**Social Work 674**

**Human Sexuality in Clinical Social Work Practice**

**3 Units**

***Fall 2017***

|  |  |
| --- | --- |
| **Instructor:**  | Sara Barthol, LCSW |
| **E-Mail:**  | sara@sarabarthol.comBarthol@usc.edu | **Course Day:** **Thur** |  |
| **Telephone:** | 310 422 6338 | **Course Time:****1-3:50** |  |
| **Office:**  | MRF 308 | **Course Location:****SOS B48** |  |
| **Office Hours:** | 12:30-1PM and 3:50-4:20PM |

# Course Prerequisites

Successful completion of foundation year courses.

# Catalogue Description

Explores physi­ological, psychological, and sociocultural variables associated with sexual identity, sexual orientation, and sexual behavior to increase student understanding and apprecia­tion for human sexual behavior.

# Course Description

This course explores the physiological, psychological, and socio-cultural variables associated with sexual expression, identity, orientation, and behavior. Attention will also focus on clinical issues most often presented in social work practice by individuals and couples, e.g., desire discrepancy in couples and extramarital affairs. Specific sexual dysfunctions identified in the DSM will be explored in terms of their etiology and the current treatment models used to address them. The field of Sex Therapy will be discussed, past and present, as well as the evidence bases for treatment. Neurobiology and the new research on brain chemistry will be highlighted as it relates to human sexuality and emotional relationships.

The sexual component is often given short shrift or ignored altogether in clinical work, primarily due to the social worker’s own discomfort and lack of knowledge in dealing with these issues. Nevertheless, sexuality is an essential component of human life and a healthy sex life has been found to increase life satisfaction, longevity, and mental health. Students of all concentrations, but especially those in the Mental Health, Families and Children, and Health concentrations will add to, and deepen, their understanding of human behavior. This course is not designed to create sex therapists but to help social workers feel more comfortable dealing with the sexual concerns of their clients.

# Course Objectives

| **Objective #** | **Objectives** |
| --- | --- |
| 1 | Teach the range of human sexuality in terms of erotic attraction, behavior, identity, and expression throughout the lifespan. |
| 2 | Present the neurobiological, psychological, and social/cultural aspects that help to explain human sexuality, including brain chemistry and the impact of trauma on sexual development and expression. |
| 3 | Provide opportunities to explore personal biases in regard to sexual practices, choice of sexual partner, and attitudes/feelings towards oppressed groups such as the disabled and the elderly. |
| 4 | Teach empirically informed engagement, assessment, and intervention models for working with individuals and couples with sexual concerns. |

# Course format / Instructional Methods

The format of the course will consist of didactic instruction and experiential exercises. Case vignettes, videos, and role plays will also be used to facilitate the students’ learning. These exercises may include structured small group exercises. Material from the field will be used to illustrate class content and to provide integration between class and field. Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and their application to theory and practice.

# Student Learning Outcomes

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education’s 2015 Educational Policy and Accreditation Standards:

|  |
| --- |
| **Social Work Core Competencies** |
| 1 | **Demonstrate Ethical and Professional Behavior** |
| 2 | **Engage in Diversity and Difference in Practice\*** |
| 3 | **Advance Human Rights and Social, Economic, and Environmental Justice** |
| 4 | **Engage in Practice-informed Research and Research-informed Practice** |
| 5 | **Engage in Policy Practice** |
| 6 | **Engage with Individuals, Families, Groups, Organizations, and Communities\*** |
| 7 | **Assess Individuals, Families, Groups, Organizations, and Communities** |
| 8 | **Intervene with Individuals, Families, Groups, Organizations, and Communities** |
| 9 | **Evaluate Practice with Individuals, Families, Groups, Organizations and Communities** |

 \* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency** | **Objectives** | **Behaviors** | **Dimensions** | **Content** |
| **Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**Social workers in health, behavioral health and integrated care settings value and understand the primacy of relationships in the engagement process. Social workers practicing with adults and older adults understand that engagement involves the dynamic, interactive, and reciprocal processes. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge along with knowledge of practice theories (models, strategies, techniques, and approaches) to facilitate engagement with individuals, families and groups. Social workers understand strategies to engage diverse clients and constituencies to advance practice effectiveness. Social workers understand how their personal experiences and affective reactions may impact their ability to effectively engage with diverse clients and constituencies.  | **4.** Teach empirically informed engagement, assessment, and intervention models for working with individuals and couples with sexual concerns. | **6a.** Recognize the primacy of the relationship when engaging with others in integrated care settings.  | Values | **Unit 4:** Theories that inform work with couples and Practice implications.**Unit 5:** Clinical Assessment of Sexual Dysfunction and Models of Treatment**Unit 14:** DesexualizedAnd Vulnerable Groups**Unit 15:** Transference and Countertransference Phenomena**Assignment 2:** Case Vignette Paper**Assignment 3:** Specialized Paper |
| **Competency** | **Objectives** | **Behaviors** | **Dimensions** | **Content** |
| **Competency 2: Engage Diversity and Difference in Practice**Using research, social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity and are able to apply this knowledge to work empathically and effectively with diverse populations. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person’s life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent which a culture’s structures and values, including social, economic, political and cultural exclusions may oppress, marginalize, and/or alienate adults and older adults or create privilege and power. Social workers through self-reflection, continue to assess and address their ageist values, building knowledge to dispel myths regarding aging and stereotyping of older persons. Social workers are able to consistently identify and use practitioner/client differences from a strengths perspective. Social workers view themselves as learners and engage those with whom they work as informants.  | **1.** Teach the range of human sexuality in terms of erotic attraction, behavior, identity, and expression throughout the lifespan.  | **2a**. Recognize and communicate understanding of how diversity and difference characterize and shape the human experience and identity.  | Values | **Unit 3:** Sexual Diversity**Unit 8**: Understanding and Treating the Paraphilias**Unit 9:** Erotica, Pornography, Sexual Fantasy, and Addiction**Unit 14:** Desexualized andVulnerable Groups**Assignment 1:** An integration paper  |

# VII: Course Assignments, Due Dates & Grading

| **Assignment** | **Due Date** | **% of Final Grade** |
| --- | --- | --- |
| **Assignment 1: Integration paper** | Sept. 14th, 2017 | 20% |
| **Assignment 2: Case vignette paper** | October 12th, 2017  | 20% |
| **Assignment 3: Specialized Paper** | December 6th,2017 | 50% |
| **Class participation and class exercises** | Weekly | 10% |

## Assignment 1

This first assignment integrates neurobiology and psychosocial aspects of human sexuality, including sexual orientation. The student is asked to answer a few questions that integrate material presented in class and in the readings. Details and rubrics are attached to the syllabus.

**Due:** September 14th, 2017

*This assignment relates to student learning outcomes 2a, 2c, 3b, 6a, 6b, 8a, 8b*

## Assignment 2

This second assignment applies various explanatory theories to a real or hypothetical case. Details and rubrics will be handed out in class.

**Due:** October 12th, 2017

*This assignment relates to student learning outcomes 2a, 2c, 3b, 6a, 6b, 8a, 8b*

**Final Assignment**

The student will have a choice of two options, either a clinical paper or a library research paper. For the clinical option, the student will be asked to assess and develop a treatment plan for an individual or couple presenting with sexual concerns. If the student does not have such an example she or he may, with the instructor’s approval, create a scenario and do the assignment from that perspective.

This second option is designed to offer students an opportunity to explore in depth a topic in which they are interested. Students will be expected to access the empirical and relevant literature, discuss issues of diversity, and how this knowledge can help them in working with clients. Details and rubrics are attached to the syllabus.

**Due:** December 6th, 2017 at noon

*This assignment relates to student learning outcomes 2a, 2c, 3b, 6a, 6b, 8a, 8b*

**Note:** Alllate assignments will be penalized 3 points/ day unless other arrangements are made with me.

Class grades will be based on the following:

|  | **Final Grade** |
| --- | --- |
| 3.85 – 4 | A |  93 – 100 | A |
| 3.60 – 3.84 | A- | 90 – 92 | A- |
| 3.25 – 3.59 | B+ | 87 – 89 | B+ |
| 2.90 – 3.24 | B | 83 – 86 | B |
| 2.60 – 2.87 | B- | 80 – 82 | B- |
| 2.25 – 2.50 | C+ | 77 – 79 | C+ |
| 1.90 – 2.24 | C | 73 – 76 | C |
|  |  | 70 – 72 | C- |

(***Note:*** Please refer to the *Student Handbook* and the *University Catalogue* for additional discussion of grades and grading procedures.)

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School:

(1) Grades of **A** or **A-** are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment.  The difference between these two grades would be determined by the degree to which these skills have demonstrated by the student.

(2) A grade of **B+** will be given to work which is judged to be very good.  This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment.

(3) A grade of **B** will be given to student work which meets the basic requirements of the assignment.  It denotes that the student has done adequate work on the assignment and meets basic course expectations.

(4) A grade of **B-** will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

(5) A grade of **C** would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement.

(6) Grades between **C-** to **F** will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

## Guidelines for Evaluating Class Participation

**10: Outstanding Contributor:** Contributions in class reflect exceptional preparation and participation is substantial. Ideas offered are always substantive, provides one or more major insights as well as direction for the class. Application to cases held is on target and on topic. Challenges are well substantiated, persuasively presented, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished markedly. Exemplary behavior in experiential exercises demonstrating on target behavior in role plays, small group discussions, and other activities.

**9: Very Good Contributor:** Contributions in class reflect thorough preparation and frequency in participation is high. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Application to cases held is usually on target and on topic. Challenges are well substantiated, often persuasive, and presented with excellent comportment. If this person were not a member of the class, the quality of discussion would be diminished. Good activity in experiential exercises demonstrating behavior that is usually on target in role plays, small group discussions, and other activities.

**8: Good Contributor:** Contributions in class reflect solid preparation. Ideas offered are usually substantive and participation is very regular, provides generally useful insights but seldom offer a new direction for the discussion. Sometimes provides application of class material to cases held. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive with good comportment. If this person were not a member of the class, the quality of discussion would be diminished somewhat. Behavior in experiential exercises demonstrates good understanding of methods in role plays, small group discussions, and other activities.

**7: Adequate Contributor:** Contributions in class reflect some preparation. Ideas offered are somewhat substantive, provides some insights but seldom offers a new direction for the discussion. Participation is somewhat regular. Challenges are sometimes presented, and are sometimes persuasive with adequate comportment. If this person were not a member of the class, the quality of discussion would be diminished slightly. Occasionally applies class content to cases. Behavior in experiential exercises is occasionally sporadically on target demonstrating uneven understanding of methods in role plays, small group discussions, and other activities.

**6: Inadequate:** This person says little in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed. Does not participate actively in exercises but sits almost silently and does not ever present material to the class from exercises. Does not appear to be engaged.

**5: Non-Participant:** Attends class only.

**0: Unsatisfactory Contributor:** Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive; provides few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. Comportment is negative. If this person were not a member of the class, valuable air-time would be saved. Is unable to perform exercises and detracts from the experience or doesn’t attend class so can’t participate.

**A note on lap top computer and cell phone usage in class*:*** Recently, there have been instances of students checking email, texting, cruising the net, playing computer games, etc. If you are using these activities because you are bored, then you are not being active enough. If you understand the discussion or lecture, you could be asking further questions, giving examples, writing marginal notes to yourself, practicing active listening, or otherwise deepening your knowledge of the material in some way. If you have a learning style that requires this kind of multitasking, please discuss with me.

# Required and supplementary instructional materials & Resources

## Required Textbooks

Buehler, S. (2017). *What every mental health professional needs to know about sex.* 2nd edition. New

 York: Springer Publishing Co.

Solomon, M., & Tatkin, S. (2011). *Love and war in intimate relationships.* New York: Norton.

**Recommended Textbooks**

Fishbane, M.D. (2013). *Loving with the brain in mind: Neurobiology and couple therapy* (pp. 76-96).

 New York: W.W. Norton & Company.

Hall, K. & Graham, C. (eds.) (2013). *The cultural context of sexual pleasure and problems.* New York: Routledge.

## Levine, S. B. (Ed.), Risen, C. B., & Althof, S. E. (Assoc. Eds.). (2010). *Handbook of clinical sexuality for*

##  *mental health professionals* (2nd ed.). New York: Routledge.

Komisaruk, B., Whipple, B., Nasserzadeh, S., & Beyer-Flores, C. (2010). *The orgasm answer guide.* Baltimore, MD: Johns Hopkins University Press.

All required and some optional readings are posted on ARES. Books are on reserve at Leavey Library.

**Course Overview**

| **Unit** | **Topics** | **Assignments** |
| --- | --- | --- |
| **1** | * Introduction: Sex, Love, and Intimacy
	+ - Social work and sexuality
		- Sex research
		- Psycho-historical-cultural contexts
 |  |
| **2** | * The Biological component
	+ - Anatomy
		- Sexual response
		- Neurobiology and chemistry of love
 |  |
| **3** | * Gender and Sexual Diversity
	+ - Identity and orientation
		- Transgendered individuals
		- Clinical issues
 |  |
| **4** | * Theories that inform clinical practice
	+ - Affect Regulation theory
		- Contemporary Attachment theory
 |  |
| **5** | * Beginning sexual counseling: Assessment, Treatment models
	+ - How to talk to clients about sex
		- Overview of sexual dysfunction
		- Assessment models
		- Cultural considerations
 |  |
| **6** | Desire and Arousal Phase Disorders* + - Assessment and Treatment
		- Military sexual dysfunction
 |  |
| **7** | * Orgasmic Phase and Pain Disorders
	+ - Military sexual dysfunction
 |  |
| **8** | * Paraphilias and Paraphilic Disorders
	+ - Differences
 |  |
| **9** | * Erotica, Pornography, Fantasy, and Addiction
	+ - Meanings and functions of sexual fantasies
		- Sexual compulsion and/or addiction
 |  |
| **10** | * Sexual victimization
	+ - Sexual assault, rape, gender-related abuse
		- Consequences and treatment
 |  |
| **11** | * Relationships outside committed relationship
	+ - From “one-night stands to polyamory
		- Meaning and functions of affairs
 |  |
| **12** | * Sexuality through the lifespan
	+ - Selected issues in lifespan stages
 |  |
| **13** | * Issues in sexual physical and mental health
	+ - Chronic illnesses
		- STIs/HIV, etc.
 |  |
| **14** | * Desexualized and Vulnerable groups
	+ - Intellectually and physically challenged
		- Elderly
 |  |
| **15** | * Transference and Countertransference
* Enhancing sexual potential
 |  |
| **STUDY DAYS / NO CLASSES** |
| **FINAL EXAMINATIONS**  |

| **Unit 1: Introduction: Sex, Love, and Intimacy** | **August 24, 2017** |
| --- | --- |
| **Topics**  |
| * Social work and sexuality
* History of sex research: pioneers
* The psycho-historical and cultural contexts of human sexuality
* Culture: Sex positive and sex negative cultures
* The case for a good sex life―and what is it?
* What is “normal” sex?
* Issues in sex research: methods, limitations, ethical issues
* Film clips: *Secrets of Sexual Ecstasy, Kinsey, Masters of Sex*
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This Unit relates to course objective 1 and 2

### Required Readings

Buehler, S. (2017). Evolution of the field of sexology and sexual health definitions. *What every mental*

 *health professional needs to know about sex (.*2nd ed., pp.36-50). New York: Springer Publishing

 Co.

Kelly, S. & Shelton, J. (2013). African American couples and sex. In K. Hall, C. Graham (eds.) *The cultural context of sexual pleasure and problems.* (pp. 47-83). New York: Routledge.

Melendez, R., Dickenson, C., Catalina, S., Pinzon, L., Guyot, B., and Molina, D. (2013). Understanding Latina women’s sexuality in the United States. In K. Hall, C. Graham (eds.) *The cultural context of sexual pleasure and problems.* (pp.84-109). New York: Routledge.

World Association for Sexual Health

<http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf>

**Recommended Readings**

Asencio, M. (ed.). (2010). Latino/a sexualities: Probing powers, passions, practices, and policies New Brunswick, New Jersey: Rutgers University Press.

Berry, M. (2013). The history and evolution of sex therapy and its relationship to psychoanalysis. *International Journal of Applied Psychoanalytic Studies, 10*(1). 53-74*.*

McCave, E., Shepard, B., & Winter, V.R. (2014). Human sexuality as a critical subfield in Social Work. *Advances in Social Work, 15*(2), 409-427.

McGoldrick, M., Loonan, R., & Wohlsifer, D. (2007). Sexuality and culture. In Leiblum, S. (Ed.), *Principles and practice of sex therapy* (4th ed., pp. 416-441). New York: Guilford Press.

Planned Parenthood Federation of America, Inc. (2007). The health benefits of sexual expression. [www.plannedparenthood.org](http://www.plannedparenthood.org). 1-12.

Risen, C. (2010). Listening to sexual stories. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of Clinical Sexuality for Mental Health Professionals* (2nd ed., pp. 3-20). New York: Routledge.

| **Unit 2: The Biological Component** | **August 31, 2017** |
| --- | --- |
| **Topics**  |
| * Male and female anatomy
* The sexual response
* The neurobiology and chemistry of love
* DVD: *The Anatomy of Sex*
 |

This Unit relates to course objective 2

### Required Readings

DeBoer, A., Van Buel, E.M., & Ter Horst, G.J. (2012). Love is more than just a kiss: A neurobiological perspective on love and affection. *Neuroscience, 201,* 114-124.

Fishbane, M. (2013). Love and its discontents. In *Loving with the brain in mind: Neurobiology and couple therapy* (pp. 76-96). New York: W.W. Norton & Company.

Solomon, M., & Tatkin, S. (2011). The psychobiological imperative. In *Love and war in intimate relationships,* (pp. 43-52). New York: Norton.

### Recommended Readings

Ackerman, Diane. (2012). The brain on love. *New York Times.* March 24th. (Opinion pages)

Buehler, S. (2017). Sexual anatomy and psychosexual development. *What every mental health*

 *professional needs to know about sex.* (2nd ed., pp. 19-33). New York: Springer Publishing Co.

Brizendine, L. (2006). Sex: The brain below the belt. In *The female brain* (pp. 77-94). New York: Morgan Road Books. (Instructor note: Read as interested).

Fisher, H. (2004). *Why we love: The nature and chemistry of romantic love.* New York: Henry Holt and Co. (Instructor Note: Read as interested.)

Gravotta, L. (2013). Be mine forever: Oxytocin may help build long-lasting love. *Scientific American.* Feb. 12th. <http://www.scientificamerican.com/article.cfm?id=be-mine-forever-oxytocin>

Science of Sex (2015). *Newsweek: Special Edition.* (whole issue is very good)

Solomon, M., & Tatkin, S. (2011). The partner interview. In *Love and war in intimate relationships* (pp. 53-71). New York: Norton.

Sorenson, M. et. al. (2008). Prevalence and predictors of sexual dysfunction 12 months after major trauma: A national study. *The Journal of Trauma Injury, Infection, and Critical Care, 65*(5). 1045- 1053.

| **Unit 3: Gender and Sexual Diversity (GUEST PANEL PFLAG)** | **September 7, 2017** |
| --- | --- |
| **Topics**  |
| * Gender and sexual identity and gender dysphoria
* Sexual orientation/identity as a social construct
* Transgendered and transsexual individuals
* DVD: *Middle Sexes*
 |

This Unit relates to course objectives 1, 2 and 3.

### Required Readings

Buehler, S. (2017). Therapy with sexual minorities. *What every mental health professional needs to know*

 *about sex*. (2nd ed*.*, pp. 147-164). New York: Springer Publishing Co.

Mustanski, B., Kuper, L., & Greene, G. J. (2014). Development of sexual orientation and identity.  In D. Tolman., L. Diamond., J. Bauermeister, W. George., J. Pfaus, & L. M. Ward. (eds.).*APA Handbook of sexuality and psychology, 1,* 597-628. Washington, D.C.: American Pscyhological Association.

Nichols, M. (2014). Therapy with LGBTQ clients. In Y.M. Binik and K.S.K. Hall (eds.) *Principles and practice of sex therapy. (*5th ed., pp. 309-333). New York: Guilford Press.

### Recommended Readings

Brill, S. (2008). Is my child transgender? In *The transgender child. A handbook for families and professionals,* (pp. 1-38). Berkeley, CA: Cleis Press.

Burdge, B. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community, *Social Work,* *52*(3), 243-250.

DeCecco, J., & Parker, D. A. (Eds.). (1995) *Sex, cells, and same sex desire.* New York: Haworth Press.
(Instructor Note: This is a classic book; an anthology of research.)

Erickson-Schroth, L. (2010). Neurobiology of sex/gender-based attraction. *Journal of gay and lesbian mental health,* 14, (pp. 56-69).

Diamond, L. (2008). How does fluidity work? *Sexual Fluidity: Understanding women’s love and desire.*Cambridge: MA: Harvard University Press. (chapter 7, pp.202 – 234). (Whole book is recommended; read as interested).

Friedemann, P. (2010). Understanding transgendered phenomena. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 425-447). New York: Routledge.

Friedmann, R., & Downey, J. (2010). Male and female homosexuality in heterosexual life. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals,* (2nd ed., pp. 369-382). New York: Routledge.

Goldbach, J., Matt, K., Phillips, M., & Perry, C. (2015). *Gender and sexuality*. Wheaton, IL: Abigail Press.

Good practice guidelines for the assessment and treatment of adults with gender dysphoria. Only available online; free download. <http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr181.aspx>

Nichols, M. (2013). Same sex sexuality from a global perspective. In K. Hall C. Graham (eds.) *The cultural context of sexual pleasure and problems.* New York: Routledge. (pp. 22-46).

Sallans, R. (2012). Serving the transgender community: a review of standards of care. *Contemporary Sexuality,* 46(9), 1, 4-5.

Scott, D., & Levine, S. (2010). Understanding gay and lesbian life. In *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 351-368). New York: Routledge.

Silverberg, C. (2013). From pathology to pride: Supporting gender non-conforming children. *Contemporary Sexuality,* *47*(8), 1, 3-6.

Williams, W. (1992). T*he spirit and the flesh: Sexual diversity in American Indian culture*. New York: Beacon Press.

Excellent History on Homosexuality and Psychiatry

<http://www.aglp.org/gap/1_history/#analysis>

| **Unit 4: Theories that inform work with couples and Practice implications** | **September 14, 2017** |
| --- | --- |
| **Topics**  |
| * Affect regulation theory (Contemporary attachment theory)
* Relational Theories
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This Unit relates to course objective 2 and 4

### Required Readings

Solomon, M., & Tatkin, S. (2011). Arousal regulation. In *Love and war in intimate relationships,* (pp. 98-104). New York: Norton.

Solomon, M., & Tatkin, S. (2011). Attachment. In *Love and war in intimate relationships,* (pp. 87-97). New York: Norton.

Solomon, M., & Tatkin, S. (2011). Connection and Disconnection. In *Love and war in intimate relationships,* (pp. 3-18). New York: Norton.

Solomon, M., & Tatkin, S. (2011). Dysregulation. In *Love and war in intimate relationships,* (pp. 105-118). New York: Norton.

### Recommended Readings

Bosky, E. (2015). Spirituality and sexuality – when religious clients present for sex therapy. *Contemporary*

*Sexuality.* June.

Brotto, L. & Heiman, J. (2007). Mindfulness in sex therapy. *Sexual and relationship therapy*. *22*, 3-11.

Creager, T. (2008). *The long hot marriage*. Sevierville, TN: Insight Publishing.

Firestein, R., Firestein, R., & Catlett, J. (2006). Approaches to the etiology of sexual dysfunctions and problems in sexual relating. In *Sex and love in intimate relationships,* (pp. 111-132)*.* Washington, DC: APA.

Gottman, J. (2011). How couples build intimate trust. *The science of trust: Emotional attunement for couples.* New York: W.W. Norton (Ch. 7, pp. 251-268.) (Instructor note: Whole book is recommended; read as interested).

Hall, K.S.K. & Graham, C. (2014). Culturally sensitive sex therapy. In Y.M. Binik & K.S.K. Hall (eds.)

*Principles and practice of sex Therapy.* (3rd ed.). New York: Guilford Press.

Mikulincer, M. (2006). Attachment, caregiving, and sex within romantic relationships. In M. Mikulincer & G. Goodman (Eds.), *Dynamics of romantic love: Attachment, caregiving, and sex,* (pp. 23-44)*.* New York: Guilford Press.

Nabre, P., & Pinto-Gouvela, J. (2006). Dysfunctional sexual beliefs as vulnerability factors for sexual dysfunction. *Journal of Sex Research*, *43*(1), 68-72.

| **Unit 5: Beginning Sexual Counseling: Clinical Assessment and Models of Treatment (GUEST SPEAKER)** | **September 21, 2017** |
| --- | --- |
| **Topics**  |
| * The DSM: past and present: organization and controversies
* How to talk to clients about sex
* Overview of sexual dysfunction
* The “New View” assessment model
* Overview of sex therapy
* Cultural considerations
 |

This Unit relates to course objective 2 and 4

### Required Readings

Buehler, S. (2017). Assessing sexual problems. *What every mental health professional needs to know*

 *about sex.*(2nd ed., (pp. 51-66). New York: Springer Publishing Co.

Candib, L. M. (2001). A New View of women’s sexual problems. In E. Kaschak & L. Tiefer (Eds.), *A new view of women’s sexual problems* (pp. 9-15). New York: Haworth Press.
(Instructor Note: This is a model of assessment that includes political, economic, socio-cultural, partner, medical, and psychological variables; similar to the PIE.)

Ribner, D. (2012). Cultural diversity and sensitivity in sex therapy. in P. Kleinplatz (ed.). *New directions in sex therapy*. (2nd ed., pp.161-174). New York: Routledge.

Rosenbaum, P.T., Aloni, R., & Heruti, R. (2013). Surrogate partner therapy: Ethical considerations in sexual medicine. *Journal of Sexual Medicine.* DOI: 10.1111/sm 12402

### Recommended Readings

Baker, R. (1996). *Sperm wars: The evolutionary logic of love and lust*. New York: Basic Books.

Ellison, C. (2012). Sexual choreography: “*Am I enjoying this right now?* Not “*How am I doing?”* in P. Kleinplatz (ed.). New directions in sex therapy. (2nd ed., pp.141-160). New York: Routledge.

Firestone, R., Firestone, L., & Catlett, J. (2006). Voice therapy applied to problems in sexual relating. In *Sex and Love in Intimate Relationships,* (pp. 229-262).

Fontes, L. (2001). The new view and Latina sexualities: Pero no soy una maquina!. In E. Kaschak & L. Tiefer (Eds.), *A new view of women’s sexual problems* (Commentary, pp. 33-37). New York: Haworth Press.

Suvak, M., Brogan, L., & Shipherd, L. (2012). Predictors of sexual functioning in a sample of U.S. Marines: an 11 year follow up study. *International Journal of Sexual Health, 24,* 26-44.

| **Unit 6: Understanding and Treating Desire and Arousal Phase Disorders**  | **September 28, 2017** |
| --- | --- |
| **Topics**  |
| * Hypoactive sexual desire
* Desire discrepant couples
* Erectile dysfunction
* Inhibiting factors: Bio-psycho-social/cultural
	+ - Health/mental health – co-occurring disorders: PTSD
		- Medication
		- Attitudes
		- Cultural and religious proscriptions
* Military sexual dysfunction: video vignette #1
 |

This Unit relates to course objectives 2 and 4.

### Required Readings

Buehler, S. (2017). Women’s sexual health problems. *What every mental health professional needs to*

 *know about sex.(* 2nd ed., pp. 67-73; 78-82). New York: Springer Publishing Co.

Buehler, S. (2017). Men’s sexual health problems. *What every mental health professional needs to*

 *know about sex. (*2nd ed.*,* pp.89-94; 101-109). New York: Springer Publishing Co.

Basson, R. (2010). Women’s difficulties with low sexual desire, sexual avoidance, and sexual aversion. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals,* (2nd ed., pp. 159-180). New York: Routledge.

### Recommended Readings

Altof, S., & Rosen, R. (2010). Combining medical and psychological interventions for the treatment of erectile dysfunction. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 231-250.) New York: Routledge.

Brotto, L. (2011). Differences in sexual guilt and desire in East Asian and Euro-Canadian men. *Journal of sex research,* 49 (6). (pp. 594-602).

Cohen, J. & Byers, E.S. (2014). Beyond lesbian bed death: Enhancing our understanding of sexual-minority women in relationships. *Journal of Sex Research.* *51*(8). 893-903.

Hosain, G.M. M., Latini, D., Kauth, M., Goltz, H.H., & Helmer, D. (2013). Sexual dysfunction among male veterans returning from Iraq and Afghanistan: Prevalence and correlates. *Journal of Sexual Medicine, 10*. 516-523.

Kuffel, S., & Heiman, J. (2006). Effects of depressive symptoms and experimentally adopted schemas on sexual arousal and affect in sexually healthy women. *Archives of Sexual Behavior*, *35*(2), 160.

Matsakis, A. (2007). Sex now? Sex never?: Combat trauma, love, and the family*. Back from the front.* Baltimore, MD: Sidran Institute Press. (chapter 5, pp. 136-163).

Meana, M. (2010). When love and sex go wrong: Helping couples in distress. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals,* (2nd ed., pp. 103-120). New York: Routledge.

Nathan, S. (2010). Why do we say a woman’s sexuality is dysfunctional? In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals,* (2nd ed., pp. 143-158). New York: Routledge.

Satcher, D, Tepper, M., Thrasher, C., & Rachel, S. (2012). Breaking the silence: Supporting intimate relationships for our wounded troops and their partners: A call to action, *International Journal of Sexual Health. 24, 1,* 6-13.

| **Unit 7: Understanding and Treating Orgasmic Phase and Pain Disorders** | **October 5, 2017** |
| --- | --- |
| **Topics**  |
| * Early and delayed ejaculation
* Anorgasmia
* Dyspareunia and vaginismus
* Genital wounds in the military
* Better loving through chemistry and other interventions
* Film: *Orgasmic Expulsions* (documentary)
* Military sexual dysfunction: video vignette #2
 |

This Unit relates to course objectives 2 and 4.

### Required Readings

Buehler, S. (2017). Women’s sexual health problems. *What every mental health professional needs to*

 *know about sex.* (2nd ed*.,* pp. 73-81). New York: Springer Publishing Co.

Buehler, S. (2017). Men’s sexual health problems. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp. 94-101). New York: Springer Publishing Co.

Buehler, S. (2017). Healing painful sex. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp,.203-219). New York: Springer Publishing Co.

Komisaruk, B., Whipple, B., Nasserzadeh, S., & Beyer-Flores, C. (2010). *The orgasm answer guide.* Baltimore, MD: Johns Hopkins University Press. **Read portions of interest.**

Wilcox, S. L., Redmond, S., & Hassan, A. M. (2014). Sexual functioning in military personnel: Preliminary estimates and predictors. *Journal of Sexual Medicine, 11*(10), 2537-2545.

### Recommended Readings

Bergeron, S., Meana, M., Binik, Y., & Khalife, S. (2010). Painful sex. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 193-214). New York: Routledge.

Bilheimer, S., & Echenberg, R. (2009). *Secret Suffering: How women’s sexual and pelvic pain affects their relationships.* UK: Praeger.

Donahey, K. (2010). Female orgasmic disorder. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 181-192). New York: Routledge.

Hicks, D. (2001). *Understanding the G-spot*. Universal Publishing Co.

Morgentaler, A. (2013). Men are people too*. Why men fake it.* (pp.263-275.) New York: Henry Holt & Co.

Nunnink, S., Fink, D., & Baker, D. (2012). The impact of sexual functioning problems on mental well-being in U.S. veterans from the OEF/OIF conflicts. *International Journal of Sexual Health, 24*, 14-25.

IsHak, W. W., Bokarius, A., Jefffrey, J., Davis, M., & Bakhta, Y. (2010). Disorders of orgasm in women: A literature review of etiology and current treatments. *The Journal of Sexual Medicine, 7*(10), 3254-3268.

Komisaruk, B., Beyer-Flores, C., & Whipple, B. (2006). *The science of orgasm.* Baltimore, MD: Johns Hopkins University Press. e-book in library. **Highly recommended.**

Muchlenhard, C., & Shippee, S. (2010). Men’s and women’s reports of pretending orgasm. *Journal of Sex Research, 47*(6), 552-567.

Waldinger, M. (2010). Premature ejaculation and delayed ejaculation. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 267-294). New York: Routledge.

| **Unit 8: Understanding and Treating the Paraphilias** | **October 12, 2017** |
| --- | --- |
| **Topics**  |
| * Paraphilias and Paraphilic Disorders
 |

This Unit relates to course objectives 1-4.

### Required Readings

Buehler, S. (2017). Alternative sexual practices. *What every mental health professional needs to*

 *know about sex* (2nd ed*.*, pp. 279-289). New York: Springer Publishing Co.

Bhugra, D., Popelyuk, D., & McMullen, I. (2010). Paraphilias across cultures: Contexts and controversies. *Journal of Sex Research, 47*(2-3), 242-256.

Nichols, M. (2006). Psychotherapeutic issues with “kinky” clients: Clinical problems, yours and theirs. *Journal of Homosexuality, 50*(2/3), 281-300.

### Recommended Readings

Bering, J. (2013). *Perv: The sexual deviant in all of us.* New York: Scientific American/Farrar, Straus, and

 Giroux.

Cross, P., & Matheson, K. (2006). Understanding sadomasochism: An empirical examination of four perspectives. *Journal of Homosexuality, 50*(2/3), 133-166.

DeBlock, A. & Adriaens, P. (2013). Pathologizing sexual deviance: A history. *Journal of Sex Research, 503*(3-4), 276-298.

Federoff, J. P. (2010). Paraphilic worlds. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 401-424). New York: Routledge.

Khan, U. (2015). Sadomasochism in sickness and in health: Competing claims from science, social science, and culture. *Current Sexual Health Reports.7*(1), 49-58.

Marshall, W., Marshall, L., Serran, G., & O’Brien, M. (2008). Sexual offender treatment: A positive approach. *Psychiatric Clinic of North America,* *31*, 681-696.

Sawle, G. A., & Colwell, J. K. (2001) Coping strategies and attachment in pedophiles. *International Journal of Offender therapy and Comparative Criminology,* *45*(2), 171-182.

Schilz, K., Witzel, J., Northoff, G., Zierhut, K., Gubka, U., Fellmann, H., Kaufmann, J., Tempelmann, C., Wiebking, C., & Bogerts, B. (2007). Brain pathology in pedophilic offenders. *Archives of General Psychiatry, 64*, 737-746.

Siegert, R., & Ward, T. (2003). Back to the future? Evolutionary explanations of rape. In T. Ward, D. R. Laws, & S. Hudson (Eds.), *Sexual Deviance: Issues and controversies* (pp. 45-64). Thousand Oaks, CA: Sage Publications.

Stoller, R. (1975). *Perversion: The erotic form of hatred.* New York: Pantheon Books. (classic)

Wood, E., & Riggs, S. (2009). Adult attachment, cognitive distortions, and views of self, others, and the future among child molesters. *Sex Abuse, 21*(1), 375-390.

| **Unit 9: Erotica, Pornography, Sexual Fantasy, and Addiction** | **October 19, 2017** |
| --- | --- |
| **Topics**  |
| * Sexual compulsion and/or addiction
* Erotica and pornography
* Sexual fantasies: Meanings and functions
* Internet porn: Is it harmful?
* Military sexual dysfunction: video vignette #3
 |

This Unit relates to course objectives 1, 3, and 4

### Required Readings

Buehler, S. (2017). Out-of-control sexual behavior. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp. 291-302). New York: Springer Publishing Co.

### Recommended Readings

Bivona, J., & Critelli, J. (2010). The nature of women’s rape fantasies: An analysis of prevalence, frequency, and contents. *Journal of Sex Research, 46*(1), 33-45.

Bergner, R. and Bridges, A. (2002). The significance of heavy pornography involvement for romantic partners: Research and clinical implications. *Journal of Sex and Marital Therapy, 28*, 193-206.

Gottman, J. (2011). Pornography addiction and sexual addiction. *The science of trust.* (pp. 385-390.)

Giugliano, J. (2009). Sexual addiction: Diagnostic problems. *International Journal of Mental Health Addiction, 7*, 283-294.

Marcus, I. D. (2010). Men who are not in control of their sexual behavior. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 383-400). New York: Routledge.

Morin, J. (1995). *The erotic mind: Unlocking the inner sources of sexual passion and fulfillment*. New York: Harper Collins. (classic)

Relativity (formerly the Sexual Recovery Institute) [www.sexualrecovery.com](http://www.sexualrecovery.com)

| **Unit 10: Sexual Victimization: Effects and Treatments** | **October 26, 2017** |
| --- | --- |
| **Topics**  |
| * Sexual assault (CSA, rape, gender-related)
* Military sexual trauma (MST)
* Film: *Female Genital Mutilation* (documentary)
* Film clips: *Partners in Healing and Relearning Touch*
 |

This Unit relates to course objectives 2, 3 and 4

### Required Readings

Alaggia, R. & Mishna, F. (2014). Self psychology and male child sexual abuse: Healing relational

 betrayal. *Clinical Social Work Journal. 42*(1), 41-48.

Buehler, S. (2017). Sexual recovery in trauma survivors. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp. 187-201). New York: Springer Publishing Co.

Maltz, W. (2012). Healing the sexual repercussions of sexual abuse. In P. Kleinplatz (ed.). *Sex therapy:*

*Innovations and alternatives.* (pp. 267-283). New York:Routledge.

Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research, 47*(1),12-23.

### Recommended Readings

Behrendt, A. and Mortiz, S. (2005). Posttraumatic stress disorder and memory problems after FGM. *American Journal of Psychiatry*, *162, 1000-1002*

Hall, K. (2007). Sexual dysfunction and childhood sexual abuse. In S. Leiblum (Ed.), *Principles and Practice of Sex Therapy* (4th ed., pp. 350-378). New York: Guilford Press.

Lemieux, S. and Byers, E.S. (2008). The sexual well-being of women who have experienced child sexual abuse. *The psychology of women quarterly,* *32*, 126-144.

McCarthy, B., & Breetz, A. (2010). Confronting sexual trauma and enhancing adult sexuality. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals.* (2nd ed., pp. 295-310). New York: Routledge.

Sawle, G. A., & Colwell, J. K. (2001). Adult attachment style and pedophilia. *International Journal of Offender Therapy and Comparative Criminology,* *45*(1), 32-50.

Zaleski, K., & Katz, L. (2014). Alice in Wonderland: Exploring the experiences of female service members with a pregnancy resulting from rape. *Social Work in Mental Health,* (12), 391-410.

Zolbrod, A. (2015). Sexual issues in treating trauma survivors. *Current Sexual Health Reports. 7*, 3-11.

| **Unit 11: Relationships Outside a Committed Relationship** | **November 2, 2017** |
| --- | --- |
| **Topics**  |
| * Meanings and functions of affairs
* From “one-night stands” to polyamory
* Monogamy debate
* Models of treatment: Can this relationship be saved?
* TED talk (Perel)
 |

This Unit relates to course objectives 1, 3 and 4.

### Required Readings

Gottman, J. (2011). Healing from betrayal. *The science of trust.* (pp. 355-385). New York: W. W.Norton.

Levine, S. (2014). Infidelity. In Y.M. Binik & K.S.K. Hall (eds.) *Principles and practice of sex*

 *Therapy.* (3rd ed., chapter 18; pp. 399-415). New York: Guilford Press.

Scheinkman, M. (2005). Beyond the trauma of betrayal: Reconsidering affairs in couples therapy. *Family*

 *Process. 44(2),* 227-244.

Thompson, A. & O’Sullivan L. (2017). Drawing the line: The development of a comprehensive

assessment of infidelity judgments. *Journal o Sex Research,53(*8). 910-926 (good research article).

### Recommended Readings

DeMaris, A. (2010). Distal and proximal influences on the risk of extramarital sex: A prospective study of longer duration marriages. *Journal of Sex Research, 46*(6), 597-606.

Dupree, W. J., White, M., Olsen, C., & Lafleur, C. (2007). Infidelity treatment patterns: A practice-based evidence approach. *American Journal of Family Therapy, 35*, 327-341.

Perel, E. 2007). *Mating in captivity.* New York: Harper.

| **Unit 12: Sexuality Through the Lifespan: Highlights** | **November 9, 2017** |
| --- | --- |
| **Topics**  |
| * Childhood sexuality: Normal and problematic behavior
* Adolescent sexuality: What are they doing now?
* Mid-life sexuality: Effects of aging
* Sex in the older years: Myths and realities
* DVD: *Sext up Kids*
 |

This Unit relates to course objective 1

### Required Readings

Armstrong, E., Hamilton, L., & England, P. (2010). Is hooking up bad for young women? *Contexts, 9*(3), 23-27.

Buehler, S. (2017). Parents’ questions about sex. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp. 131-146). New York: Springer Publishing Co.

Buehler, S. (2017). Sexuality and aging. *What every mental health professional needs to*

 *know about sex.* (2nd ed., pp. 263-278). New York: Springer Publishing Co.

### Recommended Readings

Agronin, M. (2014). Sexuality and Aging. In Y.M. Binik & K.S.K. Hall (eds.) *Principles and practice of sex*

 *Therapy.* (3rd ed.). New York: Guilford Press.

DeLamater, J. (2012). Sexual expression in later life: A review and synthesis. *Journal of Sex Research,*

 49(2-3),121-141.

Dennerstein, L. (2010). The sexual impact of menopause. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 215-227). New York: Routledge.

Elkovitch, N., Latzman, R., Hansen, D., & Flood, M. F. (2009). Understanding child sexual behavior problems: A developmental psychopathology framework. *Child Psychology Review, 29*, 586-598.

Fisher, L. (2010). *Sex, romance, and relationships: AARP survey of midlife and older adults* (pp. 1-50). Washington, DC: AARP.

Fisher, L., Montenegro, X., Anderson, G., Chapagain, M., Takalkar, A., & Smoot, J. (2009). *Amar para vivir y vivir para amar: Sexuality among Hispanics age 45 and older*. AARP study *(*pp. 1-23).
(Instructor Note: This document is part of the larger AARP study cited above―Sex, romance, and relationships: AARP survey of midlife and older adults.)

Herbenick, D., Reece, M., Schick, V., Sanders, S., Dodge, B., & Fortenberry, D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. *Journal of Sexual Medicine, 7*(5), 255-265.

Jonason, P; Li, N; and Richardson, J. (2011). Positioning the booty-call relationship on the spectrum of

 relationships: Sexual but more emotional than one-night stands. *Journal of sex research,* *48*(5),

 486-495.

Kontula, O., & Haavio-Mannila, E. (2009). The impact of aging on human sexual activity and sexual desire. *Journal of Sex Research*, *46*(1), 57-66.

Lenahan, P.M and Ellwood, A. (2001). Sexuality and sexual dysfunction through the life cycle. in Rosenfeld, J (ed.) *Handbook of Women's Health: An evidence-based approach.* (pp. 131-152). Cambridge, UK: Cambridge University Press.

Myers, L. (2010). Single again. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 121-143). New York: Routledge.

Polonsky, D. (2010). The sexual challenges and dilemmas of young single men. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 231-250). New York: Routledge.

| **Unit 13: Issues of Sexual Physical and Mental Health** | **November 16, 2017** |
| --- | --- |
| **Topics**  |
| * Chronic mental/physical illness
* STIs/ HIV, etc.
* DVD: *Southern Comfort*
 |

This Unit relates to course objective 2

### Required Readings

Buehler, S. (2017). Sexuality and mental health problems. *What every mental health professional needs*

 *to know about sex.* (2nd ed., pp. 165-185). New York: Springer Publishing Co.

Buehler, S. (2017). Sexuality and medical problems. *What every mental health professional needs*

 *to know about sex.* (2nd ed., pp. 235-262). New York: Springer Publishing Co.

### Recommended Readings

Brotto, L., & Kingsberg, S. (2010). Sexual consequences of cancer survivorship. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.). *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 329-347). New York: Routledge.

Goldbach, J., Matt, K., Phillips, M., & Perry, C. (2015). Sociocultural and historical impact of HIV/AIDS in

the gay community. *Gender and sexuality.* (chapter 6: pp. 73-90). Wheaton, IL: Abigail Press.

Griffith, D. (2012). An intersectional approach to men’s health. *Journal of Men’s Health.* (*9)*2, 106-112.

Epstein, R., Heinemann, A., & McFarland, L. (2010). Quality of life for veterans and service members with major traumatic limb loss from Vietnam and OIF/OEF conflicts. *Journal of Rehabilitation Research and Development,* 47(4), 373-386.

Segraves, R. T., & Balon, R. (2010). Recognizing and reversing side effects of medications. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 311-328). New York: Routledge.

| **Unit 14: Desexualized and Vulnerable Groups** | **November 30, 2017** |
| --- | --- |
| **Topics**  |
| * The intellectually challenged
* The physically challenged
* The elderly
 |

This Unit relates to course objective 2 and 3.

### Required Readings

Doolittle, D. (2013). Sexual health and foster youth. *Contemporary Sexuality,* *47*(5). 1,3-6.

Sexuality and Disability: Dr. Mitchell Tepper
[www.youtube.com/user/SexualHealthdotcom/feed](http://www.youtube.com/user/SexualHealthdotcom/feed)

### Recommended Readings

Federoff, J. P., & Richards, D. (2010). Sexual disorders and intellectual disabilities. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 451-468). New York: Routledge.

Mona, L. R., & Gardos, P. S. (2000). Disabled sexual partners. In Szuchman, L., & Muscarella, F., *Psychological perspectives on human sexuality* (pp. 309-354).New York: Wiley.

| **Unit 15: Transference and Countertransference Phenomena** **Enhancing sexual potential** | **December 7, 2017** |
| --- | --- |
| **Topics**  |
| * Erotic transferences/counter-transferences
* Dual relationships
* Enhancing sexual potential: Shifting paradigms from “dysfunction” to “enhancement
* Where did all the passion go?
* When to refer to a sex therapist
 |

This Unit relates to course objective 4

### Required Readings

Buehler, S. (2017). Ethics and practice of sex therapy. *What every mental health professional needs*

 *to know about sex.* (2nd ed., pp. 303-314). New York: Springer Publishing Co.

### Recommended Readings

Buehler, S. (2017) Sex therapy: Now and in the future. *What every mental health professional needs*

 *to know about sex.* (2nd ed.,, pp. 317-323). New York: Springer Publishing Co.

Plaut, S. M. (2010). Understanding and managing professional-client boundaries. In S. B. Levine (Ed.), C. B. Risen & S. E. Althof (Assoc. Eds.), *Handbook of clinical sexuality for mental health professionals* (2nd ed., pp. 21-38). New York: Routledge.

| **Week 16: Summative experience** | **TBA** |
| --- | --- |

**Potential Topic**

* Becoming a sex therapist

Other Resources

To locate a certified sex therapist

* The American Association of Sexuality Educators, Counselors and Therapists (www.AASECT.org) has a list of providers.

Sex shops (online)

* Good Vibrations (www.goodvibes.com)
* Freddy and Eddy (www.freddyandeddy.com)
* Come as You Are Co-Operative (includes toys, etc. for people with disabilities) (www.comeasyouare.com)
* Sexual Intimacy.com (www.sexualintimacy.com)
* The Alexander Institute (www.lovingsex.com)
* The Pleasure Chest (www.thepleasurechest.com) (also in store on Santa Monica Blvd)

Informational and instructional videos

* Sexuality and Disability: Dr. Mitchell Tepper
(www.youtube.com/user/SexualHealthdotcom/feed)
* Relearning Touch – Healing Techniques for Couples: Wendy Maltz
(www.healthysex.intervisionmedia.com)
* SexSmart Films – Promoting Sexual Literacy
([www.sexsmartfilms.com](http://www.sexsmartfilms.com))

Organizations and journals for information and continuing education

* American Association of Sexuality Educators, Counselors and Therapists (AASECT) (www.aasect.org)
* American Board of Sexology (http://www.americanboardofsexology.com/)
* The Kinsey Institute (http://www.kinseyinstitute.org/index.html)
* National Coalition for Sex Freedom (NCSF) (https://www.ncsfreedom.org/)
* Resolve: The National Infertility Association (http://www.resolve.org)
* Society for Advancement of Sexual Health (SASH) (www.sash.net)
* Society for the Scientific Study of Sexuality (SSSS) (www.sexscience.org)
* Society for Sex Therapy and Research (SSTR) (www.sstarnet.org)
* World Association for Sexual Health (WAS) (www.worldsexology.org )

Peer-reviewed journals

* Journal of Sex Education and Therapy (http://www.aasect.org/)
* Journal of Sex and Marital Therapy (http://www.tandfonline.com/toc/usmt20/current#.VFayNvnF9bI)
* Journal of Sexual Medicine
(http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1743-6109)
* Journal of Humanistic Psychology (http://jhp.sagepub.com/)
* Journal of Psychology and Human Sexuality (http://www.tandfonline.com/toc/wzph20/current#.VFay7\_nF9bI)
* Journal of Sex Research (<http://www.sexscience.org/journal_of_sex_research/>

Sex addiction resources/materials (including a number of books):

* Sexual Recovery Institute (www.sexualrecovery.com)

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| --- | --- |
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**University Policies and Guidelines**

# Attendance Policy

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (Barthol@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students’ observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

# Academic Conduct

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Part B, Section 11, “Behavior Violating University Standards” <https://policy.usc.edu/scampus-part-b/>.  Other forms of academic dishonesty are equally unacceptable.  See additional information in *SCampus*and university policies on scientific misconduct, [http://policy.usc.edu/scientific-misconduct](http://policy.usc.edu/scientific-misconduct/%22%20%5Ct%20%22_blank).

Discrimination, sexual assault, and harassment are not tolerated by the university.  You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/> or to the *Department of Public Safety* <http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us>.  This is important for the safety whole USC community.  Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person.  *The Center for Women and Men* <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

# Support Systems

*Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call*

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.<https://engemannshc.usc.edu/counseling/>

*National Suicide Prevention Lifeline - 1-800-273-8255*

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. [http://www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org/)

*Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call*

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. <https://engemannshc.usc.edu/rsvp/>

*Sexual Assault Resource Center*

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website:<http://sarc.usc.edu/>

*Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086*

Works with faculty, staff, visitors, applicants, and students around issues of protected class.<https://equity.usc.edu/>

*Bias Assessment Response and Support*

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response.<https://studentaffairs.usc.edu/bias-assessment-response-support/>

*Student Support & Advocacy – (213) 821-4710*

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic.<https://studentaffairs.usc.edu/ssa/>

*Diversity at USC*

Tabs for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students. [*https://diversity.usc.edu/*](https://diversity.usc.edu/)

# Statement about Incompletes

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official “Incomplete Completion Form.”

# Policy on Late or Make-Up Work

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

# Policy on Changes to the Syllabus and/or Course Requirements

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

# Code of Ethics of the National Association of Social Workers (Optional)

*Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]*

## Preamble

The primary mission of the social work profession is to enhance human well­being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession’s focus on individual well­being in a social context and the well­being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. “Clients” is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals’ needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession’s history, are the foundation of social work’s unique purpose and perspective:

Service

Social justice

Dignity and worth of the person

Importance of human relationships

Integrity

Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

# Complaints

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the lead instructor. If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

# Tips for Maximizing Your Learning Experience in this Course

* Be mindful of getting proper nutrition, exercise, rest and sleep!
* Come to class.
* Complete required readings and assignments BEFORE coming to class.
* BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
* Come to class prepared to ask any questions you might have.
* Participate in class discussions.
* AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
* If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
* Keep up with the assigned readings.

*Don’t procrastinate or postpone working on assignments.*

**USC School of Social Work Fall 2017**

**Doni Whitsett, Ph.D. SW 674**

**Human Sexuality**

**Assignment #1: An integration paper**

This assignment integrates neurobiology and psychosocial aspects of human sexuality.

**Please answer the following questions briefly but comprehensively:**

 1. Romantic relationships offer a variety of advantages to the couple. Describe the neurobiological advantages as discussed by Stan Tatkin

 in his articles and chapters.

2. Sexual identity/orientation is an important variable in working with people with sexual issues. What are some of the issues to consider? How might they be the same as, or different from, working with heterosexual or cisgender clients?

 3. Give an example of how knowledge of neurobiology might help you in working clinically with an individual or couple around sexual issues.

Please utilize the following resources which are pertinent to these questions. Feel free to use other sources as well.

 Articles from syllabus (especially readings for unit 2)

 The two articles by Stan Tatkin posted on BB

 Chapters in *Love and War in Intimate Relationships*

 Mikulincer, chapter 2, in *Dynamics of Romantic Love*

 *Why We Love* by Helen Fisher

 DVD *Anatomy of Sex*

**Rubric**

Q.1 35%

Q.2 35%

Q.3 30%

**Note:** Critical and original thinking, as well as quality of writing are incorporated into each of the questions.

Paper is due on September 14th, 2017 at class time. Page length 6-8 pages double-spaced. APA format.

**USC School of Social Work Fall 2017**

**Doni Whitsett, Ph.D. SW 674**

**Human Sexuality**

**Assignment #2**

**Case vignette**

This assignment is designed to help you apply you are learning in class and in your readings to real life situations.

Please select a real or hypothetical client. Discuss the case from a BioPsychoSocial perspective. For this assignment the “New View” assessment model may be considered a theory as it incorporates various explanatory theories. If you do not have such a case and prefer to use the following one you may do so. Please include any countertransference issues you have, or might have, with the case.

**Vignette (TBD)**

Papers are to be scholarly, integrating the literature.

APA style required

Page length: 5-7 pages double spaced

Date due: October 12th, 2017 at class time

Papers will be evaluated on thoroughness, comprehension, ability to articulate concepts, integration of the literature, and quality of writing style which includes APA compliance, typos, grammatical errors, etc.

**USC School of Social Work Fall 2017**

**Doni Whitsett, Ph.D. SW 674**

**Human Sexuality**

**Assignment #3**

**Option 1: Clinical Paper**

This first option is a clinically oriented paper integrating theory and practice. The student will be asked to assess a client and develop a treatment plan for an individual or couple presenting with sexual difficulty. If the student does not have such a case or cannot create a scenario on his/her own, the instructor will develop one for him/her.

Assessment: use of one or more of the assessment tools discussed in class. This section should include a theoretical explanation of the problem and the dynamics between the couple if there is a partner involved.

Treatment Plan: A comprehensive treatment plan consisting of biomedical and psychosocial components.

Course of treatment: Addressing issues of transference, countertransference, ebbs and flows where applicable. This portion would include a discussion of the interplay between the sexual issues and other important variables such as Axis 1 or Axis 11 disorders, medication complications, homework, couple dynamics, etc.

Issues of diversity, ethics, and values must be included as always.

Rubrics for this option are roughly the same as for option #2. Additional details may be provided.

**Option 2: Library research paper**

This option is designed to offer the student an opportunity to explore in depth a topic in which s/he is interested. Suggested topics include the various paraphilias, “kinky” or “beyond vanilla” sex, specific difficulties and their treatment (e.g. anorgasmia in women, erectile dysfunction in men), desire discrepancy in couples, issues of sexual health (STDs, HIV/Aids), etc. Students may also diverge from the syllabus of this course by choosing a related topic such as sex education in the schools.

Content of the paper should focus on what is known about the topic in terms of etiology, prevalence, assessment, and treatment models. Issues of diversity, including sexual orientation must be addressed. This is a scholarly paper which draws upon research where possible.

Please run the topic by me to make sure it meets the course requirement.

 Paper length is 15-20 pages, double spaced.

 At least 15 references are required.

 APA format.

 Date due: December 6th, 2017 at noon

**Papers will be graded on the following:**

 1. Comprehensiveness

 2. Ability to apply theory to your topic

 3. Integration of literature

 4. Critical and original thinking

 5. Writing style, grammar, syntax, etc.

**Rubric**

 Introduction including incidence/prevalence 10%

 Assessment Issues, tools 20%

 Theories of Etiology (include neurobiology) 30%

 Treatment issues and models (include transference, CT) 30%

 Issues of diversity 10%

**Note:** Critical and original thinking, as well as quality of writing are incorporated into each of the above items.