Sexuality Counseling Guidebook

VOLUME IV

Key Issues for Counselors and Other Mental Health Professionals
Special Theme: Ethical Issues in Sexuality Counseling

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PROLOGUE

This is the fourth volume of the Sexuality Counseling Guidebook, which was developed by graduate students in the Fall 2009 course, Advanced Clinical Topics in Couple and Family Counseling: Sexuality Counseling, in the Department of Counseling and Educational Development at The University of North Carolina at Greensboro.

The focus of this volume of the Sexuality Counseling Guidebook is on ethical issues that may be faced by mental health professionals while conducting sexuality counseling.

What are unique ethical considerations related to sexuality counseling?

In general, there are many ethical dilemmas to consider during counseling. Sexuality counseling involves unique ethical considerations because it affects clients and counselors at a deep level through values, beliefs, worldviews, and morals. Possible ethical issues to consider include competency, attraction toward clients, values, cross cultural applications, respecting individual rights in couple relationships, client sexual attraction toward counselors, addressing sexuality in school settings, cyber-sexuality counseling, and avoiding exploitation.

Why are ethics so important to consider in relation to sexuality counseling?

Ethical guidelines protect the safety of counselors and clients by providing parameters for effective scope of practice. Ethics provide an external standard from which to gain stability while working with such a sensitive and potentially volatile subject. During sexuality counseling, there is the potential for exploitation of the therapeutic relationship and the misapplication of therapeutic techniques. Therefore, ethical guidelines are needed for avoidance of misunderstandings between counselor and client, abuses of power, and mismanagement of transference and countertransference.

We hope that this guidebook provides a foundation for understanding ethical issues that may arise during the process of sexuality counseling. Please see the following web-sites for previous volumes of this guidebook:

- Volume I: http://www.uncg.edu/ced/bbandb/bbbguidebook.pdf
- Volume II: http://www.uncg.edu/ced/Sexuality%20Counseling%20Guidebook--Volume%20Two--Fall%202007.pdf
- Volume III: http://www.uncg.edu/ced/swbk.html

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Chapter One
Competence
By Ben Willis

1. Background and Introduction

Although competency is an important ethic issue in all types of counseling, competency in sexuality counseling has some specific nuances. It is important to consider all of the ethical considerations mentioned by the American Counseling Association's (ACA) Code of Ethics (2005) including monitoring effectiveness, consultation when necessary, and boundaries of competence when counseling regarding sexuality issues. Beyond these critical ethical considerations, there are some important questions for a counselor to ask himself or herself when working with sexuality issues to proceed ethically and competently. This chapter discusses some of the information available regarding competent sexuality counseling, guidelines for practice, and what resources may be helpful for practitioners.

2. Summary of Available Information about Competent Sexuality Counseling

Fortunately, there are many helpful resources available through journals, books, and organizations about sexuality counseling that can help improve a counselor's competency. The American Association of Sexuality Educators, Counselors and Therapists (AASECT) is one of the best sources regarding competent and ethical sexuality counseling. Similar to the ACA's Code of Ethics, AASECT (2008a) limits the scope of a sexuality counselor or therapist's practice to the area in which the practitioner is competent. AASECT also stipulates that all services should be "appropriate and adequate for the" client, be in accordance to the professional standards of the practitioner's profession, be in an area in which the practitioner is trained, with the understanding of the practitioner's limits which are communicated to the client, be referred to an appropriate service provider when the services go beyond the scope of the current practitioner's ability. The practitioner should be receiving continuing education, not enter into any dual relationship, not engage in inhumane services, and not violate a client in regards to his or her "race, handicap, age, gender, sexual orientation, religion or national origin" (AASECT, 2008a).

Apart from the codes of ethics from ACA and AASECT, there is little written about competent sexuality counseling. However if the search for literature is extended to the all that is involved in sexuality counseling, there are many articles and resources that help inform competent practice in sexuality counseling.

Sexuality counseling contains many different issues that influence if a counselor is competent. Part of being a competent counselor regarding sexuality issues is understanding and staying current with research and effective practices. To help counselors, there are a vast number of resources that are available today. Because of the need for quality training and information for competent practice, included are some short descriptions of a few specific areas that may come up in sexuality counseling.

There is a large amount of information and resources for sexual trauma victims and counseling implications for this population. Yuan, Koss, and Stone (2006) discuss affective issues and comorbidity for sexual trauma survivors, especially Post-Traumatic Stress Disorder (PTSD). Competent practice includes assessing for other concerns and being either able to work with the client or to refer the client with other issues linked to sexuality and the affects of trauma.

Another research area is the sexuality of gay, lesbian, bisexual, transgender, and queer people applicable to competent sexuality counseling. It is always important to be comfortable and competent, and Bidell and Casas (2001) came up with a scale to measure the competency of the practitioner with these clients. The Sexual Orientation Counselor Competency Scale (SOCCS) is "an instrument used to assess the awareness, skills, and knowledge of counselors working with the lesbian, gay, and bisexual (LGB) population." According to their study, the SOCCS is a reliable and valid instrument that can help evaluate a counselor's competency with these clients. Bidell (2005) followed up that study with

another emphasizing the importance of extending multicultural counseling to include lesbians, gays, and bisexuals and also the importance of training and experiences with this population. Bidell concluded that developing skills, experiences, and research and measures like the SOCCS are important to competent sexuality counseling.

3. Guidelines for Practice

There are some important guidelines to consider when evaluating competency with sexuality issues in counseling. A case study will be utilized to explore competency in sexuality counseling. Consider the situation of counseling an adolescent who is exploring sexuality with others and who has not and does not want to let any adults know about what is going on.

It is beneficial to consider the ethical implications of any case and in this case it is especially important. Since this population has been identified as an at risk population for unwanted pregnancy and sexually transmitted infections (STIs) including HIV (Charles & Blum, 2008), beneficence and nonmaleficence are important to consider for the many parties that could be affected by the adolescent's choices. This population is also composed solely of minors, and the parents in many states have responsibility and accountability for the adolescent's actions. Because of this, there is an inherent dilemma where important ethical values are in conflict with each other. Beneficence, nonmaleficence, fidelity, and integrity are all involved in both sides of the decision to keep or break confidentiality. A competent sexuality counselor would take this and other factors into consideration including the boundaries of the counselor's competence as to whether or not the counselor would continue with the client or refer out. Also, it is important to take into account the competency of the client.

Charles and Blum (2008) discuss the clients' competency issues when working with adolescents and sexuality issues. Along with the ethical values mentioned above, they use clients' core competencies of a positive sense of self, self-control, decision-making skills, a moral system of belief, and prosocial connectedness to guide the clinician to a sound decision. These five competency areas are purported as critical for helping the client become competent sexually, which is important for a counselor to know and work towards when appropriate.

At the same time, a competent counselor has an understanding of the boundaries of her or his competency and would only work within areas of competency. It would be very important for the counselor to self-assess and determine if the counselor would continue to work with this client. If this was outside the counselor's boundaries of competence then a referral to an appropriate provider is ethically required. Some examples could be if the counselor felt uncomfortable talking about the situation, the counselor was not knowledgeable and/or trained with this area, or the counselor was not experienced in this area. Other important considerations are if the counselor is competent in a certain counseling setting with sexual issues (individual, group, or couple counseling), how therapeutic it might be for the client, and if there is a values match or conflict. Counselors cannot ethically force values onto their clients, and it is important for counselors to do their own work around sexual issues before working with clients.

4. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this issue?

- AASECT provides ongoing training and continuing education in sexual education, counseling, and therapy (AASECT, 2008b).
- The Sexual Health Network (2009) has an informative site that is helpful for learning more about sexual health, relationships, sexual education, and health concerns.
- Yuan, Koss, and Stone (2006) include definitions and considerations for working with sexual trauma survivors.
- Bidell (2005) discusses important issues for competent counseling with gays, lesbians, and bisexuals.

- VandeCreek, Peterson, and Blev (2007) discuss this topic and give solid information to build upon with other issues in sexuality counseling.

5. List of references used to prepare this chapter (this list should be in 8 point font, APA format)

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Chapter Two
Values
By Rachel Lewis-Marlow

1. Background and Introduction

Values inform every aspect of sexuality counseling (Cottone & Tarvydas, 2003). Theoretical approach, application of diagnosis, setting and selecting goals for counseling, determination of appropriate interventions and even the decision to work as a counselor are all influenced by personal values (Remley & Herlihy, 2007). Hopefully, the values to which a counselor most firmly holds will facilitate effective counseling. However, there may be instances when the personal values of a counselor conflict with those of her/his client to the extent that s/he is unable to provide effective counseling.

The American Counseling Association (ACA) Code of Ethics (2005) dictates, in section C.5., that counselors "do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis prescribed by law." However, what happens when a counselor who adheres to a feminist approach to counseling encounters a client whose culture dictates the sexual subjugation of wives to the sexual appetites of their husbands? Or when a woman who is contemplating returning to her parents' home in Nigeria to participate in the tradition of Female Genital Cutting, seeks counseling from a counselor who believes this custom constitutes mutilation and torture? How should a counselor who strongly opposes extra-marital affairs respond to a client who is struggling with a choice of whether or not to engage in a sexual relationship with a person other than his paraplegic spouse? These are only a few examples of situations in which the personal ethics and values of a counselor may collide with the ACA ethics, which require counselors to neither discriminate against nor impose upon clients "values that are inconsistent with counseling goals."(ACA, 2005, A.4.b.)

A counselor's values shape vocabulary choices, non-verbal communication and choices about which counseling issues to pursue (Weinstein & Rosen, 1988), all of which influence the effectiveness of counseling. Maintaining neutrality may be considered a desirable goal for counselors who wish to provide clients with care that is free of the risk of values conflicts. The underlying belief is that doing so will promote a safe, non-judgmental environment in which clients can have corrective experiences during the counseling process. However, values neutrality is neither attainable nor required for effective counseling (Corey et al., 2007; Kottler, 2003). Self-knowledge, on the other hand, meets both of these criteria (Corey et al., 2007; Remley & Herlihy, 2007). Personal values and self-knowledge are so essential to ethical sexual counseling that the American Association of Sexuality Educators, Counselors and Therapist (AASECT) *Code of Ethics* (2004) states that AASECT members "shall accept that the quality of his/her professional services (are) is dependent upon both personal morality and professional ethics…." The code goes on to say that members "shall be aware of and monitor the fact that his/her personal needs may influence judgments and actions in the therapeutic relationship."

2. Summary of Available Information

Awareness of what you, as a counselor, value as consistent with sexual health and well-being, is essential to providing quality, ethical sexuality counseling for your clients (AASECT, 2004). In addition to the ethical conundrums mentioned above, several books on ethics and sexuality counseling identify issues, which merit honest and thorough consideration by professional offering sexuality counseling (Burlew& Capuzzi, 2002; Weinstein & Rosen 1988). Examples of topics, which counselors working with issues of sexuality should examine, include:

1. Abortion and family planning. What are your feelings about abortion and birth control? How would you counsel a drug addict who wants doctors to remove her IUD and actively pursue

getting pregnant in spite of losing custody of several children and having no means to support another? What challenges would you face working with a mother who wants her 14-year-old daughter to have an abortion even though the girl wishes to keep the child?

2. Adolescent sexual behavior. What behaviors constitute appropriate, healthy sexual exploration? At what age and under what circumstances is sexual intercourse appropriate? What media vehicles support healthy sexual development? What role does masturbation play in adolescent sexuality?
3. Sexuality, aging, chronic illness and disability. To what extent should a counselor encourage or support clients with physical limitations to pursue options for sexual gratification? Is there a point in life in which sexual activity is no longer important?
4. Intrafamily sexual relationships. Is it possible for there to be any positive consequences of sexual activity between parents and children or between siblings? What are your feelings toward a silent parent who does not intervene to protect a child from sexual advances of a relative or caregiver?
5. Sexual orientation, sexual styles and gender identity. Do you believe that a person's sexual orientation or sexual style is fixed and permanent or dynamic and changeable? Are there behaviors that you feel are unhealthy or morally wrong under all circumstances? What factors must be present for sexual expression and experience to be therapeutically desirable or healthy?

3. Guidelines for Practice

The title of this chapter asks what a counselor should do when she or he holds personal values that may get in the way of providing effective treatment in sexuality counseling. The first part of the answer to this question rest on the understanding that any personal value may get in the way of providing effective treatment if a counselor is not aware of what her/his values are (Corey, et al., 2007; Cottone & Tarvydas, 2003; Remley & Herlihy, 2007). Self-knowledge is the first course of action in minimizing the harmful of values conflict upon treatment effectiveness.

Once a counselor is aware of and can articulate what her or his values are, the second course of action is to disclose these values. Core values that influence theoretical orientation, treatment methods and scope of practice can be disclosed in the context of obtaining informed consent for treatment (Cottone & Tarvydas, 2003). Values that influence situational perception and reaction may be disclosed in the course of counseling. In doing so, counselors benefit from understanding the difference between exposing clients to values which differ from their own and imposing those values upon clients (Corey, et al., 2007; Remley & Herlihy, 2007). Exposure to new ideas and appropriate challenges to a foundational ideological paradigm, if done skillfully, can facilitate therapeutic change (Cottone and Tarvydas, 2003; Remley & Herlihy, 2007). However, counselors must be careful to avoid confusing their own needs to eliminate conflicts with the therapeutic benefit of introducing new values in order to facilitate desired change and move towards stated counseling goals. Counselors should utilize consultation and supervision to maximize their ability to make this important distinction.

If a counselor determines that a values conflict exists that is impeding the effectiveness of counseling, the counselor may refer the client to a provider who can better serve the client. A client may accept the referral, seek a new counselor on her or his own or may wish to continue counseling as is. As long as the client is receiving some benefit from the counseling process and the counselor is not in jeopardy of being harmed by client, ethics dictate that the counselor continue to see the client, and seek supervision to address any professional concerns resulting from the values conflict. However, once it becomes apparent that the client is no longer receiving benefit from the counseling due to the irreconcilable differences in values, the counselor may terminate the counseling relationship, with or without the client's agreement.

Utmost care must be given to assure that neither the client perceives termination as abandonment nor the counselor leave herself or himself vulnerable to being sued for abandonment. Ethical termination requires that the client is given ample time and referrals to establish a relationship with a

new counselor, should the client wish to continue counseling. The counselor should discuss with her or his client why she or he believes that the counseling relationship is no longer beneficial to the client. Notice of termination should be given to the client in writing. Any relevant records should be transferred to the new mental health professional without delay (Remley 2007).

4. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this issue?

To counselors wishing to increase their understanding of how their personal values interact with their professional effectiveness in the field of sexuality counseling, this author recommends clarifying areas comfort or discomfort, moral approval or objection and ignorance or expertise through exposure to a wide variety of materials that address issues of sexuality. Professionally oriented materials such as those listed below describe many of the concerns and circumstances of people who seek sexuality counseling. In addition, the internet has a plethora of sites focusing on every imaginable and unimaginable variation of sexual exploration, expression and experience. An internet search on the subject of sex or sexuality can easily gain you access to scholarly, commercial and pornographic sites. Since each counselor's need for values clarification is unique, a comprehensive list of appropriate resources is impossible to provide in this forum. However, the following websites may be a good starting place:

- Sexuality Counseling Guidebook-http://www.uncg.edu/ced/bbandb/bbbguidebook.pdf
- Parents, Family and Friends of Lesbians and Gays- http://community.pflag.org
- National Sexuality Resource Center- http://nsrc.sfsu.edu
- Sites concerning sexuality and religion- http://www.uua.org/visitors/uuperspectives/55657.shtml:
- http://www.thebody.com/content/living/art2439.html

For those seeking assistance in how ethically to handle situations in which values conflicts may be impeding the effectiveness of counseling the following professional resources may be helpful:

- http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx
- http://www.aasect.org/
- *Ethical, Legal, and Professional Issues in Counseling* by Theodore Remley, Jr. and Barbara Herlihy, published by Pearson Education, Inc.
- *On Being a Therapist* by Jeffrey A. Kottler, published by Jossey-Bass

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Cottone, R. R., & Tarvydas, V. M. (2003) *Ethical and professional issues in counseling* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.

Kottler, J. (2003). *On being a therapist* (3rd ed.). San Francisco: Jossey-Bass.

Remley, T and Herlihy, B (2207). *Ethical, legal, and professional issues in counseling* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.

Weinstein, E. & Rosen, E. (1988). *Sexuality counseling: Issues and implications.* Belmont, CA: Wadsworth, Inc.

Chapter Three
Cross-Cultural Applications
By Megan Smell

6. Background and Introduction

Literature that speaks in general terms about cross-cultural sexuality counseling is currently lacking. Available research seems to focus on specific topics and populations. In addition, it would seem that neither the applicable Codes of Ethics (American Counseling Association (ACA), 2005; National Board for Certified Counselors (NBCC), 2005) nor the Multicultural Counseling Competencies (MCCs) (Ibrahim & Arredondo, 1986; Sue, Arredondo, & McDavis, 1992) specifically mention cross-cultural sexuality counseling, or even sexuality counseling at all. There is a theme of embracing diversity and multiculturalism throughout the ACA Codes of Ethics (ACA, 2005) beginning with the introduction to the entire document. As these codes apply to counseling in general, it would be reasonable to assume that this concept would extend to sexuality counseling.

The main theme throughout the MCCs are that culturally competent counselors are aware of their own cultural values and biases, have knowledge of their own cultural background, and seek out opportunities to become more skilled in the area of cultural competence (Sue, Arredondo, & McDavis, 1992). In addition, they suggest that counselors are aware of their client's worldviews and provide culturally appropriate intervention strategies (Sue et al., 1992). This chapter will attempt to present several sexuality issues that may arise when working with a client from a different culture and interpret them within the context of providing ethical practice to those clients.

7. Summary of Available Information about cross-cultural applications

As the previous chapter suggests, throughout their practice, counselors will encounter different situations where their values differ from their clients. It is possible that working with clients from different cultural backgrounds would increase the likelihood of a value-conflict between counselor and client. Refer to the previous chapter for general guidelines on dealing with these conflicts as they arise. This section will provide a brief overview of a few of the more prevalent cultural issues that may exist in cross-cultural sexuality counseling. A discussion of every possible value difference is beyond the scope of this chapter and counselors should consult the resources listed in section four for more information.

Female circumcision

The controversy surrounding this topic is evident immediately upon searching for information. A literature search using the words "female circumcision" brings up a multitude of results including the words "mutilation" and "cutting." A similar search using the terms "male circumcision" brings up no such words. One major contrast between the two procedures is that female circumcision has no known health benefits and in fact, has several health risks associated with it (World Health Organization (WHO), 1998).

WHO (1998) estimates that 100 to 140 million girls and women are currently experiencing consequences from female genital mutilation (FGM). If this sexual issue comes up in counseling it could end up being a legal issue in addition to an ethical one. In the United States, it is currently illegal for anyone to perform FGM on anyone under the age of 18 (Key, 1997). The law grants no exceptions concerning personal, cultural, or religious beliefs (Key, 1997). Several states have similar criminal legislation, some of which extend protection to women over the age of 18, however; it is unclear whether this legislation exists in North Carolina.

Cultural views of FGM include the opinion that the practice adds to the beauty, femininity, cleanliness, and honor of the women (Little, 2003). Other cultural considerations include the value of virginity, purity, and sexual restraint and the fact that women who have experienced FGM receive respect and reverence from members of their cultural community (Little, 2003). WHO

considers FGM to be a human rights violation against women (Little, 2003). Counselors may encounter clients who wish to talk about the consequences of their personal experiences with FGM and this is not where the inherent legal and ethical issues arise. If a client is considering FGM as an option for his or her daughter, then the counselor should be very clear with the client about the implications of this decision. If FGM is illegal in the United States and the client's daughter is a minor, than the counselor may have to report the client to the proper authorities regardless of the counselor's personal feelings on this issue.

Non-marital sex

Non-marital sex includes but is not limited to premarital sex, extramarital affairs, and homosexual sex (Widmer, Treas, & Newcomb, 1998). Widmer et al. (1998) surveyed participants in 24 countries regarding their attitudes toward these categories of non-marital sex. They also included a specific category of premarital sex that focused on consensual sex during the teenage years (Widmer et al., 1998). Overall, premarital sex between adults was the most accepted form of non-marital sex, however; only 11% of Filipinos indicated that it was not wrong at all and most Japanese participants were more likely to say that it is only sometimes wrong (Widmer et al., 1998). When teenagers were involved 58% of participants across countries indicated that this type of premarital sex is always wrong. Participants from Germany, Austria, and Sweden were more tolerant while those from Bulgaria, New Zealand, Ireland, the Philippines, Poland, and the US were less tolerant (Widmer et al., 1998). As for extramarital affairs, 66% of participants across countries indicated that it was always wrong with Russians being far more tolerant (Widmer et al., 1998). The researchers found the most variation in acceptance levels for homosexual sex even within countries. They found that the public opinion in several countries was polarized on this issue, which may suggest variability on an individual level (Widmer et al., 1998).

This research simply looked at general levels of acceptance toward non-marital sex and did not assess possible feelings that are associated with each of the behaviors. It seems reasonable to expect that there may be a lot of shame or guilt wrapped up in this issue for clients who are engaging in behaviors that their home or host culture does not tolerate. Counselors need to be aware of their personal values as well as the values of their culture as a client may assume that the counselor holds a particular stance because of the counselor's cultural background.

Arranged marriage

An inquiry into the research literature regarding arranged marriage results in a multitude of articles regarding arranged marriages in several different cultures. It is beyond the scope of this chapter to detail how each specific culture feels about this concept. Eastern and Western cultures differ in their approach to mate selection. In American culture, the practice of selecting a mate directly based on interpersonal attraction is related to cultural values of individual choice and independence (Madathil & Benshoff, 2008). In Eastern cultures, it is more common for mates to be chosen by family members reflecting a more collectivist view. Arranged marriages versus marriages by choice are a difference of agreements between families versus agreements between individuals (Madathil & Benshoff, 2008).

Counselors may encounter clients who are currently in an arranged marriage who are experiencing difficulties or not. Counselors should not let their personal values regarding whether arranged marriages are appropriate affect their work with these couples. Counselors may also encounter clients who are wishing for their children to enter into arranged marriages and their children may or may not feel the same way. Counselors need to help clients figure out their own thoughts regarding arranged marriage without pushing them in one direction or another based on the counselor's values.

Teen pregnancy

Teen pregnancy is another controversial issue that counselors may encounter. This phenomenon is worth mentioning in this chapter because attitudes regarding teen pregnancy can be

confounded with racial associations, especially in the United States (Macleod & Durrheim, 2002). In the literature on teen pregnancy in the US, different factors are associated with teen pregnancy in White versus Black teens. Psychological reasons are associated with White teen pregnancy, while social and cultural factors are associated with Black teen pregnancy (Macleod & Durrheim, 2002). Factors relating to the incidence of teen pregnancy can be economic, social, cultural, familial, or even political in nature. Those causes that are most related to sexuality counseling include lack of birth control, low awareness of the consequences of sexual behavior, pressure to engage in sexual behavior, and sexual abuse (Coley & Chase-Lansdale, 1998). A counselor working with an adolescent or family where teen pregnancy is a concern may have to help the family deal with issues that are "bigger" than the pregnancy itself.

Other possible concerns

Additional topics of concern include traditional gender roles, cultural definitions of rape, beliefs about birth control, views on abortion, and perceptions of risk regarding HIV/AIDS. In addition, views regarding prostitution, monogamy, brides under the age of 18, and incest may also surface. Counselors may be working with clients who are experiencing general value conflicts between their current values and those of the traditional culture on a variety of sexual issues.

Different cultures may have conflicting "rules" about when it is okay to talk about sex and with whom. Another potential sexuality counseling issue is the conundrum that in some cultures, boys may be expected to have pre-marital sexual experiences while girls are practically forbidden to engage in the same behavior. A client may also wish to discuss the importance of having children in his or her culture and whether a "choice" to remain childless exists.

8. Guidelines for Practice

As mentioned earlier, counselors need to be aware of their own cultural backgrounds and how that can affect their interactions with clients (MCC). In order to provide competent cross-cultural counseling, counselors need to be objective and have skills in a variety of interventions (Ibrahim & Arredondo, 1986). Any of the above-mentioned issues may be of special concern to the immigrant population or younger generations of any given cultural group. They may be experiencing more conflict regarding traditional values, new values, home cultural values, and host cultural values. Counselors need to have a basic awareness of the cultural backgrounds of their clients, keeping in mind that just because a client appears to belong to a specific cultural group does not mean that he or she personally identifies with that culture.

As with any type of intervention, counselors providing cross-cultural sexuality counseling should not impose their values upon their clients (Johannes & Erwin, 2004). Johannes and Erwin (2004) also recommend that counselors *not* automatically match clients with ethnically similar therapists as it can create misunderstandings even though this approach attempts to avoid them. As long as counselors were culturally sensitive in their practice, the advantages of matching were low. One of the main guidelines provided by Johannes and Erwin (2004) is to let clients, especially those from other cultures, become teachers in that they are the ones who are most knowledgeable about their own lives. As always, seek supervision and information to fill in the gaps and refer as needed.

9. What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this issue?

- *Culture, Health and Sexuality* – Journal published 8 times a year by Taylor & Francis
- International Association for the Study of Sexuality, Culture and Society (IASSCS): http://iasscs.com/Links
- Irvine, J.M. (1995). *Sexuality education across cultures: Working with differences*. Hoboken, NJ: John Wiley & Sons, Inc. – A book about how culture shapes beliefs about gender, which in turn affect sexual thoughts, feelings, and behaviors.

- Jankowiak, W.R. (Ed.). (2008). *Intimacies: Love and sex across cultures.* New York, NY: Columbia University Press. – An anthology of essays on sexuality throughout the world.
- Personality and Cultural Lab from The Department of Psychology at Bradley University: http://www.bradley.edu/academics/las/psy/facstaff/schmitt/laboratory.shtml - This website lists research findings and several publications from Dr. David P. Schmitt the Founding Director of the International Sexuality Description Project, a cross-cultural survey of 56 nations.
- *Sexuality & Culture* – http://www.csulb.edu/~asc/journal.html - Journal published 4 times a year by Springer

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Chapter Four
Respecting Individual Rights in Couple Relationships
By Megan Callahan

1. Background and Information

This chapter is intended to discuss how a counselor should proceed in sexuality counseling when couples present with varying values related to sex, and express differing treatment goals. While there is a dearth of specific articles dedicated to this issue, and a significant amount of available articles are dated, research indicates a variety of issues that may contribute to conflicting values and goals for treatment. Differing religious backgrounds and practices may be the basis for a couple's sexual difficulty by possibly evoking feelings of sexual anxiety laden with guilt and shame (Slowinksi, 2001). Previous sexual trauma may contribute to sexual dysfunction within the couple, often causing one partner to blame the other for the "problem" (Barnes, 1995). Media and societal messages about sex related to gender may lead to generalizations and false assumptions about a partner with a high desire or low desire diagnosis (Young, 2007; LoPiccolo & Heiman, 1977). Sexual identity issues within a couple's context may evoke many opportunities to deal with differed sexual values and goals for treatment (Israel, 2004). Client resistance from one of the partner's can make effective treatment very difficult (Bulow, 2009). Lastly, research has proven that sexuality is affected significantly by cultural influences, therefore culture should be a major consideration in sexuality counseling (Peterson, Jr., Dobbins, Coleman, &Razzouk, 2007). Due to the fact that a chapter of the guidebook is solely dedicated to cultural considerations, this chapter will not heavily address the issue. For more information, please see Chapter 4.

2. Summary of Available Information about Respecting Individual Rights in Couple Relationships

The ACA Code of Ethics asserts that both counselors and clients jointly work in creating integrative plans to be regularly reviewed throughout the counseling process (American Counseling Association, 2006). Counselors are expected to respect the freedom of client choice as it relates to the plan developed for counseling (American Counseling Association). When working with multiple clients (e.g., a couple), the counselor is expected to clarify at the outset which person or persons are the determined client (American Counseling Association). When working with couples in sexuality counseling, a counselor is expected to inform the participating members that the couple serves as the client, not one person or the other. The counselor is expected to motivate and inspire the couple to work on determining and achieving goals together versus one person asserting their goals over the other (Young, 2007). Blass and Fagan (2001) emphasize the importance of the counselor first scrutinizing their own values and attitudes related to sex prior to working out these issues in a couple's context. Counselors are also expected work within the boundaries of their competence, as evidenced by education, training, supervision, credentials and experience (American Counseling Association, 2006). Therefore, counselors working with couples in sexuality counseling should only practice after having had education, experience, and supervision.

For many couples, religious beliefs do not contribute to sexual problems, and often couples can have a functional sexual relationship as it relates to religion. For others, religion serves as a causative factor to enter into sexual treatment since religious teachings can sometimes interpret sexuality in negative terms (Slowinksi, 2001). A counselor's awareness of their own sexual and religious history is critical to their ability to check how those values could interfere with the healing process in counseling (Slowinksi). According to Slowinksi, religious issues should be confronted with the upmost respect. The process of questioning fundamental assumptions about meaning of life can be frightening for a client (Slowinksi). The counselor should become familiar with a religion's sexual norms, and acquire openness to the religious moral system. This may include developing an understanding of unique traditions such as laws of modesty or sexual behaviors related to the menstrual cycle (Blass & Fagan,

2001). Sexual dysfunction may arise due to feelings of guilt and shame surrounding issues of premarital or extramarital sex or sexual orientation. Certain practices may be considered forbidden such as masturbation, same-sex relationships, contraception, and abortion, and differing views on these concepts may prove problematic for a couple (Slowinksi). When working with these couples, a sexuality counselor can choose to work from a holistic paradigm of sexuality which views sexual behavior in terms of procreation and child rearing, while also including pleasure, mutuality, and generativity toward the common good, which does not always include child bearing (Slowinksi). Practicing from this paradigm conceptualizes sexual behavior (heterosexual or homosexual) as an expression working towards wholeness (Slowinksi). Slowinksi recommends that the ethical question counselors should ask when working with clients (couples) seeking sexual health within a religious framework may be: what decisions about sexuality need to be made in order to be emotionally and spiritually healthy, while allowing the couple to remain honest with themselves?

Sexual trauma existing in a partner's history may bring a couple into sexuality counseling. Previous sexual trauma may manifest itself in counseling when couples present with desire disorders, arousal disorders, orgasmic disorders, or coital pain; however counselors should not assume sexual trauma exists if a couple presents with these issues (Barnes, 1995). If sexual trauma is identified, counselors should be aware that the victim often experiences the blame in the relationship when sexual dysfunction occurs (Barnes). Risk for re-victimization exists if the victim is merely acquiescing to treatment from his or her partner (Barnes). This could be caused by feelings of guilt related to an inability to engage in sexual interactions with their partner, and may occur due to a fear of abandonment if unable to make changes (Barnes). In couples counseling, it is the counselor's role to promote cognitive restructuring in both the victim and the spouse. The victim should be encouraged to establish a view of themselves as a sexual survivor, while accepting the reality of the events that occurred (Barnes). Through cognitive restructuring, the spouse has an opportunity to see the victim as vulnerable instead of as the "problem." With this new interpretation of the issue, the couple can become open to new solutions, beginning with affectionate courtship behaviors such as massage or holding hands (Barnes). Caution must be taken when participating in therapeutic sexual exercises, so as to not evoke feelings related to PTSD (Barnes). Boundary setting would be an integral part of treatment in couple's sexuality counseling (Barnes). The victim and the partner should work together to understand that the abuse was not the victim's fault, be patient with the length of time it takes to heal, recognize a victim's potential need for control, learn what triggers memories of the abuse, address intrusive thoughts and dissociation, and adapt to the changes in the relationship while healing occurs (Barnes; Braveman, 2007).

Young (2007) supports a feminist perspective in couple's sexuality counseling, stating that gender is never neutral, and counseling occurs in the context of the client's and the counselor's gender assumptions. In his article, Young identifies both the myth of equality and the myth of neutrality in counseling. The myth of equality implies that there is belief in power sharing when in reality the couple has various roles of power and the counselor is inherently in an advantaged and powerful position. In addition, the myth of neutrality indicates it is not possible for the counselor to provide value-free counseling. When a couple expresses sexual desire complaints, Young believes the counselor should view this as a mismatch of desire rather than as a problem diagnosed as high or low desire. By diagnosing one partner as "low desire," it is considered unnecessarily pathologizing. Desire should be considered contextually. There could be many factors impacting a partners desire to participate in sexual behavior such as prior trauma (as previously discussed), stressful demands balancing work, motherhood/fatherhood, and disproportionate distribution of tasks at home (Young). Diagnosing one person is seen as taking away power from one partner in the relationship. Although this is pathologizing, it is what traditionally occurs when practicing under the medical model. By shifting the way the couple views the "position of burden," (Young, 2007, p.15) to one of a shared problem, couples are seen as being capable of achieving the kind of sex life they desire by working

together on the issue. Treatment is seen as a place to redefine sexual values, and counseling may be able to identify the couple's use of sex as a means of determining power in the relationship lost in other places, such as financial contributions to the family (Young). Sexuality counseling with couples may involve discussions related to gender including: power and privilege, sex and gender values as has been previously defined for each partner by society and family background, the context of each individual in the couple, gender experiences as it relates to the client and counselor relationship, and also gender experiences within the relationship of the partners participating in sexuality counseling (Young).

Sexual identity issues will create an opportunity to discuss differing sexual values when presented in sexuality counseling with couples. Israel (2004) recommends for counselors to assist both partners in the couple to define their own gender identity and sexual orientation first and foremost, even if contradicting societal norms. In working with couples presenting with sexual identity issues, Israel promotes the importance of preserving the original caring that existed when their relationship was first established. Also, encouraging partners to become fully educated on the issue as it relates to the partner (transgender, gay, lesbian, bisexual, questioning) is recommended prior to making any significant changes in the relationship (Israel). Counselors are encouraged to refrain from making predictions related to the relationship outcome, and instead teach clients to draw their own conclusions from making informed decisions (Israel). Specific issues related to transgender desires in a couples context can be quite complex. This can be a significant issue since it includes some major decisions that may affect not only the partner, but the family and the workplace, as well. Considerations to be discussed in counseling could include financial expenses as it may pertain to hormones or surgery, children, the emotional toll, coming out, and redefining what is sexually satisfying for each partner (Israel). Self blame may be another consideration to make, and counseling can serve to resolve the issue by allowing each member of the couple to experience the other's vulnerability, further enhancing empathy (Israel). These issues require the client (couple) to redefine overly rigid boundaries, expectations, and stereotypes. The transition can be viewed in counseling as strength rather than a problem, as getting though this may likely bring the couple closer together since communication improves and creativity inspired (Israel).

When dealing with partner resistance, such as one partner regularly cancelling appointments, the counselor should be willing to set some boundaries. Making suggestions to the couple to commit to a small block of sessions may help while also emphasizing the ineffectiveness of irregular meetings (Burlow, 2009). After completing the small block of sessions, the counselor and couple can then check in to see if therapy was helpful and if they would like to proceed. Having this smaller commitment may increase motivation for counseling and allow the couple to feel more comfortable committing in the future (Burlow). This requires the counselor to be willing to set boundaries while also being patient with the couple, as this process takes time.

3. Guidelines for Practice

These issues can have several implications for counseling, and a variety of guidelines for practice exist. A counselor may have their own established family rules of ignoring discussions related to sexuality, and therefore may fail to confront sexual issues, which can be very detrimental to client well being (Barnes, 1995). Key factors to address when working with couples in sexuality counseling includes the counselor's ability to be aware of their own personal values related to sexuality while also being available to supervision (Hill & Coll, 1992). By first checking one's own values, a counselor can then become a more effective sexuality counselor in the couple's context.

Counselors can assist couples deal with differing goals through psychoeducation. This can occur by initiating acquiring skills training and defensive skills training (Orathinkal & Vansteenwegen, 2006). Acquiring Skills Training includes learning to identify what the other partner is wanting, while also effectively communicating their own needs and desires to their partner. Defensive skills training includes a partner's ability to defend their wants and needs in a healthy, direct, and considerate manner

(Orathinkal & Vansteenwegen). Education related to basic sexual functioning may be required, as well, as many counselors simply assume the couple already knows certain facts when in reality they do not (Blass & Fagan, 2001). Additionally, counseling may include education as related to what is considered "normal." Sex does not have to equal intercourse and can mean a variety of different acts (Young, 2007). Incorporating new pleasuring sexual behavior may even allow an opportunity for further intimacy (Israel, 2004).

Slowinksi (2001) stresses that counselors should foster movement towards sexual health, considering everyone is entitled to this basic human right. While initiating sexual health with couples, counselors must be cautious of being insensitive to a couple's belief system. Sexual health is defined as involving "the capacity to enjoy and control sexual and reproductive behavior in accordance with a sexual ethic that is life-enhancing, personally fulfilling, and enriching to the community." (Slowinski, 2001, p. 273). Acquiring sexual health can be initiated a number of ways throughout the counseling process. One way to discuss the issue is by reevaluating a person's sexual script (attitudes and behaviors as defined by society, family, and religion) (Slowinksi). In order to evaluate sexual scripts, counselor's can conduct a sexual genogram in session. This diagram of family members from at least three-generations for each partner in the couple can include information related to births, deaths, marriages, divorces, affairs, abuse, beliefs related to sexuality, myths, feelings, and values related to sexual issues (Barnes, 1995).

Lastly, it is the counselor's responsibility to determine a couple's previous history with sexuality counseling in order to evaluate which prior treatments have proven effective or ineffective, so that the specified ineffective treatment can be avoided (Burlow, 2009). Often, treatment in sexuality counseling includes a manualized and direct approach which can evoke feelings of shame. Asking circular questions may create a space for the client to feel safe in exploring their sexual issues (Burlow).

4. What Resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this issue?

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Chapter Five
Client Sexual Attraction toward Counselors
By Rachel Hutto

1. Background and Introduction

Client attraction toward counselors is a phenomenon occurring in many professions, including mental health counseling. While research conducted on this topic presents varied results as to the extent in which it transpires, any occurrence of the phenomenon substantiates the need to address the ethical considerations for counselors (Hartl et al., 2007; Hunter & Struve, 1998). Counselors are to adhere to the American Counseling Association (ACA) Code of Ethics, which specifically outlines boundaries to all counselors' roles and relationships with clients both sexually and non-sexually (American Counseling Association, 2005). The term "attraction" as it has been discussed in the literature ranges from clients expressing their sexual feelings toward their counselors to clients exposing their genitals to their counselor (Bridges, 1994). This phenomenon has also been referred to as "erotic transference" in the literature, which is a specific type of the phenomenon of transference that Freud introduced (Hartl et al., 2007).

2. Summary of Available Information

In reviewing the literature for this chapter, it became apparent that there is exceedingly more information available pertaining to counselor's feelings of attraction toward their clients rather than vice versa. While the aforementioned information is helpful in understanding and working with client attraction toward their counselors, the two really are separate phenomenon and require different clinical responses. Some recommendations for clinical responses are presented in the *Guidelines for Practice* section of this chapter. The literature does suggest that the counselor's meaning and management of erotic transference is a primary consideration in providing sound and effective therapy where there is client attraction toward the counselor.

According to Hunter and Struve (1998, p. 244), erotic transference should not be viewed by counselors as, "this is not allowed to happen" rather, to approach it with a willingness to "be prepared for when it does happens." It is a common, natural, and expected occurrence among clients and their mental health professionals (Riggs, 2001). Erotic transference is not inherently bad or inappropriate for therapeutic relationships. In fact, it can lead to "deeper self-knowledge and growth on the part of the therapist and patient" if it is unfolded within appropriate professional relationship boundaries (Bridges, 1994, p. 245). Sexual contact with clients, a prohibited act in a counseling relationship (see Code of Ethics references below), is viewed as a process rather than event. Therefore, is it in the mismanagement and misunderstanding of erotic transference that the danger and potential for destruction lies (Hunter & Struve, 1998).

There is a trend among mental health professionals to ignore and deny client attraction toward them, both overtly and covertly (Abbott, 2003; Riggs, 2001). A non exhaustive list of possible explanations for this is given below. First, counselors maintain a perception that supervisors and peers do not know how to appropriately assist them with managing their client's attraction toward them (Folman, 1991). Second, the society's general "taboo" approach to sex and sexuality inhibits counselors from broaching this topic. Third, fears of ethical and legal ramifications discourage disclosure; angst arises when counselors believe or question that they have contributed to their client's feelings. Fourth, professionally isolated counselors are prone to secrecy (Bridges, 1994). Fifth, there is a deficit in counselor training and preparation in regards to addressing and managing client attraction; therefore confidence in addressing erotic transference is lacking among counselors, both new and seasoned (Abbott, 2003; Folman, 1991; Riggs, 2001).

As understandable as the above explanations may be, counselors who ignore and deny client attraction are in potential violation of ethical standards, and put themselves at risk of engaging in prohibited sexual behaviors with clients. Therefore, a review of the ethical standards related to managing client attraction toward counselors, is perhaps the most pertinent section of this chapter. The following are not presented in order of significance, rather order in which they appear in the ACA Code of Ethics (2005).

A.*1*.a. "The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients."

A.*4*.a. "Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm."

A.*5*.a. "Sexual or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited."

A.*5*.b. "Sexual or romantic counselor-client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact."

C.*2*.e. "Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice."

C.*6*.d. "Counselors do not exploit others in their professional relationships."

In addition to the specific codes stated above, counselors are recommended to utilize principles of ethics in working with and making decisions concerning their clients. These principles are: 1) autonomy, 2) beneficence, 3) nonmaleficence, 4) justice, and 5) fidelity (Kitchener, 1984). Serban (1981) suggested that counselors who act upon their client's attraction toward them are breaching these ethical codes and principles and are ultimately violating the inherent fiduciary relationship counselors ascribe to when they agree to engage in a therapeutic relationship with their clients.

3. Guidelines for Practice

Erotic transference can happen at any point in the counseling relationship (Abbott, 2003). Hence, this section is devoted to providing guidelines to addressing client attraction toward counselors and assistance in preventing violation of ethical standards. Erosion of therapeutic boundaries is the most general and pertinent indication that erotic transference is occurring and/or should be approached with the client (Folman, 1991; Hunt et al., 2007).

The writings of Hunter & Struve (1998) suggest some guideposts for mental health professionals working with client attraction toward counselors. The presence of these attempts on boundary violations may suggest the therapeutic relationship is moving in a treacherous direction of eroticism.

Time. The client begins asking for more time in sessions, or he/she intentionally schedules appointments at end of the day or when the counselor will be alone at the office.

Gifts. The client begins giving expensive or frequents gifts to the therapist or requests to have fees waived or reduced. He/she may be suggesting a preference to repay the counselor in a different manner, perhaps sexually.

Clothing. The therapist notices the client increasingly dressing more provocatively for sessions. An additional concern with clothing is if a client removes any sort of clothing during session, even items such as a tie or shoes.

Language. The client changes the topic of discussion from non-sexual to sexual content, uses pet names for the counselor, uses sexually suggestive words or jokes during sessions, or comments on counselor's physique or dress.

Place. The client begins asking the counselor to walk them to the door, to meet with them outside of the counselor's office (or normal meeting place), or attend social events.

Physical Contact. Client begins touching the counselor without the counselor's consent or without a clear intentional purpose. If touch is a modality already being used in therapy, concerns arise when the touch no longer has a therapeutic intention; rather it has an erotic sensation associated with it. Clinical discretion and considerations of context and non-verbal communication is essential.

Additional guidelines for working with erotic transference are: 1) avoiding shaming and blaming of clients; 2) addressing barriers to discussing erotic transference in supervision or in consultation with peers; and 3) addressing deficits in counselor preparation. More information on these topics is provided below.

While there is certainly potential for erotic transference to lead to ethical violations and harm being done to the client, it can also be used as a modality of working with the client's presenting concern. Therefore, in addressing erotic transference, counselors should avoid shaming and blaming client's for his/her feelings. This approach may suggest that sex and sexual feelings are to be abhorred (or that the counselors abhors them); causing damage to the client. Also, the client may leave treatment and work for him/her is thwarted (Bridges, 1994).

Unfortunately, clinicians, particularly new clinicians, often ignore addressing their client's attraction toward them until it becomes a significant concern or the counselor in is jeopardy of acting on these feelings. Supervision is an essential element to counselors appropriately and effectively working with their clients. As with any other clinical concern, client attraction and erotic transference should be addressed in supervision or in consultation with peers (Bridges, 1994; Hartl et al., 2007). To both avoid dangerous situations and promote growth for the client and counselor. Client attraction toward clinicians is a common, often natural and unconscious, occurrence and should be treated as such. The best response is thoughtful assistance in helping the counselor manage the attraction (Abbott, 2003; Bridges, 1994).

As stated in the *Summary of Available Information Section* of this chapter, a significant concern related to this topic is deficits in counselor preparation. An awareness that transference exist in a counseling relationship is simply not enough (Abbott, 2003; Folman, 1991; Riggs, 2001). Bridges (1994), states that,

> although therapists in training understand that actual sexual contact between therapist and patient is prohibited by ethical standards, at present, there are few guidelines for helping practitioners know when to deal with sexual feelings by interpreting them, ignoring them, normalizing them, or using them.

Therefore, further information and training in addressing client attraction is needed in counselor training, either in programs of study or continuing education. Misunderstanding and mismanagement of erotic transference is likely to cause harm to the client, retard therapeutic potential, and lead to ethical violations.

Perhaps it could go without saying, but consultation of the ACA Code of Ethics should occur when any concern or question of how to proceed with clients arises. The ACA Code of Ethics exists to assist counselors in resolving difficult situations and provides a standard to appropriate and healthy counseling relationships; regardless of whether erotic transference is a factor or not.

4. Resources for Professionals

- American Counseling Association (2005). ACA Code of Ethics. Alexandria, VA: Author.
- PDF of the Code of Ethics from The American Counseling Association: http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx
- The American Counseling Association provides support for ethical concerns to members. According to their website (www.counseling.org):

An ACA member receives as a benefit FREE confidential ethical/professional standards consultation five days a week between 8:30 and 4:30 EST. Most inquiries are answered within 24 hours (it may take up to three business days during very busy times, or when inquiries require specific research). The Professional Affairs staff values the opportunity to provide you with this much needed service. Professional assistance is only an e-mail/letter and phone call away. Contact ACA Ethics and Professional Standards Department at 1-800-347-6647, ext. 314 or e-mail: ethics@counseling.org.

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- Additional resources on this topic can be found by searching journals with "erotic transference" as a key word.

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Chapter Six
Addressing Sexuality Counseling in Schools
By Nicole Stein

Background and Introduction

In its 2005 National Model, The American School Counselor Association (ASCA) stated that the role of the professional school counselor is to promote the academic, career, personal and social growth of individual students through a school counseling program that is comprehensive in scope, preventative in design, and developmental in nature (ASCA, 2005). As such, issues of sexuality, including working with students on topics related to sexual identity, counseling students with histories or experiences of sexual trauma, counseling students considering abortion and counseling students regarding risky sexual behaviors, are some of the topics that fall within the personal/social domain of the professional school counselor.

The importance of these issues is cemented by recent data collected from the North Carolina Youth Risk Behavior Survey, a survey completed by North Carolina middle and high school students in the winter of odd number years. Survey data from 2007 indicated that slightly over 52% of high school students reported themselves to be sexually active and roughly 8% of these high school students reported their first sexual experience before age 13 (North Carolina Department of Public Instruction and Department of Health and Human Services, 2007). As evidenced by The High School Survey Trend Analysis Report of these data, there has been no linear change since 2003 regarding survey items related to sexual behavior, with the exception of the percentage of children reporting their first sexual experience before age 13, which has gone down during these years. Taken as a good sign, this indicates that we as a society are not further contributing to the delinquency of our minors; however, in the alternative, we have also shown little progress in educating our youth about the risks involved with sexual behavior or in decreasing the percentage of youths still engaging in activities including using drugs or alcohol before engaging in sexual behavior or failing to use birth control to prevent pregnancy. Thus, as educators, school counselors, along with teachers, parents, nurses, and administrators, have a duty to work with students to minimize risk and work towards the goal of prevention.

Summary of Available Information

A review of the literature regarding the role of the professional school counselor in working with students on issues related to sex and sexuality indicates that the majority of research has, until this point, been primarily focused on the issues of teen pregnancy and risky sexual behavior, with a more recent trend of delving into issues related to sexual orientation and identity. The following summary represents data on these broad topics, as well as an example of a descriptive statistical research study that investigates the great array of work tasks performed by school counselors, emphasizing where among these tasks counseling students on issues related to sex and sexuality falls within the role of the professional school counselor.

With teen sexuality and pregnancy as a common part of today's culture, many professional school counselors face the issue of counseling a pregnant student considering abortion through their professional practice. Stone, (2002) discusses the implications of the case of *Arnold vs. Board of Education of Escambia County* (1989), in which a school counselor and assistant principal were sued by the parents of a teenage girl and her boyfriend after the minors claimed that the school officials assisted the teens in obtaining an abortion. While the students sued claiming that their constitutional right to freedom of religion was infringed upon, their parents sued on the grounds that their parental rights had been violated when school officials failed to inform them of the pregnancy. Although the case was dismissed once the teens admitted to obtaining the abortion of their own free will and not being coerced to do so, the suit brought to light the question of whether school counselors could be sued for giving abortion advice to minors or whether such counsel is protected by being part of the

professional responsibilities of school counselors. According to Stone, "Counselors in the course of fulfilling their job responsibilities may assist students with value-laden issues such as abortion if they are competent to give such advice and if they proceed in a professional manner" (p. 33). However, Stone goes on to note that the professional school counselor's responsibilities extend beyond the student, to parents, guardians, and caretakers. Thus, Stone recommends that when counseling students considering abortion, the school counselor should assess the age and developmental level of the student and the ability of the student to make informed decisions. He further suggests that school counselors employ the "test of universality," asking themselves how they would counsel a competent adult, recommending that if it is not the same way the school counselor plans to counsel the adolescent, the school counselor should further consider the proposed actions.

Due to the developmental training received, as well as their commitment to diversity, professional school counselors have the unique position and knowledge to serve as leaders in their school communities to promote dialogue about issues of sexual orientation and provide a forum for support for students exploring and accepting their own sexual identities (DePaul, Walsh, & Dam, 2009). The authors of this article recommend a three-tiered action plan to be carried out by school counselors to address issues of sexual orientation and sexual identity within school. Whole school intervention, targeted prevention, and intensive intervention each meet specific needs and goals, ranging from the devaluation of the assumption of heterosexism to training teachers and staff to appropriately respond to anti-gay remarks made within the classroom, to providing individual counseling and psychoeducation to lesbian, gay, and bisexual students as well as their parents and caregivers. Empirical data supporting the inclusion of these types of intervention models was left out of the article, but the article mentioned the position of the school counselor to influence the cultural climate of the school as well as the training in group dynamics and interpersonal relationships held by these professionals. The authors propose that through the inclusion of such methods, a more tolerant, safe and accepting school environment can be cultivated.

In a 2005 study, Foster, Young and Hermann analyzed national Job Analysis Survey (JAS) data compiled by the National Board for Certified Counselors in order to measure the correlation between school counselors' perception of the importance of performing various work tasks with the frequency with which these tasks were actually performed. Thus, practicing school counselors rated the importance of a variety of work tasks, including counseling students concerning sexual trauma, counseling students regarding sexuality, and counseling students regarding sexual behaviors, using a five-point Likert scale, from "not important" to "critical." These same tasks were again rated on a five-point scale of frequency of actual performance ranging from "never" to "routinely." Through arithmetic means it was determined that the mean responses for the aforementioned items in terms of importance, indicated that out of the five-point scale, school counselors rated counseling students concerning sexual trauma, 4.1, counseling students regarding sexuality, 3.4, and counseling students regarding sexual behaviors, 3.4. The same items held means of 2.9, 2.7, and 2.8, respectively, in terms of the frequency of school counselors reporting performing these tasks, which, within the context of this study, put these tasks into the least frequently performed task category. Through this analysis, work tasks receiving the highest rating of frequency included developing students' decision-making skills and general guidance, while counseling students about issues concerning physical abuse, conflict resolution and prevention activities were categorized with a medium level of frequency. The authors of this study note that items that fell into the category of "rarely performed," including counseling students concerning sexual trauma, counseling students regarding sexuality, and counseling students regarding sexual behaviors, may be correlated to an actual or perceived frequency of reports of such issues making their way to the school counselor. However, no information from respondents was given about why these activities were rarely performed and it therefore stands to question, whether these tasks received minimal activity due to the lack of reports or because of counselors' perceived or actual lack of competency to counsel students on these issues. Nonetheless, with the significantly rated

importance level of these tasks, it seems that school counselors should be doing these tasks with greater frequency, possibly further influencing an increase in the number of reports being made.

Guidelines for Practice

As school counselors attempt to navigate the murky waters of teen and pre-teen sexuality, a critical first step includes becoming familiar with medical policies as they relate to minors, as well as policies regarding sex education, prevention and intervention. Relevant medical policies include whether, or the age at which minors can be tested or treated for sexually transmitted infections (STIs), including HIV without parental consent, as well as whether minors can receive abortions, contraceptive services or prenatal care without parental consent. Policies regarding sex education, prevention and intervention may differ from among the state, district and individual school levels and therefore the professional school counselor must be well-versed in the policies and relevant implications of each. Due to the potential for variance among these policies, it is recommended by this writer that the professional school counselor follow the policy that is deemed the most stringent so long as that policy is in accordance with state and federal law. Regardless, inconsistencies among various policies and a lack of a standard method of practice leave the professional school counselor without clear boundaries and instruction when confronted with such issues within the context of professional practice.

School counselor Julia Taylor (2003) cited the school counselor's role in counseling students on issues related to sexuality to be one which encourages open communication between students and parents, helps students cope with relevant peer-pressure, increases self-awareness and empathy, and focuses on students' future potential. As such, and in accordance with the National Model's aim of prevention, Taylor encourages school counselors to actively participate in and initiate programs that focus on the prevention of risky youth behaviors. Through classroom guidance lessons presented to each class at a developmentally appropriate level, or small group counseling sessions for students determined to be "at risk," counselors are able to work with a variety of students to increase self-esteem and learn ways of dealing with the many types of pressures felt by today's students. Again, the extent to which specific sexual behaviors and issues are discussed is based in part on the state, district, and school level policies, but school counselors must be knowledgeable about how to work with students when the issue is brought to the school counselor by the student him/herself.

So what should the professional school counselor do if the counselor is confronted by a student about an issue related to sex or sexuality? Taylor recommends that the ethically practicing school counselor first inform the student of his or her own confidentiality policy regarding sex and sexuality. This policy should be based upon those of the state, district and school levels but may also take into account the school counselor's personal convictions regarding these issues. Furthermore, school counselors' personal policies regarding sexuality counseling should take into account the Ethical Standards for School Counselors (ASCA, 2004). Specifically, standard A.2.b indicates that the professional school counselor keeps all information confidential unless disclosure is required to prevent danger to the student or others, while standard A.2.g requires school counselors to recognize and respect the "inherent rights of parents/guardians to be the guiding voice in their children's lives" (p. 2).

If, after being informed of the school counselor's policy on confidentiality related to discussions of sex and sexuality, the student feels uncomfortable confiding in the school counselor, the student should be referred to another source with a different policy regarding confidentiality in whom s/he may confide. Other school-based resources may include another school counselor, a school social worker, or a school nurse. Taylor further suggests that school counselors create a contract to be signed by the student and school counselor indicating that a discussion about the terms of confidentiality has occurred between the two and that both parties are aware of and have agreed to its terms. Once the student has decided to continue with the discussion, Taylor promotes a family-based model wherein the student is asked if the topic s/he has presented with is something that s/he would be willing to

speak with family about either individually or with the help of the school counselor through a scheduled conference. Except for issues of incest or sexual abuse within the family which require immediate referral to the proper agencies, students should be encouraged to seek aid from family members, working with the school counselor to bring family members in as appropriate to serve as part of the collaborative treatment team. Counseling with students about the best methods to involve these family members is a critical piece and one that is likely often overlooked. In doing so, the school counselor must also consider developmental and diversity issues related to the client and consult with supervisors and colleagues as necessary (Stone, 2002). Finally, the issue of safety as it relates to sex and sexuality should be addressed and students given or referred to the appropriate resources as necessary and in accordance with the aforementioned state, district and school level policies.

Resources

For the professional school counselor, there exist a number of resources to aid in the promotion of positive sexuality among teens and pre-teens within the school setting. SIECUS, the Sexuality Information and Education Council of the United States, a cooperative partner of the Centers for Disease Control and Prevention (CDC) aims to educate, advocate and inform. Through working with schools and communities to create sexuality education curricula, SIECUS works with teachers and parents, teaching them how to engage with their students in conversations related to sexuality. SIECUS seeks to inform the public about important issues related to sexuality through the creation of a wide variety of resources, many of which can be found on their website, http://www.siecus.com/index.cfm. Finally, SIECUS takes an active role in educating policymakers and advocating for comprehensive sexuality education and better access for all to reproductive health information and services.

Advocates for Youth is an organization that is devoted to creating programs and advocating for policies that youths make informed and responsible decisions about their reproductive and sexual health. Through their website, http://www.advocatesforyouth.org/, school counselors may find developmentally appropriate lesson plans that may be used to work with students in order to provide the skills and support needed by adolescents in order to protect themselves and their partners from pregnancy and infection with sexually transmitted infections.

Finally, the website for NARTH, The National Association of Research and Therapy for Homosexuality, found at http://www.narth.com/index.html, contains resources, links, and specific information to help school counselors work with the GLBTQ population. With the increasing number of adolescents coming out of the closet in their teenage years, this important site gives school counselors ideas for how to promote a school environment of support and acceptance.

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Chapter Seven
Cyber-Sexuality Counseling
By Catherine Johnson

Background and Introduction

The use of electronic communication has increased significantly over the past decade and has helped to keep individuals, families, and organizations connected. As the worldwide web becomes a staple in many homes, counselors are plugging into this technology and learning ways to integrate the Internet into their daily practices. "The rapid development and use of the Internet to deliver information and foster communication has resulted in the creation of new forms of counseling" (Young, 2005, p. 173). For many the Internet has become an adjunct to traditional counseling services which has in turn opened new possibilities while raising concerns for sound ethical practices. Modes of Internet communication range widely. Kennedy (2008) explained that "computer-mediated counseling is any type of counseling that uses a computer for delivery of services, whether via e-mail, chat rooms, online support groups or video conferencing" (p. 34).

Summary of Available Information about Cyber-sexuality Counseling

According to Van Diest, Van Lankveld, Leusink, Slob, and Gijs (2007) the number of people searching online for possible causes and treatments for their complaints before seeking treatment is growing rapidly. The potential for the variety of services offered via the web have complicated the terms and conditions for which counselors can extend such services. Unfortunately, little evidence-based research is available for counselors looking to learn more about effective ways to conduct online therapy (Van Diest et al., 2007). Standards of practice for evaluating Internet practice and distance counselors in both individual and marriage and family counseling do not exist (Jencius & Sager, 2001). Furthermore, educational requirements and supervision is needed to increase counselor competence using this medium. While "how to" research is lacking, a variety of disadvantages and advantages to Internet therapy have been identified. Important ethical considerations for counselors have also been outlined in recent ethical guideline publications for the National Board of Certified Counselors [NBCC] (2005) and for the American Counseling Association [ACA] (2005). However, the American Association of Sexuality Educators Counselors and Therapist [AASECT] (2004) along with the American Association of Marriage and Family Therapist [AAMFT] (2001) have yet to address technology applications in counseling in their codes of ethics.

Advantages and disadvantages have been identified a variety of research studies conducted pertaining to providing Internet counseling. It is worth noting that many of these advantages and disadvantages relate to general ethical concerns when using technology applications in counseling because limited information is currently available specifically pertaining to cyber-sexuality counseling.

Advantages

One significant benefit to online counseling is the availability for anonymity and more privacy when discussing sensitive issues related to sexuality counseling (Hall, 2007). An example is men suffering from erectile dysfunction. Clients often express "embarrassment and difficulty speaking about such an intimate part of their lives with a stranger" (p. 167). Therefore, clients may be more willing to express potentially embarrassing information via non face-to-face methods of communication.

In addition to client sensitivity talking about sexuality issues, cultural considerations should be taken into account. Chang and Yeh (2003) explain that Asian American men often have stereotypes and negative feelings toward coming to counseling. Offering access through a less invasive way may be a means to providing services to groups such as these currently not being reached. Underutilization of mental health services can be an indicator of inadequacies in traditional services rather that indicative of the actual needs of clients facing concerns surrounding sexuality (Chang & Yeh, 2003). Many people are reluctant to seek counseling and divulge their behavior to others. Anonymous support

groups surrounding issues such as working with sexual predators or other stigmatized groups could provide group members an opportunity to explore their feelings and struggles in a safe and supportive environment (Kernsmith & Kernsmith, 2008). Furthermore, these groups often lack social support which Kernsmith and Kernsmith (2008) identified as a potential risk factor for recidivism of sexual offenders, therefore highlighting the need for online services.

The ability for counselors to reach persons unable to come into the counselor's office is another perceived benefit to cyber-sexuality counseling. Persons with disabilities and/or their caregivers, as well as clients limited by the lack of resources provided in their geographic location, are examples. Often folks living in rural areas have few options for treatment, particularly treating concerns surrounding sexuality. Therefore, being able to have access to trained professionals even if they are miles and miles away allow the possibility of specialized treatment and services. Employment constraints can also prevent people from seeking traditional services. If one is working long hours during the day and cannot find the time to make an office visit, online services provide accessibility and flexibility for both client and counselor (Hall, 2004). As a result, Polluck (2006) cited Internet counseling to be more cost-effective for both clients and counselors.

Internet counseling has been viewed as a therapeutic tool in the counseling process. "Working online provides the opportunity for the client to visualize and hear the therapist in whatever way that is most beneficial" (Hall, 2004, p.168). Clients are allotted a space and opportunity to make meaning of their experiences in a very reflective and intimate way. Paper trial records are automatically kept further advocating the reflective process for the client. Online counseling can also be a form of writing therapy for clients. Having clients write their story instead of just verbalizing it gives them a chance to critically think about their experiences and helps to externalize their problems, promoting therapeutic growth and change (Polluck, 2006).

Disadvantages

Several disadvantages to online cyber-sexuality counseling have been identified. First, and most importantly, there is limited evidenced based research to support this mode of counseling. Second, counselors and clients report difficultly building trust and rapport. The lack of non-verbal and visual cues can create frustration due to the counselor and client being unable to express themselves through text-based communication. Hall (2004) emphasized counselor's feeling particularly frustrated with explaining rationale and behavioral techniques to clients. In addition, Hall (2004) identified the difficulty for counselors to conveying empathy and support to the client. Due to this limitation, counselors asked a significant amount of clarifying questions in order to better understand the needs of their clients. Clients reported frustrations with online counseling as well, often feeling unable to write down in words what they are experiencing. In addition, some client's described experiencing feelings of inadequacy in regards to their writing abilities (Hall, 2004). A third disadvantage to online cyber-sexuality counseling is the high cost of technology and equipment needed (Kennedy, 2008). Due to the potential for technical malfunctions or computer failure a backup plan should always be in place (NBCC Code of Ethics, 2005).

Issues of security and confidentiality create barriers as well. Confidentiality cannot be guaranteed; therefore, special precautions must be taken to implement higher level security. Though clients sometimes prefer anonymity when discussing sexuality concerns, it is vital that the counselor has accurate information on the clients with whom they are working especially in case of emergencies (Polluck, 2006). It can be difficult for counselors to verify client identity as well as clients can have difficulty verifying counselor credentials. Due to the number of limitations and lack of research for this approach to counseling, most insurance companies do not provide liability insurance for Internet counseling (Polluck 2006). Referrals can also be difficult as distance counselors may not have the knowledge about the client's area resources and available services.

Guidelines for Practice

Along with the variety of advantages and disadvantages there are a multitude of precautions that counselors must take when conducting cyber-sexuality counseling. ACA (2005) along with NBCC (2005) ethics state that whenever possible email communication should be encrypted to help ensure confidentiality. Counselors should "urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process" (ACA, 2005, p. 6-7). Clients need to be clearly informed of legal rights and limitations of counselors practicing over state or international boundaries. This can become especially problematic as clients relocate to different states and desire continued services.

Risk assessment is a vital part of the counseling process and something that all counselors need to take seriously when considering online counseling. Special consideration must be made in determining if online counseling is appropriate for the client. The client's intellectual, emotional, and physical capabilities using online services must be assessed (American Mental Health Counseling Association [AMHCA], 2000). Moreover, counselors must have the correct client contact information on hand in case of a client emergency. Local referral sources should also be provided to the client in case crisis services or face-to-face services are needed (ACA, 2005). Hall (2007) found that client's struggling with erectile dysfunction were comforted initially by the anonymity of online counseling but as therapy progressed and the participants felt more comfortable talking about their issues, participants desired face-to-face counseling.

Detailed discloser statements outlining the terms and conditions for counseling are needed. Hall (2004) suggested that the following be included in the counselor's professional disclosure statement: limitations of therapy, restrictions to therapy, emergency procedures, confidentiality and security, responsibilities of the counselor and client, payment and insurance terms, intellectual property rights, and laws pertaining to the validity of the contract. VandeCreek, Peterson, and Bley (2007) along with AMHCA (2000) recommend having clients sign a waiver, in addition to the discloser statement that acknowledges the limitations inherent in the lack of face-to-face counseling.

"The most pressing barriers include the lack of case law, lack of federal regulations, and the patchwork of professional guidelines for online mental health practitioners" (Midkiff &Wyatt, 2008, p. 329). Though clients are becoming more technologically savvy and technology is merging its way into the counseling field as part of the client counselor relationship, graduate school training in this area is lacking. Therefore obtaining additional training will assist counselors in gaining an adequate level of competence (Midkiff & Wyatt, 2008). Finally, counselors must be aware of ACA, NBCC, and state and ethical codes pertaining to the use of technology in counseling. According to NBCC (2005) ethical guidelines, counselors should acquire proper licensure and credentials for distancing counseling if this is the type of therapy that they would like to do on a regular basis. Currently, NBCC offers additional training and certification in distancing counseling.

The AMHCA (2000) addressed Internet on-line counseling in their code of ethics underscoring the need for mental health counselors to take responsible steps to ensure the competence of their work in order to protect their clients from harm. NBCC (2003) created a standard of professional practice of Internet counseling which strictly outlines expectations for the counseling relationship. NBCC stressed the importance of client safety and boundaries of Internet counseling. Finally, these guidelines addressed unique cultural issues that need to be taken into consideration including clients who may "communicate in different languages, live in different time zones, and have unique cultural perspectives" (NBCC, 2003, p.5). Lastly, Internet counselors must be aware of local conditions and events that may impact the client socially, economically, and culturally.

In closing, it is clear that conducting cyber-sexuality counseling has strengths as well as challenges. As technology continues to become a more common mean of communication between individuals and families, online therapy will continue to find its place in the field of counseling. Assessing the needs of the client and knowing ones area of competence are two important questions that must be asked before agreeing to conduct this type of counseling. In addition, ethical guidelines

should be reviewed as they provide counselors with policies and procedures that protect the counselor and client alike.

What resources (e.g., books, Internet sites, and journal articles) are available to help professionals learn more about this issue?

Information and Guidelines about Distance Credentialed Counselors (DCC)
http://www.cce-global.org/credentials-offered/dccmain

NBCC Ethical Codes Pertaining to Internet Counseling
http://www.nbcc.org/AssetManagerFiles/ethics/InternetCounseling.pdf

The American Mental Health Counseling Association Ethical Codes
http://www.amhca.org/ethics.html

The American Counseling Association Code of Ethics
http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx

Counseling Today August 2008 publication dedicated to technology's influence on counseling
http://www.counseling.org/Publications/CounselingToday.aspx

Example of an organization providing cyber-sexuality counseling
www.sextherapyonline.org

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Chapter Eight
Avoiding Exploitation
By Esharan Monroe

1. Background and Introduction

Due to the nature of the therapeutic relationship in which clients are vulnerable and there is often a power differential, the potential for client exploitation exists. Exploitation can be defined as taking unfair advantage of a person or situation (MSN Encarta, 2009). Under this broad definition, exploitation can include any situation in which the counselor uses his/her power in a way that is detrimental to the client. Including imposing ones values on the client (i.e. ideas about homosexuality), or unilaterally deciding the goals of therapy. However, for the purposes of this chapter, exploitation will be defined in terms of sexual misconduct or abuse by a therapist/counselor.

Currently research indicates that up to 20% of counselors report sexual encounters with their clients (Hetherington, 2000, p.12). Sexual contact is the most prevalent form of sexual exploitation in therapeutic relationships; however, sexual exploitation can be considered on a continuum and consists of three categories of abuse (Coleman & Schaefer, 1986). Psychological abuse occurs when the "client is put in the position of emotionally caretaking the needs of the counselor" (Coleman and Schaefer, 1986, p. 342). Covert abuse occurs when the counselor "displays behaviors with intended sexual connotation to the client" (Coleman and Schaefer, 1986, p. 342) including sexual hugging, sexual gazes, and professional voyeurism (Coleman and Schaefer). Lastly, the most common and widely discussed for of abuse is overt abuse which ranges from sexual remarks to sexual contact and intercourse (Coleman and Schaefer).

Because of the sensitive and private nature of an individual's sexuality, counselors doing sexuality counseling need to be extra sensitive to the topic of exploitation. Surprisingly, however, there are not many journal articles written specifically on special ethical considerations in conducting sexuality counseling. Therefore, many of the ethical principles that govern general counseling also apply for sexuality counseling.

2. Summary of Available Information about Avoiding Exploitation

a. G. Terence Wilson

According to Wilson (1978), in order to ensure ethical practice the client should be fully informed about the process of therapy and consent to goal setting. In addition, the client should have "primary" say in the goals of the counseling process (Wilson). This ensures that counselors do not impose their own agenda. Wilson also states because of the power differential the counselor inevitably influences the client's decisions, therefore his/her biases must be recognized and honestly "declared".

b. Eli Coleman and Susan Schaefer

Coleman and Schaefer (1986) provide three categories of client abuse: psychological, cover, and overt. Psychological abuse occurs when the client becomes the emotional caretaker for the counselor (Coleman & Schaefer, p. 342). Covert abuse occurs when the counselor "displays behaviors with intended sexual connotations to the client" (Coleman & Schaefer, p. 343). Examples of covert abuse include sexual hugging, sexual gazes and professional voyeurism (counselor asks for information about client's sexual history out of curiosity as opposed to therapeutic gain for the client) (Coleman & Schaefer, p. 343). Lastly, overt abuse ranges from sexual remarks to sexual contact and intercourse (Coleman & Schaefer, p. 343).

Coleman and Schaefer (1986) also describe the female victim of sexual abuse. They state that studies have found female victims of sexual abuse by counselors to be lonely, unhappy, and suffer from low self-esteem. In addition, these women might also have a history of sexual abuse or abuse by professionals which makes them particularly vulnerable to exploitation in sexuality

counseling. This information is important for the sexuality counselor because he/she can take extra precautions to ensure that client's with a history of past abuse are treated with the utmost care.

Lastly, Coleman and Schaefer (1986) cite the ACA Code of Ethics (1981) which states that "in the counseling relationship the counselor is aware of the intimacy of the relationship and maintains respect for the client and avoids engaging in activities that seek to meet the counselor's personal needs at the expense of their client" (p. 341). This is important for sexuality counselors because it gives a broad definition for exploitation (activities that meet the counselor's personal needs) and it speaks to the intimate relationship that can exist between the counselor and client; because of this intimate relationship it is very important to ensure that the counselor monitors transference and countertransference and takes steps to make sure that his/her actions are not misunderstood by the client.

c. Angela Hetherington

Hetherington (2000) states that research suggests that 20% of clinicians self-report sexual encounters with their clients (p.12). She defines sexual exploitation as "an abuse of power imbued in the therapist by nature of his professional role" (Hetherington, p.11). She compares the power of counselors over their clients to that of parents over their children and asserts that like parents counselors are responsible for acting responsibly in light of that power (Hetherington, p.13).

Like Coleman and Schaefer (1986), Hetherington (2000) also discusses the three categories of abuse/exploitation mentioned above: psychological, covert and overt abuse. In addition, she echoes their assertion that client's who have experienced sexual abuse in the past are more susceptible to sexual exploitation in the counseling relationship. Hetherington, however, goes a step further and also includes the effects of sexual exploitation by a counselor. These effects include self-injurious behavior, anxiety, depression, distress, sexual dysfunction, relational disturbances and symptoms similar to post traumatic stress disorder. Hetherington recommends that in order to avoid the continuation of the cycle of abuse when counseling a client formerly abused by a therapist it is important to express a non tolerant attitude toward counselors who exploit clients.

3. Guidelines for Practice

Surprisingly there is not much information in the literature about avoiding exploitation specific to sexuality counseling. In addition, most of the guidelines for practice can be found in the ethical codes of the American Counseling Association and the American Association of Sexuality Educators, Counselors and Therapist.

The 2005 American Counseling Association (ACA) Code of Ethics provides several guidelines that directly relate to avoiding exploitation in the therapeutic relationship. Although, these codes are not specific to sexuality counseling, I would assert that they become even more important in sexuality counseling due to the topic of discussion (i.e., sex), the sometimes graphic nature of the conversations, the sensitivity of the subject, and the high potential for clients with past sexual abuse histories.

Section A of the ACA Code of Ethics (2005) pertains to the counseling relationship. Section A.2.a of the ACA Code of Ethics (2005) discusses informed consent and highlights that clients need adequate information about both the counselor and the counseling process (i.e., the counselor's qualifications and credentials, and what will likely happen during the process of therapy); the counselor must review both the client's and counselors rights and responsibilities; and lastly informed consent is to be an ongoing process. This section is relevant for avoiding exploitation in sexuality counseling because it ensures that (ethically aware) counselors will give clients information about the counseling process which includes possible harm or risks, and he/she must discuss with client's their rights which undoubtedly include the right to terminate therapy at any time and report any ethical violations on the part of the counselor. Section A.2.b (ACA) goes a step further and requires counselors to inform clients of (among other things) the techniques, risks, and benefits of therapy. This is important for sexuality counselors to keep in mind because it gives the client specific information up

front as to the nature of the counseling process and the specific techniques that the counselor/therapist will use. This information can help a client to decide if they think that this type of counseling will be too invasive for them. Perhaps the section most directly related to exploitation is section A.5.a. (ACA) which states that counselors cannot engage in sexual or romantic relationships with current clients. This ensures that an ethical counselor is not overtly exploiting his/her client. Lastly, section A.4.b. (ACA) states that counselors should be aware of their values, attitudes, beliefs and behaviors, and avoid imposing their values on clients. This ensures that counselors try their hardest to work towards the collaborative goals that they and their clients have created as opposed to following their own agenda of what they think is good for the client. In a sexuality counseling context, this ensures that the client's limits (in terms of their sexuality and sex life) are not pushed beyond the point that they want to work on or discuss.

The American Association of Sexuality Educators, Counselors, and Therapist (AASECT) also has a Code of Ethics that governs the conduct of its members (2008). Principle three, section N of AASECT Code of Ethics (2008) states that its members shall have no sexual contact with clients (wanted or unwanted); and that there should be no verbal or nonverbal sexual conduct with clients. In addition, the AASECT Code of Ethics (2008) acknowledges the unique vulnerability of clients involved in sexuality counseling and mandates that sexuality counselors protect the client's rights, welfare and best interests (check citation).

Another important consideration in avoiding sexual exploitation is always seeking supervision and consultation. Hetherington (2000) states that supervision can "detract from the conditions most conducive to abuse" (p.20). In other words, if the therapist/counselor is in supervision, the supervisor is likely to see issues before they become a problem.

In general, Daniluk and Haverkamp (1993) suggest that all ethical principles can be reduced to beneficence and nonmaleficence. Beneficence refers to doing good, and nonmaleficence indicates that no harm is done to clients (Daniluk and Haverkamp). The principle of beneficence is discussed in section A.1.a of the ACA Code of Ethics (2005) which states that the counselor's primary responsibility is to promote the welfare of his/her client's. Also, the principle of nonmaleficence is stated in section A.4.a of the ACA Code of Ethics (2005) which says that counselors should avoid harming their clients.

4. What resources are available to help professionals learn more about this issue?

- American Counseling Association Code of Ethics www.aca.org
- American Association of Sexuality Educators, Counselors, and Therapist Code of Ethics www.aasect.org/codeofethics.asp

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Chapter Nine
Attraction toward Clients
By Ryan Sullivan

Background and Introduction

One difficult issue many if not all counselors will face at some point in their career is that of sexual attraction to a client. In their landmark text on professional issues including ethics, Remley and Herlihy (2007) identify this issue as one of the most critical, writing, "Sexual intimacies with clients are probably the most harmful of all types of dual relationships" (p.202). The potential for great harm is one of the reasons this issue has been explicitly addressed in professional ethical codes. Section A.5 of the American Counseling Association specifically forbids sexual or romantic relationships with current or former, within the last five years, clients (ACA, 1995). Likewise, the American Association for Marriage and Family Therapy (AAMFT) states in section 1.4 and 1.5 that sexual relationships with current and former clients are prohibited (AAMFT, 1991). While most professional ethical codes take a clear line on the issue of sexual contact, the issue of how to handle a counselor's potential attraction is less clear.

This chapter will focus on this issue first by examining the relevant professional material on the subject and secondly by providing a list of guidelines for dealing with attraction to clients.

Summary of Information Regarding Counselor Attraction towards Clients

Concern over the particular form of dual relationships involving sexual or romantic contact between a counselor and his or her clients rose as more research was conducted in the last decades of the twentieth century and the scope and pervasiveness of the problem became more apparent. The largest limiting factor in the collection of data both in the past, and currently, is the reluctance of counselors to self-report the commission of sexual or romantic indiscretions involving clients. Remley and Herlihy (2007) approximate based on a range of studies conducted that 1.6% of female counselors and 7% of males report sexual relationships with current or former clients.

Before sexual contact can occurs, attraction is usually felt by the therapist towards his or her client. In a study of 396 American Psychological Association members, 88% admitted to feelings of attraction toward at least one of their clients. While most did not move to the next step of initiating inappropriate contact, 4% of those surveyed reported that they had. Clearly, attractions towards clients are not uncommon in the therapeutic world given the intimate nature of individual counseling (Kapp, 1995).

It has been clearly established through research that sexual and romantic relationships between professional helper and client are very, if not most, often harmful to the client. This harm can come in multiple forms and includes; guilt feelings from self blame for the relationship, isolation and feeling cut off from the normal world, confusion about their sexuality, impaired ability to trust other helpers and people in general, symptoms similar to presented by post traumatic stress disorder, and finally higher risk of self harm including suicide. At present, the ethical codes of all professional organizations representing mental health professionals prohibit sexual contact between therapist and client in all cases. This is not to say however that such unethical, and often illegal, behavior does not exist (Remley & Herlihy, 2007). In fact, complaints about sexual misconduct were the second highest category represented in a survey of 900 complaints brought before 32 state licensing boards (Kapp, 1995).

There is not, however, universal consensus among mental health professional organizations as to what constitutes an appropriate amount of time before it is permissible for a therapist to initiate a romantic or sexual relationship with a former client or family member of a former client. The ACA's code of ethics mandates a five year period of time must pass while others codes only mandate two years. Added to this uncertainty is the fact that such unethical conduct is not concurrently illegal in all states. One consequence of this is uncertainty as to what constitutes legal malpractice actionable by

the state compared with unethical behavior which must be pursued by relevant licensing board or professional organization (Remley and Herlihy, 2007).

One final issue arises. Sexuality counseling, by its very nature, involves dealing with matters sexual. This could be reasonably expected to present unique boundary issues in counseling since the topic of sex might be far more present and focused upon in session than might occur during work with clients seeking help with other areas of their lives. As it will be explained it comes down to the choices individual counselors make about how to proceed once a sexual attraction toward a client has been recognized.

Guidelines for Practice

One would think the most basic guideline for practice would be to not have sex with one's clients. This is quite simply true, but as demonstrated above, seemingly difficult to put into practice for all mental health providers. The following guidelines will fall into three rough categories; self monitoring, outside assistance, and transfers and referrals.

Self Monitoring

Counselor know thyself is the heart and soul of these guidelines. This process starts with selecting a program of education that will adequately prepare a future helper to recognize and meet these challenges. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) mandates that students enrolled in counselor preparation programs accredited by them must take coursework in professional ethical standards and behavior (CACREP, 2001). This is a crucial first step in producing practitioners who are aware of both the potential ethical quandaries that may present themselves during practice, and of appropriate and inappropriate responses to said quandaries. Proper training would also seem to prepare counselors to practice self-reflection and analysis of their own emotional processes and how they may interact with the process of delivering counseling. One could also argue that the ethical mandate represented by the ACA's code to not to practice outside one's competence should include competence to monitor one's self as well. When a counselor determines that his or her feelings towards a client could negatively impact on the counseling relationship, he or she should then seek outside assistance.

Outside Assistance

The first rule drilled into this writer's awareness during Graduate school is when in doubt, seek supervision and consultation. This would seem to be true for mental health professionals in general especially when dealing with matters of sexual attraction. Seeking supervision when in doubt about sexual feelings has been reported to be helpful in stopping the process before ethical or legal boundaries are crossed. It may be important for the clinician to initiate this process themselves as research has shown that such discussions are not often initiated by supervisors. Surveyed individuals who sought supervision also reported that having the experienced normalized, and being treated fairly, were the most helpful features of the supervision the received (Ladany, Melincoff, Obrien, Hill, Knox, and Petersen, 1997).

In settings where a clinician's practice is no longer being supervised, consultation with a peer or colleague would seem to be an analogous step. The important thing seems to be to have an external source of guidance or at least reflection to help assess the potential for harm to the client. Client welfare would seem to be of utmost concern in this process (Remly and Herlihy, 2007).

Finally, if a mental health professional's personal emotional processes are interfering with providing client care, he or she may seek individual counseling to address those issues. Counseling can help clinicians to become more aware of, and better manage, their own contributions to the therapeutic process. This in turn may allow a counselor to continue working with a client to whom they feel an attraction without being in jeopardy of causing that client harm or hindering their progress unintentionally. If it is not effective, or if the feelings are of such a nature as to interfere with the process, a transfer or referral is appropriate (Remley & Herlihy, 2007).

Transfers and Referrals

In the event that a counselor or supervisor determines that they cannot work effectively, or safely, with a client due to sexual feelings it is time to arrange a transfer to another therapist if possible within an organizational context, or refer. Standard A.11.b of the ACA code of Ethics (1995) stipulates that a counselor must make an appropriate referral when they are unable to be of professional assistance to clients. If a counselor's feelings towards a client interfere with professional services, it would seem to fall under this guideline. In larger metropolitan areas this is usually quite simple, but it can be far more complicated in rural settings or with some clients due to their culture of origin and inability to find a practitioner who is multiculturally competent. Also, it seems reasonable that since sexuality counselors are a subset of counselors as a whole, the potential difficulties making an appropriate referral might be even greater. Nonetheless, ethical guidelines are clear on the subject of referrals (Remley and Herlihy, 2007).

Additional Resources

- http://www.counseling.org This is the ACA's website with information regarding its code of ethics and other pertinent information.
- http://www.aamft.org This is the AAMFT's website with its code of ethics and other helpful information for practitioners of family therapy.
- http://www.nbcc.org This is the website for the National Board of Certified Counselors also with ethics code and other information.
- http://kspope.com/sexiss/research5.php This is one of the best web articles on the subject with additional resources listed and is done with the permission of the APA.

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