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Sexuality Training in Counseling Psychology: A Mixed-Methods Study of Student Perspectives

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Abstract

Counseling psychologists are a cogent fit to lead the movement toward a sex-positive professional psychology (Burnes et al., 2017a). Though centralizing training in human sexuality (HS; Mollen & Abbott, 2021) and sexual and reproductive health (Grzanka & Frantell, 2017) is congruent with counseling psychologists' values, training programs rarely require or integrate comprehensive sexuality training for their students (Mollen et al., 2020). We employed a critical mixed-methods design in the interest of centering the missing voices of doctoral-level graduate students in counseling psychology in the discussion of the importance of human sexuality competence for counseling psychologists. Using focus groups to ascertain students' perspectives on their human sexuality training (HST) in counseling psychology,

Published in *Journal of Counseling Psychology* 2023, Vol. 70, No. 1, pp. 52–66.

doi:10.1037/cou0000641

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Submitted February 7, 2022; revised August 10, 2022; accepted August 10, 2022; published September 15, 2022.

“This paper is not the copy of record and may not exactly replicate the authoritative document published in the APA journal.”

responses yielded five themes: (a) HST is integral to counseling psychology training, (b) few opportunities to gain human sexuality competence, (c) inconsistent training and self-directed learning, (d) varying levels of human sexuality comfort and competence, and (e) desire for integration of HST. Survey responses suggested students were trained on the vast majority of human sexuality topics at low levels, consistent with prior studies surveying training directors in counseling psychology and at internship training sites (Abbott et al., 2021; Mollen et al., 2020). Taken together, results suggested students see HST as aligned with the social justice emphasis in counseling psychology but found their current training was inconsistent, incidental rather than intentional, and lacked depth. Recommendations, contextualized within counseling psychology values, are offered to increase opportunities for and strengthen HST in counseling psychology training programs.

Public Significance The present study suggests that counseling psychology graduate students perceive human sexuality training (HST) as valuable to their professional development and congruent with counseling psychology values. Findings support the integration of consistent, comprehensive, sex-positive HST in doctoral counseling psychology training programs.

Keywords: human sexuality, counseling psychology training, sex positivity

Human sexuality (HS) is an integral component of wellness (World Health Organization [WHO], 2017); yet, psychologists and trainees report feeling uncomfortable with and underprepared for addressing sexuality topics in their various roles (Hanzlik & Gaubatz, 2012). Counseling psychologists' strengths-based, holistic, and multiculturally focused training and values make them particularly well-suited to address sex and sexuality in clinical practice, serve as sexuality educators, and advocate for sexual rights (Burnes et al., 2017a). Despite calls from within the discipline to centralize training in human sexuality, broadly (Mollen & Abbott, 2021), and sexual and reproductive health (SRH), specifically (Grzanka & Frantell, 2017), training programs for counseling psychologists rarely require or integrate comprehensive sexuality education and cover most sexuality-related topics at low levels, if at all. Data related to sexuality training in counseling psychology have historically asked faculty and staff to describe the human sexuality education they provide (Burnes et al., 2017b; Mollen et al., 2020). Little is known about counseling psychology students' perceptions of the importance and nature of sexuality training in their professional development. With this omission in extant scholarship in mind, we employed a critical mixed-methods design in the interest

of centering the voices of doctoral-level graduate students in counseling psychology in order to describe the state of their current sexuality training experiences and provide student-informed recommendations for counseling psychology training programs.

A Liberatory Approach to Human Sexuality Training in Counseling Psychology

As the United States continues to reckon with social inequalities, some psychologists have called for a public-facing, socially responsive psychology rooted in liberation. Broadly, liberation psychology interrogates and challenges sociopolitical structures that maintain the group-based oppression of people of color, women, the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) community, immigrants, the poor, people with disabilities, and others (Neville et al., 2021) and is primarily rooted in the work of Ignacio Martín Baró (1986) and other Latin American scholars (Burton & Guzzo, 2020). The WHO (2017) has defined sexuality as central to humanness, encompassing “sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction,” expressed in thoughts, behaviors, and relationships, and influenced by the interaction of environmental factors (e.g., social, economic, cultural; para. 5). As a fundamental aspect of human experience, the human body is often a site of conflict, where larger social inequities are enacted or challenged.

For example, structural racism in the U.S. results in inequality in access to preventative reproductive screenings, higher rates of HIV infection, and more preterm births and infant deaths among Black women as compared to their White counterparts (Prather et al., 2018). Disabled people are often erroneously viewed as asexual and consequently do not receive sex education (Addlakha et al., 2017). Similarly, sex education, when provided, is generally heteronormative, excluding the sexual and reproductive needs of gender diverse people and sexual minorities (McNeill, 2013). The recent reversal of *Roe v. Wade* (*Dobbs v. Jackson Women’s Health*, 2022) as well restrictions on gender-affirming care in Texas (Attorney General Opinion No. KP-0401, 2022) means reduced access to safe and legal gender- and sex-based medical care, putting the health of the transgender community and

reproductive-aged people with uteruses at risk, particularly those who are young, low-income, and people of color (Espey et al., 2019).

Counseling psychologists treat the whole person, attending to their development over the course of life and emphasizing psychological strengths. They maintain an awareness of diversity and cultivate the ability to work with, and advocate for, diverse clients (Scheel et al., 2018). Burnes et al. (2017a) outlined the alignment of sex-positive frameworks with counseling psychology's core values of social justice, resilience, and wellness and called for counseling psychologists to spearhead the incorporation of sex-positivity into research, training, counseling, and supervision. The humanistic, socially contextualized nature of counseling psychology's values represent a natural outgrowth of liberation psychology, making counseling psychologists uniquely suited to promote healthy sexuality, including sexual pleasure, for diverse people, advance the study of human sexuality, and lead the fight against sexuality-based inequalities.

Professional Benchmarks and Human Sexuality Training in Counseling Psychology

Much counseling psychology scholarship has been dedicated to the promotion of social justice training and development of multicultural competence (DeBlaere et al., 2019; Ridley et al., 2021), professional benchmarks that closely align with human sexuality training (HST). Mollen and Abbott (2021) described how sexuality training may address the foundational competencies of professional psychology laid out by Hatcher et al. (2013), including professionalism, relationships, science, application, education, and systems and advocacy (Hatcher et al., 2013). For example, elements of professionalism such as appreciating cultural and individual diversity can be fostered by encouraging bias awareness conversations on HST-relevant issues, student presentations on psychotherapeutic treatments for sexuality concerns may encourage evidence-based clinical practice, and interrogating sexuality education received across the lifespan can nurture the critical thinking required for scientific research (Mollen & Abbott, 2021). Miller and Byers (2008) found sex education in graduate school among psychologists was associated with higher levels of postinternship sex education

and training and, in turn, higher self-efficacy with regard to sexual interventions. Sexuality-specific training, though not general training, was associated with greater comfort discussing sexual issues (Hanzlik & Gaubatz, 2012). Therefore, training and education in human sexuality appears to play a prominent role in determining whether psychologists attend to the sexual concerns and needs of clients in psychotherapy. Increasing clinicians' comfort with providing HST-relevant care will allow them to nurture the wellbeing of a diverse clientele, including and especially those most affected by the rollback of sexual and reproductive rights, such as the LGBTQIA+ community, racial minorities, and those in need of access to safe abortion.

However, despite these possibilities, HST is rare in counseling psychology training programs. Most counseling psychology programs report sexuality training as a small component of relevant coursework, rather than offering a required or elective course dedicated to human sexuality (Burnes et al., 2017b). Gender identity and sexual orientation, relationships and intimacy, sexual trauma, and sexuality related to lifespan development are covered in some form by a majority of programs, but topics including reproduction, diverse sexual interests and expressions, sex research, and sexual ethics were included in curriculums at very low rates (Mollen et al., 2020). A similar pattern of results was found among predoctoral internship training programs (Abbott et al., 2021). Therefore, it is possible the paucity of HST in counseling psychology programs may lead to deficiencies in clinical work, teaching, research, and advocacy, which impedes the public usefulness of the field.

Literature on social justice and multicultural training, of which HST might be considered an element, is often nonempirical (Benuto et al., 2018) or quantitative, focusing on the effectiveness of training as measured by process and outcome studies (Tao et al., 2015). Fewer studies center students' perceptions and experiences of the training they receive using qualitative and mixed-methods methodologies that capture descriptive narratives. For example, using a mixed-methods approach, Beer et al. (2012) found a social justice-focused training environment was essential to the development of students' commitment to providing socially just professional psychological services despite any pre-existing personal factors (e.g., activist orientation). Similarly, Pieterse et al.'s (2016) mixed-method study of racial group membership and

multicultural training highlighted similarities and differences in the needs from and experiences of multicultural training for students of color as compared to White students. Thus, existing scholarship promoting HST as an element of multicultural and social justice training could benefit from mixed-methods studies that prioritize student perspectives in the interest of exploring similar variables (e.g., training environment, differences by group membership).

The Present Study

The goal of the present study—via a critical mixed-methods design, which is itself in line with the liberation psychology frame—is to solicit the perspective of doctoral students in counseling psychology on the HST they receive. It is unclear the degree to which counseling psychology students desire HST, how they expect such training to intersect with their work across roles (e.g., teaching, clinical practice, research, advocacy), the nature of the sexuality training they receive, if any, and, if training is desired, what topics and delivery methods are viewed as most beneficial to students. In order to ascertain students' perspectives, promote sexuality training that will be most beneficial to counseling psychologists-in-training, and, ideally, to help counseling psychologists begin to address systemic human sexuality and SRH inequalities, we employed a convergent mixed-methods design underpinned by critical theory (Creswell & Plano Clark, 2018; Kemmis et al., 2014). The research questions guiding our study were as follows: (a) What, if anything, do doctoral students in counseling psychology want from their HST? (b) How do doctoral students in counseling psychology perceive the HST they currently receive? and (c) How is sexuality education integrated into students' training experiences, if at all? Building upon prior scholarship, we endeavored to attend to how power dynamics, within and outside of training programs, shape the current state of HST in counseling psychology and integrate qualitative and quantitative data in the interest of triangulating findings and enriching the analysis (Creswell & Plano Clark, 2018). Specifically, we centered qualitative accounts of students' perception of and expectations for their HST and solicited their feedback, rooted in their lived experiences, as to what how HST might

be improved. We complemented their qualitative accounts with student-reported frequencies of training in a comprehensive list of human sexuality topics.

Method

Critical theory underpinned the current investigation in the interest of identifying and establishing human sexuality-related training practices that were more just, inclusive (Kemmis et al., 2014), and beneficial to counseling psychologists-in-training. Further, the salient role of power dynamics in critical theory's interpretation of events (Ponterotto, 2005) is relevant to the study of students, who hold less power than the faculty who provide their training, and to the manner by which stratification of power in the United States impacts sex education, sexual experiences, and SRH outcomes among the public psychologists serve. Given this, we employed a convergent mixed methods design to obtain and merge specific closed-ended information about the frequency and methods of sexuality education delivery in counseling psychology with open-ended data about students' perspectives (Creswell, 2015). Data were collected in parallel with qualitative data gathered via focus groups and quantitative data via an online survey. Qualitative and quantitative data were analyzed independently and later synthesized in order to more completely answer our research questions (Creswell & Plano Clark, 2018).

The primary research team was comprised of a pretenure faculty member and two doctoral students in an APA-accredited doctoral program in counseling psychology in the Midwest. Therefore, all members of the research team were involved in the provision and/or receipt of HST in counseling psychology. The research team consisted of a White, heteroflexible cisgender woman, a multiracial (White/Latinx) straight cisgender woman, and a gay trans man of color. The first author previously studied the state of HST in health service psychology using quantitative and qualitative methodologies and developed and teaches a human sexuality course using a sex-positive framework. The second and third authors have emerging expertise in antitransgender prejudice and qualitative methodology and sexual and intimate partner violence survivorship, respectively. Both students completed coursework in qualitative and/or mixed methods research and

engaged in other supervised qualitative investigations, one had prior experience facilitating focus groups, and both are trained in culturally responsive interviewing as developing counseling psychologists; one completed the lead author's human sexuality course concurrently with data collection for this project. The research team engaged in frequent team meetings at every stage of the investigation in order to challenge personal biases and assumptions, in general, and those generated from their respective positions in a counseling psychology training program. For example, student researchers sometimes found themselves aligned with the perspectives of the students they were interviewing and processed how to manage this when conducting focus groups and analyzing data. Likewise, the team explicitly discussed whether the recommendations we provided were rooted in our participants' narratives rather than our own preferences and made adjustments as necessary.

Participants

The research team obtained institutional review board approval from their home institution and participants provided their informed consent prior to their involvement in the study. Participants were recruited for focus groups via listservs targeting members of the American Psychological Association's Society for Counseling Psychology (SCP, Division 17), social media posts by accounts targeting student members of Division 17, and distribution of the survey recruitment by training directors in counseling psychology programs. Students currently enrolled in an APA-accredited doctoral training program in counseling psychology were eligible to participate; no students from the researchers' home institution were participants in any phase of the study. Demographic characteristics for the sample for each phase of focus groups are summarized in **Table 1**.

Participants for our survey of HST were recruited in the same manner and with the same eligibility requirements as the focus groups. A total of 97 students began the survey of sexuality training in February and March of 2021. Participants ($n = 19$) who discontinued the survey during or immediately following demographic questions and two additional participants from unaccredited programs were removed from the data set for a final sample of 76 students representing 39

Table 1 Focus Group Participants

Name	Gender	Age	Year of training	Race/ethnicity	Sexual orientation	Social class	Religion of origin	U.S. region of program
Jessica ^a	Woman	27	4	Black	Straight	Working class	Christianity	East South Central
Cherry	Woman	28	5	AAPI	Straight	Middle class	Catholicism	East South Central
Devin	Woman	25	2	White	Bisexual	Working class	Christianity	East North Central
Samantha ^a	Woman	41	4	White	Pansexual	Working class	Christianity ^b	Mountain
Marie ^a	Woman	25	4	Black	Bisexual	Working class	Catholicism; none	West South Central
June	Woman	24	4	White	Lesbian/gay	Middle class	Catholicism	Mid-Atlantic
Calliope	Woman	26	3	Multiracial	Lesbian/gay	Working class	Catholicism	West South Central
Pseudo ^a	Man	28	4	White	Pansexual	Middle class	None	West South Central
Alice	Woman	29	3	White	Bisexual	Upper middle class	Christianity	Mid-Atlantic
Ben ^a	Man	26	2	White	Lesbian/gay	Upper middle class	Catholicism	West South Central
Riley	Woman	27	6	White	Queer	Upper middle class	Judaism	East South Central
Elizabeth	Woman	27	4	White	Bisexual	Upper class	Catholicism	Mid-Atlantic
Ranger	Man	30	3	White	Lesbian/gay	Working class	Christianity	West North Central
Rose	Woman	24	3	White	Bisexual	Middle class	Christianity	East North Central
Zoe ^a	Transwoman	30	3	White	Lesbian/asexual	Middle class	None	East North Central
Hobson	Woman	29	2	White	Unsure	Upper middle class	Agnosticism	East North Central
Judy	Woman	28	3	AAPI	Straight	Middle class	None	West South Central
Tree	Woman	29	4	Multiracial	Straight	Middle class	Christianity	Mid-Atlantic
Naomi	Woman	25	3	Black	Straight	Middle class	Christianity	East South Central
Experiment 626	Woman	24	1	Latinx	Straight	Working class	Catholicism	West South Central
Kristine	Woman	25	2	White	Straight	Upper middle class	Catholicism	East South Central

Note. AAPI = Asian American or Pacific Islander.

a. Participant returned for third round of focus groups.

b. Participant indicated multiple forms of Christianity.

Where Black is noted, other choices in the category included African American and Afro-Caribbean.

(51%) of the 76 programs accredited by APA at the time of data collection. The modal number of students from any program was one, but ranged from one ($n = 23$) to six ($n = 1$); seven programs were represented by more than two students. Of note, four participants who indicated they were enrolled in an APA-accredited doctoral program in counseling psychology, but declined to provide their program name, were retained. Demographic characteristics of quantitative participants are summarized in **Table 2**.

Table 2 Demographics (N = 76)

<i>Variable</i>	<i>n</i>	<i>%</i>
<i>Age (M = 27.83, SD = 3.41, Mdn = 27.50)</i>		
Geographic location of program		
East North Central United States	13	17.1
West North Central United States	5	6.6
East South Central United States	16	21.1
West South Central United States	7	9.2
Mountain United States	2	2.6
Western United States	4	5.3
Northeastern United States	9	11.8
Midatlantic United States	11	14.5
South Atlantic United States	9	11.8
Year of training		
First	12	15.8
Second	15	19.7
Third	16	21.1
Fourth	19	25.0
Fifth	10	13.2
Sixth	4	5.3
Gender		
Cisgender man	11	14.5
Cisgender woman	60	78.9
Transman	1	1.3
Transwoman	1	1.3
Nonbinary	3	3.9
Romantic/sexual attraction or orientation		
Gay or lesbian	9	11.8
Bisexual	22	28.9
Straight	36	47.4
Pansexual	3	3.9
Something else	6	7.9

(continued)

Table 2 Demographics (N = 76) (*continued*)

<i>Variable</i>	<i>n</i>	<i>%</i>
Race/ethnicity		
Black	10	13.2
Latinx	3	3.9
White	47	61.8
Asian American or Pacific Islander	5	6.6
Arab, Persian, Middle Eastern	2	2.6
Multiracial	9	11.8
Social class background		
Low-income	3	3.9
Working class	24	31.6
Middle class	26	34.2
Upper middle class	20	26.3
Upper class	3	3.9
Ability status		
None	67	88.2
Mobility-related disability	1	1.3
Learning disorder	1	1.3
Mental health disorder	5	6.6
Something else	2	2.6
(Non)Religious identity (current)		
Christianity	16	21.0
Judaism	3	3.9
Islam	2	2.6
Atheism	12	15.8
Agnosticism	12	15.8
No religion	26	34.2
Something else	5	6.6
Political ideology		
Strongly liberal	35	46.1
Liberal	34	44.7
Slightly liberal	4	5.3
Moderate	2	2.6
Slightly conservative	1	1.3
Conservative	0	0.0
Strongly conservative	0	0.0

Sources of Data

Initial Focus Groups

Focus groups were a cogent fit for this critical study as discursive practices can instigate change. Participants were able to simultaneously examine their own experiences and learn about others

experiences in the interest of generating common goals that transformed HST in counseling psychology (Kamberelis et al., 2018). Borrowing from participatory action research approaches, we engaged in an initial round of focus groups (January 2021) aimed at creating a public sphere in which the research team and participants could engage in collective knowledge building (Fine & Torre, 2021), collaboratively determine whether there was a shared concern about HST in counseling psychology, and, if so, how we could collect qualitative and quantitative data in later stages of the study to best ascertain what could be reconsidered or changed with regard to current HST (Kemmis et al., 2014).

Initial focus groups were created from a pool of qualifying counseling psychology students from APA-accredited doctoral programs who indicated interest in participating in our study. One student per academic program was selected to participate, in the order they responded to our recruitment survey, to create a group as representative as possible of nationwide counseling psychology programs. A total of 17 students responded to our recruitment survey, 12 were invited, nine scheduled, and, ultimately, seven students engaged in initial focus groups across two meetings (with 5 and 2 participants, respectively) ranging from approximately 44 to 57 min in duration. Discussions with participants in the initial focus groups were facilitated by the first author. Our dialogues supported critical construct validity or the usefulness of the terms, language, and thinking of our measures (Fine & Torre, 2021) and informed the development of semistructured interview questions for a second round of focus groups as well as the modification of a survey to assess student perceptions of the sexuality topics in which they received training and in what formats that training was received. For example, though we used a previously developed measure to assess the nature of the sexuality training students received, we added questions to determine in what training experiences they covered each sexuality topic after recommendations and discussion in these initial focus groups. Additionally, the authors reviewed and used feedback from this initial round of discussions as a lens through which to think about their engagement with students in later rounds of focus groups, analyze data, and make recommendations.

Primary Focus Groups

Students from the initial focus groups, in addition to other students who expressed interest in participation during recruitment or during participation in the quantitative survey, were invited to attend our primary focus groups. A total of 37 students, in all, expressed interest in participating. All 37 were invited, 28 scheduled, and 19 students representing 13 academic programs participated across six focus groups (ranging from 2 to 4 participants each and 47 min in duration, on average) and one 38-min individual interview (due to absence of other invitees). After each focus group/ interview, the researchers assessed whether new data were emerging (Morrow, 2007) and the richness of the information gathered and concluded focus groups when it was clear new knowledge had been generated (Malterud et al., 2016).

Primary focus groups were conducted and recorded via Zoom, an online videoconferencing platform (February to March 2021). Participants were asked to change their visible screen names to a pseudonym before participating and were informed of their right to mute their video or withdraw from participation at any time; no participants withdrew during a focus group. Participants were organized into focus groups based on schedule availability and their identified home program, such that attempts were made to avoid having more than one student from the same program in a focus group together for confidentiality.

Due to the first author's role as a faculty member in counseling psychology and participation in national professional service, there was potential for her to have an existing or prior relationship with student participants or faculty at their home institutions. Therefore, though participants were aware of the identity of the first author and her access to study data, the second and third authors, both students, facilitated primary focus groups in the interest of promoting students' comfort sharing their experiences. In the focus groups, participants were provided with a definition of HST after which they engaged in semistructured interviews consisting of open-ended questions (see Appendix); however, we favored a nondirective approach (Kambarelis et al., 2018), and these interviews were used to guide the discussion and to prompt groups when the conversation seemed to stall.

Interview questions were omitted if they were organically answered by participants during their discussion; otherwise, all questions were presented to every focus group.

Final Focus Groups

Following data analysis, a final round of focus groups was conducted (June 2021) as a means of member checking (Esposito & Evans-Winters, 2022). These focus groups invited all participants from primary focus groups to review the researchers' preliminary findings and associated recommendations for training programs. All 19 primary focus group participants were invited to return for the final focus groups; 11 students scheduled and nine attended across two meetings (5 and 4 attendees, respectively). Participants were provided a summary of the results at the beginning of the interview after which groups engaged in semistructured discussions (see Appendix) as to the fit of the researchers' findings to their experiences, as well as the utility of recommendations informed by the findings. Feedback provided by participants in this final round influenced the student-provided examples we used in reporting of themes, our interpretation of the integration of our findings, and recommendations. Participants were compensated \$10.00 per focus group in the form of a digital gift card for the initial and primary focus groups and \$5.00 in the same form for participation in the final focus group.

Quantitative Surveys

Concurrent to primary focus groups, counseling psychology students, both those who participated in the focus groups and others, were invited to participate in a survey of their HST experiences. The survey was adapted from a measure developed by counseling psychologists, in conjunction with sexologists, for a prior study of HST in counseling psychology doctoral programs (Mollen et al., 2020). The original measure surveyed whether or not programs provided training in 12 domains of human sexuality, each comprised of between two and 12 topics, considered relevant and comprehensive with regard to the training of counseling psychologists. We adapted the measure to include information about the ways students received training: in a

required or elective sexuality course, in other coursework, in clinical supervision, in a program-based workshop/ training, in fieldwork experiences, when conducting research, or somewhere else. Participants who completed a survey were entered into a random drawing to win (1) of (5) \$50.00 electronic www.Amazon.com gift cards.

Data Analysis

Qualitative Data Analysis

Following Babchuk's (2019) data analysis process, all primary focus groups were audio and video recorded and transcribed by a third-party transcription service. During facilitation of the focus groups, the researchers took notes, identifying patterns in responses and personal reactions, including biases and assumptions that may have impacted the interpretation of the results. Once transcribed, the researchers immersed themselves in the data by viewing the recorded primary focus groups and reading the transcriptions. The first and second authors engaged in an initial phase of open coding, assigning meaning or descriptions to segments of data. Then, these initial codes were grouped and narrowed independently by all three authors based on similarities and relevance to the research questions until themes were established (Babchuk, 2019). Codes deemed unrelated to the research questions, most often those that were purely descriptive (e.g., "my family was Evangelical"), were eliminated. Disconfirming evidence, or data incongruent with emerging themes, was explicitly noted. Then, the authors compared their determinations and organization of the codebook in a team meeting during which they collaboratively discussed the findings until a final set of themes was agreed upon by all authors.

Quantitative Data Analysis and Integration Phase

Concurrent to qualitative analysis, the first author analyzed the survey data. Frequencies were used to determine which, and in what formats, students received training in specific sexuality topics and their domains. Multiple response analysis was used to determine the number of topics within each domain in which students received training.

In a subsequent integration stage, the researchers merged the qualitative and quantitative data (Fetters et al., 2013) in order to enrich students' narratives. Using the final qualitative codebook, notes from the final focus groups, and visual displays generated from the survey data collected, the first author analyzed the sets of results looking for ways in which they confirmed, disconfirmed, or expanded one another (Creswell & Plano Clark, 2018). The second and third authors reviewed the first author's interpretation, offered feedback and changes, and agreed upon the final integrated results.

Transparency and Openness

All data were collected via a secure, university-sponsored online survey platform (i.e., Qualtrics) and videoconferencing platform (i.e., Zoom). Identifying information was collected to facilitate communication about focus groups but was stored separately from survey responses and interviews. Metadata were deleted, and all data were stored on a secure, university-sponsored cloud storage platform accessible only by the research team. De-identified transcripts and survey data are available from the authors upon request. Qualitative data were analyzed using NVivo V. 12, a qualitative data analysis software, and survey data were analyzed using SPSS V. 27 and Qualtrics. The study was not preregistered.

Results

Qualitative Results

Five themes emerged from qualitative data analysis: (a) HST is integral to counseling psychology training ($n = 116$), (b) few opportunities to gain human sexuality competence ($n = 214$), (c) inconsistent training and self-directed learning ($n = 91$), (d) varying levels of human sexuality comfort and competence ($n = 133$), and (e) desire for integration of HST ($n = 111$). The reported n 's represent the total number of times the topic was coded across primary focus groups.

HST Is Integral to Counseling Psychology Training

Participants conveyed the general “importance” of HST frequently across all focus groups ($n = 30$). As counseling psychologists are trained as generalists, participants felt that HST was a part of an integral, “holistic” approach. Karen described human sexuality as an “essential piece of our humanity and our human experience” and added it was “core and central to conceptualizing a person.” Additionally, participants emphasized how HST was relevant to the emphasis on social justice and multiculturalism in the field of counseling psychology ($n = 42$), as sexuality was “an important facet of diversity” and noted HST was necessary to taking an “intersectional” approach to understanding the world and providing care. Participants highlighted the congruence between counseling psychology training and HST in the “developmental” nature of sexuality and consideration of “interaction” between people and their environment.

Additionally, students expressed how HST was necessary to the promotion of their cultural competence in general and as clinicians working with diverse clients ($n = 33$), many of whom will present with “sexual concerns.” Calliope expressed concern that:

... if clients ever bring [sexuality] up, if we’re lacking that skill set, or lacking the knowledge, or lacking the experience around talking about anything sexuality related, I think it can be easy to just gloss over or move on to a more [sic] easier conversation.

Marie pointed out that sexuality has “an impact on mental health, and our mental health also has an impact on our sexuality.” Thus, students were keenly aware of the potential for, or were experiencing in their field placements, the applicability of sexuality to their clients’ overall health and well-being. Notably, students often defined HST as training related to diverse sexual and/or romantic attractions and genders, with less frequent awareness of other elements of HST (e.g., pleasure, reproduction).

Students, in general, praised their programs’ multicultural training. However, with regard to sex and sexuality as an element of diversity training, they raised concerns ($n = 78$). These critiques ranged widely,

but the most common of them was an overfocus on gender identity and sexual attraction to the detriment of other sexuality-related topics ($n = 14$) such as “pregnancy,” “anything related to reproduction,” “sexual pleasure,” and “sexual desire and functioning.” Participants were also critical of the deficit focus in their multicultural training ($n = 10$) and the danger of discussing only “the bad side of sex,” such as sexual assault. Zoe described their training as primarily “about experiences of oppression” and lacking incorporation of “relationships, intimacy ... the positive aspects of being able to embrace sexual and gender aspects of identity.”

Some participants described receiving HST ($n = 29$), most often related to one topic (e.g., sexual attraction, gender) or in one experience (e.g., research). For example, students described the availability of a “2-day course,” engaging in “safe zone” training, the opportunity to gain clinical experience in a “transgender clinic,” and working in an LGBTQIA-focused “lab.” Most, however, reported an “absence” of preparedness to address sex and sexuality across roles and, in particular, in clinical practice. Students pointed out that clients, too, seemed to be unprepared to talk about sexuality, unaware that “these concerns exist or ... how to bring them up.” Thus, participants communicated that HST was in line with their counseling psychology values and relevant to their clinical training. Ranger summed up the consensus of participants well:

For any individual, sexuality is very important. And so I think that it should be integral to training, 1) because every person experiences sexuality in some form or fashion and then also, 2) we even have diagnoses related to sexuality : : : but we don't ever talk about, well, what does exploration look like? How could this be healthy? What does healthy sexuality look like? So, I think it should be integral to our training. We just still don't want to talk about sex.

Few Opportunities to Gain Human Sexuality Competence

Students reported few opportunities to receive training and gain competence in human sexuality and perceived their faculty as lacking competence to provide HST ($n = 9$). A common barrier described by

participants was having few (most often one), if any, faculty members with human sexuality expertise ($n = 42$). Students with a faculty “content expert” in sexuality described the ways this benefited their training, especially if that person was their advisor, whereas those not working outside of classes with this expert felt they “missed out.” Similarly, Pseudo highlighted the inconsistency of training when coursework and other opportunities to learn about sexuality are faculty-driven such that “younger cohorts were not going to get that [HST] for sure” after the person teaching their course left their program.

Relatedly, students described mixed support for HST in their respective programs. Karen appreciated they were able to “find [their] own ... practicum for sex therapy” and Hobson added their program was “making an effort” to integrate human sexuality across the curriculum. Notably, all other positive comments related to programs’ investment in HST ($n = 19$) were related to the inclusion of training about and/or faculty personal disclosure of diverse genders and sexualities. A roughly equal number of responses ($n = 22$) communicated a perceived low level of investment on the part of their programs. Riley shared that in their program, “other things [were] given more importance” than “people having fulfilling sexual lives.” Others reported HST was “not considered important enough to be a core course,” people in their program “[weren’t] interested in human sexuality,” and required HST was “never going to happen.”

Some participants communicated that diversifying faculty, as well as students, in their programs would likely strengthen commitment to HST ($n = 11$). As Zoe stated, “Supervisors that are cis and heterosexual and White : : : can only provide so much based on their training and their own lived experiences.” Students also acknowledged the many structural limitations faced by their programs that influenced the nature of their HST ($n = 25$). For example, meeting all APA requirements for accreditation in a program may not allow time for an additional course in human sexuality. Judy stated, “If human sexuality is not one of the requirements, they’re not going to provide it.” Other barriers mentioned were lack of “teaching staff,” stigma, “religious, conservative” community or institutional values often related to the geography of the program, “lack of funding,” faculty being “pulled in a lot of directions,” and “time” limitations.

However, some students expressed that another obstacle in providing HST was the perception that faculty members within their respective programs did not feel comfortable discussing sexuality and sex with students ($n = 10$). Rose admitted they had “a hard time thinking of most of [their] faculty members having open comfortable conversations with teaching [students] to talk to clients about sex.” Students’ personal comfort discussing sex and sexuality topics with faculty was variable by context ($n = 20$). Some described feeling generally “comfortable” and “safe” discussing sexuality with faculty and/or in their program ($n = 18$), often when the faculty member and student had similar identities (e.g., gender) or the faculty member was perceived as competent with regard to sexuality. Some students reported that their comfort was dependent on the faculty member ($n = 20$), noting age, though “no fault of [the faculty member’s] own,” and reputation of being “old school” as indicators that a person may not be open to the discussion and perceived “sex positivity” as facilitative.

Part of students’ reported discomfort, specifically related to advocating for HST in their program, was related to fear informed by their awareness of the “hierarchy” and “power” differentials between students and faculty members ($n = 5$) and worry about negative faculty or program responses to discussions regarding human sexuality topics ($n = 10$). Marie outlined the risk of broaching sexuality with a faculty member, acknowledging they did not “want to cross that boundary and risk being told, ‘This is a boundary violation. This is not appropriate.’” Calliope worried about whether “the program would have [their] back” and “support the students” should faculty or peers cause harm in the process of engaging in HST. Therefore, students expressed a need for HST, but seemed unsure about their programs’ ability to safely provide such training.

Inconsistent Training and Self-Directed Learning

Some students reported training in human sexuality topics including, but not limited to, sexual anatomy ($n = 3$), reproductive health ($n = 6$), sex therapy ($n = 1$), and sex addiction ($n = 1$). Though the incorporation of such topics were welcomed by students, students’ descriptions of their HST, in general, highlighted the absence of an agreed upon definition of what topics comprised human sexuality and

inconsistency in the methods of HST delivery. Students spoke to the incidental, rather than intentional, nature of their HST ($n = 11$), describing the receipt of training as “happenstance” or “luck.” They indicated that the limited training they received was insufficient in depth ($n = 18$), lacking a “roadmap,” and including discussions that remain “on the surface.”

More commonly, students stated they “never had any training about” human sexuality or identified significant gaps in training coverage related to sex and sexualities ($n = 55$). Marie endorsed training about the impact of oppression on people with minoritized gender and sexual identities, but added “... we didn’t talk about how to help folks within those communities engage in pleasurable sexual relationships or about pleasure and sex, or STIs and mental health.” Some discussed the absence of training in the context of their needs as developing clinicians. Hobson identified having had human sexuality-related clinical “... experiences now [for which they had] no formal didactic training” to prepare them. Rose noted they “didn’t really get a lot of education on how to talk to clients about sex, the mechanics of sex ...”

Given many students felt they were not “prepared at all” with regard to human sexuality and in the absence of consistent, structured training, students turned to self-directed learning. Experiment 626 noted:

The little information I do have on human sexuality is just from me just doing research on my own and it’s not even my area of research necessarily. So, it’s like if I’m really curious, I have to look it up myself.

It was common for students to use opportunities in the program to choose their own areas of interest to advance their human sexuality knowledge. For example, some wrote sexuality-related research articles in non-sexuality-focused courses or studied sexuality, typically minoritized sexualities or genders, in their independent research, sometimes aided by a “mentor” and sometimes “claw[ing] at experiences.” Others sought knowledge outside the program in specialized workshops or courses offered by other departments, via “working in the community,” through independent reading, or taking advantage of other university-based resources. Notably, some students identified

barriers ($n = 6$) to engaging in self-directed learning including fees associated with unrequired coursework, workshops, and professional memberships that provide access to HST and limited time to engage in learning outside of program curriculum.

Student peers' human sexuality knowledge, gained either through self-directed learning or organically in their own sexual lives, was a manner by which some students identified receiving sexuality education in their training programs ($n = 26$). Hobson stated,

... the majority of the [sexuality-related] conversations I'm having is with my peers and going to them and saying, "I have a client with this issue. Do you have books? What are your experiences?" Informally, just saying, "What do you think?"

Others described turning to "advanced" students or "safe" peers with their professional questions related to human sexuality. Importantly, though students valued this peer-to-peer learning, in the absence of "top-down" training by their program they perceived the necessity of educating one another, inside and outside of classrooms, as a burden. Further, that burden often fell to marginalized students. For example, Ben, a gay man, wondered, "Would we be having this conversation if I wasn't in the room?" Thus, in these students' experiences, HST was minimal, inconsistent, and superficial, leading them to independently seek knowledge, look to peers for guidance, and initiate discussions and opportunities for learning when faculty did not.

Varying Levels of Human Sexuality Comfort and Competence

Given the inconsistent nature of sexuality training experienced by students in the present study, students' comfort and competence working with sex and sexuality in their roles (e.g., researcher, clinician, student, instructor) varied. Typically, students expressed comfort and competence in specific aspects of human sexuality ($n = 24$), attributing their skill to a variety of sources and personal factors. Some indicated that they felt prepared in talking about systemic oppression, and "a lot more comfortable talking about abuse and assault" on the basis of previous training in their programs. Others, like Tree, indicated

that personal characteristics such as openness to experience and extroversion afforded them greater comfort in discussing topics such as sexual pleasure and sexual mechanics:

Because I think compared to maybe some of my peers, I am a little bit ... just in terms of my personality, a little bit more extroverted and transparent and more direct, that I feel confident just flat out asking about sex and talking about it.

Some focus groups discussed that identifying with a minoritized gender or sexuality allowed them greater comfort with some human sexuality topics due to personal experience and speculated that their experience normalized aspects of human sexuality that might cause discomfort for their cisgender and/or straight peers.

However, even students who expressed some level of comfort with human sexuality communicated that they felt “not very” prepared and that they had not “been trained to actually bring that into any of [their] roles” ($n = 90$). Rose said, “I guess I wish I had more guidance.” More often, participants identified barriers to feeling comfortable discussing and learning about human sexuality. The cultural taboo against human sexuality was frequently expressed, with Hobson noting:

There feels some sort of resistance or taboo for me to seek that out myself. I don't know why. That might be my own internalized—not initially a homophobia, but just like phobia around sex ... about why would I go and seek out that kind of thing? It almost ... it feels kind of odd.

Focus groups endorsed a general feeling of uncertainty in human sexuality knowledge ($n = 37$), which they felt in turn decreased their personal comfort. For example, Riley said,

... we already have performance anxiety to begin with, and then you add on sort of an extra layer of an unfamiliarity and also topics that involve more increased sensitivity ... I think it just kind of creates just some nervousness and anxiety.

The social consequences of discussing human sexuality also appeared as a barrier. Some participants expressed reticence out of fear of harm, either to self or others. Participants described instances where classmates “microaggressed against [them]” and also expressed fear that they themselves might be inadvertently “offensive,” “harmful or hurtful to somebody,” or otherwise perpetuate oppression out of ignorance. This concern applied not just to peers, but to clients too. Rose shared:

I remember at my practice site a student was working with ... a female client from Saudi Arabia ... and she asked the question on the intake interview of ‘do you have any questions about your sexual health?’ And the client took that as an affront, as if you were saying that ‘I’m not pure’ and that kind of thing.

Thus, perhaps particularly given social and cultural taboos regarding sex and sexualities, students expressed low levels of self-efficacy with regard to discussing sexuality across the contexts in which they trained.

In regard to personal harm, gender and sexual minority participants at times indicated that discussions about human sexuality were difficult for them because “when we bring in our own personal stuff it sometimes gets pathologized ...” Discussions were at times hampered due to program overfocus on “mainstream” gender and sexual minorities of the LGBTQIA+ community, such as gay men, leaving some less equipped to address “the letters at the end.”

Despite their discomfort, participants expressed an overall desire for human sexuality competence ($n = 19$). As Hobson remarked of their clinical work, “I would like to be able to talk as confidently to a male client about having sex with another male and the mechanics around that as anyone else about any other sexual behavior.” Participants indicated a desire for knowledge in a broad range of human sexuality topics, including sexual desire, reproductive rights and health, sexual functioning, and pornography.

Desire for Integration of HST

Students expressed a desire for comprehensive HST to be “included throughout the entire program” ($n = 111$). Some participants couched this in terms of their belief that sexuality should be talked about “like a normal thing” because it is “involved in every person’s life.” As an exemplar of how this might look in training, Tree described how, in a workshop they attended, a sex therapist’s efforts “really normalized a lot of things and recognized all the different comfort levels that clinicians and clients can be coming in with, and how to work with that.” Some felt that human sexuality was addressed too narrowly, and that programs might benefit from integrating HST into a wider array of courses. For example, some suggested that it would “really awesome” to have required classes—as Karen wryly observed, “We’re required to take stats!” Cross-listing appointments with other “women, gender, and sexuality”-focused departments and programs on campus were also suggested given students’ perception that faculty in those disciplines often have a strong background in human sexuality. However, participants also recognized potential obstacles. Elizabeth observed the problem with electives: “We technically have a human sexuality class that the master’s and doc [sic] students can take that never runs because it never fills because it’s an elective and who is taking electives in grad school?”

In addition to electives ($n = 1$) and required courses ($n = 12$), focus groups speculated how HST could be infused “throughout all coursework” ($n = 12$). In making the case for integration, Jessica drew parallels between the current state of HST and other kinds of multicultural training:

As a Black woman, I think it’s very similar to race and other identities. It’s like people feel they have to be this expert, and you have to dedicate this time and this structure and this class and this content for this specific topic. Whereas you could just integrate it into all that you do.

Ethics, multicultural, family systems, or sports psychology courses were listed as possible courses in which sexuality education may be

included. Other participants suggested that HST could be worked into assignments in any class as one of several topics from which students could choose.

As faculty competence emerged as a limitation in their HST, students made suggestions for faculty development ($n = 12$). Calliope recommended that faculty have HST training “once a year, because we’re always learning more and changing stuff. But having that as a requirement [means] they also need to be up to date.” Participants also emphasized the importance of self-reflection in HST ($n = 7$), observing that “implicit biases” and other “preconceived ideas about sexuality” interfered with learning, and suggesting that activities cultivating awareness of one’s own values, beliefs, and identities may be valuable for faculty as well as students. Marie believed that APA could be of help by “encouraging more CE credits for sexuality and sex and sex positivity ...” Participants also echoed the desire that faculty be trained beyond issues of sexual and gender diversity in order to achieve a more comprehensive view of HST. Guest lecturers in the form of sex therapists and the amassing of “resource toolkits” were also suggested to supplement faculty expertise. Overall, participants expressed desire for opportunities for training, particularly including self-reflection, and integration of HST across curriculum as ways to increase their comfort and competence in delivery of accurate human sexuality knowledge in diverse settings.

Quantitative Results

Per our survey measure, the number and percentage of students who did not receive training of any kind in each topic are summarized in **Table 3**. In most domains, more than half of students received no training in most, if not all, of the topics comprising the domain. The only exception was Sexual Orientation and Gender Identity, in which fewer than half of students received no training in the related topics; notably, the least covered topics within the domain were Heterosexuality, Pansexual People, Asexual People, and Intersex People. Numbers of students with no training also trended lower in the Sexual Exploitation domain within which fewer than half of students did not receive training in Sexual Abuse of Adults, In-Person Sexual Harassment, Sexual Assault, and Sexual Abuse of Children. However, most

Table 3 Counseling Psychology Trainees Who Reported No Training by Topic

<i>Specific training</i>	<i>n</i>	<i>%</i>
Sexuality		
Sex therapy	50	67.6
Sexual health	39	52.7
Sexual self-efficacy	51	68.9
Sex positivity	38	51.4
Sexual expression	36	48.6
Sexual development		
Life span	39	52.7
Childhood	46	62.2
Adolescence	38	51.4
Young adulthood	36	48.6
Midlife	45	60.8
Older adulthood	46	62.2
Sexual maturation	56	75.7
Sexual anatomy and physiology	50	67.6
Pregnancy	52	70.3
Childbirth	57	77.0
Pregnancy termination/abortion	57	77.0
Health/medical factors		
Acute or chronic illness	49	67.1
Disability	44	60.3
Drugs	43	58.9
Conception	54	74.0
Contraception	44	60.3
Fertility	55	75.3
HIV/AIDS	38	52.1
Sexually transmitted infections	43	58.9
Other infections	55	75.3
Sexual trauma	27	37.0
Injury	64	87.7
Addiction	48	65.8
Sociocultural values/identities		
Privilege and sex	43	56.6
Sociocultural identity and sex	34	46.6
Cultural oppression and sex	31	42.5
History of Western understandings of sex	49	67.1
Dual/multiple sexual minority status	35	47.9
Intimacy skills/relationships		
Sexual pleasure enhancement	54	76.1
Social intimacy	45	63.4
Relationship intimacy	35	50.7
Emotional intimacy	36	52.5
Intimate relationships	31	43.7
Polyamory	44	62.0
Open relationships	45	63.4

(continued)

Table 3 Counseling Psychology Trainees Who Reported No Training by Topic (*continued*)

<i>Specific training</i>	<i>n</i>	<i>%</i>
Sexual functioning and behavior		
Desire discrepancy	49	69.0
Lack of desire	44	57.9
Difficulty achieving/maintaining arousal	45	63.4
Sexual pain and penetration problems	47	66.2
Difficulty with orgasm	44	62.0
Safer sex practices	40	56.3
Affective response	59	83.1
Sexual ethics		
Sexual ethics	39	56.5
Ethical behavior in sex therapy	50	72.5
Sexual orientation and gender identity		
Heterosexuality	14	20.3
Gender identity and expression	6	8.7
Asexual people	21	30.4
Lesbian and gay people	5	7.2
Pansexual people	18	26.1
Bisexual people	11	15.9
Transgender people	7	10.1
Genderqueer people	8	11.6
Intersex people	26	37.7
Sexual exploitation		
Sexual abuse of adults	31	44.9
Online sexual harassment	48	69.6
In-person sexual harassment	31	44.9
Sexual assault	22	31.9
Sex trafficking	43	62.3
Sexual abuse of children	26	37.7
Sexual expression		
Swinging	54	78.3
Kink/kinky sex	47	68.1
Bondage, Discipline/Dominance, Sadism, & Masochism (BDSM)	47	68.1
Tantra	62	89.9
Sex work	46	66.7
Pornography use	52	75.4
Sex toys	54	78.3
Sex and technology		
Cyber sexuality	62	88.6
Sex and social media	55	78.6
Sexuality research		
History of sexuality research	49	70.0
Current trends in sexuality research	44	62.9
Human sexuality research methods	54	77.1

Missing values on any one item ranged from 0 to 7; total responses for each item were between 69 and 76. Valid percentages are reported.

students did not receive any training related to Online Sexual Harassment or Sex Trafficking. The domain with the lowest level of overall coverage was Sexual Expression such that an overwhelming majority of students did not receive training in any topic.

Generally, across domains, students were most likely to receive training in a minority of the topics comprising the domain with fewer students receiving more comprehensive training in a domain. There were two exceptions to this trend: sexual ethics and Sexual Orientation and Gender Identity. Of note, though students who endorsed sexual ethics training reported training in both subtopics of the domain, the overall rate of training in this domain was low with just over half to nearly two thirds reporting no training in sexual ethics.

Students were able to choose all the methods of delivery by which they received training in each topic. For comparative purposes, the actual frequencies of delivery method are not particularly useful as they represent the number of times a method was endorsed across all topics of a domain and the number of topics varies widely by domain; however, we subsequently describe the nature and patterns, if any, of delivery methods for each domain without frequencies. For the sexuality domain, the most common delivery method of training was in *fieldwork experiences*, followed by *somewhere else*, and *when conducting research*. For sexual development, most students who reported training received instruction via a *non-sexuality-focused required or elective course*; coverage in any method other than a course was rare. Likewise, sociocultural values and identities were most commonly trained in a *non-sexuality-focused course*, though there was considerable, but lower, endorsement of *when conducting research* followed by *somewhere else*. Students reported training in sexual health and medical factors topics, with the exception of sexual trauma, at generally low rates and the most frequently endorsed method of delivery was *somewhere else*. Training in this domain, therefore, trended toward less structured methods of delivery (e.g., *when conducting research*, *fieldwork experiences*). Similarly, training in sexual functioning and behavior and Sexual Expression was uncommon and predominantly received *somewhere else*, whereas sex and technology training was so uncommon that differences between delivery methods were negligible.

Training in intimacy skills and relationships was more evenly distributed across delivery methods, though very few endorsed training

in a *required sexuality course*, *elective sexuality course*, or *program-based workshop*. Sexual ethics training, too, was generally trained at low levels, but evenly distributed across delivery methods. Sexual Orientation and Gender Identity, too, was covered most often via a *non-sexuality-focused course*; however, training in this domain was also endorsed at relatively high rates in clinical supervision, *program-based workshops*, *fieldwork experiences*, *when conducting research*, and *somewhere else*. Training in the subtopics of Sexual Exploitation that were most common (e.g., In-Person Sexual Harassment, Sexual Abuse of Adults and Children, and Sexual Assault) were endorsed across most delivery methods. However, Online Sexual Harassment was endorsed rarely in any delivery method, and sex trafficking was endorsed most frequently *somewhere else*. Sexuality research training was most commonly endorsed within experiences of *conducting research*, followed by *somewhere else*, and rarely, if at all, via other methods.

Integration

Taken together, students' narratives along with the survey data point to very limited opportunities for counseling psychology students to pursue sexuality education. Qualitatively, students described the HST they received, if any, as inconsistent and lacking intentionality. Survey data, too, revealed diversity in the delivery methods of sexuality content in various domains and subtopics that may reflect unequal training among students in counseling psychology and even students within the same program. A commonly endorsed delivery method for many domains was *somewhere else*; focus group data suggest this is likely student-initiated learning occurring outside the department, via continuing education (e.g., conferences), or knowledge gained from counseling psychology peers. Similarly, based on qualitative responses, training reported as occurring via *non-sexuality-focused courses* was most frequently provided within multicultural classes and, less commonly, within other specialized electives (e.g., addiction treatment) often occurring outside of the program or department. Notably, the most frequently covered topics were often provided in *non-sexuality-focused courses*, suggesting there is an opportunity to successfully integrate other, less frequently trained topics into existing coursework as students suggested.

Students identified a major gap in their HST as a “limited focus on gender and sexual minorities,” although they simultaneously expressed the bulk of their existing HST was related to working with LGBTQ clients. In other words, their limited HST was often focused on people with minoritized gender identities or sexual/romantic attractions, but not in a manner that they perceived as comprehensive or adequate. Survey data aligned with this perception such that the most comprehensive training of any domain was Sexual Orientation and Gender Identity. However, students expressed frustration with the focus in training on “building awareness for cis and heterosexual people”; relatedly, 80% of students reported training in heterosexuality which may reflect heteronormativity in training rather than study of the development and nature of heterosexuality. Additionally, during our final focus groups, students encouraged us to highlight the erasure of asexual (or ACE spectrum) people from HST and counseling psychology curriculum. This is somewhat at odds with survey data, as 69.6% of participants endorsed training on asexual people. However, the omission of asexuality in HST, broadly, is a common and accurate critique (Addlakha et al., 2017). Discrepancies between survey responses and qualitative accounts of frequency of various training topics may be a function of how survey respondents interpreted “training.” Though participants were instructed to only endorse training in subtopics if the topic “was addressed such that there was substantive discussion and/or you learned something new,” that threshold may be met through one discussion or one assigned reading. Using asexuality as an example, students may have endorsed training in asexuality as they learned something in one reading but still assess that, overall, their training in asexuality was insufficient.

During focus groups, some students also identified the absence of a sex-positive approach to HST in favor of pathologizing views of sexualities. In our survey, 63% of students received training in sexual trauma, whereas 23.9% endorsed training in sexual pleasure enhancement, as an example. Survey responses were congruent with students’ perceptions that little training was available related to reproduction, sexual anatomy, and sexual expression. Further, the domains and subtopics trained the least correspond with the topics discussed most infrequently in focus groups. For example, very few students endorsed training in Sexual Expression. Likewise, “kink” was only mentioned

once in focus groups when Riley noted low levels of coverage on “alternative kind of sexual desires.” Therefore, it seemed that sexuality training was so inconsistent and rarely comprehensive that students were not familiar with many of the components of comprehensive sexuality education. They knew they wanted HST and experienced a gap in their knowledge, but may have been so generally unfamiliar with human sexuality from a scholarly perspective that it was difficult to identify specifically what was missing or provide a definition of comprehensive sexuality education.

Discussion

This critical mixed-methods study revealed that counseling psychology students in APA-accredited doctoral programs received limited HST. The HST they received often occurred in non-sexuality-focused courses or experiences, many of which they sought out or crafted themselves. Students in this study identified HST as congruent with the values and training of counseling psychologists and frequently relevant to their clinical practice. Thus, they desired more intentional and accessible HST, faculty and supervisors with sexuality competence, and program commitment to HST.

Integration With Past Literature

Consistent with prior studies of the state of HST in training programs for counseling psychologists (Mollen et al., 2020), rates of training coverage in sexuality were low in the present study. Previous studies, though, have surveyed training directors, rather than students, to determine what sexuality topics are covered in programs and did not gather detail related to by what delivery method each domain/subtopic was provided. In general, rates of training in each domain in this study are roughly comparable to other studies (Abbott et al., 2021; Mollen et al., 2020) with the highest rates of coverage for topics related to sexual orientation and gender identity and lowest rates in topics related to sexual expression. However, as students were given a wider range of options in which they could endorse training (e.g., in research experiences, outside of the program), their responses may

reflect a higher paucity of HST in counseling psychology training programs than was indicated by training directors. Notably, the limited nature of HST indicated in survey responses is likely reflective of some of the institutional limitations acknowledged by students (e.g., lack of faculty expertise, time constraints) and reported by training directors in previous studies (Abbott et al., 2021; Mollen et al., 2020).

Students in our study noted that intersectionality (Crenshaw, 1989) as a lens to conceptualize clients and the world was an expectation of counseling psychologists-in-training, but was not reflected in the minimal HST they received, and was challenging to implement in some cases given the absence of human sexuality knowledge. Indeed, the APA's *Multicultural Guidelines* (2017) call on psychologists to take an intersectional approach to their professional work. Similar to our participants, Alexander (2019) suggested the integration of HST into clinical and counseling training programs should be sex-positive and intersectional, highlighting the intersectional invisibility of the sexual experiences of people of color, people with disabilities, and asexual people, among others. Students also expressed discomfort discussing human sexuality in their clinical practice and identified their lack of training as the source of that discomfort. Some participants had received training or had personal experience with a particular aspect of human sexuality that increased their self-perceived clinical competence, suggesting, similar to Hanzlik and Gaubatz's (2012) and Miller and Byers' (2008) findings, that sexuality-specific training and knowledge increases practitioners' comfort and self-efficacy.

Implications for Training and Practice

Students suggested that the low rates of HST were, in part, due to low levels of sexuality knowledge and competence among their faculty and low prioritization of human sexuality as an element of the training programs provide. This perception aligns with studies identifying high rates of discomfort and low levels of competence related to human sexuality among mental health practitioners (Hanzlik & Gaubatz, 2012). Students, therefore, often sought out their own HST, most often in ways that were possible given financial and time limitations. Although some self-directed learning is expected and typical of doctoral-level training, the program's responsibility is to communicate to

students the topics of learning that are central to their development as counseling psychologists and provide, at minimum, foundational knowledge and competencies on which students may build (American Psychological Association [APA], 2015). The absence of consistent, mandatory HST leaves each cohort of future counseling psychologist trainers and supervisors with low sexuality competence. The result is an endless cycle in which students desire HST but find it difficult to obtain due to their faculty and supervisors not being trained themselves. Thus, it is imperative that programs center human sexuality as ubiquitous to the human experience (WHO, 2006) and relevant to scientist-practitioner training (Mollen & Abbott, 2021).

Relatedly, students in this study perceived HST as consistent with training in counseling psychology. Similarly, Burnes et al. (2017a) argued the core values of social justice, resilience, and wellness, as well as taking a holistic approach across the life span, uniquely positioned counseling psychologists to integrate sexuality and sex positivity in their work.

Mollen and Abbott (2021) argued sexuality competence is consistent with the benchmark competencies in health service psychology. Additionally, training that acknowledges oppression-based SRH disparities for Black, indigenous, and people of color (BIPOC), queer people, and people with disabilities among others is cogent (Mollen & Abbott, 2021), especially given counseling psychology's emphases on antiracism (Grzanka et al., 2019) and liberation (Singh, 2020).

The incorporation of sexuality training, therefore, would benefit the public counseling psychology trainees serve. Students' responses in this study reflected the core values of Scheel et al.'s (2018) model training program in that they positioned freedom of sexual expression as part of the potential they helped clients achieve, considered people's sexual lives as a part of their whole lives and influenced by their environment, understood sexuality as a component of diversity, and advocated for a communitarian perspective in which students and faculty were taking responsibility for their sexuality competence and curating spaces in which students felt safe to learn. But, importantly, students also discussed the ways in which they would personally feel represented in their program's curriculum if HST was prioritized. Thus, HST is aligned with counseling psychology training, promotes equity and advances justice, and may support student

well-being, aiding the recruitment and retention of diverse students in the interest of a stronger, more equitable counseling psychology community.

Recommendations

Ideally, given the importance students placed on HST in this study and the central role of sexualities and reproduction in people's lives, we support the inclusion of a required human sexuality course for developing counseling psychologists. Students in the present study offered a number of other recommendations to programs for improvement of HST including offering an elective and/or integrating sexuality-related topics across the curriculum. In final focus groups, students emphasized the opportunity for interdisciplinary collaboration. In the absence of experts within the program faculty, programs may be able to connect with other programs or departments (e.g., marriage and family therapy, women and gender studies) that already offer coursework in sexuality or have sexuality experts on staff. In addition to expanding access to and deepening HST, this strategy is in line with benchmark competency VI.14, Systems, Interdisciplinary Systems, which expects developing health service psychologists to engage in collaboration with professionals in other disciplines (APA, 2012). Other strategies to improve HST in counseling psychology training programs include providing sexuality-related continuing education to faculty to include in their coursework, teaching, and supervision, and building relationships with community partners who specialize in SRH as potential sites for clinical and advocacy training. Additionally, providing funding opportunities to students for HST workshops or conferences may help mitigate barriers participants discussed around participating in HST outside of their program's curriculum that requires fees.

With the counseling psychology model training program and social justice values in mind, advocacy training and experience in HST for students can increase competency, awareness, and professional development. Alexander and Allo (2021) highlighted the importance of advocacy training and experience in counseling psychology training programs. Particularly, given the manner by which sexual and reproductive rights are under attack in the United States,

reproductive justice, gender equality, and sexual rights-related advocacy are timely and imperative. Faculty and students can partner to attend rallies, speak at or support hearing in their local and state legislatures, and contact representatives with power to influence policy. Faculty in practice and department- and university-based mental health clinics can provide and model accessible services for people impacted by sexual and reproductive rights violations including support groups, no-cost consultations, and the generation of lists of local resources.

In collaboration with our participants, we also recommend sexuality-related, regular bias awareness training for students and faculty. Though certification as a sexuality educator or therapist is not necessary or appropriate for everyone, the Sexual Attitudes Reassessment, one element of certification, is useful tool for examining one's worldview related to sex, increasing comfort with sexuality, and promoting nonjudgment of sexual diversity (Sitron & Dyson, 2009). Faculty may also benefit from sexuality-specific continuing education approved by the American Association of Sexuality Educators, Counselors, and Therapists (www.aasect.org) and provided by organizations like Institute for Sexual Education and Enlightenment (www.instituteforsexuality.com). Although these trainings may include gender and sexual and romantic attraction as topics, such trainings should also extend beyond people with minoritized genders and sexual/romantic attractions to include other sexuality-centric issues of social justice, such as barriers to reproductive health for people with uteruses, ethical/consensual nonmonogamies, and diversity in sexual expression. Within the SCP, the Special Interest Group (SIG) for Sex Positivity provides resources for developing sexuality competence including a free, publicly available toolkit with resources in a wide variety of sexuality topics (www.tinyrul.com/STGtoolkit).

Limitations and Future Directions

A limitation of our study is that about half (51%) of programs were represented in our data. Additionally, 27 survey respondents and five qualitative interviewees were within the first 2 years of their program. Therefore, they may be less familiar with the entire program

curriculum than those later in their training. Students in earlier cohorts may also have less variety in experiences that may provide HST (e.g., practica, research). Similarly, as students infrequently received sexuality education in their training, and given the dearth of general sexuality education available in the United States and other parts of the world in which students may be socialized (Hall et al., 2016), students may not have captured all their possible needs with regard to HST simply due to low levels of overall exposure. Additionally, though the sample is likely somewhat representative of students in counseling psychology, among survey responses, the most common sexual and/or romantic attraction group was straight (47.4%) and the most common race or ethnicity was White (61.8%). The sample was also overwhelmingly comprised of cisgender women (78.9%). Qualitative participants closely mirrored these trends. Thus, the social locations of these students may have influenced the results by favoring the experiences and needs of the predominant voices.

Students who participated in our study may be those most invested in the promotion of HST. Their critique of their programs' HST may be amplified as a result of the importance they place on sexuality in their work and, therefore, may not reflect the needs and desires of all students. Though, a related hypothesis may be that if HST-invested students find their training inadequate, less invested students may be particularly underprepared to provide competent care and services related to human sexuality. We are also limited in our interpretation by having only the information students were comfortable sharing in our study, which may have been altered by students' awareness that they were sharing in focus groups with peers from other institutions and that the researchers may have connections to faculty or students in their respective programs. Though our intention was to work collaboratively with students to advocate for the changes to HST they would find beneficial in their programs, we are unable to implement those changes in programs outside our own. Future research may choose to evaluate HST from the perspective of all stakeholders including training directors, other faculty, students, staff, and administrators in order to identify additional barriers to and opportunities for incorporating HST into doctoral programs in counseling psychology.

Conclusion

Comprehensive training in human sexuality represents a notable omission from counseling psychology training, particularly in light of the discipline's values including emphases on diversity, social justice, and contextual, holistic perspectives. In the present study, the first to explore counseling psychology student perceptions of sexuality training, participants outlined the importance of HST to counseling psychology training, specifically, and providing psychotherapeutic services, broadly, outlined the current nature of their training, or lack thereof, and conveyed their desire for HST including recommendations for how programs may successfully implement HST in ways that benefited students and the public they serve. Therefore, we call on faculty in counseling psychology training programs to reevaluate their commitment to developing sexuality competence among their students, invest in their own sexuality training as needed, and invoke creative strategies to make HST accessible and comprehensive in their programs.

Funding for this project was provided by the University of Nebraska–Lincoln's Department of Educational Psychology and College of Education and Human Sciences to Dena M. Abbott. The study was not preregistered; de-identified data are available upon request from the authors.

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Appendix

Semi-Structured Interview

Definition of Human Sexuality Training:

We define human sexuality (HST) training broadly to include topics like sexual pleasure, sexual expression, sexual development, sexual orientation, gender identity, sex research, intimacy and relationships, and sexual exploitation, among others.

Examples of primary focus group prompts:

1. How important, if at all, is HST to your development as a counseling psychologist?
2. How prepared do you feel to address human sexuality in your various roles (e.g., clinician, supervisor, advocate, educator)?
3. What are the strengths, if any, in your current HST?
4. What are some examples of specific activities or experiences that benefited your training in human sexuality?
5. What gaps exist, if any, in your current HST?
6. What are some barriers to receiving, or your program providing, HST?
7. What would you recommend your training programs do, if anything, to improve HST?

Examples of final focus group prompts:

1. What, if anything, is missing in our interpretation of the results of the study?
2. How congruent are our preliminary findings with the stories you told and heard during focus group participation?
3. What, if any, additional recommendations would you make to training programs based on our findings?