:

5. What are the correlations between sexuality training, sexual awareness, and comfort with sexual discourse in CITs?
   a. What is the relationship between sexuality training and sexual awareness in CITs?
   b. What is the relationship between sexuality training and level of comfort with sexual discourse in CITs?
   c. What is the relationship between sexual awareness and level of comfort with sexual discourse in CITs?

Finally, to examine the nuances in the interactions between sexuality training and sexual awareness, the following research question was investigated:

6. To what extent do sexual awareness and sexuality training levels predict level of comfort with sexual discourse above and beyond the effect of gender and sexual identity in CITs?

Significance of Study

The study may draw further attention to the need for foundational training on sexuality in counseling, the importance of counselor sexual awareness, and criticality of counselor comfort with client sexual discourses related to the dearth of literature and counselor practice at large. Without appropriate sexuality training, sexual awareness, and comfort with sexual discourse, counselors are at risk of harming clients, practicing out of scope, or counseling based on personal
experience alone (Sanabria & Murray, 2018; William et al, 2020; Wilson, 2019). Counselors without sexuality training may operate from a point of bias, promote dominant-culture sexual norms, or medicalize an issue that is psychologically rooted (Blount et al, 2017; Bradley & Fine, 2009; Kelsey et al, 2013). A lack of sexual awareness within counselors may increase personal or client-rooted negative emotions related to sexuality or provide difficulty managing personal emotions to sexual topics; in this state, counselors lose their objectivity and ability to counsel appropriately (Dupkoski Mallicoat & Gibson, 2013; Landis et al, 1975). Furthermore, counselors who are uncomfortable with sexual discourse could fail to broach important conversations about sex and sexuality, damage the therapeutic alliance, and inhibit client progress (Kazuakauskas & Lam, 2009, 2010; Pillai-Freidman et al, 2015).

No study to date has explored the relationship(s) between sexuality training, sexual awareness, and comfort with sexual discourse, and there are significant gaps in extant literature for each. It has been nearly half a century since the first research promoting the importance of sexuality training in counselor education was published (Fyfe, 1980; Kirkpatrick, 1980; Landis et al, 1975), yet the ACA and CACREP have not mandated education as part of their core requirements (ACA, 2014; CACREP, 2016). CIT development of sexual awareness, a critical component of comprehensive self-awareness, has been promoted since these initial calls to action regarding training (Fyfe, 1980; Landis et al, 1975; Williams, 2008) yet has not been researched to a significant degree to date. Finally, counselor-in-training comfort with sexual discourse studies that have been conducted have shown conflicting results (Ford & Hendrick, 2003; Haboubi & Lincoln, 2003; Long et al, 2006; Wilson, 2019). This study will add to extant literature for each variable, as well as make clear connections between the topic areas, and potentially support the inclusion of sexuality training in counselor education.
Definition of Key Terms

Comfort with Sexual Discourse- the degree to which one feels at ease hearing about and discussing a client’s erotic activity, sexuality, and other sex-related topics.

Counselors-in-Training (CITs)- students who are presently participating in an accredited Masters’-level program studying professional counseling

Hegemonic- ruling or dominate in a sociopolitical context

LGBTQIA+ - an acronym that stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual community members, as well as others of us who are oppressed and othered for healthy sexualities and/or ways of sexual expression; can be shortened to LGBT or LGBTQ

Queer- a socially othered way of being in, receiving, and reacting to one’s world on a micro and macro level, often rooted in examining one’s relationship to their own gender and their own sexuality

Sexual Awareness: the collection of attentive behaviors that one holds regarding one’s own sexuality, including (but not limited to) motivations, arousal, impression management, autonomy, and how one fits in realistically with hegemonically-based views of attractiveness

Sexuality Training: a learning experience for the purpose of information, skill, and attitude development within the confluence of both the realms of human sexuality and professional counseling

Therapist, Clinician, Practitioner: licensed professional* who works in the field of mental health providing talk therapy and additional services included within counseling, includes (but not limited to): licensed clinical social workers, licensed psychologists, licensed professional
counselors, psychoanalysts, licensed marriage and family therapists, certified drug and alcohol counselors, and the like. *Licensed unless specified with -in-training modifier

Overview of Methodology

As the purpose of this study was to determine the relationship(s) and interaction(s) between sexuality training experience, sexual awareness, and comfort with client sexual discourse among CITs, a correlational research design is appropriate. Multiple variables (e.g., gender identity, sexual identity, sexuality training, sexual awareness, and comfort with sexual discourse) were assessed at one point in time from a single group of participants (Creswell & Guetterman, 2019). This quantitative methodology aligns best with queer theory’s recognition that gender and sexuality are often fluid; the completion of the study represents a snapshot of one’s experience(s) rather than representing a totality or static categories. However, it must be noted that quantitative methodologies do not allow for one to readily integrate queer theory into their processes, as there are too many extant epistemological differences (McCann, 2016). Requests for information including age and race/ethnicity, as well as a question regarding whether participants have taken a sexuality course, were included on the demographic survey.

Once collected, the data were analyzed using several statistical methods. First, t-tests were conducted to determine the relationship(s) between gender identity and sexual awareness, sexual identity and sexual awareness, gender identity and level of comfort, and sexual identity and level of comfort. Second, a bivariate correlation was conducted to investigate any linked relationships between sexuality training, sexual awareness, and the level of comfort with sexual discourse within CITs. Finally, a hierarchical regression was conducted, which further
investigated nuances in the relationship between sexuality training and sexual awareness above and beyond the influence of gender and/or sexual identities.

Assumptions

The following assumptions were made in this study:

- Participants will respond honestly to the self-report measures.
- The measures proposed to be utilized are valid and measure the variables accurately.
- Participants will understand and respond to the survey items to the best of their ability.

Delimitations

The following delimitations were associated with this study:

- Only Masters’-level counselors-in-training at CACREP-accredited universities will be included in the study, as the CIT population is the one in which sexuality training is the most appropriate to implement (Blount et al, 2017).
- Only CITs who are currently enrolled in their practicum or internship courses will be included in the sample.
- Participants will be limited to those who can read and respond to questions in English.

Summary

This chapter has introduced the study and positioned the reader with an overview of sexuality within the United States since the 1950s. Queer theory as a conceptual framework for
this study was explained and discussed. A broad description of each variable—sexuality training, sexual awareness, and comfort with sexual discourse—was provided. The problem(s) prompting the conduction of this study were noted, followed by the complete study purpose. Research questions were presented, followed by various significances that the study holds for counselor education. Key terms were defined, and an overview of the methodology for the study was expanded upon. Finally, assumptions, delimitations, and limitations were discussed.

Overview of the Remainder of the Manuscript

The study focused on the relationship between sexuality training, sexual awareness, and level of comfort with sexual discourse within counselors-in-training. It is guided by a queer theory conceptual framework and positioned in contrast with societal norms in the United States. This chapter has provided introductory information on the evolution of public opinion of sexuality, queer theory, its’ response to dominant-cultural norms, and an overview of extant literature regarding sexuality training, sexual awareness, and level of comfort with sexual discourse. Chapter 2 will expand on this introductory information via a thorough literature review, and chapter 3 will describe the research methodology that was utilized.
CHAPTER 2
LITERATURE REVIEW

To best situate oneself in this study, one must hold knowledge of queer theory, the everchanging and complex dominant views on sex and sexuality in the United States, and the specific systems affecting counselor sexuality education: the American Counseling Association (ACA) and Council for the Accreditation of Counseling and Related Educational Programming (CACREP). Chapter two will include a review of extant literature on the precise variables of interest in this study: sexuality training, sexual awareness, and comfort with sexual discourse in counselors-in-training. This chapter begins with the evolution of queer theory into the blend of critical thoughts and processes rejecting societal expectations, particularly as related to individual experiences of gender and sexuality, that it encompasses today. Queer theory is placed in contrast against the hegemonic public opinion on sex and sexuality from the culturally conservative 1950s United States until contemporary times. Finally, the topics of sexuality training, sexual awareness, and comfort with sexual discourse are narrowed and elaborated upon within the realms of mental health and counselor education, as appropriate.

Theoretical Framework

“Queerness can never define an identity; it can only ever disturb one” (Edelman, 2004, p. 17).
The following collection of information provides an outline of how queer theory shapes the current study and how the researcher interacts with power dynamics, systems, and knowledge types at play throughout the research process. For the purposes of this research study, the word queer is defined as a socially othered way of being in, receiving, and reacting to one’s world on a micro and macro level, often rooted in examining one’s relationship to their own gender and their own sexuality. This definition has been shaped by influences over time since the inception, rejection, and celebration of queer theory in academic realms.

**Queer Theory**

Queer Theory has become an interdisciplinary academic term that represents a colorful plethora of rebellions against hegemonic norms (Warner, 2012). Teresa de Laurentis first coined the term in her 1991 conference titled by the same name and used the connotatively charged wording to encapsulate the following three notions: a) refusing of heterosexuality as a sexual formation benchmark, b) challenging the belief that lesbian studies and gay studies are a singular entity, and c) focusing on the ways that race shapes sexual biases (de Laurentis, 1991). The aim of this conference was to present ways in which expansive sexualities and gender expressions operate as a form of resistance to “cultural homogenization” (de Laurentis, 1991, p. iii-iv). It was an active rebellion to present counternarratives about sexuality- and gender-expansive people, in a space controlled by individuals with similarly expansive identities (de Laurentis, 1991). Since the inception of the academic version of this term, queer theory has undergone evolutions and critique. It has been utilized across disciplines to enact defiance against what is considered normal and to reconstruct what various intersecting sexual and gender identities may mean for one another.
Evolution of Queer Theory

In its epistemological form, queer theory formed a nebulous shape in the early 1980s and 1990s, as various sexuality, gender, power, and critical researchers and writers began to push against normed ways of being (Halperin, 2003; Minton, 1997). Queer theory critically examines the way power works to institutionalize and legitimize some expressions of sexuality and gender over others (Halperin, 2009; Rusham, 2017). Within academia, queer theory has roots in gay and lesbian studies, gender studies, and feminist studies (Garber, 2006). From feminist writers challenging the psychological frameworks for understanding gender and sexuality (McLaughlin et al., 2006) to debate over the importance of fringe sexual practices of the gay and lesbian community (Piontek, 2006), queer theory has benefitted from and argued against these other fields of study throughout its evolution. Diverging from gay and lesbian studies’ initial push to legitimize LGBT people as stable identities, queer theory challenges rigidity within sexual and gender identity categories and their norms (Rusham, 2017). Queer theory refutes early feminist beliefs that gender and sexuality identities are biologically determined essentialist categories (Rusham, 2017) in favor of acknowledging the sociopolitical, interrelational, and dynamic influences at play within individuals’ lives that contribute to their identities. It problematizes the oppression and violence that hegemonic norms often justify (Rusham, 2017). Out of this rejection grows a goal of resistance against the normed oppressive powers that are, inextricably, everywhere (Minton, 1997). One such method of resistance is the encouragement of multiple interpretations of sexuality and gender as cultural phenomena (Rusham, 2017).

Queer theory argues against heterosexuality as a norm (Rich, 1980), rooted in the belief that one’s sexuality is both created as an effect of discourse and the product of dominant culture-
crafted and -supported systems of knowledge (Foucault, 1978). Therefore, heteronormativity is an institution imposed upon most cultures to subordinate women and gender-expansive people (Rich, 1980). However, gender is a performed reality rather than an inherent, individual truth; countering normed gender performativity, then, is also an act of rebellion (Butler, 1990).

Sedgwick (1990) provided additional nuance in looking at these performed interactions between gender and sexuality as they relate to the extant dominant binaries (i.e., female-male, homosexual-heterosexual). Noting that definitions of sexuality are often dependent on the gender of the sexual partner one takes, Sedgwick (1990) pointed out that this practice incorrectly assumes that one’s gender, in relation to the gender one is attracted to, to be the most critical element of sexuality.

Rubin (1993) furthered the rejection of biologically based sexuality in favor of exploring and examining the ways in which hierarchal systemic classifications of sexuality attempt to categorize both sexual identities and sexual behaviors. Value judgements are assigned to certain behaviors and identities over others, thus creating room for oppression of those of us who do not exhibit or inhabit positively judged behaviors or identities (Rubin, 1993). Supporting recognition of this social-hierarchal systemic classification system, Warner (1993) suggested a new social theory agenda extending beyond that of highly publicized shifts in the politics of sexuality. Warner argued that queer theory should work against the pursuit of hegemonic normality, such as equal marriage rights to heterosexual couples, instead lobbying for recognition and rights of varieties of healthy sexual expression (Warner, 1999). This includes resisting the notion that a government can attribute legitimacy to some types of consensual sex over other types or attribute respectability on some, but not other, types of sexuality (Warner, 1999, p. 88).
Application to the Study

Clearly, a core theme within queer theory is that of resistance against the dominant norms regarding sexuality and gender. Through its presented views on sexuality and gender, queer theory acknowledges the depth, breadth, and variance of identities within these realms. Perhaps the lack of sexuality training is because few counselor educators adopt queer theory in their teaching roles. It is important to have queer roots in considerations of teaching sexuality and sexual awareness and increasing level of comfort in counselors-in-training. Implementing sexuality training without queer theory works against the inclusion and expansion of sexuality and gender as concepts and experiences.

Queer theory informs the presented study by stressing the importance of inclusive and expansive sexuality training in counselor education programs. Queerness is seen in the ways that sexuality and gender identity variables are grouped together to be compared, which is atypical from normed quantitative fashion yet still melds itself to fit these research requirements. To accomplish this, the variables for the study are grouped by dominant and expansive categories (e.g., cisgender and gender-expansive) as opposed to the traditional binary of male/female displayed in research. This means that a self-identified cisgender, heterosexual man would fall into the dominant category, a transgender lesbian woman into the expansive category, and so on.

In following culturally implemented, macro-socialized classifications instead of individual-level binary-gendered ones, one can utilize queer theory to disrupt dominant gender and sexuality information and how it is presented in research. Queer theory recognizes that sex, sexuality, and therefore gender as topics are radicalized, and thus queered, through dominant sociopolitical othering. Even when individuals who hold othered sexual or gender identities or
behave in othered manners are not themselves radical, their identities have often been made so. Due to this black-and-white social viewpoint, individuals are already socially classified as part of either dominant or queer culture. To attempt to utilize queer theory to inform a quantitative study, the researcher chose to place participants into queer or dominant categories based on their self-description of identities. As dominant American culture is cisgendered and heterosexual, students who identified in both categories fell into the dominant-culture group. CITs who self-identified as anything other than cisgender and heterosexual are othered by society regardless of identification with the LGBTQIA+ community, and thus formed the queer-culture group.

Through a queer theory lens, one can conceptualize, acknowledge, and celebrate the depth, breadth, and variance of sexuality within the United States today. Research questions one through four address dominant vs. expansive category group differences regarding levels of sexual awareness and comfort with sexual discourse. They are rooted in queer theory’s compassionate viewpoint of potentially significant group and individual differences. Using queer theory, one can consider the group differences through an affirming yet critical lens that encompasses both positively and negatively held value judgements by the population at large. As queer theory operates within a critical space, it provides opportunity to bring attention to the current status quo in counselor sexuality education. Further, one may use queer theory to outline this unacceptability and provide concrete information from which to expand upon to benefit CITs and counselor educators at large. One can consider in the abstract sexual awareness and comfort with sexual discourse as discrete, individually contextualized variables that require inclusivity within the study.
Queer Theory & Sexuality Education

As a pedagogy, queer theory has been suggested to teach sex education to students from elementary school to higher education (Allen, 2015; Drazenovich, 2015; Dyer, 2019; Mundin, 2014). It has been brought into efforts to change educational policy (O’Quinn, 2016; O’Quinn & Fields, 2019) and, more directly, school-based implementation of sex education (Coll et al., 2018; Dyer, 2019). Students have voiced concerns over relevance, inclusion, and comfort in learning sexuality education (Coll et al., 2018). In the classroom, queer pedagogy accounts for these concerns by allowing students to include self-care in their learning and space for fluid identity formation while avoiding socialized and compartmentalizing labels (Drazenovich, 2015). Queer pedagogy can also be used to challenge heteronormativity in sex education (Mundin, 2014). Researcher Mundin (2014) posited a four-part framework within which to do so: (1) the repetition of desirability, (2) the dichotomization of the sexes, (3) the differentiation of sexualities, and (4) the hierarchy of positions within the classroom space and content can all be challenged.

The first to link queer theory, sex education, and counselor education was researcher Allen (2015), who commented on the unfolding of queer pedagogy in the first year of teaching a university-level sexualities course. Allen (2015) simultaneously interrogated the limits of queer theory in the sexuality classroom while queering sexuality education through attending to and analyzing student emotion within the room. As a lecturer, Allen (2015) sought to disrupt student intellectual comfort while attempting to make room for healthy expressions of emotional or socialized discomfort. In fact, Allen (2015) challenged the notion that student happiness equates to a successful learning experience; queer pedagogy, particularly in sex education, intends to
disrupt normalcy, which can leave students feeling uncomfortable. The researcher viewed this
discomfort as proof of queer pedagogy’s presence in the university-level sexuality classroom
(Allen, 2015).

Queer Theory & Counselor Education

The use of queer theory in counselor education research is growing; much of it is in
dissertation format. In a written response to documented homophobia in mental health
practitioners, Carroll and Gilroy (2001) were the first to publish literature connecting queer
theory to the training of counselors. The researchers offered a method of incorporating sexual
orientation content into counselor education while deconstructing what barriers these identity
roles may present (Carroll & Gilroy, 2001). Education requirements about counseling those with
various sexual orientations have been included in the CACREP standards since their first edition,
most often under multicultural considerations and sociocultural foundations (CACREP, 1988,
2016).

In his 2004 dissertation, Frank II linked queer theory as a pedagogy to multicultural
training in counselor education programs (Frank, 2004). The researcher found that counselor
educators who view their institutional environment as multiculturally inclusive are more likely to
use queer theory as a pedagogy than those who do not view this inclusivity. Frank (2004) also
found that counselor educators with higher knowledge, skill, and awareness levels regarding
LGBT individuals were more likely to utilize queered pedagogical practices than their peers with
lower knowledge, skill, and awareness levels. Finally, the study found that counselor educators’
sexual orientation competency scores positively correlated with their perceived multicultural
environment scores, with weak statistical significance (Frank, 2004).
Later, Frank and Cannon (2010) proposed a structure within which counselor educators can implement queer theory as a pedagogy into their curriculum and course spaces to support LGBT inclusion in multiculturalism considerations. This was done in response to concern that CITs were graduating without sufficient self-awareness and knowledge regarding the LGBT community and their diverse needs. Utilizing the concepts of discourse, positioning, and deconstruction, the authors presented a framework within which counselor educators can encourage and empower students to question what is known, make active choices in their learning, and become increasingly aware of their own growing power. The use of queer theory as a pedagogy provides a strong framework for bettering comprehensive multicultural counseling training, particularly as related to the LGBT community, that better prepares CITs (Frank & Cannon, 2010).

Rodenkirch & Hill (2022) blended this queer pedagogy structure with other critical theory tenets to create a queered social justice leadership model for counselor educators. The purpose of this leadership model was to be utilized for wholistic, considerate use of power to benefit those who lack it. Rodenkirch and Hill (2022) described the interaction of Frank & Cannon’s (2010) queer pedagogy tenets and those of critical theories to detail nuances in compassionate, considerate decision-making in the counselor education realm. The social justice leadership model was presented via case study centered around a queer counselor educator who inclusively thought and acted in conjunction with the model’s structure, yet defiantly against dominant systems in their presented context (Rodenkirch & Hill, 2022).

Melding the interaction of queer theory, sex education, and counselor education, Rosinski (2021) completed her doctoral dissertation by providing a critical analysis of how cis/heteronormativity is replicated or challenged. The researcher utilized the “wheel of
domination” created by critical theories, including queer theory, to show how dominant sexual and gender identities function to preserve cultural/sexual ideologies that, in turn, actively create and maintain systems of oppression benefitting dominate culture. Further, the publication provides one of the most modern calls for inclusion of counselor human sexuality training classes in counselor education programs (Rosinski, 2021).

Summary

Epistemologically, queer theory was birthed and retrofitted with several important and foundation-laying writings. Since its origin in 1991, queer theory has provided a framework from which interdisciplinary academics are encouraged to reject hegemonic status quos, embrace a defiant and questioning sprit, and enhance the action one takes to deconstruct harmful conceptualizations about gender identities and sexualities. Queer theory has been proposed as a pedagogical framework from which to teach sex and counselor education, respectively, to learners of all ages. It attends in particular to the breadth and depth of experiences in the realms of sexuality and gender, which topically interact in relationship to and with one another, and make queer theory a highly appropriate lens fit for the study at hand. However, queer theory has not been applied to the specific topic(s) of counselor sexuality education.

Sexuality

“[E]ncourage counselor educators to attend to the recent literature indicating that counselor education programs continue to perpetuate hegemonic systems of oppression” (Haskins & Singh, 2015, p. 298)

This section presents the definition and conceptualization of sexuality for the purposes of the study. It outlines the varying changes of conservative and liberal sexual values in the public
eye since the 1950s. It also discusses the interactions of sexuality, counselors, and their ethics and standards related to sexuality training. Finally, a summary of the section is provided.

Definition and Conceptualization

According to Murray et al. (2017), the most widely referenced definition of sexuality was presented by the World Health Organization (WHO) in 2010: sexuality is “a central aspect of being human throughout life (that) encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction” (p. 3). It furthered that sexuality can be both experienced and expressed in thoughts, fantasies, beliefs, attitudes, desires, values, behavior, roles, and relationships (Murray et al., 2017). Although sexuality may include all the aforementioned dimensions, it does not require experience or expression of each (Murray et al., 2017). Sexuality is shaped by the intersecting of biopsychosocial, cultural, political, economic, legal, historical, religious, and spiritual factors (Murray et al., 2017). Sexuality attends to intersectionality and the inclusivity of one’s right to bodily autonomy; it includes, but is not limited to, erotic sex and one’s sexual orientation (Murray et al., 2017). It is a highly individualized aspect of one’s life that is infused throughout their mental and physical health (Murray et al., 2017). Sexuality is a fluid concept for many and may encompass years-long development (Katz-Wise, 2015). While reading this manuscript, one must hold this variable and nebulous conceptualization of sexuality in mind.

Research within the counseling profession does not agree on a unified definition of sexuality or sexuality training (Dupkoski, 2012; Dupkoski et al., 2021; Mallicoat, 2014; Tiefer, 2006). Counselors broadly view sexuality as multidimensional and developmental, as it is influenced by and influences intersecting identities, including the experience of human
development throughout a lifetime (Mallicoat, 2014; Murray et al., 2017). They see effective sexuality training as dialectical, with balance needed between the realms of wellness and dysfunction, subjectivity and objectivity, and flexibility and structure (Mallicoat, 2014). For the purposes of the study, sexuality training is defined as a learning experience conducted for the purpose of information, skill, and attitude development within the confluence of both the realms of human sexuality and professional counseling. To understand potential difficulties, barriers, and areas of privilege when considering the training needs and responsibilities of counseling professionals, one must hold basic knowledge about how views of sex and sexuality have shifted in dominate culture in the United States over time. Further, one must hold some familiarity with systems that help to structure the counseling world, including the American Counseling Association (ACA) and Council for Accreditation of Counseling and Related Educational Programs (CACREP), and carefully consider the paths that each took to evolve into their modern form—particularly regarding the topic of sexuality.

Hegemonic Sexuality in America

In the 1950s, America’s views of sex and sexuality began glacially shifting from conservative to increasingly liberal viewpoints. Controversial to some, dominate culture slowly increased its attention to sex and sexuality as evidenced by *I Love Lucy*-style programming that had husband and wife sleeping in separate bedrooms to discrete television plotlines including queer relationships and abortion shown towards the end of the decade (Johnson, 1997). Soft-core pornography became much more widely available after the advent of Playboy in 1953 (Johnson, 1997). Dr. Alfred Kinsey et al.’s *Sexual Behavior in the Human Male* (1948) and its follow-up companion reader, *Sexual Behavior in the Human Female* (1954) broke the presented façade of
American conservative, moralized sexual values with significant statistical information (Johnson, 1997). It is noted here that the studies were only conducted on white males (Kinsey et al., 1948) and white, non-incarcerated females (Kinsey et al., 1954) yet has been overly generalized to reflect the actions, opinions, and ways of being of other minoritized and oppressed populations, such as African-Americans, religious conservatives, or the working class (Hyman & Barmack, 1954; Wimpee & Iacobelli, 2020).

Throughout this decade, the heterosexual nuclear family became a symbol of the American dream and a tool against the perceived threat of communism (Johnson, 1997). As they did not fit in with dominate cultural expectations of the presented ‘typical American family,’ LGBTQIA+ individuals were actively persecuted during what came to be known as the ‘Lavender Scare’- a moral panic that paralleled McCarthyism and othered the LGBTQIA+ community as communists (Johnson, 2004). Barred from working in the government in 1953 (Exec. Order No. 10450, 1953) in a Presidential order not explicitly repealed until over seventy years later (Exec. Order No. 13764, 2017), LGBTQIA+ individuals were also deemed mentally ill during this time period (APA, 1952). However, 37% of males (Kinsey et al., 1948) and 13% of females (Kinsey et al., 1954) had reported that they engaged in homosexual intercourse.

Over the course of the 1960s, public views on sex and sexuality were considered to begin an evolution of liberation, as reflected by the advent and popularity of the birth control pill (Bailey, 1997; Turner et al., 2014), the challenging and overrule of the nationwide ban on erotic novels (Grove Press Inc., v. Gerstein, State Attorney, 1964; Jacobellis v. Ohio, 1964), and the increased presentation of erotic and nude content in mass media (Otto, 1963; Rothman et al., 1994). While gay rights movement activists and groups protested (Hall, 2010), the LGBTQIA+ community continued to be actively persecuted against (Braukman, 2001). By 1968,
homosexuality was officially listed as a sexual deviation in the second edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 1968), which further solidified cultural oppression based on one’s sexual behavior, preferences, and the like.

With the explosive popularity of the gay erotic film *Boys in the Sand* (1971) and the heterosexually-focused hits *Blue Movie* (1969) and *Deep Throat* (1972), the beginnings of the Golden Age of Pornography (1969-1984) or ‘porno chic’ (Paasonen & Saarenmaa, 2007) kicked off what some considered the most shocking social trend of the 1970s: a sexual revolution that tossed aside remnants of traditional sexual limitations and began a decade of experimentation and wanton promiscuity (Tompkins et al., 1994). Throughout the decade, television continually explored and expanded inclusion of sexually-driven topics, from off-screen-rape plotlines in daytime soap operas to the newest edification of female sex symbols (Levine, 2007). In addition to the confirmation of the right to abortion (Roe v. Wade, 1973), explicit language use, communal living, nudists, and open homosexuality all represented a profound change in public behavior from the two decades preceding (Tompkins et al., 1994). Reflecting sociocultural perspective shifts, and in response to gay activism efforts (Bayer, 1987), the seventh printing of the DSM-II removed homosexuality from the disorder list and replaced it with a ‘sexual orientation disturbance’ modifier (APA, 1973). It noted that homosexuality alone does not constitute a psychiatric disorder; rather, the incongruence between one’s desired and experienced sexual orientation being in conflict is what was viewed as problematic (APA, 1973).

In 1980, a newly published DSM-III recategorized ‘sexual orientation disturbance’ as ego-dystopic homosexuality (APA, 1980) in an attempt at political appeasement between those who viewed homosexuality as a pathology, an immaturity, or a normalized aspect of sexuality (Drescher, 2015). In a responsive step to growing in-field recognition of the previous changes as
the result of political agreement rather than foundation in scientific evidence (Drescher, 2015), ‘ego-dystopic homosexuality’ was removed and “persistent and marked distress about one’s sexual orientation” was added under “sexual disorder not otherwise specified” in the DSM-III-R (1987). In 1981, the HIV and AIDS epidemic, and its unknown origins, reignited biased and oppressive views on homosexuality as, due to early perplexity related to transmission, it was labeled “the gay disease” or “gay cancer” (McKenzie, 2016). From the dominant heterosexual culture, extreme forms of oppression occurred, such as expulsion from military service (Conahan, 1982). To control the spread of AIDS, a cultural call to reconsider sex without protection and sex outside of marriage, regardless of gender, was heard and continued to be uplifted by conservative viewpoint holders. This more serious view of sex and sexuality was reflected by the topics introduced to American television in the 1980s. Reflective of shifting capitalistic needs and demands, gender roles were questioned in sitcoms (Leppert, 2019) while incest, child abuse, rape, domestic violence, and sexually transmitted infections (STIs) were added to plot lines in a manner reflective of societal topical trends (Haithman, 1989).

High-profile media coverages bookended the 1990s with sexuality-related headlines: the Anita Hill revelation in 1991 (Eidenmuller, 2008), and the Clinton-Lewinski encounter (Berlant & Duggan, 2001) and murder of gay coed Matthew Shepard in 1998 (Loffreda, 2000). Feminists struggled to balance a ‘girl power’ and sex positive attitude with increasingly sexualized expectations of girls and women presented in music, television, and film (Fernandes, 1991). The LGBTQIA+ community continued to both combat and heal from the AIDS crisis and the anti-gay sentiment it fostered. The DSM-IV (1994) did not change the sexual orientation distress aspect of the ‘sexual disorder not otherwise specified’ diagnosis in its overhaul (APA, 1994). The “Don’t Ask, Don’t Tell” policy, in which LGBTQIA+ people were technically allowed into
the military provided that they did not disclose their sexuality, was implemented in 1993; though, in effect, this remained a statutory ban until the law itself was repealed and ended officially in 2011 (Britannica, 2021). The new Internet and its blooming pornography scene, advent of Viagra, and political-sexual drama served to further blur the lines between personal and public for America. Pop culture, alongside journalistic media, continued to push the bounds of what aspects of sex and sexuality were acceptable to discuss in public (Friend, 2017).

The dawn of a new millennium continued to push the boundaries of what sexual topics were and were not allowed to be publicly discussed, with the 2000s continuing the trend of the decade it followed: more skin, more sex, more risqué, and with more convenience to it all. As the internet’s popularity soared, so naturally did the number of people who used pornography. Gender roles continued to be questioned and pushed by feminists, while public views on the LGBTQIA+ community began to shift more positively (Flores, 2014). Over the course of this decade, laws were passed regarding the LGBTQIA+ community state-by-state: some positive and affirming, some negatively oppressive (Killian, 2010). The text revision publication version of the DSM-IV-TR (2000) kept persistent distress over one’s sexual orientation as a diagnostic factor for the ‘sexual disorder not otherwise specified’ diagnosis (APA, 2000). Overall, views on sex continued to become more relaxed by each generation (Twenge et al., 2015). Younger generations continue to lead the way to greater levels of acceptance of the LGBTQIA+ community, and Americans broadly supported equality through civil liberties and freedoms of expression (Smith, 2011).

In the last decade, a drastic divide had begun and deepened within American culture as related to views on sex and sexuality. The publication of the DSM-V (2013) reflected positive perceptions in the early years of this decade, as it completely removed any reference to one’s
sexual orientation as a mental disorder (APA, 2013). Technological increases regularly lead to new ways of sex and sexuality consumption, such as computer-generated imagery (CGI) or virtual reality pornography (Taylor, 2018). Television, film, and music industries all use sex and sexuality as tools of the business trade, while feminists critique body positive movements (Sastra, 2014) and continue to advocate for the furthering of gender equality in systemic realms. The most recent release of the DSM-IV-TR (2022) also contained no reference to sexual orientation as an aspect of mental disorder (APA, 2022). During this decade, increasing rates of LGBTQIA+ acceptance were shown through legal changes, including access to equal marriage rights (Obergefell v. Hodges, 2015). However, anti-LGBT legislation, paralleled by anti-abortion legislation, swept through a multitude of states in 2022, reflecting conservative dominant class values though at times unsupported by popular opinion (Lawrence, 2022).

Counselors, Professional Ethics, and Sexuality

The fields of counseling and counselor education are positioned within the dominant culture, and often reiterate the narratives or address the needs of dominate-culture clients and students over those with oppressed identities (Haskins & Singh, 2015). As sex and sexualities are core components of human life, regardless of cultural positioning, (Murray et al., 2017), counselors are expected to be able to address clients’ diverse range of sex and sexuality-related presenting concerns (ACA, 2014). The topic area of sex is one of many that are at risk of becoming ethically murky within the mental health helping field(s). The ACA created, edited, and updated a set of ethical standards for counselors to adhere to (ACA, 1961). These standards, referred to today as the Code of Ethics (ACA, 2014), outline a variety of professional conduct, privacy, and other requirements for counseling professionals to follow. The following
information provides a contextual foundation for how sexuality in the field was, and is, addressed within professional ethics.

There was no mention of sex or sexuality in the first two published Codes (American Personnel and Guidance Association, APGA, 1961; APA, 1974). It was not until the third publication of the Code in 1981 that a prohibition against sexual activity between counselors and their clients is written (APGA, 1981, Section B. 11). Even then, this prohibition arises from a secondary example provided in the context of dual relationships, rather than as an outgrowth of specific attention to sexuality-related topics. In 1988, the ACA Code stated that sexual harassment was not allowed from members (p. 1), and this ban has been enacted, with modifications, ever since (ACA, Section C.5, 1995; Section C.6.a, 2005; Section C.6.a, 2014).

The 1988 Code update also provided a standalone statement banning sexual interaction with clients in Section B.14, proclaiming such interaction unethical (ACA, 1988). In addition to clients, counselors are barred from sexual interactions with students, supervisees, a client’s romantic partner(s) and family members, and research participants (ACA, Section A.5.a, Section F.10, Section G.3.b, 2005). Sexual relationships are barred both in-person and online (ACA, Section A.5 & Section G.3.b, 2014). Additionally, the ACA Code states that counselors do not counsel people they have had a sexual relationship with (ACA, Section A.5.b, 2014). However, under multiple editions of the Code, individual counselors were and are free to have sexual relationships with previous clients as long as certain time qualifiers were met (ACA 1995, 2005, 2014). A timeline of two (ACA, 1995) to five years (ACA, 2005) between the clients’ termination date and an allowable sexual encounter has been required since the 1995 edition of the Code. If planning to engage in a sexual interaction, counselors were and are expected to document their own efforts to avoid any imbalanced relationships (ACA, 1995). Finally,
counselor educators and supervisors are not outright banned from developing sexual relationships with past students or supervisees. They are instead directed by the Code to write their considerations on power, ethics, safety, potential exploitation, and more, before engaging in sexual activity (ACA, Section F.3 & Section F.10.c, 2014).

Clearly, the Codes have been updated periodically to reflect ever-growing and shifting realities within the field of professional counseling. However, the Codes do not lay out specific expectations regarding how counselors are to accomplish the aforementioned tasks set to them. Indeed, some aspects of the sexually-related Code mandates create more questions for counselor educators and counselors-in-training than they answer (ACA, 2014), particularly when training programs do not require human sexuality or sexual ethics courses.

Professional Standards and Sexuality Training

It is important to teach counselors-in-training about sexuality to support them with upholding the “do no harm” decree that professional counselors are entrusted with (Section A.1, ACA, 2014). Without specific training around sexuality and counseling, counselors may hold inaccurate sexual ‘knowledge’ (Pebdani, 2013; Sanabria & Murray, 2018), operate from a place of their own experience (Wilson, 2019), experience decreased self-efficacy (Hipp & Carlson, 2019), or conduct counseling in a biased fashion (Blount et al., 2017). Inadequate training may lead to counselors’ pathologizing healthy sexuality or adding further confusion to their clients’ diverse sexual experiences (Blount et al., 2017; Marks & Fraley, 2006). Conducting counseling sessions outside of one’s realm of education may not only increase the risk of harm to the client, but also for legal action against the counselor for practicing out of their scope, though this varies
by degree held, jurisdiction, state, and more (William et al., 2020). For these reasons, it is crucial that counselors-in-training receive sexuality education as part of their core training requirements.

Due to a lack of specificity in establishing sexuality counseling competency requirements by the ACA or Council for the Accreditation for Counseling and Related Educational Programming (CACREP), unless states mandate necessary training, clinicians are at risk of providing services with limited guidance as to what constitutes clinical competency. Williams et al. (2020) encountered this problem with their study regarding family and couples’ content areas in clinical mental health counselor (CMHC) training. Williams et al. (2020) considered human sexuality and sexuality counseling as topics that fell under couples- and-family content areas, and found that these two topic areas made up only 7.37% of the 882 courses offered or required for CMHC CITs. Further, the researchers found that only one state- California- prohibits family or couples counseling by CMHCs without additional focused training, while 35 other states permit this practice (Williams et al., 2020). CMHCs in states with these allowances may practice with limited training due to their coursework and a lack of clinical experience with the topical areas or populations involved, increasing the risk of harm to their clients (Williams et al., 2020). This means that in over half of the United States, CMHCs are allowed to practice within family and couples’ content areas, including human sexuality, without training past what is required by their counselor education programs (Williams et al., 2020).

The Council for Accreditation of Counseling and Related Educational Programming has been a consistent organizational body contributing to establishing competency requirements across the United States. CACREP was formed in 1981 as a result of the combined efforts of the APGA and the Association for Counselor Education and Supervision (ACES) to create and conduct cooperative accreditation of counseling training programs (About CACRE: A brief
CACREP outlines a set of consistent educational standards that each of its approved institutions and programs must meet. These standards have evolved to attend to a variety of realms over time, such as multiculturalism and ethics. Though the Standards (2016) presently do specify some realms or topics students should be familiar with, such as technology (CACREP, 2016), sexuality training has never been explicitly included within their minimal educational requirements. In one 2012 study, only four out of three hundred and ninety-five syllabi from the ACA and ACES Syllabus clearinghouse were found to attend specifically to human sexuality (Dupkoski, 2012).

**Evolution of CACREP Requirements**

Upon its formation in 1981, CACREP assumed the extant ACES standards as their own (Bobby, 2013). This first set of standards did not delineate the specific core areas and specializations that later evolutions would (Bobby, 2013). CACREP first enacted their own set of core standards in 1988. The first reference to sexuality within this foundational document was a brief mention of a counselor’s responsibility to be able to alleviate discriminatory societal concerns relating to “sexual preference” (CACREP, 1988, p. 47). Some editions of the CACREP requirements focused on supporting those of differing sexual orientations instead of broad sexuality training (CACREP, 1994, 2001), while the most recent has completely removed reference to sexual orientation from the document (CACREP, 2016).

Certain CACREP counseling specialties have assigned human sexuality training. For example, the CACREP standards for marriage, couples, and family counseling specialty area mandate sexuality training as part of their education since the first set of CACREP standards (CACREP, 1988, 1994, 2001, 2016). The previously extant specialty of gerontological
counseling (CACREP Standards, C.3, 2001), and current clinical rehabilitation counseling, and rehabilitation counseling specialty areas (CACREP Standards D.2.m. & H.2.h., 2016) have all been required to learn about human sexuality within their counselor training at various points in time. Though consistent standards review and revisions continue to be implemented (Bobby, 2013), none of them come close to requiring specific training attending to sexuality within core program requirements.

Summary

Since the 1950s, public and popular opinions on sex and sexuality have varied. These changes in perspective were represented and influenced by a variety of media, laws, and other malleable cultural indicators. Such shifts have also been reflected within the systems influencing the counseling and counselor education fields, such as the ACA and CACREP. Holding a foundational knowledge of how views on sex and sexuality have evolved over time, and how the field of counseling has evolved over that same time, enables one to fully consider the vital need for sexuality training in counselor education.

Sexuality Training, Sexual Awareness, and Comfort with Sexual Discourse

According to both the ACA Code of Ethics (2014) and CACREP Standards (2016), counselors are expected to be able to handle conversations and scenarios in which sexualized topics and phenomenon occur. These areas include managing sexual dual relationships, avoiding sexual harassment, working to avoid discrimination based on sexual identities, and understanding how sexuality interacts with other diverse aspects of humanity, such as gender identity (ACA, 2014). For newly graduated counselors to be able to accomplish these tasks, it is
only fitting that they be given appropriate sexuality training in their counselor education programs. Further, as sexuality training literature indicates, the under-researched concepts of sexual awareness and comfort with sexual discourse are critical factors within counselor sexuality training and should be attended to (Fyfe, 1980; Willard, 2019).

**Sexuality Training**

The following section will operationally define sexuality training and discuss its conceptualization. It presents the available empirical research and modern calls to action in the field of professional counseling on sexuality training. A variety of proposed course requirements and training inclusions are described. Extant literature on sexuality training and counselor comfort with sexual discourse is shown. Finally, a summary is provided.

**Definition and Conceptualization**

Though what may be encompassed in sexuality counseling training will be described below, for the purposes of this study, sexuality training can be defined as follows: a learning experience for the purpose of information, skill, and attitude development within the confluence of the realms of both human sexuality and professional counseling (Sanabria & Murray, 2018). In the forty years since the initial research promoting sexuality training in counselor education was published (Fyfe, 1980; Kirkpatrick, 1980), neither the ACA nor CACREP have mandated such courses or education as a part of their core requirements. To date, only three states require training in sexuality for Masters’-level professional counselors: Florida, California, and Nevada each mandate varying levels as a prerequisite for graduation and clinical practice (Dupkoski et al., 2021).
Sexuality training for counselors is critical regardless of systems mandating it. Without sexuality training, counselors are at risk of decreased self-efficacy or infusing bias into their work (Blount et al., 2017; Hipp & Carlson, 2019). Lacking specific training in their graduate programs, counselors may believe false sexual ‘facts’ (Pebdani, 2013; Sanabria & Murray, 2018) or operate based only on personal experience (Wilson, 2019). Untrained counselors may pathologize healthy sexuality or add confusion to diverse client sexual experiences (Blount et al., 2017; Marks & Fraley, 2006). Providing counseling outside of one’s training level or scope of practice may increase the risk of harm to the client or legal action against the counselor, dependent on which systems they operate under (William et al., 2020).

Hegemonic systems mandating inclusion of human sexuality training are limited (Blount, et al., 2017), though CITs who have participated in such programs have broadly reported positive experiences (Emelianchik-Key et al., 2021). In critically analyzed reflection journals collected throughout one human sexuality course, CITs wrote of happiness at their own sexual attitude changes and an increase in comfort levels discussing sexuality (Emelianchik-Key et al., 2021). CITs expressed feelings of increased competency, openness, excitement, and acceptance regarding varying types of othered sexuality. One participant commented of their experience in the course:

The more exposure I get to various sexuality topics, the more comfortable and open I am becoming. This new eagerness to learn more and dismiss what society considers normal is helping me accept individuals’ sexual choices and will transfer into me helping clients work through issues. (Emelianchik-Key et al., 2021, p. 76)

Some arguments for sexuality counseling to be a specialty with post graduate training have been made, as clients with sexuality issues deserve to be seen by highly trained and well-supervised professionals (Nasserzadeh, 2009; Southern & Cade, 2011). Counterarguments against this point out that a specialty may perpetuate the incorrect idea that sexuality is a taboo subject that other,
non-specialized clinicians need not address in their work (Binik & Meana, 2009; Diamond & Huebner, 2012; Elders, 2010; Murray et al., 2017; Fyfe, 1980).

**Empirical Research on Sexuality Training**

As early as 1980, calls for the inclusion of human sexuality training as foundational learning in counselor education programs have been made by researchers (Fyfe, 1980; Kirkpatrick, 1980). In a review of 40 randomly selected Masters’-level counseling training programs, none were found to include human sexuality coursework (Kirkpatrick, 1980). However, survey responses from the same population of training programs at the time also indicated that both practicing counselors and counselor educators understood the importance of Masters’-level counselors having a broad range of sexuality information taught to them (Kirkpatrick, 1980). In fact, the researcher also suggested that completing or successfully ‘testing out’ of human sexuality courses may become a prerequisite for graduating with a Masters’ degree in professional counseling (Kirkpatrick, 1980).

Between the original call to action regarding sexuality training in mental health and the modern era, little research has been done within the field of professional counseling regarding sexuality training in counselor education programs. Surveys conducted in the 1980s consistently revealed a minority of doctorate-granting programs within the realm of mental health offered human sexuality courses, seminars, or standalone trainings (Campos et al., 1989; Nathan, 1986; Pingitore & Morrison, 1993). Researchers Wiederman and Sansone (1999) found that training directors of psychology doctoral programs and training directors of pre-doctoral or Masters-level psychology programs each believe the other should provide the attention to sexuality training that is needed. Further, the study revealed a substantial proportion of psychology graduate...
programs that were found to lack faculty members holding sexuality expertise (Wiederman & Sansone, 1999). Finally, under the umbrella of counselor education once more, Gray et al. (1989) and Gray et al. (1996) found that though counselor educators believe there is a need for sexuality education in their programs, many are not systematically including this in their curriculum.

**Modern Calls to Action**

Behun et al. (2017) surveyed professional school counselors on their sexuality counseling capacity and training. Approximately one third of the participants reported having no Masters’-level sexuality training, be it infused throughout curriculum or a standalone course. This relatively high percentage is of concern, given the fact that slightly over 58% of elementary school counselors and slightly over 90% of secondary school counselors reported providing sexuality counseling to their students (Behun et al., 2017). Blount et al. (2017) commented on the lack of available education regarding sexuality for counselors, and how this may result in counselor bias or lack of self-efficacy in counseling sessions. The researchers highlighted the existence of counselor sexual bias and its potential effects on counseling as well as reiterated the need for integration of sex and sexuality into counselor education programs (Blount et al., 2017).

Dupkoski (2012) reiterated the significance of sexuality training in counselor education programs to avoid counselor misinformation and subsequent client harm. The researcher examined the presentation of sexual issues in mental illness, as well as physiological and psychosocial factors that may contribute to them and emphasized the importance of being adept in healthy sexual development knowledge. Current sexuality training practices, including attention to sexual orientation under the umbrella of multiculturalism, sexual ethics, and recommended human sexuality trainings, were proffered. Dupkoski (2012) recognized the need
for sexuality training in counselor education as without it, counselors and CITs alike are incompetent to deal with sex and sexuality issues. Emphasizing this need, Dupkoski Mallicoat (2014) found that a common viewpoint held by licensed counselors was that counselor education is insufficient when it comes to addressing sexuality in training.

Counselors-in-training have shared their perspectives on experiencing these burgeoning sexuality counseling courses in qualitative studies. CITs have expressed disappointment at the lack of sexuality training available (Cardona et al., 2022) and desire for counselor education programs to include a sexuality course in core program requirements (Brammer & Goodrich, 2022; Emelianchik-Key et al., 2021). They retain a wide variety of questions about sex and sexuality at the Masters’-level (Diambra et al., 2016). It is clear through extant literature that CITs desire sexuality training, though what should and should not be included in these trainings varies from individual to individual.

Proposed Training Inclusions and Course Requirements

Since the suggestion of counselor education attending to sexuality training was made, a variety of activities, information, and personal factors have been recommended for course addition (Anderson, 1986; Freeman, 1989; McGlasson et al., 2014; Zeglin et al., 2018). One early identified point of focus was developing counselor-in-training sexual awareness, in a training that focused participant attention on their own sexual behavior, feelings, and attitudes (Landis et al., 1975). Researcher and counselor educator Fyfe (1980) developed and conducted a training model that also emphasized the importance of developing sexual awareness as its first point of attention. Further, Fyfe’s (1980) program attended to the following concepts: understanding sexual value systems, dealing with sexuality in counseling, treating sexual
dysfunctions, and enhancing sexual experience. Though this training experience was more of an intensive conference week than typical course curriculum, in running it the researcher cleared the way for the establishment of human sexuality education in counseling programs (Fyfe, 1980).

A deeper focus on personal value exploration and identification was emphasized in later sexuality training suggestions (Anderson, 1986; Freeman, 1989; McGlasson et al., 2014). Factual information, activities to explore values, and a developmentally appropriate timeframe for the course to occur were of utmost importance for therapists-in-training (Anderson, 1986). The implementation of concrete experiential pedagogies, thoughtful observation, abstract conceptualization, and active experimentation are important components per a proposed infusion model (Sanabria & Murray, 2018). Role plays, watching video tapes, course readings, journal reflections, and experiential opportunities have been recommended as concrete course activities (Freeman, 1989; McGlasson et al., 2014).

Commonly proposed topic lists for courses included (a) factual sexuality information, including anatomy, reproduction, development, functioning, and medical factors; (b) sexual ethics, such as client-counselor attraction or transference issues; and (c) sex therapy intervention skills, including assessment, treatment planning, and maintenance (Anderson, 1986; Ford & Hendricks, 2003; Dupkoski Mallicoat & Gibson, 2013; Willard, 2019; Zeglin et al., 2018). Suggestions that counselors be trained to attend to healthy sexual pleasure, including intimacy and interpersonal systems, pleasure and sexual lifestyles, and diverse gender and sexual identities, have been made (Willard, 2019; Zeglin et al., 2018). Modern researchers have also emphasized the importance of counselor knowledge regarding sexual exploitation, (Ford and Hendricks, 2003; Willard, 2019; Zeglin et al., 2018). Sanabria and Murray (2018) suggested adding queer theory, the effects of trauma on sexual health, feminist sexualities, and atypical
sexual behaviors to curriculum. Willard (2019) pointed out that during training, counseling students will have diverse levels of comfort discussing sexuality, and that instructors need to attend to these varying experiences while teaching this potentially sensitive material.

**Sexuality Training & Comfort with Client Sexual Discourse**

Since the initial call for the inclusion of sexuality in counselor training, researchers have noted that a lack of sexuality training for counselors, regardless of specialty or concentration, may contribute to counselor discomfort when addressing sexual issues in session (Jackson, 2010; Parritt & O’Callaghan, 2000; Pebdani, 2013; Southern & Cade, 2011). Early studies indicated that participation in a sexuality course resulted in an increase in comfort in working with sexual matters (Chubon, 1981). Researcher Nathan (1986) outlined four levels of clinician expertise on sexual issues, the first of which was being comfortable in discussing sexual material. Level two referred to the clinician’s ability to assess sexual behaviors and symptoms and their diagnostic significance, and level three referred to the ability to evaluate sexual issues with simple sex therapy techniques and appropriate clinical judgement (Nathan, 1986). Nathan (1986) stated that a level four clinician would be able to treat sexual problems, teach on sexual issues, and do research on sexuality. Nathan (1986) argued that graduate schools should provide psychology doctoral students with the expertise to achieve level one upon graduation, and that levels two through four could be achieved outside of a higher education program.

Freeman (1989) identified topics to create a course with the goal of achieving Nathan’s (1986) level three training. With sexual performance and sexual ethics as the primary subject matter, Freeman (1989) promoted creating an open atmosphere for the course to increase and attend to student comfort with sexual discourse. This atmosphere was created through the
instructor modeling appropriate openness, consideration of topics that are not course inclusions but still of student interest, and requesting written anonymous questions throughout the course (Freeman, 1989). Vignette-based role plays and videotapes elicited student revelations that they otherwise would not have shared, indicating a certain level of comfort with discourse in the provided atmosphere (Freeman, 1989). Finally, Freeman (1989) aimed to integrate values throughout the course, beginning with the instructor’s self-awareness of bias and leading to classroom conversations about non-judgmental behavior and dealing with clients who have differing beliefs that one’s own

Based on both Freeman (1989) and Nathan (1986), Wiederman and Sansone (1999) conducted a survey of psychologist training directors and their programs’ instruction on sex and sexuality. Wiederman and Sansone (1999) noted that to support clinician development of comfort, programs need to take time and deliberate effort. Programs can begin by employing sexuality experts and recruiting experts outside of the university setting to engage with students (Wiederman & Sansone, 1999). Educators need to be confident enough to infuse sexual and gender orientations into diversity discussions before they are ready to move onto utilizing sexuality issues in hypotheticals in various coursework. Wiederman & Sansone (1999) wrote that while information and initial exposures are positive first steps, psychologists-in-training need to have personal experience addressing sexual issues, such as collecting a sexual history or explaining homework involving sexual behavior, while still in their programs.

In a 2000 qualitative study of sexual and marital therapists’ sexuality work with disabled clients, Parritt and O’Callaghan learned that despite the participants high levels of experience, they still reported discomfort with talking about issues of sexuality in session. To date, extant studies have emphasized the importance of increased sexuality education in rehabilitation
counselor preparation programs (Juergens et al., 2009; Kazukaukas & Lam, 2009; McCray et al., 2022; Pebdani, 2013; Pebdani & Johnson, 2014). Research has shown that levels of sexuality education and comfort with sexuality each have a direct effect on a rehabilitation counselors’ willingness to address sexuality in session with clients, and there is a significant positive relationship between sexuality knowledge and comfort in rehabilitation counselors (Juergens et al., 2009; Pebdani, 2013; Pipher, 2007). Most recently, researchers Sanabria and Murray (2018) recommended infusing sexuality into counselor education to increase counselor comfort with sexual topics and sexuality counseling (p. 194). They provided ideas to establish both student comfort with the topic in the classroom space and increase counselor sexual awareness (Sanabria & Murray, 2018, p. 200-201).

Summary

For the purposes of this study, sexuality training was defined as a learning experience conducted for the purpose of information, skill, and attitude development within the confluence of both the realms of human sexuality and professional counseling. A call as early as 1980 for the inclusion of sexuality training as foundational learning in counselor education programs had been made (Fyfe, 1980; Kirkpatrick, 1980) and remains left unanswered by dominate counseling organizations today (ACA, 2014; CACREP, 2016). The importance of sexuality training remains evident though course inclusion specifics may be debatable, particularly as this study hypothesizes that sexuality training may be of integral import when it comes to counselor comfort addressing sexual issues in session.
Sexual Awareness

The following section provides detailed information on the definition and conceptualization of sexual awareness and how the concept has been measured to date. Information, sparse though it is, on gender and sexuality as related to sexual awareness is presented. The section then shows research on counselor sexuality training and sexual awareness, followed by research on sexual awareness and counselor comfort with sexual discourse. Finally, a summary is provided.

Definition and Conceptualization

Early researchers on the topic felt that mental health professionals should attain awareness of their own sexuality before helping a client with a sexuality issue (Christensen et al., 1977; Fyfe, 1980; Kell & Mueller, 1966; Schiller, 1977). Sexual awareness is defined here as the collection of attentive behaviors that one holds regarding one’s own sexuality, including (but not limited to) motivations, arousal, knowledge, impression management, autonomy, and how one fits in realistically with hegemonically-rooted views of attractiveness. Sexual awareness is an essential part to understanding one’s sexuality and sexual-social environments (Hannah & Stagg, 2016). Sexual awareness involves the understanding and perception of sexuality and sexual situations, motives, desires, and feelings (Hannah & Stagg, 2016). One’s sexual awareness reflects one’s cognitive processes and tendencies towards sexual thoughts, behaviors, and sensations (Snell et al., 1991). This overall concept of sexual awareness has been studied in a limited capacity. The few contemporary studies that include attention to sexual awareness compare autists to neurotypical young adults, explore the experiences of individuals with
ostomies, and/or are broadly conducted upon students (Bush, 2018; Hannah & Stagg, 2016; Muise et al., 2010; Salisbury, 2004).

**Measuring Sexual Awareness**

Snell et al. (1991) developed and validated the first instrument to support objective self-report of dispositional tendencies associated with attention to sexuality and its processes, aptly named the Sexual Awareness Questionnaire. This questionnaire addressed four discrete topic areas: sexual consciousness, sexual monitoring, sexual assertiveness, and sexiness-consciousness. Sexual consciousness, initially defined as attention paid to internal, private, physical bodily sensations and feelings affiliated with sexual motivations and/or arousal (Snell et al., 1991), can be more succinctly thought of as one’s attention to internal sexual cues (Snell & Woolridge, 2001). Sexual monitoring, or the external and public concern regarding sexuality impression management (Snell et al., 1991), is also explained as one’s sensitivity to other’s appraisals of one’s own sexuality (Snell & Woolridge, 2001). Sexual assertiveness, or the personal tendency to act and behave in an autonomous manner regarding one’s own sexuality (Snell et al., 1991), is later conceptualized as “self-reliance in sexual decision-making” (Snell & Woolridge, 2001). Finally, the term sexiness-consciousness, referring to individual awareness of others’ perception of one’s attractiveness (Snell et al., 1991), or “one’s own public sexiness” (Snell & Woolridge, 2001) was later also relabeled as sex-appeal-consciousness (Hannah & Stagg, 2016). It is from this validated questionnaire and these overarching topic areas that the definition of sexual awareness used in this study originated.
Gender Identity, Sexual Identity, and Sexual Awareness

Scant research has been done specifically studying sexual awareness by various gender or sexual identities. Female university students that reported high levels of sexual identity exploration were predicted to have higher levels of sexual well-being, of which sexual awareness was a competing factor (Muise et al., 2010). Males of a sexual minority are expressing sexual awareness at an earlier age than adults of a sexual minority had in their youth (Makadon et al., 2008). Consistent with these findings, Dr. Christine Gregory’s 2010 dissertation detailed through hermeneutics her personal experiences with a lack of sexual awareness of her own lesbianism until age forty-five (Gregory, 2010).

Blake (2014) conducted a study exploring the relationship between one’s sexual experience, awareness, and attitudes. Participating samples of individuals represented swingers (non-monogamous couples that mutually share their romantic partners for sexual purposes; Kimberly, 2016), the LGBT community, and students. Each participant took the Sexual Awareness Questionnaire as a part of the experiment instrument set. Members of the LGBT sample scored lower on overall sexual awareness scores than the swinger sample set but did not significantly differ from the student sample. Each group differed significantly from the other on both the sexual consciousness, sex-appeal-consciousness, and sexual assertiveness subscales, with swingers scoring higher than the LGBT members, who scored higher than the student sample. There were no significant differences between groups on the sexual monitoring subscale. These results indicate that, overall, members of the LGBT community have higher levels of sexual awareness than their heterosexual student counterparts (Blake, 2014). Most recently, Bush (2018) hypothesized and confirmed that of a sample containing predominantly minority
sexualities, participants diagnosed with autism spectrum disorder had lower levels of sexual awareness than participants without the diagnosis.

**Sexual Awareness and Sexuality Training**

Studies attending to sexual awareness within the field of counseling are sparse. However, the concept is important to study in counselor education as sexual awareness can be an aspect of comprehensive self-awareness. Self-awareness is a critical characteristic for counselors and CITs to develop and hone throughout their career to best serve clients, as client ratings of counselor helpfulness have a positive relationship with counselor self-awareness ratings (Fauth & Williams, 2005; Williams, 2008).

Early research emphasized the importance of sexual awareness development in counselor sexuality training (Fyfe, 1980; Landis et al., 1975), though in the years since there has been a widening gap in counselor sexual awareness and sexuality training literature. In a published discussion of their presented Sexual Awareness Training, Landis et al. (1975) reported 24 out of 25 counselors responded positively to the training experience and supported the idea that Sexual Awareness Training should be encouraged in counselor preparation programs. As part of their reasoning for the need for training regarding sexual awareness, Landis et al. (1975) cited a previous, unpublished survey of psychologist educator programs conducted by Landis and Miller (year) that found only five of the responding thirty-two institutions indicated including sexual awareness training as part of their programming. In at least one of the institutions that held training, the education was didactic-type course that covered a wide range of sexuality information; it was offered by a non-psychological department, and open to all interested students, rather than having mental health field prerequisite(s).
Further, Landis et al. (1975) outlined four crucial reasons for including sexual awareness training in the counseling field. The first is that developmentally speaking, sexual issues may arise for any client, regardless of age. Second, due to its guilt-laden status in dominant culture spaces, the topic of sex is often a difficult one for people to discuss. Thirdly, schools from elementary to post-graduate programs often provide inadequate or do not even require sex education (Guttmacher Institute, 2022; Landis et al., 1975; McCary, 1973; Willard, 2019). Finally, hegemonic cultural values, attitudes, mores, and laws related to sex and sexuality are not stagnant; instead, the fact that these intangibles are ever-changing creates more pressure for counselors to be trained on sexual awareness if only to keep up with sociopolitical contexts (Landis et al, 1975). Landis et al. (1975) argued that sexual awareness training could help counselors stay open to new ideas about and ways of expressing sexuality in addition to meeting the growing demand for competent sexuality professionals in the field of professional counseling.

In his proposed sexuality training for counselor education programs, Fyfe (1980) emphasized the importance of counselor preparation programs helping CITs develop sexual awareness as the first of five portions of a 35-to-40-hour program. Fyfe (1980) argued that developing sexual awareness comprised of personal attitude exploration and knowledge attainment through affective and cognitive approaches. The researcher suggested a few structured group exercises attending to value exploration and clarification, nonverbal language, and information gathering (Fyfe, 1980). A later study conducted by Pepper (1988) found that both participants and group leaders of another sexual awareness group reported decreased inhibitions and guilt related to sexuality, and an increase in sexual knowledge and sexuality confidence.
Sexual Awareness and Comfort with Sexual Discourse

To engage in sexual discourse comfortably and effectively, counselors must hold awareness of sexuality in their own lives (Dupkoski Mallicoat & Gibson, 2013; Emelianchik-Key et al., 2021; Kell & Mueller, 1966; Landis et al., 1975). Authors Kell and Mueller (1966) posited three scenarios in which a counselor will need a balance of sexual awareness and comfort with sexual discourse: (a) a counselor works with a client they find attractive, and may be clinically inhibited by the power of their own fantasies; (b) the client’s issues may stimulate the counselor’s fantasies, or awaken new or reawaken old personal issues; and (c) a client’s urgent expression of sexual feelings may distract the counselor from probing for underlying dynamics, thereby short-circuiting the counseling process. Furthering upon these stated scenarios, Landis et al. (1975) emphasized the need for CITs to explore and become aware of the meaning of personal sexuality while also becoming comfortable enough to discuss any sexuality issues that are relevant to diverse clients.

Contemporary conceptual researchers Dupkoski Mallicoat and Gibson (2013) noted that an increase in sexual awareness equips counselors to maintain objectivity and manage emotional responses to sexuality-related issues, and proposed personal interventions that counselors can experience to expand both their own sexual self-awareness and comfort level with sexual topics. Ideas that counselors-in-training can access outside of dominant training styles include writing prompts, myths and expectation consideration, and personal research on suggested reputable sites. All are opportunities for CITs to develop their sexual awareness and comfort with client disclosure of sexual behaviors. Additionally, CITs can join relevant professional organizations,
attend conferences to network with other sexuality professionals, and seek other structured trainings as they may engage with them (Dupkoski Mallicoat & Gibson, 2013).

To promote an increase in sexual awareness in CITs, Emelianchik-Key et al. (2021) employed consistent reflective journaling as a part of their data collection process from each student who participated in a human sexuality counseling course. After completing a thematic analysis, Emelianchik-Key et al. (2021) found that the CITs experienced a sense of increasing personal awareness relating to their sexuality-related perceptions and biases, gender issues, personal sexuality concerns, and behaviors. The impact of historic, cultural, religious, and political factors were increasingly discussed throughout the semester, and referred to as factors that shaped their personal sexual values, beliefs, and morals (Emelianchik-Key et al., 2021). Further, CITs expressed feelings of shame, guilt, and anxiety regarding the realization of their lack of awareness prior to course engagement (Emelianchik-Key et al., 2021). A consistent subtheme in this realm is that of comfort and discomfort; as students experienced more of the course, comfort increased as discomfort decreased (Emelianchik-Key et al., 2021).

Summary

For the purposes of this study, sexual awareness is defined as the collection of attentive behaviors that one holds regarding one’s own sexuality, including (but not limited to) motivations, arousal, knowledge, impression management, autonomy, and how one fits in realistically with hegemonically-rooted views of attractiveness. Sparse research has included attention to the concept of sexual awareness, whether it is considering gender identity, sexual identity, or counseling field professionals. Snell et al. (1991) developed the first and, to date, standalone objective self-report to measure the concept. Though several calls for attention to
sexual awareness and its interaction with clinician comfort with sexuality have been made, there has been no research conducted to date. This fact alone underscores the need for the present study.

**Clinician Comfort with Sexual Discourse**

The following section provides a definition and conceptualization of the dependent variable in this study: comfort with sexual discourse. It discusses the dearth of literature regarding measuring clinician comfort with sexual discourse, and additional research indicating clients’ benefit from clinician comfort. The section then explores conflicting reports of clinician comfort with sexual discourse. Finally, a summary is provided.

**Definition and Conceptualization**

As a variable of study, comfort with sexual discourse has not yet been operationally defined in counseling research literature. For the purposes of this research study, comfort with sexual discourse is defined as the degree to which one feels at ease hearing about and discussing a client’s erotic activity, sexuality, and other sex-related topics. Research has established the need for mental health and helping clinicians to feel comfortable discussing sexual issues with their clients (Gray et al., 1989), as therapists with appropriate comfort with sexuality are better prepared to serve clients’ diverse needs and handle potential ethical pitfalls (Wiederman & Sansone, 1999). Helping fields that have addressed the concept of comfort with sexual discourse include education (Hedgepath, 1988; Greenan, 2019) and medicine (Haboubi & Lincoln, 2003; Kendell et al., 2003; Froneck et al., 2005). In one interdisciplinary healthcare study, mental health workers, inclusive of both professional counselors and social workers, were found to have
the lowest comfort with client sexual discourse out of all the professional groups (Haboubi &
Lincoln, 2003).

Despite the low levels of counselor comfort with sexual discourse, there has been
comparatively little done in the counseling field to address the gap, outside of training model
efficacy assessment (Harris & Hayes, 2008; Dermer & Bachenberg, 2015). Extant studies in the
mental health field(s) have consistently connected sexual knowledge to both an increase in
sexual awareness and comfort in working with sexual client concerns (Anderson, 1986; Landis,
et al., 1975). Other research has suggested that clinician comfort is an equally essential
component to knowledge in effective sexuality discourse (Graham & Smith, 1984; Harris &
Hayes, 2008), and that is must be increased for therapists to be effective in treating client
concerns (Bloom et al., 2015; Buehler, 2013; LoFrisco, 2013).

Measuring Comfort with Sexual Discourse

Specific, reliable, and validated measures to assess counselor comfort levels with sexual
discourse are rare, if they exist at all. However, there are many related measures that are useful in
sexual comfort research. Some are focused on comfort levels regarding own’s own sexual
behavior, attitudes, or activities, such as the Sexual Anxiety Scale (Fallis et al., 2020) or the
Sexual Opinion Survey (Rye & Fisher, 2020). Others have comfort subscales specified to a
certain population’s issues, such as the Mathtech Questionnaires: Sexuality Questionnaire for
Adolescents (Kirby, 2020) questions about talking to parents and partners about sex and birth
control, or the Measure of Internalized Sexual Stigma for Lesbians and Gay Men (Lingiardi et
al., 2012) questions regarding internalized homophobia. Still others focused on attitudes towards
varying aspects of sexuality, such as the Brief Sexual Attitudes Scale (Hendricks et al., 2006) or the Attitude Towards Sexuality Scale (Fisher et al., 2011).

The Knowledge, Comfort, Approach, and Attitudes Towards Sexuality Scale (Kendall, 2003) has a semi-appropriate comfort subscale for the study. However, this scale was normed on medical professionals and not mental health clinicians (Kendall, 2003). Further, as will be discussed below, the measure was found to be a poor fit for use with rehabilitation counseling students (Pebdani & Saeki, 2020). As this study’s sample is counselors-in-training, the subscale on this measure would not be appropriate.

The Multidimensional Measure of Comfort with Sexuality (Tromovitch, 2011) had few if any appropriate specific queries for the current study. This measure was designed for use in undergraduate sexuality education classrooms (Tromovitch, 2000). The four comfort subscales on this measure were regarding (a) comfort with one’s own sexual life, (b) comfort discussing sexuality, (c) comfort with sexual activities of others, and (d) comfort with taboo sexual activities of others (Tromovitch, 2011). As the subscales either tended to focus on general questions unrelated to the topic at hand or were regarding attitude towards specific sexual acts, the measure was determined to be unfit for use (Tromovitch, 2011).

Researchers Mercer and Dermer (2020) created and validated the 30-item Comfort with Sexual Behavior Scale (CSBS) that was also screened for use in the current study. It was first normed on undergraduates in psychology courses and graduates in sex therapy classes, and then on the general population (Mercer & Dermer, 2020). The scale focused its questions on comfort with specific sexual behaviors, such as masturbation or fetishes (Mercer & Dermer, 2020). Again, the measure was too specific and therefore a poor fit for this study; the researchers were
looking at discomfort with sexual behaviors, instead of clinician comfort with sexuality discourse.

**Clients Benefit from Clinician Comfort**

Even without clear-cut quantitative measurement tools, research has shown that clients benefit from a clinician’s comfort with sexual discourse. Discomforted therapists and counselors addressing the topic of client sexuality inhibits treatment efficacy of concerns relating to sexuality (Kazukaukas & Lam, 2009, 2010; Miller & Byers, 2010, 2012) such as pornography use (Bloom et al., 2016). A clinician’s perspectives of and comfort level with varying sexual topics can influence the therapeutic alliance (Miller & Byers, 2010; Pillai-Freidman et al., 2015), so it is crucial that counselors develop and attend to comfort with sexuality discourse. Early research considering clinician comfort has revealed that it is a weighty factor in whether a client’s disclosure of sexuality is handled appropriately (Schover, 1981). Many clients will not engage in sexually-related conversation, even if/when it is related to their presenting concern, unless their therapist initiates an open conversation and demonstrates personal comfort with discussing sexuality (Hegarty et al., 2007; Metz & Seifert, 1990; Rubin, 2004), though some have been reported to be open to broaching the topics themselves (McCann et al., 2019).

Bradley and Fine (2009) found that the confluence of the lack of training and a lack in comfort has promoted a medicalized idea of sexual distress within clinicians, causing them to frequently push clients to seek physiological explanations for concerns that often have psychological roots (Bradley & Fine, 2009). Inadequate sexuality counseling training can lead to inadvertent harm caused to clients if counselors add confusion to or pathologize their clients’ otherwise healthy sexual experiences (Marks & Fraley, 2006; Sanabria & Murray, 2018).
Further, unexplored biases and/or power dynamic relationships related to sexuality on the counselors’ end may lead to promotion of dominant culture norms that ultimately harm the client, and a lack of knowledge or exposure to othered sexualities may influence counselors to utilize or pursue therapies that are not evidence-based (Sanabria & Murray, 2018). It must be noted that, similar to conflicting reports of client broaching, there exists conflicting research on mental health clinician comfort levels with regard to sex and sexuality in the therapeutic setting.

**Conflicting Reports of Clinician Comfort**

Extant studies are in direct conflict when answering the question, are mental health practitioners comfortable with client sexual discourse? Some studies have shown therapists report feeling broadly comfortable discussing sexual topics (Ford & Hendrick, 2003; Miller & Byers, 2008, 2012; Reissing & Di Giulio, 2010; Schover, 1981), while others indicate that mental health clinicians are not comfortable doing so (Hymer & Rubin, 1982; Long et al., 2006; Urry et al., 2019; Wilson, 2019). Increased sexuality education, supervision, and perceived sexual knowledge have been found to increase therapist comfort level (Harris & Hayes, 2008), along with the client’s age, gender identity, sexual orientation, religion, level of embarrassment, and clinician’s embarrassment and lack of training (Reissing & Di Giulio, 2010).

Early research found that female therapists were more comfortable than male therapists when presented with client sexual material in session (Schover, 1981). Ford and Hendrick (2003) expanded upon this and found that female participants broadly tended to be more comfortable with sexual orientation concerns, while male participants expressed more comfort with othered sexual behaviors (Ford & Hendrick, 2003). Nevertheless, therapists overall indicated comfort rather than discomfort with client sexual discourse (Ford & Hendrick, 2003; Schover, 1981). In
alignment with these findings, Miller and Byers (2008) found that graduate psychology students had confidence in their personal ability to display comfort and unbiased approach when addressing sexuality in session. A follow up study by the same researchers (Miller & Byers, 2012) found that the average participating licensed psychologist was comfortable with sexual discourse and confident in their ability to exhibit this. However, psychologists with low comfort were equally as likely to treat clients with presenting concerns as psychologists with higher comfort levels (Miller & Byers, 2012). In a similar vein, counselor educators have reported high levels of comfort but low levels of knowledge when it comes to sexuality counseling (McCray et al., 2022), perhaps contributing to low levels of comfort within their students.

Further exploration of the nuanced relationships between comfort with sexual discourse and other variables have found factors that influence clinician level of comfort, such as age, training intensity, or personal experiences before training occurred (Anderson, 2002; Benz, 2022; Bloom et al., 2016; Cupit, 2010; Reissing & Di Giulio, 2010). One survey of practicing clinical psychologists exploring the comfort levels, training, and provision of sexuality therapy indicated that a lack of sexuality training affected the level of clinician comfort with sexual discourse, and deficits in both may lead to inadequate or inappropriate care (Reissing & Di Giulio, 2010). A significant correlation revealed that younger psychologists were more comfortable than more seasoned ones, though younger ones did not report higher levels of sexuality training (Reissing & Di Giulio, 2010). The intensity level of the training received, as delineated by the researchers, was significantly related to level of comfort (Reissing & Di Giulio, 2010).

In a study exploring connections between licensed counselor sexual comfort, knowledge, attitudes, and personal experiences, Anderson (2002) found statistical significance between sexual attitudes, training, and personal experiences when related to counselor comfort with
sexual discourse. This significance accounted for 28% of the variance (Anderson, 2002). Further, Cupit (2010) found significant positive correlations between counselor comfort with sexual topics and sexual attitudes, education and training, supervisor experience with sexuality, age, years of practice, and couples-specific counseling sexual discourse, respectively. Increased counselor comfort with sexual topics has also been statistically related to increased professional self-confidence in treating sexual issues (Bloom et al., 2016). Perhaps the most contemporary of relevant research shows that individual sexual shame, sexuality training, and sexuality supervision have significant relationships with sexual comfort (Benz, 2022).

Counselors may graduate their programming with enough knowledge but not enough confidence to candidly engage in sexual discourse (Leiblum, 2007). In early research, Kell and Mueller (1966) discovered that counselors experience discomfort when feeling personally threatened and/or ambivalent about helpfulness when it comes to sexual topics. The researchers stressed the need for counselors to become comfortable enough to discuss sexual issues with their client(s) (Kell & Mueller, 1966). Nearly forty years later, Kazukaukas & Lam (2010) found counselors reported low-medium comfort with discussing sexuality in session, though the assessment utilized has been critiqued as invalid for the population (Pebdani & Saeki, 2020). Pebdani (2013) supported the low-medium comfort result with their findings indicating that counselors have low levels of comfort when discussing sexuality. As comfort increases, so too does knowledge, willingness to be open to client approaches to sexuality, and positive attitudes towards sex (Pebdani, 2013).

Clinician discomfort could be related to anxiety about showing shock or fear in response to a sexual disclosure, a sense of inadequacy in themselves as a counselor, or even a sense of personal privacy violation (Wilson, 2019). Contemporary qualitative research has revealed that
while counselors note sexuality is difficult to discuss, they often justified not discussing sexual topics, citing impracticality, nervousness, addressing sexuality being outside their role or skill set, and/or that clients rarely broach the topic (Rutter et al., 2010; Urry et al., 2019). Some mental health clinicians consider sexuality discussion a ‘peripheral issue’ in the context of their roles, yet others state that sexuality needs to be better addressed in training (Urry et al., 2019). Regardless of the presented conflicting reports, it is argued that therapist comfort with sexual discourse has not evolved significantly over time (Dermer & Bachenberg, 2015).

**Summary**

Comfort with sexual discourse is, for the purposes of this research study, defined as the degree to which one feels at ease hearing about and discussing a client’s erotic activity, sexuality, and other sex-related topics. It is a topic that has begun to be addressed consistently in other fields, such as healthcare or education, but rarely has it been considered in professional counseling. While it is known that clients benefit from clinician comfort, there exist strongly conflicting reports of whether helping field clinicians are comfortable with discussing their client sexual behaviors with them.

**Chapter Summary**

This chapter has provided information on queer theory and dominant culture views on sexuality in the United States. It has elaborated on how specific systems within professional counseling- namely, the ACA and CACREP- have changed over time to affect counselor sexuality education. Chapter two has included a review of available literature on the variables of interest in the current study: sexuality training, sexual awareness, and comfort with sexual
discourse in counselors-in-training. This chapter began with an elaboration on the evolution of queer theory into its modern form: a blend of critical thoughts and processes that reject societal expectations, especially as related to human experiences of gender and sexuality. Queer theory was placed in contrast against the dominant public opinion on sexuality, from the conservative 1950s to contemporary times. Finally, the topics of sexuality training, sexual awareness, and comfort with sexual discourse were defined, conceptualized, and explored within the realms of mental health and counselor education, as appropriate.
CHAPTER 3
METHODOLOGY

As previously stated, the purpose of this study was to examine the relationship(s) between CIT’s sexuality training, sexual awareness, and comfort with sexual discourse. Again, queer theory is epistemologically incongruent with quantitative methodologies, so had been integrated where available: in participant self-description of identities, in variable grouping, and as a root for the four initial research questions. This cross-sectional survey study had two independent variables and one dependent variable that operated in a within-groups design. The independent variables were sexuality training and sexual awareness in counselors-in-training. The dependent variable was CIT level of comfort with sexual discourse. Sexuality training, sexual awareness, and comfort with sexual discourse were ordinal variables with Likert scales on each measure ranging from 1 to 5 or more items (Johnson & Creech, 1983; Norman, 2010; Sullivan & Artino, 2013). Counselors-in-training made up the participant pool, as counselors desire and benefit most from sexuality training when it is part of their core education (Blount et al, 2017). This chapter details the methodology utilized to gather, analyze, and present data necessary to answer the below research questions and hypotheses.

Research Questions

Initial analyses included examining potential differences, rooted in queer theory, between queer-expansive and dominant-group CITs with regards to levels of sexual awareness and level
of comfort with sexual discourse, respectively: Initial analyses included examining potential differences, rooted in queer theory, between queer-expansive and dominant-group CITs with regards to levels of sexual awareness and level of comfort with sexual discourse, respectively:

RQ1: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

H1: Individuals with sexuality-expansive identities will score higher than individuals with heterosexual identities.

RQ2: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with gender-expansive identities and individuals with cisgender identities?

H2: Individuals with gender-expansive identities will score higher than individuals with cisgender identities.

RQ3: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

H3: Individuals with sexuality-expansive identities will score higher than individuals with heterosexual identities.

RQ4: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with gender-expansive identities and individuals with cisgender identities?

H4: Individuals with gender-expansive identities will score higher than individuals with cisgender identities.
Once established, the analyses addressed the correlational relationships between the identified independent and dependent variables, as consistent with previously presented literature:

RQ5: What are the correlations between sexuality training, sexual awareness, and comfort with sexual discourse in CITs?

RQ5a: What is the relationship between sexuality training and sexual awareness in CITs?

H5a: There is a statistically significant and positive correlation between sexuality training and sexual awareness in CITs.

RQ5b: What is the relationship between sexuality training and level of comfort with sexual discourse in CITs?

H5b: There is a statistically significant and positive correlation between sexuality training and level of comfort with sexual discourse in CITs.

RQ5c: What is the relationship between sexual awareness and level of comfort with sexual discourse in CITs?

H5c: There is a statistically significant and positive correlation between sexual awareness and level of comfort with sexual discourse in CITs.

Finally, the study addressed a final suggested component of the literature, which further investigates nuances in the relationship between sexuality training and sexual awareness:

RQ6: To what extent do sexual awareness and sexuality training level predict level of comfort with sexual discourse above and beyond the effect of gender and sexual identity in CITs?
H6: Sexual awareness and sexuality training will remain a statistically significant predictor of comfort with sexual discourse, after controlling the effect of gender and sexual identities of CITs.

Participants

Prior to recruitment and data collection, the study’s research design and data collection process were approved by the Institutional Review Board (IRB) of Northern Illinois University. An *a priori* analysis was completed using G*Power* Statistical Power Analyses for Windows (Faul et al, 2007), and determined a necessary sample size of 68 participants given an alpha level of 0.05, a moderate effect size of .15, and an appropriate power of 0.80, as determined by Cohen (1988). Participants for the study were eligible if they are counselors-in-training at a CACREP-accredited, Masters’-level professional counseling program in the United States who were currently enrolled in either their practicum or internship courses at the time of participation. Participants were selected utilizing cluster sampling. Cluster sampling occurred through the selection of schools for distribution of recruitment materials and is described further below.

Recruitment

To begin the recruitment process, the researcher first used an online random number generator (Haahr, 1998) and the alphabetized directory of 828 CACREP-accredited Masters’-level programs (CACREP, 2022) to select 100 schools to send recruitment emails to. These schools made up ‘clusters.’ Participants were then randomly selected from these clusters. This process, narrowing the schools down and then selecting randomly from them, fit the definition of a cluster sampling process (Thomas, 2022). Upon IRB approval, an email was sent out to each
selected school’s counseling program coordinator to request they share the study with their relevant student body. A six-week and an eight-week follow up reminder email was sent to each chosen program. Participants were able to provide a reliable email address to enroll in a drawing for one of three $50 Visa gift cards as an incentive to complete the study.

Procedure

It must be stated again that queer theory does not align with a quantitative procedure. In the recruitment email, participants were sent a Qualtrics link to the study. This link took students to a reiterated explanation of the study and included, in order of appearance: a digital informed consent form requiring agreement to participate, a brief demographic survey, the researcher-modified Sexuality Counseling Experience and Training Survey, the Sexual Awareness Questionnaire (Snell et al, 1991), the researcher-modified Comfort Sub-Scale, and an optional email write-in for the gift card drawing. Participants who chose to do so and met criterion completed the measures via the Qualtrics link. Participants were free to exit the tab or browser at any time to decline or terminate participation.

Instruments

To capture data about the relevant variables in this study, a demographic survey, one previously published measure, and two additional instruments adapted by the researcher were utilized. The demographic survey obtained information about participant gender and sexual identity. A modified selection of the skill component of the Sexual Orientation Counselor Competency scale (SOCC, Bidell, 2005, 2015) was used, with the originating author’s permission, to measure the sexuality training component of this study. The Sexual Awareness
Questionnaire (SAQ) measured CIT sexual self-awareness, and the researcher-modified Comfort Sub-Scale measured CIT comfort with sexual discourse in session. Each measure was administered in an online format, via a Qualtrics survey link.

Demographic Survey

This survey obtained the necessary self-described information on participant gender and sexual identities. It had a question attending to participant age range, from 18 years old to 80 years old in increments of seven years. The survey asked participants what their program specialization is and whether they have participated in a graduate-level sexuality course as part of their counseling education. Finally, the demographic survey had a drop-down selection of racial and ethnic identities based off of the US Census and added a Middle Eastern/North African option to be as inclusive as possible in a quantitative framework.

Sexuality Counseling and Experience Training Survey

With permission from the author, Ober et. al (2012) modified portions of the SOCC (Bidell, 2005, 2015) to create the Grief Counseling Experience and Training Survey (GCETS). The SOCC (Bidell 2005, 2015) consisted of 29 questions, 11 of them reverse scored, pertaining to attitude, skills, and knowledge about sexual orientation. Subscale intercorrelations on this measure were relatively weak, with 0.29 between knowledge and attitudes, 0.29 between attitudes and skills, and 0.45 between knowledge and skills (Bidell, 2015). The SOCC had an overall coefficient alpha of 0.90, and attitude, skills, and knowledge subscales had coefficient alphas of 0.88, 0.91, and 0.76, respectively (Bidell, 2015). To confirm validity, the SOCC was found to be negatively correlated to LGB prejudice and positively correlated with a multicultural
knowledge measure (Bidell, 2015). Ober et al (2012) modified a portion of the SOCC to reflect their attention to grief training experiences and piloted this measure on 21 practicing mental health clinicians at a collegiate counseling clinic. The GCETS had a reliability coefficient of alpha = 0.86, and suggestion of validity was made based on post-completion interviews with the pilot measure participants (Ober et al, 2012). Once used in their study, Ober et al (2012) found the GCETS had a Cronbach alpha of 0.97 and noted that further reliability and validity testing is required.

With permission from the originating author (see Appendix I), adjustments like those of Ober et al (2012) were made on the skills subscale of the overall assessment: terms used to identify LGBT community members were replaced to attend to sexuality counseling training experience in order to create the Sexuality Counseling Experience and Training Survey (SCETS). A five-item Likert scale was produced from this measure modification, with possible answers ranging from 1 (not at all true) to 5 (totally true). A mean of the SCETS assessed participants’ formal education, clinical training, experience, and supervision regarding sex and sexuality counseling.

**Sexual Awareness Questionnaire**

Developed in 1991 by Snell, Fisher, and Miller, the Sexual Awareness Questionnaire measured ones’ attention to one’s own sexuality in four subscales and topical realms: sexual consciousness, sexual monitoring, sexual assertiveness, and the colloquially titled sexiness-consciousness. This thirty-six-item measure asked participants to rate their responses on a scale between one and five, where 1 is not at all true and five is ‘totally true.’ Sample items included “I am very aware of my sexual tendencies” and “I know when others think I’m sexy” (Snell et al,
The measure was utilized in its full and cited form, with permission from the author (see Appendix H).

The measure was originally published in a two-study validation paper. In the first study, the Cronbach alphas for these four subscales were found to indicate adequate internal reliability as follows: sexual consciousness, alpha = 0.83 (males), 0.86 (females); sexual monitoring, alpha = 0.80 (males), 0.82 (females); sexual assertiveness, alpha = 0.83 (males), 0.81 (females); and finally, sexiness consciousness, with an alpha = 0.89 (males) and 0.92 (females). Convergent validity was affirmed through consistent correlations with a series of self-reports attending to personality, and discriminant validity was shown as the subscales were overall independent of measures relating to theoretically unrelated propensities (Snell et al, 2001). With significant preliminary evidence for reliability and validity, the second study in the publication addressed further individual human inclinations related to sexuality and its expression. The SAQ was given alongside eight other sexuality and relationship measures cross-validate both the convergent and discriminant validity of the SAQ (Snell et al, 2001). Similarly, the Cronbach alphas for the four subscales indicated adequate internal consistency reliability: sexual consciousness, alpha = 0.85 (males), 0.88 (females); sexual monitoring, alpha = 0.81 (males), 0.82 (females); sexual assertiveness, alpha = 0.80 (males), 0.85 (females); and finally, sexiness-consciousness, alpha = 0.92 for both males and females, respectively. Convergent validity was again supported by results overarchingly representative of the predictions through correlation.

Since its inception, the Sexual Awareness Questionnaire (and/or parts of it) have been utilized to support further sexuality research. It has been utilized to support further sexuality measure development (Snell, 2001a; Snell et al., 1993; Snell & Johnson, 2004; Snell, et al., 2001; Marshall, 2017), to examine relationships between sexual perfectionism and sexual
awareness (Snell, 2001b; Snell & Rigdon, 2001), and to explore relationships between sexual awareness, contraception, age, and variety of sexual experiences (Snell & Wooldridge, 1998; Wooldridge & Snell, 2002).

**Comfort Sub-Scale**

With the author’s permission (see Appendix E), the researcher adapted a subscale from the Sexual Intervention Self-Efficacy Questionnaire (Miller & Byers, 2008) to collect data on CIT comfort with sexual discourse. The 19-item questionnaire represents three factors: sex therapy skills, sharing sexual information, and displaying comfort with sexual discourse, (Miller & Byers, 2008). The skills subscale related to both the information subscale ($r = 0.53, p > 0.001$) and the comfort subscale ($r = 0.23, p > 0.01$). The information subscale also related to the comfort subscale ($r = 0.28, p > 0.001$).

The comfort-focused subscale had five questions pertaining to comfort, bias, sexuality-expansive individuals, and masturbation. The questions were answered on a Likert scale, with response options ranging from 1 or ‘not at all true’ to 5 or ‘totally true.’ For the purposes of this study, a total score of the Comfort Sub-scale was utilized. This subscale addressed the concept of comfort with sexual discourse, the dependent variable in the current study. It has been found to have moderate levels of internal consistency, with one study finding an alpha $= 0.73$ (Miller & Byers, 2008) and another finding an alpha $= 0.64$ (Miller & Byers, 2012) within clinical psychology graduate students and practicing clinical psychologists, respectively. Strong evidence showed concurrent construct and discriminant validity, as each subscale was statistically significantly positively correlated yet distinct from one another (Miller & Byers, 2008, 2012). All three subscales positively correlated with willingness to treat clients with presenting concerns.
of a sexual nature (Miller & Byers, 2008, 2012). Finally, the comfort subscale was positively associated with sexual liberalism/conservatism, solidifying construct validity (Miller & Byers, 2008, 2012). Discriminant validity was supported through the comfort subscale’s lack of statistically significant correlation with years of graduate education (Miller & Byers, 2008, 2012).

Data and Security

As previously stated, queer theory does not align epistemologically with quantitative research. To circumvent gender and sexuality binaries that are otherwise upheld in quantitative research, the researcher chose to follow socially defined categories to group participants and their data. Participants, who self-identified both gender and sexual identities on the demographic survey, were classified as either dominant-culture CITs or queer-expansive CITs for the purposes of quantitative methodology. Results were analyzed utilizing IBM SPSS statistical analysis software, version 26. Descriptive analyses and frequencies were conducted once demographic data had been compiled. Then, the t-tests, bivariate correlation, and hierarchical multiple regression analyses were run. All data was stored in a password protected file, on a password-protected computer, in a locked (when unoccupied) office. The researcher anonymized responses in Qualtrics, to prevent the agency from collecting identifiable data from participants. No one outside of this researcher or the dissertation committee had access to data files. To accommodate for publication efforts, the individual data files will be deleted no later than two years from the dissertation defense of this researcher.
Analysis

Preliminary analysis involved examining 1) potential differences between queer-expansive and dominant-culture CITs regarding level of sexual awareness and level of comfort with sexual discourse, respectively; 2) any correlational relationships between the identified variables; and 3) nuances in the relationship between sexuality training and sexual awareness, above and beyond the impact of gender and sexual identity. This first set of analyses was conducted utilizing independent t-tests, which compared means to determine whether a difference reaches statistical significance (Creswell & Guetterman, 2019). The second analysis was conducted utilizing a bivariate correlation to determine if there was a relationship between the identified variables, and how strong that relationship was (Creswell & Guetterman, 2019). In the current study, this analysis looked at relationship(s) between sexuality training, sexual awareness, and comfort with sexual discourse. The final analysis was a hierarchical multiple regression, as it is a procedure that allows one to determine how much predictive ability one variable has over another (Creswell & Guetterman, 2019; Field, 2017). This type of multiple regression is broadly applicable to the behavioral sciences and can be used in an exploratory manner to assess the association between two or more independent variables and a singular continuous one (Cohen et al, 2003). In this study, this analysis specifically looked at what sexuality training and sexual awareness added over gender and sexuality when considering CIT level of comfort with sexual discourse.

Each of the analyses were conducted in SPSS. There was no missing data in the 79 final response sets. Descriptive statistics and frequency distributions on the demographic questions were run and presented. Preliminary analyses included the independent t-tests and bivariate
correlation. Prior to conducting the main analysis, the researcher examined the statistical assumptions, including (a) linearity, (b) no significant outliers, (c) normality, and (d) homoscedasticity (Priviteria, 2018). The assumption of linearity was assessed with a scatterplot of standardized predicted values and the dependent variables. Significant outliers were scanned for visually in the data set. The assumption of homoscedasticity was checked with the scatterplot of the standardized residuals and standardized predicted value. The assumption of normality was not violated, as determined via visual examination of a histogram of the data and a Q-Q plot. A bell-shaped curve represented a normal distribution of the data.

A two-step hierarchical analysis was then conducted, with sexuality- and gender-identity variables placed into the first block to control for the influence that those variables may have over level of comfort. Sexuality training and sexual awareness were placed in the second block, to determine their scores above and beyond the influence of sexuality or gender identity. The dependent variable for both blocks was level of comfort with sexual discourse. As the required sample size for the proposed study exceeds 50 participants, Cohen’s d is appropriate for use to determine the effect size (Watson et al, 2016). The null hypothesis for the overall regression model was that sexual awareness and sexuality training are not statistically significant predictors of comfort with sexual discourse, after controlling for the effect of gender and sexual identities of CITs.

Summary

The current study consisted of six research questions about three variables: sexuality training (IV), sexual awareness (IV), and comfort with sexual discourse (DV). To answer the research questions, two t-tests, a bivariate correlation, and a hierarchical multiple regression
were run. Eligible participants were CITs who have five or more direct client hours in their internship or practicum courses at CACREP-accredited, Masters’-level professional counseling program in the United States. Participants read and completed an informed consent form, demographic survey, the SCETS, the SAQ, and the CSS; see the Appendices for full versions of these measures. All efforts to maintain confidentiality of data to be made are outlined. As with all studies, limitations exist; however, the specific limitations detailed in the current study are proposed to have little influence.
CHAPTER 4

RESULTS

The purpose of this study was to determine the relationship(s) and interaction(s) between CIT sexuality training experience, sexual awareness, and comfort with sexual discourse. The study also explored group differences based on gender and sexual identities. The Statistical Package for the Social Sciences, version 26, was used to analyze gathered data. The following research questions were used to guide the study:

RQ1: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

RQ2: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with gender-expansive identities and individuals with cisgender identities?

RQ3: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

RQ4: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with gender-expansive identities and individuals with cisgender identities?
RQ5: What are the correlations between sexuality training, sexual awareness, and comfort with sexual discourse in CITs?

RQ6: To what extent do sexual awareness and sexuality training level predict level of comfort with sexual discourse above and beyond the effect of gender and sexual identity in CITs?

The results from this study are presented in this chapter. The first section addresses the instruments used and their reliability. The second describes the participants within the study. Then, results from t-tests, bivariate correlations, and hierarchical multiple regression analyses are presented. Finally, the chapter concludes with a summary.

Instrument Reliability

Cronbach’s alpha coefficient (Cronbach, 1951) was used to determine the reliability of each of the utilized assessments. Tavakol and Dennick (2011) defined reliability as “the ability of an instrument to measure consistently” (p. 53) and noted the most common guidelines for interpreting Cronbach’s alpha: values must meet .70 to be considered adequate, .80 to be considered very good, and .90 to be considered excellent. Values exceeding .95 may indicate redundancy in the questions (Tavakol & Dennick, 2011). The results indicate that the Sexuality Counseling Experience and Training Survey (SCETS) has very good internal consistency (Cronbach’s alpha coefficient = .814). Further regarding the SCETS, each item in the Corrected Item-Total Correlation column of the Item-Total Statistics Table was higher than .3, indicating that the items measured what they were intended to measure and were relevant to the scale at large. Cronbach’s alpha coefficient for the Comfort Sub-scale (CSS) indicated good reliability (Cronbach’s alpha coefficient = .774). Further, the scale had no individual items under the Item-
Total threshold of .3, indicating that each item measured appropriately for the scale. Finally, Cronbach’s alpha coefficient for the Sexual Awareness Questionnaire (SAQ) indicated very good reliability (Cronbach’s alpha coefficient = .822). However, the SAQ had thirteen Item-Total Correlations that were under the threshold of .3, which indicated that the items did not align well with what the scale measured in this study. This is addressed further as a limitation in Chapter 5.

Description of Participants

The population of interest in this study was counselors-in-training in masters’-level professional counseling training programs. Participants were recruited through cluster sampling of 100 schools with CACREP-accredited programs, and counseling program coordinators for each school were sent one initial request with two reminders to distribute an email invitation for their students to participate in the study. Inclusion criteria for participation were: (a) a counselor-in-training at the masters’-level, (b) in a CACREP-accredited program, and (c) currently in a practicum or internship course. In total, 79 participants completed the package of surveys. There was no missing data.

Demographic data was collected via survey to describe the sample. Participants self-identified their racial/ethnic/national identities as White/Caucasian (82.3%), Black/African American (10.1%), or Asian (7.6%). While the ages of participants broadly ranged from 18 to 67, a majority of participants (77.2%) were 32 years old or younger. Nearly half that number (45.6%) was made up of individuals aged between 18 to 25 years old (see Table 1).
As sexuality and gender identities were variables of interest in this study, participants were required to share their own identity labels. Self-identification answers for gender identity included cisgender women, genderfluid people, cisgender men, non-binary people, agender people, bigender people, and trans men. However, a large majority (92.4%, 73 participants) of participants self-identified as cisgender. More participants self-identified as sexuality-expansive (39.2%, 31 participants) than identified as gender-expansive (7.6% 6 participants). Self-labeled sexual identities included heterosexual/straight, gay, lesbian, bisexual, pansexual, and queer. One participant wrote in both a sexuality identity (asexual) and romantic orientation (biromantic).
However, a slight majority of participants self-identified as straight or heterosexual (60.8%, 48 participants). See Table 1 for further details.

Participants also answered questions about their fields of study and sexuality education course experience. Concentration areas of counselors-in-training who participated were mostly clinical mental health counseling (53.1%, 42 participants) or school counseling (22.8%, 18 participants), but included addiction (3.8%, 3 participants), career (2.5%, 2 participants), clinical rehabilitation (8.9%, 7 participants), and marriage/couples/family counseling (8.9%, 7 participants). Sixty-three out of the seventy-nine participants (79.7%) had not previously/were not currently participating in a sexuality-specific course as part of their graduate training, leaving only sixteen participants (20.3%) having had experience with such training at the time of study completion.

Descriptive data for the dependent and independent variables in the study, namely participant’s level of sexuality training, sexual awareness, and comfort with sexual discourse, are shown in Table 1. Participants’ level of sexuality training was assessed using the modified Sexuality Counseling Experience and Training Survey (SCETS). A mean of each participant’s total score was used in this study to indicate participants’ formal education, clinical training, experience, and supervision regarding sex and sexuality counseling. Mean scores of sexuality training ranged from 1.38 to 4.25 out of a total possible 5, where 1 indicates low/no levels of training and 5 indicates elevated levels of training. The mean of sexuality training means was 2.31, with a 0.65 standard deviation.

Counselor-in-training sexual awareness was measured using Snell et. al’s (1991) Sexual Awareness Questionnaire. The mean of each total score represented a comprehensive sexual awareness score incorporating the subscales of sexual consciousness, sexual monitoring, sexual
assertiveness, and sexiness-consciousness. The individual subscales were not scored or analyzed, as they were not a core focus of this study. The minimum sexual awareness mean was 1.72, and the maximum mean score was 3.83. The mean of awareness means was 2.93, with a standard deviation of 0.44.

Finally, level of comfort with sexual discourse was measured utilizing the Comfort Subscale, adapted from the Sexual Intervention Self-Efficacy Questionnaire (Miller & Byers, 2008). The comfort-focused subscale had five questions pertaining to comfort, bias, sexuality-expansive individuals, and masturbation. A total score of the questions, answered on a 1 to 5 Likert scale, was used to assess level of comfort with sexual discourse in this study. The minimum comfort total score was 8 and the maximum total score was 21 out of a total possible 25. The mean comfort level score was 14.19, with a standard deviation of 2.85.

Examination of Statistical Assumptions

Prior to running SPSS analysis, the researcher carefully screened the data for accuracy, outliers, missing values, normality of distribution, homoscedasticity, linearity, and multicollinearity. There were no missing values, and outliers were deemed to be within acceptable ranges. Therefore, no data was transformed. Skewness and kurtosis did not violate the assumption of normality, as they were both within +/- 1 for each variable (see Appendix L). The Shapiro-Wilk and Kolmogorov-Smirnov tests showed that while means for sexual awareness were normally distributed ($p > .05$), the means for comfort with sexual discourse were not. This limitation and any implications related to it will be further addressed in Chapter 5. Visual inspection of the P-P plot indicated that a linearity normality assumption was not violated, and a scatterplot did not indicate areas of concern regarding homoscedasticity. Variation Inflation
Factor (VIF) values were each less than 10, indicating that the assumption for multicollinearity was not violated. Finally, Levene’s test for each of the t-tests indicated that equal variances are assumed ($p < .05$).

**Research Question One (t-test)**

The Statistical Package for Social Sciences software, version 26, was used to analyze the gathered data. Independent sample t-tests were run to answer the first four research questions. These questions surrounded the relationship(s) between gender identity, sexuality identity, sexual awareness levels, and levels of comfort with sexual discourse. The first research question asked, “Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with sexuality-expansive identities and individuals with heterosexual identities?” This t-test was not found to be statistically significant ($p = .089$). Therefore, the null hypothesis cannot be rejected: CITs with sexuality-expansive identities ($n = 31, M = 3.044$) do not score significantly differently on the SAQ than CITs with heterosexual identities ($n = 48, M = 2.873$).

**Research Question Two (t-test)**

The second question; “Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with gender-expansive identities and individuals with cisgender identities?” Here the t-test was also found to be statistically insignificant ($p = .161$). Again, the null hypothesis cannot be rejected. Gender-expansive CITs ($n = 6, M = 3.181$) do not score significantly different on the SAQ than CITs with cisgender identities ($n = 73, M = 2.920$).
Research Question three (t-test)

The third research question shifted focus to the second independent variable in this study, level of comfort with sexual discourse. It asked, “Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with sexuality-expansive identities and individuals with heterosexual identities?” The t-test was found to not be statistically significant ($p = .929$), indicating the null hypothesis must not be rejected. This signifies that CITs with sexuality-expansive identities ($n = 31, M = 14.226$) do not score significantly differently than CITs with heterosexual identities ($n = 48, M = 14.167$) on the Comfort sub-scale.

Research Question Four (t-test)

The fourth research question asked, “Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with gender-expansive identities and individuals with cisgender identities?” The results of this t-test were not statistically significant ($p = .672$). This means the null hypothesis cannot be rejected, and that CITs with gender-expansive identities ($n = 6, M = 14.667$) do not score significantly differently on the Comfort Sub-scale than CITs with cisgender identities ($n = 73, M = 14.151$).

In sum, the set of t-tests addressed the first four research questions presented in this study and each were found to be statistically insignificant. This means that gender-expansive and cisgender counselors-in-training do not significantly differ from one another regarding levels of sexual awareness, as measured by the Sexual Awareness Questionnaire, or levels of comfort with sexual discourse, as measured by the Comfort Sub-scale. It also means that sexuality-expansive
and heterosexual counselors-in-training do not significantly differ from one another regarding sexual awareness or comfort with sexual discourse levels as measured by the same scales. The next section continues analysis to address further relationships and interactions between the variables of interest.

**Research Question Five (Bivariate Correlation)**

Bivariate correlation was utilized to analyze the relationships between sexuality training, sexual awareness, and comfort with sexual discourse in counselors-in-training. This analysis aimed to address the fifth research question and each of its sub-queries. It asked, “What are the correlations between sexuality training, sexual awareness, and comfort with sexual discourse in CITS?” The results of this analysis are presented in Table 2.

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexuality Training</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2. Sexual Awareness</td>
<td>.370**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>3. Comfort w/Discourse</td>
<td>.09</td>
<td>.300***</td>
<td>-</td>
</tr>
<tr>
<td>Mean</td>
<td>1.38</td>
<td>1.72</td>
<td>8.00</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>4.25</td>
<td>3.83</td>
<td>21.00</td>
</tr>
<tr>
<td>Cronbach’s α</td>
<td>2.31</td>
<td>2.94</td>
<td>14.19</td>
</tr>
</tbody>
</table>

**indicates significance at .001; ***indicates the same at .01

The first sub-query asked more specifically, ‘What is the relationship between sexuality training and sexual awareness in CITS?’ Pearson’s correlation ($r = .370$, $p = .001$) indicated that the null hypothesis in this analysis can be rejected, as there is a statistically significant and
positive correlation between sexuality training and level of sexual awareness in counselors-in-training. The second sub-query asked about the correlation between sexuality training and level of comfort with sexual discourse. This correlation was insignificant ($p = .428 > .05$), meaning that the null hypothesis cannot be rejected: there is no correlation between sexuality training and level of comfort with sexual discourse in CITs. The third and final sub-query of the fifth research question asked, ‘What is the relationship between sexual awareness and level of comfort with sexual discourse in CITs?’ This correlation was found to be statistically significant ($r = .300, p = .007$). Therefore, the null hypothesis, that there is no correlation between the two variables, can be rejected. There is a statistically significant and positive correlation between sexual awareness and level of comfort with sexual discourse in CITs. In sum, there are statistically significant and positive correlations between sexuality training and sexual awareness, and sexual awareness and comfort with sexual discourse, but not sexuality training and comfort with sexual discourse.

**Research Question Six (Hierarchical Multiple Regression)**

The final analysis to be run in this study was a two-step hierarchical multiple regression. This analysis addressed the sixth and final research question: To what extent do sexual awareness and sexuality training level predict level of comfort with sexual discourse above and beyond the effect of gender and sexual identity in CITs? In the first step, the sexual identity and gender identity variables were entered. In the second step, the remaining predictor variables were entered: sexuality training and sexual awareness. No multicollinearity was shown, as supported by the VIF not reaching a threshold of 10. The results of the hierarchical multiple regression are reported in Table 3.
The results of step one of this analysis showed that the modified variance accounted for ($R^2$) with the first set of predictors, gender identity and sexuality identity was adjusted $R^2 = -.024$. These results were not statistically significant ($F(2, 76) = .091, p = .913$), indicating that sexuality and gender identity are not statistically significant contributing factors to level of comfort with sexual discourse in this study. The results of step two of the hierarchical multiple regression showed that the variance accounted for with the second set of predictors, sexuality training and sexual awareness levels, was adjusted $R^2 = .044$. This result was found to be a statistically significant increase in variance ($F(2, 76) = .03, p < .05$) above and beyond the statistically insignificant predictor variables in step one. This means that sexuality training and sexual awareness levels are statistically significant predictors of comfort with sexual discourse in counselors-in-training, while gender identity and sexuality identity categories are not. Other than sexual awareness at 8.1%, no standardized coefficients were significant. Sexuality training and sexual awareness combined are statistically significant predictor variables that account for 4.4%
of the variance above and beyond the influence of gender and sexuality identity in counselors-in-
training; therefore, the null hypothesis is rejected for the sixth and final research question.

Summary

This chapter has presented the results of three statistical analyses conducted to address
the six presented research questions in this study. Instrument reliability was tested and found to
meet the needs of the study. A description of participants and relevant descriptive statistics were
provided. The conditions for and assumptions of normality were not violated. Results of the
study are presented in Table 4.

Four independent samples t-tests were conducted to address the first four presented
research questions addressing group differences; none were found to be statistically significant.
This means that gender- and/or sexuality-expansive CITs did not score statistically significantly
higher on measures of sexual awareness or comfort with sexual discourse when compared to
cisgender, heterosexual CITs. A bivariate correlation was run to test the correlational
relationships between sexuality training, sexual awareness, and comfort with sexual discourse.
According to the presented results, there are statistically significant and positive correlations
between sexuality training and sexual awareness, and sexual awareness and comfort with sexual
discourse, but not sexuality training and comfort with sexual discourse. Finally, a hierarchical
multiple regression was conducted. The first step of this regression showed that expansive
sexuality identity and gender identity combined were not statistically significant contributors to
comfort with sexual discourse. The second step of the regression showed that sexuality training
and sexual awareness combined are statistically significant predictor variables, and that they
account for 4.4% of the variance regarding comfort with sexual discourse.
Table 4
Results Summary

<table>
<thead>
<tr>
<th>RQ</th>
<th>Hypotheses</th>
<th>Hypothesis Testing</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Individuals with sexuality-expansive identities will score higher on the SAQ than individuals with heterosexual identities.</td>
<td>Not Supported</td>
<td>The result of the <em>t</em>-test was not found to be statistically significant (<em>p</em> = .089).</td>
</tr>
<tr>
<td>2</td>
<td>Individuals with gender-expansive identities will score higher on the SAQ than individuals with cisgender identities.</td>
<td>Not Supported</td>
<td>The result of the <em>t</em>-test was not found to be statistically significant (<em>p</em> = .161).</td>
</tr>
<tr>
<td>3</td>
<td>Individuals with sexuality-expansive identities will score higher on the CSS than individuals with heterosexual identities.</td>
<td>Not Supported</td>
<td>The result of the <em>t</em>-test was not found to be statistically significant (<em>p</em> = .929).</td>
</tr>
<tr>
<td>4</td>
<td>Individuals with gender-expansive identities will score higher on the CSS than individuals with cisgender identities.</td>
<td>Not Supported</td>
<td>The result of the <em>t</em>-test was not found to be statistically significant (<em>p</em> = .672).</td>
</tr>
<tr>
<td>5</td>
<td>A) There is a statistically significant and positive correlation between sexuality training and sexual awareness in CITs.</td>
<td>Supported</td>
<td>There are statistically significant and positive correlations between sexuality training and sexual awareness (<em>r</em> = .370, <em>p</em> = .001), and sexual awareness and comfort with sexual discourse (<em>r</em> = .300, <em>p</em> = .007), but not sexuality training and comfort with sexual discourse (<em>p</em> = .428 &gt; .05).</td>
</tr>
<tr>
<td></td>
<td>B) There is a statistically significant and positive correlation between sexuality training and comfort with sexual discourse in CITs.</td>
<td>Not Supported</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C) There is a statistically significant and positive correlation between sexual awareness and comfort with sexual discourse in CITs.</td>
<td>Supported</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sexual awareness and sexuality training will remain a statistically significant predictor of comfort with sexual discourse, after controlling the effect of gender and sexual identities of CITs.</td>
<td>Partially Supported</td>
<td>Sexuality training and sexual awareness combined are statistically significant predictor variables (<em>F</em>(2, 76) = .03, <em>p</em> &lt; .05) that account for 4.4% of the variance above and beyond the influence of gender and sexuality identity in CITs. However, sexuality training alone is not a significant predictor.</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION

In this chapter, the results of the study are discussed. This chapter includes an overview of the study, a conclusion and discussion of results, and limitations of the conducted research. It goes on to discuss the contributions and implications of the findings towards counselors and counselor education programs, as well as provide recommendations for future research and concluding remarks. The purpose of this study was to examine the relationship(s) and interaction(s) between counselor-in-training sexuality training experience, sexual awareness, and comfort with sexual discourse. The study further explored group differences based on gender and sexual identities. To accomplish this, the following six research questions guided the study:

RQ1: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with sexuality-expansive identities and individuals with heterosexual identities?

RQ2: Is there a statistically significant difference on the Sexual Awareness Questionnaire, a measure of sexual awareness, between individuals with gender-expansive identities and individuals with cisgender identities?

RQ3: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with sexuality-expansive identities and individuals with heterosexual identities?
RQ4: Is there a statistically significant difference on the Comfort Sub-scale, a measure of comfort with sexual discourse, between individuals with gender-expansive identities and individuals with cisgender identities?

RQ5: What are the correlations between sexuality training, sexual awareness, and comfort with sexual discourse in CITs?

  RQ5a: What is the relationship between sexuality training and sexual awareness in CITs?
  RQ5b: What is the relationship between sexuality training and level of comfort with sexual discourse in CITs?
  RQ5c: What is the relationship between sexual awareness and level of comfort with sexual discourse in CITs?

RQ6: To what extent do sexual awareness and sexuality training level predict level of comfort with sexual discourse above and beyond the effect of gender and sexual identity in CITs?

The findings illustrated the need for and importance of foundational sexuality training in counseling. They provide preliminary support regarding the importance of counselor sexual awareness and criticality of counselor comfort with client sexual discourses. Finally, the findings of this study contribute to filling the gap of literature related to the importance of sexuality training and topic areas in counseling.

Three scales were used in the study: the Sexual Awareness Questionnaire (SAQ) (Snell et. al, 1991), the Sexuality Counseling Training and Experience Scale (SCETS), and the Comfort Sub-scale (CSS). The SCETS and the CSS were previously existing assessment tools that were modified with authors permissions for use in this study. Demographic information was also
gathered. In total 79 counselors-in-training at CACREP-accredited Masters’-level counselor education programs, who were in their practicum or internship experiences, completed the survey. No items on any of the submitted assessments were left incomplete.

Demographics

An examination of the collected demographic data showed limited racial, ethnic, and national diversity of participants. Most respondents were White/Caucasian (82.3%), and Black/African American (10.1%) and Asian (7.6%) were the only other racial, ethnic, and/or national groups represented in the study. This distribution was mostly expected, as the field of professional counseling remains situated within and upheld in many ways by dominant culture (Haskins & Singh, 2015). According to the most recent CACREP Vital Statistics Report, White individuals made up 55.94% of Masters’-level counselors-in-training, followed by the next largest population of 16.57% Black counselors-in-training (CACREP, 2022). However, the study at hand had 7.6% of participants indicate an Asian race/nationality, which is more than would be anticipated if one were following the CACREP statistics where counselors-in-training who self-identified as Asian only comprised of 2.63% of all Masters’-level students at CACREP-accredited programs (CACREP, 2022). Racial differentiation from anticipated statistics may be due to cultural factors related to sexual topic matter, general location of sample schools selected, the level of religiosity of sample schools and their participants, or personal participant characteristics.

Most participants in this study were 32 years old or younger (77.2%, 61 participants, cisgender (92.4%, 73 participants), and heterosexual (60.8%, 48 participants), which aligns with queer theory’s assumption of the sexual and gender identities of dominant culture (Rubin, 1993;
Rushan, 2017; Warner, 1993). Self-identification labels for gender expansive participants in this study (7.6%, 6 participants) included genderfluid, non-binary, agender, bigender, and transgender male. Only two participants self-identified the same gender-expansive identity term. It is of little surprise to this researcher that such a variety of gender identities were described even in this small subsection of participants, as there are ninety-four gender identity labels listed on sexualdiversity.org, and over 100 listed on Wikipedia (“List of gender identities,” 2023; Sexual Diversity, 2022). Queer theory supports the personal identification and exploration of autonomous self through gender and sexuality, which is inclusive of self-labeled terms for gender that others may or may not accept and may or may not be published for the public’s consumption (Butler, 2004; Halperin, 2008; Rubin, 1994; Warner, 1999).

Participants’ self-labeled sexuality-expansive identities (39.2%, 31 participants) included gay, lesbian, bisexual, pansexual, asexual, and queer. Gradual increase of public acceptance of the LGBTQIA+ community in the mid-2000s through roughly 2016 may have influenced the safety and comfort of queer youth of the time to ‘come out’ to themselves and/or others (Taylor, 2018), accounting for the number of ‘out’ individuals. In attempts to categorize sexualities, websites such as Healthline.com compile up to 47 terms to describe sexual orientation, behavior, and attraction that are often utilized as identifying labels (Abrams, 2022). Queer theory supports introspective exploration and self-identification of sexuality through self-labeled terms and descriptors, as well as declining to describe or define one’s sexuality at all, which may contribute to a lack of attempt at further publications about fixed categorizations (Butler, 1990; Halperin, 2009; Rubin, 1994). Queer youth often undergo a critical and serious expedition to determine which specific labels describe their experience of sexuality most accurately; many return or stick
to more commonly known and accepted terminology, such as gay, lesbian, bisexual, pansexual, or queer.

CITs who participated indicated that they were primarily in the concentrations of clinical mental health (53.1%, 42 participants) or school counseling (22.8%, 18 participants). Neither of these concentrations mandate sexuality counseling education, though the programs that house them may have offered courses. However, the concentrations of marriage/couples/family (8.9%, 7 participants) and clinical rehabilitation (8.9%, 7 participants) do require sexuality training to some extent (CACREP, 2016). Thus, this researcher expected that at least 14 participants would have completed or are currently enrolled in a sexuality-focused course in their counselor education program. In total, 16 participating counselors-in-training (20.3%) indicated they had experience with graduate level sexuality training at the time they completed the surveys. Most participants (79.7%, 63 participants) had no such training. This result is consistent with data collected in the late 1980s and again in the mid-1990s that indicated that counselor education programs were not provided sexuality training courses or workshops to their counselors-in-training (Gray et al., 1989; Gray et al., 1996). This is in contrast with other fields of mental health care, as Miller & Byers (2010) that have found that “nearly all” psychology graduate students receive some type of formal sexuality training throughout their education (p. 98).

Variables of Interest

Participants’ level of sexuality training was assessed using the modified Sexuality Counseling Experience and Training Survey as well as a yes/no question on the demographic survey. Individual scores on the SCETS ranged from 1.38 to 4.25, indicating that individual experiences with training ranged from nearly no experience at all to a moderate level of
experience. The mean score of participants training levels was 2.31 where scores could range from 1 to 5, with a standard deviation of .652. This shows that the group who participated in the study felt that they had only a little experience with sexuality training, and individuals did not typically differentiate from the group much in terms of their experience levels one way or the other. This is consistent with the presented literature as well as research expectations. Previous studies have shown that counselor education, as a field, does not systemically include sexuality training in its required course list (Gray et al., 1989; Gray et al., 1996), and modern research continues to support this (Brammer & Goodrich, 2022; Cardona et al., 2022; Emelianchik-Key et al., 2021). Participants may have sought sexuality training, experienced infusions of sexuality training experiences in other courses, or inferred information from other realms through a sexual lens to utilize for their practice to get even this little experience with sexuality training.

The Sexual Awareness Questionnaire (Snell et al., 1991) was used to measure participants’ level of sexual awareness. The mean of the group scores was 2.93, and the standard deviation was .436, suggesting that the group of participants felt that they have some level of personal sexual awareness and that individuals did not largely vary from the groups’ self-perception of sexual awareness. Individual sexual awareness level scores ranged from 1.72 to 3.83 on a scale of 1 to 5. This means that participants range from low-to-no sexual awareness to somewhat moderate levels of sexual awareness. The variable of sexual awareness level in counselors-in-training has not been studied empirically before, however, its moderate level is consistent with research expectations. Counselors-in-training spend a significant amount of time attending to self-awareness in their programs, of which sexual awareness is a vital component (Fyfe, 1980; Landis et al., 1975).
Participants’ level of comfort with sexual discourse was measured using the Comfort Sub-scale, adapted from the Sexual Intervention Self-Efficacy Questionnaire (Miller & Byers, 2008). The mean of the groups’ total scores was 14.19 out of a possible 25, with a standard deviation of 2.85. This score suggests that the participant group is somewhat comfortable with sexual discourse but can hold individual comfort levels that may be quite higher or lower than the group collectively. The minimum comfort total score was 8 and the maximum total score was 21, indicating that some participants had low levels of comfort with sexual discourse and others had high levels of comfort with sexual discourse. These results support extant literature, in that data from previous studies is inconclusive; some studies report therapists feel comfortable with sexual discourse, and others report that they do not (Ford & Hendrick, 2003; Miller & Byers, 2008, 2011; Reissing & Di Giulio, 2010; Schover, 1981; Urry et al, 2019; Wilson, 2019).

Research Questions 1-4 (t-tests)

The first four research questions explored dominant culture and queer-expansive culture counselors-in-training group differences on levels of sexual awareness and comfort with sexual discourse.

Research Question 1

Firstly, there was no statistically significant difference found on the Sexual Awareness Questionnaire between individuals with sexuality-expansive identities and individuals with heterosexual identities ($p = .089$). This means that CITs are not likely to have higher or lower sexual awareness levels based on sexuality-expansive or heterosexual identity. This is of surprise to the researcher, who hypothesized that sexuality-expansive individuals may score higher on the
assessment due to the level of personal reflection and exploration of sexuality required to ‘come out’ to oneself, in alignment with queer theory (Rubin, 1993; Rusham, 2017; Warner, 1993). These results may play a role in CIT sexuality education, in that students can be expected to begin sexuality training with a similar variance in their pre-existing sexual awareness levels regardless of sexuality-identity.

**Research Question 2**

Next, there was no statistically significant difference found in sexual awareness levels between gender-expansive and cisgender counselors-in-training ($p = .161$). This means that CITs are not likely to have higher or lower levels of sexual awareness based on their gender identity category. Again, this was of surprise, as the researcher hypothesized that gender-expansive CITs would have higher levels of sexual awareness due to introspection per queer theory (Butler, 2004; Rubin, 1993). These results suggest that CITs will be starting sexuality training from a similarly varied sexual awareness level regardless of gender identity. Counselor educators and counselor education programs can use these results in the development and implementation of sexuality training and enhancement of sexual awareness levels in coursework.

**Research Question 3**

There was no statistically significant difference found on the Comfort Sub-scale between individuals with sexuality-expansive identities and heterosexual individuals ($p = .929$). These results indicate that CITs are not more or less comfortable with sexual discourse based on their sexual identity category. The results of this analysis were unexpected. The researcher hypothesized that sexuality-expansive CITs would have higher levels of comfort with discussing
sexual themes with clients, in alignment with queer theory (Butler, 1990; Rubin, 1993; Sedgewick, 1990). Counselor education programs and counselor educators may use this information to support development of comfort with sexual discourse when creating and implementing training and awareness enhancement opportunities, as CITs will not be significantly influenced by their personal sexual identity category regarding their baseline comfort levels.

**Research Question 4**

Further, there was no statistically significant group difference on the measure of comfort with sexual discourse between gender-expansive and cisgender participants ($p = .672$). This indicates that CITs are not more or less comfortable with sexual discourse based on their gender-expansive or cisgender categorization. The results were unexpected, as this researcher hypothesized that gender-expansive CITs would have higher levels of comfort with sexual discourse than their cisgender peers, in alignment with queer theory perceptions of gender identity development and reflection (Butler, 1990, 2004; Rubin, 1993; Sedgwick, 1990). Students are not statistically influenced by being a member of dominant or minority gender groups when it comes to their level of comfort with sexual discourse with clients but may start at widely varying baseline comfort levels based on other, currently unknown factors. This information may be used by counselor educators/education programs when exploring the creation and implementation of sexuality training and sexual awareness development efforts.

In sum, these results show that there are no group differences between dominant and queer-expansive CITs on either level: sexual awareness or comfort with sexual discourse. As there has not been research to date exploring these variables in counselors-in-training, this
empirical information can be considered new. These results are of surprise to the researcher. Queer theory, taken with extant literature on sexual awareness and comfort with sexual discourse, suggests that through personal exploration, language, power reclamation, and majority group nonconformity LGBTQIA+ counselors-in-training may have higher levels of sexual awareness and comfort with sexual discourse than their heterosexual, cisgender counterparts (Blake, 2014; Butler, 1990, 2004; Grzanka, 2020; Piontek, 2006; Rutter et al., 2010). This result misalignment may be attributed to cultural differences influenced by varying factors including technological or political forces over time, personal characteristics held by the participants such as religious, political, or other leanings, or a lack of available research on either sexual awareness or comfort with sexual discourse within different contexts of comparison.

Group mean difference statistics also may have been skewed by the smaller sample pool of 6 gender-expansive participants, as compared to the dominant culture pool of 73 cisgender participants. It may be important to note that while individual responses did not vary widely from group responses regarding sexual training experience and awareness levels, there was a moderate standard deviation of individual responses from the group mean regarding comfort with sexual discourse levels. In conjunction with the information provided by the t-test analyses, counselor education programs need to remember that their students’ comfort levels, while not influenced by gender or sexuality minority group membership, may vary widely from one individual to the next. This information should be kept in mind when creating baseline efforts to increase comfort with sexual discourse.
**Research Question 5**

The fifth research questions’ analyses found statistically significant correlations in two out of the three assessed relationships between sexuality training, sexual awareness, and comfort with sexual discourse. Sexuality training and sexual awareness were found to have a statistically significant and positive correlation ($r = .370, p = .001$) in research question 5a. The correlation empirically supports initial connections suggested between sexuality training and sexual awareness levels in counselors by originating researchers (Fyfe, 1980; Landis et al., 1975). These results indicate that CITs with sexuality training may have more sexual awareness, or that CITs with higher levels of sexual awareness are more likely to seek out and engage in sexuality training on their own volition, if the courses are not already required. These results align well with queer theory’s perspective on personal exploration and experience of gender and sexuality (Butler, 1990, 2004; Halperin, 1993; Sedgwick, 1990), as taking time for sexuality training inherently furthers some level of attention to and awareness of sexuality in a professional capacity. However, trainings do not all inherently attend to the personal development of counselor-in-training sexual awareness. Advocates for sexuality training’s inclusion into core counselor education requirements may use this information to support their reasoning, given that CITs who lack awareness from such training are at risk of harming clients through perpetuating biases or misinformation, ignoring a client’s identity, or not treating critical issues (Blount et al, 2017; Pebdani, 2013; Williams et al, 2020).

There was no correlation between sexuality training and comfort with sexual discourse in research question 5b ($p = .428 > .05$). The results indicate that there is no significant relationship between the two variables. This was of surprise, as the results conflict with what Harris & Hayes
(2008) discovered in their study with marriage and family therapists; therapists with graduate-level sexuality training and supervisory experiences with sexuality content are more comfortable with sexuality matters than therapists without those experiences. The results of the present study may differ from Harris & Hayes (2008) as their sample comprised of marriage and family therapists and not professional counselors-in-training, which likely require different course inclusions. In fact, the researchers assumed that participants would have been exposed to sexuality education as a part of their inclusion criteria (Harris & Hayes, 2008, p. 242). Finally, different scales were used between this study and Harris & Hayes (2008).

Through a queer theory lens, the results for research question 5b may suggest successful implementation of a queered pedagogy through the intentional disruption of student normalcy when these courses are offered, which can leave some CITs feeling uncomfortable (Allen, 2015). Alternatively, the lack of correlation may suggest that the implementation of current training efforts is unsuccessful in creating space for self-care and fluid CIT identity formation (Drazenovich, 2015; Mundin, 2014). The statistical results align with the presented conflicts in queer theory in that while there is not a statistically significant and positive correlation, neither is there a statistically significant and negative correlation between sexuality training and comfort with sexual discourse. Again, it is important to note that only a little over 20% of participants had experience in a graduate level sexuality training experience as a part of their coursework. This small amount may have skewed the statistics, and a sample that included more participants of sexuality training may more accurately represent any potential relationship(s) between sexuality training and comfort with sexual discourse.

Addressing research question 5c, sexual awareness also had a statistically significant and positive correlation with comfort with sexual discourse levels \( r = .300, p = .007 \). These results
suggest that the more sexual awareness a CIT has, the more comfortable they will be with sexual discourse. This empirical result is consistent with extant qualitative research, as counselor educators and researchers have commented on the need for counselors to hold sexual awareness to engage in sexual discourse comfortably (Dupkoski Mallicoat & Gibson, 2013; Emelianchik-Key et al., 2021; Kell & Mueller, 1966; Landis et al., 1975). A queer theory lens could affirm these results as individuals who have explored their gender and/or sexuality in contrast with dominant culture may have expanded language to converse with, increased personal power to engage in potentially charged discourse, or experienced discussing sexual themes more frequently with loved ones (Butler 1990, 2004; Rubin, 1993; Sedgewick, 1990). Counselors-in-training who have not had the directly queer experience of such gender and sexuality exploration may have similarly queered experiences through a blend of oppression and critical consideration of self. Counselor education programs may use this knowledge when developing curriculum for sexuality training courses: intentionally increasing sexual awareness of students has strong potential to increase the comfort with sexual discourse of those same CITs.

As sexuality training and sexual awareness are positively correlated, and sexual awareness and comfort with sexual discourse are positively correlated, one may assume that sexuality training and comfort with sexual discourse would also be positively correlated. This is not the case, so further research into the nuances of and additional factors related to these variables should be conducted. Research has suggested perceived sexual knowledge, supervision of sexuality counseling, clinical experience with sexual issues, and more as variables for future study in the realm of sexuality training, sexual awareness, and comfort with sexual discourse (Harris & Hayes, 2008). Since the correlational relationships ascertained existed in this specific way, further information was gained from the analysis conducted to address research question 6.
Research Question 6

Finally, the sixth research question investigated nuances within the relationships between sexuality identity, gender identity, experience with sexuality training, level of sexual awareness, and level of comfort with sexual discourse. In the first analysis, sexuality and gender identities were analyzed to determine their significance on level of comfort with sexual discourse. The first results (F(2, 76)= .091, p = .913) showed that sexuality and gender identity are not statistically significant contributing factors to level of comfort with sexual discourse in this study. These results suggest that CITs are not more or less comfortable with sexual discourse based on their gender and sexual identity. This was of surprise to the researcher, who hypothesized that sexuality and gender-expansive individuals would have higher levels of sexual awareness and comfort with sexual discourse than their cisgender, heterosexual peers. Queer theory suggests that these queer-expansive individuals may have more experience exploring internal and external gender and sexuality factors than individuals who feel comfortable within dominant majority cultural expressions of gender and sexuality (Blake, 2014; Butler, 1990, 2004; Rubin, 1994; Sedgwick, 1990; Warner, 1999). The results in this study do not support this interpretation of queer theory as related to the sexual awareness and comfort with sexual discourse levels of different gender and sexuality groups.

The second set of results, that analyzed the effects of sexuality training and sexual awareness (F(2, 76)= .03, p < .05), were found to be statistically significant. This means that sexuality training and sexual awareness combined are statistically significant predictor variables that account for 4.4% of the variance in comfort with sexual discourse above and beyond the influence of gender and sexuality identity in counselors-in-training. These results align with
queer theory as, according to Foucault (1978), sexuality is both created as an effect of discourse and the product of dominant culture-crafted systems of information. Sexuality training creates the opportunity for this discourse, and when it includes attention to sexual awareness development, significantly influences CITs’ levels of comfort with sexual discourse through the provision of time, space, change in power dynamics, language, and personal experience (Halperin, 1994; Warner, 1999). The small variance level may be a result of the distribution of participant demographics. As only 6 out of the 79 participants self-identified as gender expansive, the imbalanced groups may have skewed the data outcomes in this area. It also indicates low significant impact on comfort levels and raises further questions about additional factors for research. One such question may address the comfort experienced by students in a queer pedagogy-rooted sexuality course as compared to other types of instructional theoretical orientation. Increased sexual awareness levels may contribute to the significant increased variance as the experiential and informational aspects of awareness development provide opportunity to engage in and practice sexual discourse. This practice, conducted through awareness development in a training setting, may result in more comfortable counselors.

Notably, sexuality training alone was a negative predictor, though not statistically significant. This could be attributed to the variety of training inclusions and experiences, the pedagogical theory that each counselor educator implements to conduct the course(s), or the concentration area through which the course is being presented (Allen, 2015; Drazenovich, 2015; Dyer, 2019). While there are no directly related empirical studies researching sexuality training, sexual awareness, and comfort with sexual discourse, these results support established conceptual and qualitative research connecting the subjects (Bradley & Fine, 2009; Fyfe, 1980; Emelianchik et al., 2021; Landis et al., 1975; Sanabria & Murray, 2018; Zeglin et al., 2019). In
sum, CITs with more sexuality training and higher sexual awareness levels are more likely to be more comfortable with sexual discourse than CITs with less sexuality training and low sexual awareness levels.

Contributions of Findings

The current study contributed to the body of literature focusing on sexuality training in counselor education and adds to the scarce research examining the impact of counselor sexual awareness or comfort with sexual discourse. It also connects queer theory to empirical research on counselor education and sexual themes for the first time. Scant previous research has explored sexuality training, sexual awareness, and comfort with sexual discourse in counselors as related topics (Anderson, 1986; Fyfe, 1980; Landis et al., 1975; Sanabria & Murray, 2018). There has been nothing done in the past to explore the three concepts connected in an empirical manner; this is the first study to do so. A major strength and contribution of this study is that it was comprised of a type of random sample called cluster sampling. The random sample allows for the study to have more generalizability than data collected from convenience sample(s). This study is also the first to empirically explore the topics of sexual awareness and comfort with sexual discourse in counselors-in-training. It adds to the call for addition of sexuality training to comprehensive counselor education and provides empirical support for inclusion of sexual awareness development within that education.

The study provides empirical connection between variable pairs that have been previously suggested in literature, but never quantitatively studied. Sexual awareness was identified as a key component in the first calls to action for sexuality training in mental health education (Anderson, 1986; Fyfe, 1980; Landis et al., 1975). Sexuality training and sexual
awareness were found to be linked by a statistically significant and positive correlational relationship in this study, supporting these early concepts by sexuality training researchers. These results align with a queer theory lens on identity exploration and the ongoing development of gender and sexuality, as CIT sexuality training inherently creates space for attention and internal reflection to a sexual arena (Butler, 1990, 2004; Cardona et al., 2022; Rubin, 1993).

Sexual awareness and comfort with sexual discourse were also linked a few times in conceptual or qualitative research in counseling publications (Dupkoski Mallicoat, 2014; Emelianchik-Key et al., 2021; Kell and Mueller, 1966) but never previously in empirical research. This study found a connection between sexual awareness and sexual discourse comfort levels with a statistically significant and positive correlational relationship for the first time. A queer theory lens could affirm these results, as individuals who have explored their gender and/or sexuality in contrast with dominant culture may have acquired expanded language to discuss sexuality with or have experience discussing sexual themes more frequently with loved ones (Butler, 1990; Sedgewick, 1990; Rubin, 1993). Further queering the lens, individuals with higher levels of comfort with sexual discourse are more likely to be comfortable discussing dominant and minority culture sexual themes with others. By doing so, these individuals may develop and attend to different aspects of sexual awareness such as personal motivations, arousal, knowledge, or impression management.

Finally, the study provides empirical evidence that sexuality training and sexual awareness have a positive and statistically significant, if small, impact on the level of comfort with sexual discourse of a counselor-in-training regardless of their gender or sexuality identity. This novel empirical evidence adds to the conceptual and qualitative calls to action to include sexuality training in counselor education, as there are clear benefits to such inclusion and
detriments when training is not made a requirement. Clients and clinicians alike benefit from an increase in counselor comfort with sexual discourse (Kazukaukas & Lam, 2009, 2010; Miller & Byers, 2010, 2012; Pillai-Freidman et al, 2015) and sexuality training that includes attention to sexual awareness development is now statistically shown to positively move towards this effort.

Limitations of the Study

There are several notable limitations within this study, including demographic concerns introduced by a participant, statistical concerns, and the overall generalizability of the study. The following section will address these as well as any additional limitations regarding threats to internal validity, external validity, statistical conclusion validity, and construct validity. The first limitations are regarding internal validity. There is room in this study for multiple potential confounding factors, as sexuality training and sexual awareness variables only accounted for 4.4% of the increase in variance of comfort with sexual discourse over the effects of gender and sexual identity. For example, one participant wrote in both a sexuality identity and romantic orientation (biromantic) in the sexuality identity space. It brings to attention that a small limitation that the specific identification of romantic orientation was not concretely addressed, as this was not the focus of the study. However, the conceptualization of romantic orientation or romantic-expansive identity aligns with queer theory well and could contribute to an area of further research. Additional variables contributing to CIT comfort with sexual discourse may include perceived sexual knowledge, attitudes, personal experience, or others beyond the influence of sexuality training and sexual awareness (Harris & Hayes, 2008; Hendricks et al., 2006; Mercer & Dermer, 2020). As the study is correlational, no causal inferences can be made based on the presented information.
The second limitation area to address is external validity. The participants of this study were Masters-level CITs at CACREP-accredited professional counseling programs. Therefore, the results cannot be generalized to individuals with training at the Bachelors’ level or other graduate level clinicians in training, such as social workers or psychologists. While the study employed a random sampling method, it did so within the confines of CACREP-accredited institutions, and therefore is not generalizable to CITs who received their education from universities that were not accredited. Additionally, the small sample size may indicate a lack of comfort with sexual topics from counseling program coordinators, who were asked to distribute email invitations to their students.

The third area of potential limitation is regarding statistical conclusion validity. The Sexual Awareness Questionnaire provided further limitations as an assessment tool as it showed low convergent validity. It had 13 items that were indicated to statistically misalign with what the scale itself was measuring (see Appendix M). This is incongruent with previous uses of the assessment (Hannah & Stagg, 2016; Marshall, 2017; Snell et al., 1991; Woodridge & Snell, 2002). Due to the limited number of available scales measuring sexual awareness, and due to its recent use in research and measure creation, the SAQ had been deemed appropriate for use in this study. Further statistical limitations included that the Shapiro-Wilk and Kolmogorov-Smirnov tests showed means for sexual awareness were normally distributed, but the means for comfort with sexual discourse were not. Means that are not normally distributed could indicate the need for non-parametric statistical analysis. However, as other indicators of normality did not violate the assumption of normality, this limitation was not strong enough to disrupt completion of the study using parametric analysis.
The last limitation to address is construct validity. The Sexual Awareness Questionnaire, used to measure sexual awareness levels, has experiential items that may not apply to asexual individuals who could still hold high levels of personal sexual awareness. Such items may include “I don’t consider myself a very sexual person,” which is reverse-scored and would skew the participants’ overall score, misrepresenting that individual. Thus, the SAQ may not accurately represent the sexual awareness variable for asexual people, creating another construct limitation. Respondents also may have been influenced by social desirability factors or personal characteristics, such as higher or lower levels of sex education, when choosing to complete the surveys and how to respond to items (Houser, 2015). Finally, while queer theory was represented in many ways throughout this manuscript, quantitative methodology does not allow for a full integration of the theory’s key tenets (McCann, 2016).

Implications of the Findings

The results of this study imply that including sexuality training attending to sexual awareness is likely to increase counselor-in-training comfort with sexual discourse. The findings of this research add to current counseling literature by providing empirical information on factors that contribute to counselor comfort with sexual discourse. This is important for counselor educators and CITs alike, as uncomfortable counselors addressing the topic of client sexuality inhibits treatment efficacy of these concerns (Kazukauskas & Lam, 2009, 2010; Miller & Byers, 2010, 2012). Knowing ways in which counselors can work to increase their comfort with sexual discourse is an important part of overall professional development.

The results of this study have strong implications for both counselors and counselor education programs. Counselors may choose to seek out sexuality training and sexual awareness
development to increase their own comfort with sexual discourse for clinical practice. They may use this information to advocate for sexuality training to be provided by their work or professional organizations. Counselors could also aim to seek out conferences, workshops, or seminars that specifically attend to sexual awareness to best increase their comfort levels during in-session sexual discourse.

Counselor education programs take on preparing counselors-in-training to meet the needs and ethical expectations of organizations such as the ACA. Without sexuality training, sexual awareness, or comfort with sexual discourse, counselors are not prepared to meet the diverse needs of clients in the way they are tasked to be by such professional associations (ACA, 2014; CACREP, 2016; Sanabria & Murray, 2018; William et al, 2020; Wilson, 2019). The findings indicate a strong need for counselor education programs to include or infuse overall sexuality training and specific sexual awareness development efforts throughout their courses. Given that a) 79.7% of participants in this study had no experience with graduate-level sexuality training or coursework, b) sexuality training is shown to be a statistically significant, if small, component of comfort with sexual discourse development, and c) in conjunction with calls to action to do so since the 1980s (Fyfe, 1980; Landis et al., 1975), counselor education programs should strongly consider incorporating sexuality training in their curriculum. As individuals, counselor educators may use this knowledge when advocating for, developing, and implementing sexuality training(s) throughout their training programs (Wiederman and Sansone, 1999). Further, as sexual awareness is a contributing factor to comfort with discourse when accompanied by sexuality training experience, specific attention to sexual awareness development should be had in course development and implementation.
Recommendations for Future Research

This was the first empirical study to examine the relationships between sexuality training, sexual awareness, and comfort with sexual discourse in counselors; based on the scarcity of literature in these areas, much further research is required. Continuing to research factors that contribute to comfort with sexual discourse is imperative. Future research is recommended to explore factors such as counseling concentration area, supervisory experience, and personal experiences in relation to comfort with sexual discourse. Additionally, research surrounding the exploration, development, and maintenance of sexual awareness in counselors-in-training is of great importance. The effects of sexual awareness levels on CITs, as well as their interplay with other factors, should be explored. The study found that sexuality training and comfort with sexual discourse did not have a statistically significant relationship. However, these results conflict with those of Harris & Hayes, 2008. Thus, further research is needed to clarify relationship(s) and interaction(s) between sexuality training and comfort with sexual discourse in mental health clinicians. Additionally, the large disparity between whether mental health clinicians are comfortable with sexual discourse at large could be addressed with further research.

The participants in this study brought additional areas of research to attention. Receiving only six gender expansive participants in this study brought up the question of CIT gender diversity in counselor education today. This question was mirrored in asking about sexuality diversity in modern counselor education. One participant drew attention to further areas of research regarding sexual awareness in the asexual counseling population. Romantic orientation
effects and interactions with sexual awareness and comfort with sexual discourse could also be explored in future research.

Concluding Remarks

Counselors will encounter a client who present with a sex or sexuality-related concern over the course of their careers. To competently address the concern and uphold professional standards, counselors need to be trained, develop sexual awareness, and embody comfort with discussing sex. It has been nearly half a century since the initial calls for sexuality training in counselor education were made by counselor educators and counseling researchers, and still professional organizations such as the ACA and CACREP are not ready, willing, or able to implement these direly needed educational programs. Without sexuality training, counselors-in-training graduate into the professional world unable to meet the expectations placed upon them by these same agencies.

Research on sexual awareness and comfort with sexual discourse in counselors is limited. To begin to address this critical issue, this was the first study to empirically research the relationship(s) and interaction(s) of sexuality training, sexual awareness, and comfort with sexual discourse in counselors-in-training. The results of this study indicate that sexuality training and sexual awareness had a significant relationship with comfort with sexual discourse. The findings reiterate the importance of implementing sexuality training in counselor preparation programs to help counselors meet professional standards and ethical scope of practice. In addition, sexuality training programs must include and attend to sexual awareness development and exploration to best benefit the sexual discourse comfort development of the counselor-in-training.
Counselors can benefit from the results of this study by seeking out sexuality and sexual awareness training, which in turn could develop into the presence of additional opportunities for such training in and outside of graduate programs. Similarly, counselor education can benefit by specifically incorporating sexuality training into their core curriculum and producing competent counselors from Masters’-level counselor education programs. As the findings of this study indicate, sexuality training and sexual awareness enhance counselors’ comfort with sexual discourse. Comfortable counselors are ready, willing, and able to engage in sex and sexuality-related presenting concerns and play a significant role in individual lives.
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APPENDIX A

RECRUITMENT EMAIL
Hello counselors-in-training,

I am contacting you to invite you to participate in a study that aims to explore the interaction(s) between counselor-in-training experiences of sex education, sexual awareness, and sexuality discussions. This study is a dissertation study conducted under supervision and approved by Northern Illinois University’s Institutional Review Board (#HS23-0157). By anonymously and confidentially sharing your experiences and emotions in this brief survey, I believe you can deliver knowledge to the field of Counselor Education and Supervision (CES) that can support the ongoing training of future counselors.

By completing this study in full and providing a reliable contact email, you are also eligible to enroll in a drawing for one of three $50 Visa gift cards! I am looking for folks who currently are enrolled in a Masters’-level, CACREP-accredited Clinical Mental Health, School, Rehabilitation, Marriage/Couple/Family, Addiction, Career, or Clinical Rehabilitation practicum or internship course. If this is you, please consider participating.

Attached to this email, via a Qualtrics link, are an informed consent sheet and a demographic information form. After completing these brief fill-in answers, you will be invited to participate in the three relevant measures for the study, totaling no more than 50 items. You may withdraw your consent and participation at any time by exiting the browsing window. If you have concerns or questions, I can be reached via email, phone, or video conference.

Thank you for your consideration, and for your time.

Link: https://niu.az1.qualtrics.com/jfe/form/SV_4GkbtC2BEfOYrAO

Katie A. Rodenkirch, MS, LPC, NCC; Doctoral Candidate
Department of Counseling and Higher Education
Counselor Education and Supervision Program
Northern Illinois University
APPENDIX B

STUDY DESCRIPTION & INFORMED CONSENT
Title of Study: Interactions of Sexuality Training, Sexual Awareness, and Comfort with Sexual Discourse in Counselors-in-Training
Investigator: Katie A. Rodenkirch
Department: Department of Counseling and Higher Education
E-mail: krodenkirch@niu.edu

Key Information
This is a voluntary research study, the purpose of which is to explore the relationship(s) between counselor-in-training experiences of sex education, sexual awareness, and sexuality discourse in session. Your participation would include completing this informed consent sheet, a brief demographic questionnaire, and three assessment measures totaling no more than 50 items.

Risks and Benefits
The benefits for your participation include an opportunity to provide information about your personal experiences and emotions as a counselor-in-training that could benefit the field of Counselor Education and Supervision (CES) in better education for its counselors. Potential risks for participation may include emotional or mental discomfort or distress if reminders of previous trauma or anxiety arise. Risks are moderated by participant ability to either take breaks at any point in the data collection and/or withdraw participation in the study at any time, up to the point of report submission, if desired.

Confidentiality
As the Researcher, I will:
• Protect all research data that is shared (e.g. raw data, converted score tables, etc.);
• Ensure this is private by not conversing or sharing this information orally or in any format with anyone other than my committee members;
• Ensure the security of research information while it is in my custody. This may include:
  o Storing all documents and/or data connected to the research study on a password protected computer with password protected files;
  o Closing any programs, forms, or records files associated to the research study when absent from the computer;
  o Guarding any printed forms and/or data related to the research study in a protected place such as a safe filing cabinet;
  o Permanently removing any correspondence of communication encompassing papers and/or data associated to the research study, and
  o Avoiding data or information duplication unless it is under the express direction of my research advising team.

Your Rights
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise
entitled. You have the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Katie A. Rodenkirch or by telephone, or my committee Chair, Dr. Dana Isawi, at 815-753-8588.

If you have any questions about your rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your participation, you may contact the Office of Research Compliance, Integrity, and Safety at 815-753-8588.

By continuing below, you are indicating that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. Further, you are confirming that you are currently enrolled in a practicum or internship course at the Masters'-level. Please take a screenshot or picture of this form to keep for your records.
APPENDIX C

DEMOGRAPHIC INFORMATION SHEET (FOR QUALTRICS)
2.) Gender Identity (e.g., cisgender woman, transgender man, nonbinary) (write in)

3.) Sexual Identity (e.g., heterosexual, gay, lesbian, queer, pansexual) (write in)

4.) Racial/Ethnic Identity: (drop down, US Census info + Middle Eastern/North African category)

5.) Age: (created options from 18 to 85, in 7-year intervals)

6.) Primary Area of Counseling Concentration: drop down--(Clinical Mental Health, School, Rehabilitation, Marriage/Couple/Family, Addiction, Career, or Clinical Rehabilitation)

7.) I have completed or am currently enrolled in a sexuality counseling course as a part of my graduate coursework: Yes/No
APPENDIX D
SEXUAL AWARENESS QUESTIONNAIRE
INSTRUCTIONS: The items listed below refer to the sexual aspects of people's lives. Please read each item carefully and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

A = Not at all true.
B = Slightly true.
C = Somewhat true.
D = Moderately true.
E = Totally true.

NOTE: Remember to respond to all items, even if you are not completely sure. Also, please be honest in responding to these statements. Your answers will be kept in the strictest confidence.

1. I am very aware of my sexual feelings.
2. I wonder whether others think I'm sexy.
3. I'm assertive about the sexual aspects of my life.
4. I'm very aware of my sexual motivations.
5. I'm concerned about the sexual appearance of my body.
6. I'm not very direct about voicing my sexual desires.
7. I'm always trying to understand my sexual feelings.
8. I know immediately when others consider me sexy.
9. I am somewhat passive about expressing my sexual desires.
10. I'm very alert to changes in my sexual desires.
11. I am quick to sense whether others think I'm sexy.
12. I do not hesitate to ask for what I want in a sexual relationship.
13. I am very aware of my sexual tendencies.
14. I usually worry about making a good sexual impression on others.
15. I'm the type of person who insists on having my sexual needs met.
16. I think about my sexual motivations more than most people do.
17. I'm concerned about what other people think of my sex appeal.
18. When it comes to sex, I usually ask for what I want.
19. I reflect about my sexual desires a lot.
20. I never seem to know when I'm turning others on.
21. If I were sexually interested in someone, I'd let that person know.
22. I'm very aware of the way my mind works when I'm sexually aroused.
23. I rarely think about my sex appeal.
24. If I were to have sex with someone, I'd tell my partner what I like.
25. I know what turns me on sexually.
26. I don't care what others think of my sexuality.
27. I don't let others tell me how to run my sex life.
28. I rarely think about the sexual aspects of my life.
29. I know when others think I'm sexy.
30. If I were to have sex with someone, I'd let my partner take the initiative.
31. I don't think about my sexuality very much.
32. Other people's opinions of my sexuality don't matter very much to me.
33. I would ask about sexually-transmitted diseases before having sex with someone.
34. I don't consider myself a very sexual person.
35. When I'm with others, I want to look sexy.
36. If I wanted to practice "safe sex" with someone, I would insist on doing so.
Please use the response options below for each question:

1- Not at all true
2- Slightly true.
3- Somewhat true.
4- Moderately true.
5- Totally true.

1. There are issues related to sexuality that I would not feel comfortable talking to a client about.
2. I am fairly certain that my own biases will not hinder my ability to effectively treat individuals who have sexual concerns/problems.
3. I will be able to treat clients with sexual problems even when I don’t necessarily agree with their decisions/ actions.
4. I worry that I would seem uncomfortable if a client talked to me about masturbation.
5. I worry that I may seem awkward when working with gay and lesbian couples who have sexual difficulties in their relationship.
I have experience discussing sex and sexuality with my clients in counseling.

At this point in my professional development, I feel competent, skilled, and qualified to discuss sex and sexuality in session.

I have been to in-services, conference sessions, or workshops, which focused on sex and sexuality issues in counseling.

I feel competent to assess the mental health needs of a person who is in a therapeutic setting for sex and sexuality concerns.

I have received adequate clinical training and supervision to counsel clients regarding sex and sexuality.

I have done a counseling role-play as either the client or counselor involving a sex or sexuality issue.

Currently, I do not have the skills or training to do a case presentation or consultation if my client were to present with a sex or sexuality concern.

I check up on my sexuality counseling skills by monitoring my functioning/competency via consultation, supervision, and continuing education.

Items are ranked on a Likert scale from 1 (not at all true) to 3 (somewhat true) to 5 (totally true).
APPENDIX G

AUTHOR PERMISSION FOR SCALE USE: COMFORT SUB-SCALE
CAUTION: This email originated from outside of UNB. Do not click links, open attachments, or provide personal or account information, unless you recognize the sender and know the content is safe.

Katie—

You are welcome to use this subscale or the entire sexual intervention self-efficacy scale. Good luck with your research.

E. Sandra Byers, Ph.D., L. PsyC
Professor & Chair, Department of Psychology
Acting Associate Dean, Faculty of Arts
Fellow, Royal Society of Canada
+1 506 453-1695
https://www.unb.ca/biology/staff/investigators&researchers/byers-sandra.html

UNB campuses are open with strict adherence to New Brunswick Public Health requirements. Our priority continues to be providing high quality education while ensuring the health and safety of our community.

From: Katie Rodenkirch <21897305@students.niu.edu>
Date: Thursday, September 1, 2022 at 2:56 PM
To: Sandra Byers <sbyers@unb.ca>
Subject: Measure Modification/Use Request
APPENDIX H

AUTHOR PERMISSION FOR SCALE USE: THE SEXUAL AWARENESS QUESTIONNAIRE
CAUTION: This email originated from outside of NIU. Do not click links, open attachments, or provide personal or account information, unless you recognize the sender and know the content is safe.

Dear Katie,

You are more than welcome to use any of my instruments in your work, including the MSQ, the SSDS-R, and the MSSCQ (i.e., you have my permission to use the MSQ, the SSDS-R, and the MSSCQ). You can find all of the information that you need at the following website (see below), where I have summarized that information in an “electronic book” and where copies of my psychological instruments can be found, as well as the scoring procedures for these instruments (see the website below).

First, locate the electronic book on “sexuality” and then find the chapters on the SSDS-R, the MSQ, and the MSSCQ. Copies of the instruments are shown at the end of the chapter.

I am now retired and have moved to Florida because of health issues. Good luck with your project.

http://cstl-cla.semo.edu/Snell/books/

Dr. William (Bill) E. Snell, Jr.
Department of Psychology
Southeast Missouri State University
Cape Girardeau, MO 63701

Dr. William E. Snell, Jr.
Wesnell@semo.edu
(573) 334-7571 landline
4480 Deerwood Lake Pkwy #634
Jacksonville Florida 32216

From: Katie Rodenkirch <21897805@students.niu.edu>
APPENDIX I

AUTHOR PERMISSION FOR SCALE-ITEM MODIFICATION & USE: SEXUALITY COUNSELING EDUCATION AND TRAINING SURVEY
CAUTION: This email originated from outside of NIU. Do not click links, open attachments, or provide personal or account information, unless you recognize the sender and know the content is safe.

Link to external content detected. Think before you click.

Katie

Thanks for your interest in the SOCCS and the modification makes sense considering your focus. I also have a newer scale, the LGBT-DOCSS, that you might want to look at as well.

Best, Markus
APPENDIX J

CONCEPTUAL FRAMEWORK GRAPHIC
APPENDIX K

DRAWING ENROLLMENT: FOR QUALTRICS
2. Please write a reliable email address if you would like to enter a drawing for one of three $50 Visa gift cards. I will contact you at this email regarding a winning draw in this context only. (Write in)
APPENDIX L

SKEWNESS/KURTOSIS CHART
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APPENDIX M

DESCRIPTIVES FOR SAQ
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An * indicates items that did not meet the required threshold of .300.