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## Providing Sexuality Training for Psychologists: The Role of Predoctoral Internship Sites

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### Abstract

Sexuality education positively impacts health service psychologists’ ability to address sexuality, a vital component of overall health and well-being. There is little information about the integration of sexuality into the applied, fieldwork components of psychologists’ training. We surveyed 139 representatives of APA-accredited doctoral internship programs to assess sexuality content during internship training. Participants completed a survey assessing content integration of 12 domains specific to human sexuality. The most endorsed training related to sexual orientation and gender identity,

sexual behavior, sexual ethics, and sex therapy were infrequent in the internship training curriculum. Implications for research, practice, training, supervision, and advocacy are discussed.

**Keywords:** sexuality, training, doctoral training, internship, health service psychology

Healthy sexual functioning is an integral component of the human experience (World Health Organization, 2010) and contributes to life (Stephenson & Meston, 2015) and relationship (Fallis et al., 2016) satisfaction. However, systemic sexual and reproductive health (SRH) inequities abound with profound consequences for historically marginalized people (Lokot & Avakyan, 2020; Prather et al., 2018), and training in mental health services programs and settings typically offer little sexuality education to the next generation of providers. In particular, training for doctoral-level, health service psychologists is of particular concern given the lack of requirement of sexuality coverage needed to earn a degree and, in many jurisdictions, obtain a license to practice psychology. Training in sexual behavior and expression, such as intercourse, masturbation, and kink as well as intimacy, including communication, relationship variation, and styles of loving, positively impacts psychologists' comfort with and willingness to address sexuality with clients (Flaget-Greener et al., 2015; Hanzlik & Gaubatz, 2012). However, most graduate psychology training programs do not offer courses in human sexuality that focus on sexual behaviors, sexual satisfaction, intimacy, and/or the experience of sexuality (Burnes et al., 2017a; Miller & Byers, 2010; Wiederman & Sansone, 1999), with many generally not addressing sexuality-related topics beyond gender and sexual minority identities (Mollen, Burnes, et al., 2020).

Sexuality research informing training tends to be sex-negative, focused on disease and dysfunction (Arakawa et al., 2013), and there is a dearth of sexuality research in journals specific to health service psychology (Hargons et al., 2017). In addition, much of this research captures the experiences of people with cultural privileges (e.g., White, male, heterosexual people with advantaged ability statuses and socioeconomic resources; Crooks et al., 2020). Thus, despite the ubiquity and importance of sexuality in the lives of the public psychologists serve, trainees in psychology appear to have limited access to quality sexuality training, particularly education prioritizing positive views of human sexuality.

### **Sex positivity**

Sex positivity in mental health training programs is a term used to describe individuals and communities who emphasize freedom, liberation, openness, and nonjudgmental attitudes about sexuality and sexual expression (Donaghue, 2015). Based on a thematic analysis of definitions of sex positivity (Ivanski & Kohut, 2017), sex-positive education and training may include exploration of personal beliefs related to sexuality, attention to health and safety, inclusivity, and respect for sexual autonomy and advancement of sexual rights. Therefore, sex-positive sexuality training should be comprehensive, including examinations of SRH inequity and sexual risk as well as the promotion of sexual pleasure, sexual wellness, and advocacy to reduce SRH inequities. Specifically, scholars have advocated for making sexual pleasure a priority in sexuality education for mental health providers (Burnes et al., 2017b), though there is increasing difficulty in focusing on sexual pleasure

in sexual health training (Wood et al., 2019). Although such an approach to sexuality training is consistent with the values of the discipline of health service psychology (American Psychological Association, 2019) and despite multiple calls for integrating sex-positivity into the fieldwork training of psychologists (Burnes et al., 2017b; Cruz et al., 2017), researchers have found that few facets of sex-positivity are included in applied psychology doctoral training programs.

In general, health service psychologists appear to receive low levels of sexuality education during doctoral training, with few programs offering a course dedicated to sexuality, a finding that has remained consistent over the past three decades (Campos et al., 1989; Lehmillier, 2017; Miller & Byers, 2008, 2010; Wiederman & Sansone, 1999). This lack of training reflects a historical context of abstinence-based education programs within the United States that are focused on illness and reproduction rather than pleasure (Donaghue, 2015). This history of sexuality education is also embedded within a social, cultural, and political context of erotophobia that has hindered discussions of sexual pleasure in mental health training programs. Recent scholarship has suggested that psychology trainees were most likely to receive instruction in their graduate coursework on topics related to sexual orientation and gender identity, sexual development, and sexual trauma, while few trainees were exposed to topics such as sex therapy, reproduction, and sexual expression (Mollen, Burnes, et al., 2020). Although valuable areas of study, the sexuality topics most frequently addressed in health service psychology training may be those most likely to present risk (e.g., minority stress, sexual assault) to potential clients, rather than topics that promote sexual satisfaction. Despite the gap between these calls for increased sex positivity and existing documentation of low levels of sexuality training, attention to sex-positive approaches in graduate psychology training has lagged behind training in other topics. In particular, more work is needed to increase the willingness, competence, and comfort of training environments in addressing issues related to sexuality in trainees' current and future professional work.

Most doctoral programs in health service psychology contain two core components: coursework, or didactic, component of training and an applied, fieldwork component of training. The fieldwork component is often constructed as a sequence that includes introductory field experiences, or practica, and a culminating field experience, or internship. Although there is some literature on training practices in didactic-focused doctoral psychology programs (e.g., coursework), there is little information about the integration of sex-positive sexuality education into the applied component of training, such as internship and other fieldwork experiences, an omission we sought to address in the current investigation.

### **Doctoral psychology internship programs**

As the final fieldwork experience in health service psychologists' training, investigating the scope of sexuality training among American Psychological Association (APA)-accredited doctoral psychology internship programs may help to elucidate the current role of fieldwork experiences in providing sexuality education to psychologists. To earn a doctorate in clinical or counseling psychology from an APA-accredited program and meet licensure requirements in most jurisdictions in the United States, students must successfully complete

a 2,000-h predoctoral clinical internship (Tracy et al., 2011). Internship programs provide students an opportunity to immerse themselves in clinical practice as well as structured training experiences including supervision, consultation, teaching, didactics, and other educational experiences (Webb & Hill, 2016). Of the limited recent research on internship training in various disciplines in mental health training programs, most has focused on successfully obtaining an internship placement (Callahan & Watkins, 2018b; DeHay et al., 2019) and the importance of adhering to a competency-based approach to training (Grus et al., 2016; Larkin et al., 2016). The relatively little scholarship that exists regarding specific training experiences on fieldwork internship or the domains covered, although there have been some recent efforts to address this gap as well as a concomitant call for increasing attention to ensuring internship training, as with academic training in applied psychology more generally, is evidenced-based (Callahan & Watkins, 2018a; Callahan & Watkins, 2018b).

### *Sexuality training in doctoral psychology internship programs*

In an exploration of training related to AIDS in 168 predoctoral internship training programs, Campos et al. (1989) found roughly half of internships (51%) offered training in human sexuality. The primary modality of sexuality training among predoctoral internships was an individual seminar (27%), followed by a seminar series (17%); a few internships offered an entire rotation focused on sexuality (7%; Campos et al., 1989). The most recent survey of sexuality training within internship programs was conducted in 1997 and included 53% of active APA-accredited programs (Wiederman & Sansone, 1999). Of the seven sexuality topics surveyed (sexual dysfunction, sex therapy, therapy with gay clients, HIV/AIDS, healthy sexual functioning, gender disorders, and paraphilias), most internship programs (63–77%) provided no training of any kind with the exception of HIV/AIDS (31.6%) and therapy with gay clients (28.5%). About half of internships had staff members with clinical expertise with either gay clients or those with an HIV/AIDS diagnosis, and about one-fourth to one-third of internships employed staff with expertise in the other five topics surveyed. Internship program staff with areas of expertise in sexuality training were more likely to rank sexuality training as important and, as expected, their internship sites offered more sexuality training to students than those without sexuality experts on staff (Wiederman & Sansone, 1999).

Wiederman and Sansone (1999) posited the dearth of sexuality training during predoctoral internship could be related to the perception by many internship directors that sexuality training was offered earlier in trainees' graduate coursework. Further, internship training directors rated training in human sexuality as less important than training directors in doctoral programs in applied psychology and few (11%) reported plans to modify their current sexuality training. Although some training directors of internship sites considered sexuality training important, they often found other topics to be more pertinent in a 1-year training program and thought of sexuality training as a specialty better suited for postdoctoral work (Wiederman & Sansone, 1999). Notably, the two aforementioned studies, published two to three decades ago, were the last to examine training among doctoral psychology internship programs. Thus, in some cases, the data were collected before the birth of current psychology trainees, highlighting a gap in the knowledge related to contemporary sexuality training among internships.

Wiederman and Sansone (1999) suggested internship training directors in professional psychology seemed to rely on one another to provide needed sexuality training, perhaps resulting in a scarcity of sexuality training across psychology training experiences. With more than two decades since the last examination of sexuality training among APA-accredited internship programs, a new exploration of sexuality training examining a broader array of sexuality-related topics is warranted. We sought to provide a current analysis of the state of sexuality training among APA-accredited doctoral psychology internship programs. Specifically, the present investigation explored what human sexuality content was included in internship programs' curriculum and what barriers, if any, existed in providing training in human sexuality.

## **Method**

### ***Participants***

Potential participants were training directors or other clinical staff in APA-accredited, including accredited on contingency, predoctoral internships ( $n = 623$  at the time of recruitment). Once we secured Institutional Review Board (IRB) approval, we gathered internship details, including training directors' contact information, via the online directory provided by the Association of Psychology Postdoctoral and Internship Centers (APPIC). All potential participants were training directors, codirectors, or of another related position at an APA-accredited predoctoral internship site in the US. Demographics such as geographic region, type of internship site, format of sexuality training provided, and APA accreditation status are provided in Table 1.

Representatives from 156 of the 623 solicited programs participated, resulting in a response rate of 25%, though results from 17 respondents were removed because of incomplete data (e.g., discontinuing after completing the demographics), resulting in a final total of 139 participants (22% of internships). Most respondents served as the internship site's training director or codirector ( $n = 131$ ); however, all respondents served the internship program in a role relevant to the study. The greatest number of respondents indicated they had been employed at their current internship program for over 10 years (36%), followed by 2–5 years (32.4%), 6–9 years (21.6%), and less than 1–2 years (10.1%). Almost one-third (32.4%) of respondents reported taking a Human Sexuality course during their personal graduate training, although most (55.4%) indicated there was no sexuality course offered; 15.8% of respondents reported a sexuality course was required by their training program, whereas 23.7% indicated a sexuality course was offered as an elective, and 5% were unsure if a sexuality course was offered during their own training. In terms of preferred discipline(s) of interns' graduate training programs, nearly all (99.3%) preferred clinical psychology students, 73.4% preferred counseling psychology students, and 11.5% preferred school psychology students; surveyed programs accepted applications from clinical psychology (98.6%), counseling psychology (69.8%), and school psychology (12.2%) students.

**Table 1.** Demographics

	<i>n</i>	Percentage
Geographic region		
East North Central US	21	15.1
East South Central US	2	1.4
Mid-Atlantic US	16	11.5
Mountain US	17	12.2
Northeastern US	12	8.6
South Atlantic US	19	13.7
West US	21	15.1
West North Central US	17	12.2
West South Central US	11	7.9
US Territories	3	2.2
Internship site		
Academic Health Center	7	5
Child/Adolescent Psychiatric or Pediatrics	2	1.4
Community Health/Mental Health Center	20	14.4
Medical School	2	1.4
Prison/Correctional Facility	11	7.9
Private Hospital or Outpatient Clinic	11	7.9
Public (e.g., State, County) Hospital	13	9.4
University Counseling Center	43	30.9
Veteran Affairs Medical Center	20	14.4
Other	10	7.2
Sexuality training		
A rotation or training sequence in sexuality	11	7.9
One training and/or workshop in sexuality	52	37.4
One or more trainings focused on LGBTQ populations	115	82.7
Sexuality training, as needed, in supervision	91	65.5
No human sexuality training	15	10.8
APA accreditation		
Less than 1 year to 2 years	12	8.6
2–5 years	26	18.7
6–9 years	9	6.5
10+ years	92	66.2

***Procedure***

Training directors of identified internship programs received an email with a link to participate in the study in Fall 2019. After the initial recruitment email, we sent a second request for participation approximately 3 weeks later. Additional reminders to participate were communicated through the listservs of some professional organizations to which internship training directors were likely to belong with the permission of the organizations' listserv administrators. A final round of solicitation was conducted via phone call and/or email to training directors between November 2019 and January 2020. Data were collected



via PsychData, an online survey platform, in which participants responded to general questions related to their internship program, their role within the program, and their personal graduate-level sexuality training, and completed a survey of the human sexuality-related topics addressed in their current internship program's training.

### ***Measures***

For a previous study surveying sexuality education in doctoral counseling psychology training programs conducted by the authors (Mollen, Burnes, et al., 2020), we constructed a comprehensive survey of education in human sexuality. The resulting measure was based on guidelines developed by sexuality-focused professional organizations (e.g., Sexuality Information and Education Council of the United States [SIECUS] and the American Association of Sexuality Educators, Counselors, and Therapists [AASECT]) and sex-positive frameworks emphasizing acknowledgment of the full range of sexual experience from harm and/or risk to benefits and pleasure. We sought consultation from professional sexologists in the creation of the survey and incorporated their suggestions before finalizing the domains and questions. Only the demographic questions of this previously developed survey were modified slightly to survey internship programs. Participants responded to 13 questions related to their role in their internship program (e.g., training director), their personal doctoral training, and their internship program (e.g., preferred students, geographic location). The survey consisted of 12 domains of human sexuality education and the associated content areas within each. Domains assessed programs' inclusion of training content related to sexual pleasure, sexual satisfaction, lived experiences of sexuality, intimacy, sexual behaviors, sexual dysfunction. By responding yes or no, training directors indicated in which content areas within each domain their internship training program provided education. Two optional open-ended questions were included inquiring as to factors that may inhibit internships providing sexuality education and any additional information participants desired to share with the researchers. The survey is available upon request from the lead author.

### **Results**

Descriptive statistics, including frequencies and percentages of internship programs that reported training in each content area (see Table 2), were analyzed using SPSS V. 26. With regard to respondents' perceptions of the sexuality training they provided, most (62.6%) respondents perceived their program addressed sexuality-related topics at an average level. Others rated their programs as good (21.6%) or poor (10.8%); notably, very few rated their program's sexuality training as excellent (5%). A minority (18%) of respondents indicated members of their clinical or management staff had a specialization or certification as a sexuality therapist. Nearly three-quarters of the sample rated the inclusion of sexuality in their internship programs' curricula as "Very Important" (27.3%) or "Important" (46%), whereas the remainder rated it as "Somewhat important" (13%), "Essential" (11.5%), or "Not important" (2.2%).

**Table 2.** Type of sexuality training offered

Specific training	<i>n</i>	Percentage
Sexuality		
Sex therapy	18	12.9
Sexual health	54	36.7
Sexual self-efficacy	13	9.4
Sex positivity	39	28.1
Sexual expression	67	48.2
Unsure/no training	46	33.1
Sexual development		
Lifespan	39	28.1
Childhood	19	13.7
Adolescence	34	24.5
Young adulthood	51	36.7
Midlife	22	15.8
Older adulthood	24	17.3
Sexual maturation	14	10.1
Sexual anatomy & physiology	11	7.9
Pregnancy	14	10.1
Childbirth	7	5
Pregnancy termination/abortion	8	5.7
Unsure/no training	49	35.3
Health/medical Factors		
Acute or chronic illness	61	43.9
Disability	57	41
Drugs	59	42.4
Conception	7	5
Contraception	15	10.8
Fertility	9	47.4
HIV/AIDS	37	26.6
Sexually transmitted infections	41	29.5
Other infections	14	10.1
Sexual trauma	102	73.4
Injury	23	16.5
Addiction	67	48.2
Unsure/no training	19	13.7
Sociocultural values/identities		
Privilege and sex	45	32.4
Sociocultural identity and sex	63	45.3
Cultural oppression and sex	55	39.6
History of Western understandings of sex	10	7.2
Dual/multiple sexual minority status	73	52.5
Unsure/no training	40	28.8
Intimacy skills/relationships		
Sexual pleasure enhancement	11	7.9
Social intimacy	50	36
Relationship intimacy	76	54.7
Emotional intimacy	73	52.5
Intimate relationships	64	46
Polyamory	19	13.7
Open relationships	16	11.5
Unsure/no training	44	31.7

<b>Table 2. Continued</b>		
Specific training	<i>n</i>	Percentage
Sexual functioning & behavior		
Desire discrepancy	25	18
Lack of desire	28	20.1
Difficulty achieving/maintaining arousal	22	15.8
Sexual pain and penetration problems	19	13.7
Difficulty with orgasm	21	15.1
Safer sex practices	35	25.2
Affective response	17	12.2
Unsure/no training	78	56.1
Sexual ethics		
Sexual ethics	29	20.7
Ethical behavior in sex therapy	9	6.5
Unsure/no training	95	68.3
Sexual orientation and gender identity		
Heterosexuality	88	63.3
Gender identity and expression	130	93.5
Asexual people	75	54
Lesbian and gay people	123	88.5
Pansexual people	80	57.6
Bisexual people	110	79.1
Transgender people	123	88.5
Genderqueer people	99	71.2
Intersex people	62	44.6
Unsure/no training	6	4.3
Sexual exploitation		
Sexual abuse of adults	76	54.7
Online sexual harassment	47	33.8
In-person sexual harassment	67	48.2
Sexual assault	99	71.2
Sex trafficking	43	30.9
Sexual abuse of children	74	53.2
Unsure/no training	19	13.7
Sexual expression		
Swinging	11	7.9
Kink/kinky sex	13	9.4
BDSM	14	10.1
Tantra	2	1.4
Sex work	12	8.6
Pornography use	35	25.2
Sex toys	8	5.8
Unsure/no training	85	61.2
Sex and technology		
Cyber sexuality	18	12.9
Sex and social media	34	24.5
Unsure/no training	89	64
Sexuality research		
History of sexuality research	8	5.8
Current trends in sexuality research	17	12.2
Human sexuality research methods	7	5
Unsure/no training	105	75.5

The highest levels of training were reported within the *Sexual Orientation and Gender Identity* domain. Very few programs reported they did not provide training related to gender and sexual minorities, and a majority reported training in almost all content areas. In fact, several content areas (Gender Identity and Expression, Lesbian and Gay People, Bisexual People, Transgender People, and Genderqueer People) were covered by more than 70% of programs. Notably, Intersex People was the only area covered by less than half of the programs. In no other domain were the majority of content areas covered by more than half of internship programs.

Within the *Sexual Exploitation* domain, almost three-quarters of internships provided training related to Sexual Assault, and slightly over half of the programs reported training related to Childhood and Adult Sexual Abuse. Fewer than half addressed Online or In-person Sexual Harassment and Sex Trafficking; however, few internships reported no training in this domain. Similarly, a minority of internships reported no training in *Health/Medical Factors*; however, only one content area, Sexual Trauma, was covered by a robust majority of training programs. All other content areas were covered by fewer than half of the programs. Similarly, with the exception of Dual/Multiple Sexual Minority Status (52.5%), all content areas within the *Sociocultural Values/Identities* domain were attended to in fewer than half of internship programs. Though some programs addressed the relationships between privilege, identity, and oppression and sex, very few highlighted the History of Western Understandings of Sex.

About half of the programs trained interns in the content areas of Relationship and Emotional Intimacy and Intimate Relationships, within the *Intimacy Skills/Relationships* domain. By contrast, very few programs addressed Sexual Pleasure Enhancement, Polyamory, or Open Relationships. In the broad domain of *Sexuality*, nearly half of the internships reported they provided training related to Sexual Expression; however, fewer endorsed incorporating training related to Sex Therapy, Sexual Health, Sex Positivity, and Sexual Self-Efficacy. Though few programs indicated no training in *Sexual Development*, no content area was endorsed by greater than 36% of internships. Particularly low levels of coverage were reported for content areas related to reproduction (Pregnancy, Childbirth, Pregnancy Termination/Abortion) as well as Sexual Anatomy & Physiology.

Though a minority of programs indicated they provided no training in seven of the domains, for five others (*Sexual Functioning & Behavior*, *Sexual Ethics*, *Sexual Expression*, *Sex & Technology*, and *Sexuality Research*) more than half of internships reported they did not address related content areas. Three-quarters of internships did not provide training in the history, current trends, or methodologies of *Sexuality Research*. Almost two-thirds did not provide training related to Cyber Sexuality and Sex & Social Media (*Sex & Technology*), and a little more than two-thirds of programs did not address *Sexual Ethics*, in general, or in the context of sex therapy. Particularly low levels of coverage were reported in the domain of *Sexual Expression*. Though Pornography was addressed by roughly one-quarter of internships, 10% or fewer discussed BDSM, Swinging, Kink, Sex Work, Sex Toys, and Tantra. Slightly more than half of the training programs did not endorse education in *Sexual Functioning & Behavior* and no content area was covered by more than about one-quarter of respondents, with slightly higher reporting for Safer Sex Practices, Lack of Desire, and

Desire Discrepancy than for sexual arousal-, sexual pain-, and orgasm-related topics as well as Affective Response.

### *Free response analysis*

We asked two free-response questions related to the sexuality training provided by participants' training programs. The fifth author read, coded, and organized by themes all responses using inductive thematic analysis, after which the first author conducted an independent analysis of the responses and the fifth author's themes. Through discussions between both authors, including reflexivity regarding biases related to sexuality training, themes were modified until an agreement was reached. Our approach to analysis was data-driven, rather than informed by theoretical presuppositions, in order to capture and reflect patterns observed in participants' responses (Braun & Clarke, 2006). In response to asking what factors might inhibit their internship from covering the surveyed sexuality topics in sufficient depth, participants offered 109 responses. From these, we identified five major categories of responses: *Training Limitations*, *Low Priority*, *Insufficient Time*, *Discomfort with Sexuality*, and *Role of Internships*. Within each category, participants discussed specific barriers to providing sexuality training; most internships expressed more than one barrier.

The most frequent responses provided were related to *Training Limitations* ( $n = 49$ ), and the most common training-related barrier identified by participants was a lack of expertise or training among staff members ( $n = 37$ ). Other related responses included too few staff, in general ( $n = 8$ ), a lack of resources ( $n = 2$ ), and courses/training not being provided for staff during their own training ( $n = 2$ ). In the next category, *Low Priority* ( $n = 48$ ), though respondents might have acknowledged the importance of sexuality training, they remarked that other topics took precedent, either to ensure comprehensive training ( $n = 13$ ) or due to the supervisor's choices ( $n = 2$ ), being in a religious and/or conservative training community ( $n = 4$ ), or given the type of internship program ( $n = 1$ ). In addition, some ( $n = 3$ ) reported they attempted to cover topics in which training staff and trainees expressed interest, implying those interests typically did not include human sexuality. Others did not identify sexuality training as a need, given it was not an APA requirement ( $n = 4$ ), and several noted there were too few clients who desired to attend to sexuality in therapy ( $n = 9$ ). Lastly, multiple sites ( $n = 7$ ) assumed human sexuality training was unrelated to their client population. Among these sites were two prisons, one correctional facility, two child/adolescent-oriented or youth centers, one youth juvenile system, and one program focused on marginalized clients from lower social classes and with severe and persistent mental illness.

The third category of responses was *Insufficient Time*, comprising nearly one-fifth of the total responses ( $n = 31$ ). Nearly half of these responses ( $n = 14$ ) referred broadly to the absence of time to cover all potential areas of training, including human sexuality. Others noted that there were too many other topics to cover within the internship year ( $n = 10$ ) or that sexuality topics were not prioritized specifically because of time limitations ( $n = 7$ ), rather than a preference for other topics. *Discomfort with Sexuality* was the fourth most common pattern of responses ( $n = 20$ ). Specifically, respondents cited low levels of openness to sexuality in the local community that extended to the agency where the internship was housed ( $n = 5$ ) and supervisors' and/or clinicians' (dis)comfort with discussing sexuality in

the training program ( $n = 4$ ). Most commonly, discomfort with discussing sexuality specifically with the target population ( $n = 11$ ) was reported. For example, one program cited working with an older male population that was uncomfortable discussing sexuality with young female interns, while another remarked they were limited to sexuality topics deemed appropriate to discuss with children and adolescents. Some respondents who worked with populations with “problematic sexual behavior” and a history of engagement in sexual crimes ( $n = 2$ ) or from correctional prison settings ( $n = 7$ ) deemed it inappropriate to discuss topics of sexuality with their clients due to potentially crossing boundaries or causing clinicians discomfort.

Finally, 12 responses related to the *Role of Internships* and indicated that sexuality training was outside the scope of their training responsibilities, with five participants describing their program as providing generalist training, one described as a public health hospital, and one described as a correctional program. Two respondents added that it was the responsibility of, or they depended upon, students’ doctoral programs to cover human sexuality. Two other respondents reported that the topics covered depend on the individual site within the larger internship program, with one providing seminars if an intern was interested.

We also asked participants to share any other information they believed was pursuant to sexuality education in doctoral internship training programs. Many of these responses ( $n = 28$ ) reiterated the themes of the previous question, and others offered positive comments or perceived limitations of our study. Among the novel responses, one respondent noted the need for staff to recognize personal bias in the interest of developing an internship that was safe for the exploration of sexuality-related topics. In a similar fashion, another participant highlighted the need for interns to learn how to assist religious clients “on their path toward personal congruence within their intersecting religious, sexual, and gender identities.” Others addressed the practicality of integrating sexuality training; for example, one respondent clarified that internship consortia were more complicated than single-site programs. Of note, four others reiterated the perception that the responsibility of teaching sexuality topics belonged to the graduate program, with some adding they already had too much content to cover. Another respondent expressed curiosity regarding the importance of human sexuality training, as compared to other APA competency areas (e.g., ethics, assessment), among training directors given the time constraints of the internship.

Regarding limitations to our study, one participant noted that “different types of relationships, intimacy, and education for populations with severe psychiatric disabilities” were not covered in our survey, and a similar comment noted that sexual offending was not surveyed. One participant reported that “it was difficult to tell how [we] define[d] ‘training,’” and others clarified the ways in which they provided sexuality training. For example, one participant remarked that their program offered a human sexuality track, while another identified sexuality training in their program focused on attraction in the therapeutic relationship, adding that normalizing discussion was effective in increasing interns’ comfort with the discussion of sexuality. Positive comments regarding the study included one respondent who noted they had not considered sex trafficking as a component of sex education until engaging in the survey and two who noted they were impressed

by the topics surveyed and considered the incorporation of such topics positive and needed in internship training.

## Discussion

Heeding calls from scholars to increase sexuality training in graduate psychology programs, the findings from the current study provide a contemporary investigation into sexuality training in APA-accredited predoctoral internships, the first of its kind since Wiederman and Sansone's (1999) investigation. Although the earlier study captured the responses of a larger sample, researchers in this study queried for a greater breadth of topics in an effort to capture more fully the complexity and nuance as well as more attention to sex-positive issues that compose human sexuality, allowing us to make an original contribution to the scholarship.

The findings of this study reflect similar themes from previous investigations that many internship sites are still relying on trainees to receive sexuality training through their graduate coursework. Similar to previous studies (Mollen, Burnes, et al., 2020; Wiederman & Sansone, 1999), internship sites most often cover issues pertaining to sexual orientation and gender identity, and doing so is imperative for developing affirming, multiculturally competent practitioners; however, our survey did not probe what aspects of these identities were addressed in training. For example, it remains unclear the degree to which sex-positive topics, such as safer sex practices and sexual pleasure unique to sexual and gender minorities (GSM), were addressed by programs as compared to other relevant topics like identity development and minority stress. Given the low levels of coverage reported by internships in areas such as Safer Sex Practices and Sexual Pleasure Enhancement, it seems likely these sex-positive aspects of GSM identities were covered at low rates.

Compared to the earlier survey (Wiederman & Sansone, 1999), internships reported much more attention to working with transgender clients. However, in 1999, more than two-thirds of participating internship sites provided training related to HIV/AIDS, compared to only slightly more than a quarter of our participants. It is likely that sexuality training reflects temporal attention to topics of current interest; with the ongoing attention to issues impacting transgender people, including the landmark publication of the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (American Psychological Association, 2015), it makes cogent sense that internship sites are offering specific training for psychologists, although adhering to trends may inadvertently obscure the importance of addressing other issues related to sexuality. Generally, issues pertaining to health and medical factors, especially sexual abuse, assault, and trauma are well-covered, again perhaps capturing particular awareness and widespread attention to these issues culturally (i.e., the #metoo movement; Smith et al., 2019). Though these more frequently covered topics are important aspects of sexuality that can be approached using a sex-positive lens, our findings show that internships seem to favor coverage of sexuality topics with the potential for harm or risk over topics with implications for sexual satisfaction or sexual expression. Potentially, trainers may be reluctant to include explicit topics pertaining to sexuality, as some of our participants offered when invited to elaborate on their internship's coverage of sexuality topics.

Of note, the areas of coverage in our investigation are similar to a similar study we conducted of academic programs (Mollen, Burnes, et al., 2020). By contrast, internship sites are much less likely to cover issues pertaining to sexual development, particularly anatomy, childbirth, pregnancy, and abortion. This latter omission may be especially problematic, given the lack of coverage of reproductive health in training programs, the dearth of knowledge among psychologists regarding abortion, ubiquity of the procedure, and widespread myths and misinformation that both trainees and professionals endorse (Mollen, Hargons, et al., 2018). Few internship programs cover sexual expression, sexual functioning, sex and technology, sexual ethics, or sexuality research. Further, the need to intentionally provide training about sexuality for clients of historically marginalized communities continues to be an area of needed scholarship. In particular, our findings build upon existing literature by highlighting the need to discuss and equip trainees with sexuality resources for Black people, Indigenous people, and other people of color (BIPOC).

### *Training implications*

The findings from the current investigation reflect the relative dearth of sexuality education in graduate psychology training. Sexuality-related questions and concerns are commonplace and particularly impact those with multiple marginalized identities. Many clients with whom psychologists work in their various roles hold cultural identities associated with inequalities in sexual and reproductive health outcomes (Lokot & Avakyan, 2020); for example, women of color are at higher risk of experiencing reproductive coercion and subsequent unplanned pregnancies. Clients often have sexuality-related concerns but are reluctant to initiate discussing these with their therapists (Stevenson, 2010), and previous research has established a relationship between sexuality training and psychologists' relative comfort with addressing sexuality in therapy (Hanzlik & Gaubatz, 2012; Miller & Byers, 2012). In sum, training in sexuality is a necessary though an as-yet inadequately addressed area of study for psychologists, one with problematic consequences for the general public whom psychologists serve.

With predoctoral internship sites serving as the final stage of clinical training for psychologists, and in consideration of the importance of sexuality as a core component of life and relationship satisfaction (Fallis et al., 2016), it is incumbent upon those entrusted with the responsibility of training health service psychologists to address the widespread, persistent gaps in the curriculum so that those providing clinical services are well prepared and able to address sexuality-related issues capably. Importantly, and in the context of the present study's findings, those who provide fieldwork experiences, which generally focus on the practice of psychotherapy, should attend more intentionally to the incorporation of sex-positive training related to promoting sexual pleasure and wellness among clients and increasing interns' knowledge of diverse sexual interests and sexual relationships. Internship trainers should provide didactic and experiential training that helps emerging psychologists become more skilled at initiating and navigating discussions about sexuality with their clients, as psychologists who have received sexuality training report greater competence and comfort in addressing sex in therapy (Hanzlik & Gaubatz, 2012), benefiting their clients.



A critical part of the internship is clinical supervision (Association of Psychology Postdoctoral Internship Centers, 2006), and while some internship programs may expect sexuality-related topics to be addressed in these typically dyadic relationships, there is a lack of research about what topics related to sexuality are typically addressed during clinical supervision. Moreover, addressing sexuality outside of didactic training by relying on clinical supervision precludes a more systematic, coordinated effort to infuse sexuality across all facets of psychologists' training to ensure consistent, comprehensive coverage of the topics we addressed in the current investigation. In lieu of, or in addition to, formalized sexuality training on the internship, clinical supervisors can explicitly address issues of sexuality and sex-positivity in their supervision process. For example, supervisors can provide activities inside and outside of supervision for supervisees to reflect on their own biases related to sexuality, as well as provide resources that address sexuality-related content in addition to sexual orientation and gender identity (Mollen, Burnes, et al., 2020). Although time factors may make sexuality training challenging, we invite our fellow trainers and educators to join us in prioritizing the importance of including sexuality in graduate training in psychology. More broadly, in conjunction with the dearth of sexuality training in academic programs (Mollen, Burnes, et al., 2020), we urge the APA to require sexuality as a core component of graduate psychology training.

### ***Limitations***

Despite our efforts to recruit a larger sample, the results of the current investigation should be considered in light of the relatively modest rate of participation we secured. Trainers with an interest in sexuality may have been more inclined to participate, though with the data indicating relatively low levels of sexuality training consistent with previous studies of comparable training programs, we have some confidence that they accurately capture the current state of sexuality training at APA-accredited internship sites. We adapted the instrument to survey participants from a previous study (Mollen, Burnes, et al., 2020), but we note that it has not been more widely administered nor empirically tested. Finally, as we surveyed training directors and their colleagues, results are likewise limited by these individuals' accounts. The survey covered a wide range of topics and individuals may not be aware of all of the training that occurs in their program; this may have accounted for relatively large percentages of programs that indicated no training was provided or they were unsure of the training provided in some domains. We encourage future researchers to extend our study by querying current and former trainees as well as clients served by these sites for their unique perspectives.

### **Conclusion**

We join our colleagues who have brought attention to the vital need for sexuality training in graduate psychology training (Mollen, Burnes, et al., 2020; Burnes et al., 2017a; Cruz et al., 2017). Because of sexuality's role in health, wellness, and satisfaction, coupled with the inadequacy of sex education in the United States, trainers can no longer sidestep the importance of infusing sexuality into the curriculum across graduate training. Clients served by the psychologists we train are entitled to therapists who can speak comfortably,

accurately, and meaningfully about this facet of our humanity. We owe it to them to improve our training methods and outcomes.

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**Data availability statement** – Raw data, with the exception of qualitative responses, which may have been identifying, are available on the Open Science Framework ([https://osf.io/d9nt5/?view\\_only=b0bcd983f08c4b55be3fd30b3b514894](https://osf.io/d9nt5/?view_only=b0bcd983f08c4b55be3fd30b3b514894)).

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