

CPSY 565

Human Sexualities

Summer – 2020

Lecture Monday, 1:00 pm – 4:00 pm

Online & York Graduate Center, Room 101

Department of Counseling Psychology Lewis and Clark College Graduate School

Matthew J. Geraths, MA, MCFT

503.719.2037

matthewg@lclark.edu

“Although people can be intolerant, silly, or pushy about what constitutes proper diet, differences in menu rarely provoke the kinds of rage, anxiety, and sheer terror that accompany differences in erotic taste.” -- Gayle Rubin

“Biological sexuality is the necessary precondition for human sexuality. But biological sexuality is only the precondition, a set of potentialities, which is never unmediated by human reality.” -- Robert Padgug

COURSE DESCRIPTION

Sexualities are not simply something we possess; they are constructed, performed, restricted and controlled, all within the historical and cultural setting in which we live. This course will examine the intersections among sexuality, culture, gender, and the body. Our goal will be to explore a variety of sexualities emphasizing the multifaceted nature of power, privilege, and oppression inherent in *human* sexuality. There will be a specific focus on the role counseling/therapy plays in cultivating sexual discourses and the impact those discourses have on our lives. For example, students will learn to critically investigate how and why some sexual behaviors become pathologized and later normalized by mental health practitioners. Finally, an important part of this course includes the consideration of our own histories and vulnerabilities as they influence our capacity to support others' sexual health.

The reading assignments outlined below are the **expected minimum readings**. These readings will be used to facilitate early class discussions. However, there is an expectation of our cooperative investment and involvement

in collecting and sharing information, community resources, and personal expertise. In this way, this class supports your career-long development as a counselor/therapist who considers and reflectively supports the sexual health of the clients you serve.

STUDENT LEARNING OBJECTIVES

This course promotes the following student learning outcomes (SLO):

SLO 1: Students will demonstrate integrity, compassion and commitment to working with diverse groups.

SLO 2: Students will demonstrate excellent therapeutic skills with individuals, couples, and families.

SLO 3: Students will demonstrate dedication to social justice and global citizenship.

COURSE OBJECTIVES

Participants in this course will:

1. Understand the social construction of sexuality and sexual functioning relative to social, historical, and cultural contexts, including how these contexts serve to privilege some expressions of sexuality while oppressing others.
2. Understand a variety of human sexuality issues (e.g. gender, sexual functioning, and sexual orientation), human development and sexuality, and the impact of sexuality/sexual issues on family and couple functioning
3. Learn to assess sexual issues from a bio-psycho-social spiritual perspective that includes an analysis of power imbalances relative to sex.
4. Learn primary treatment approaches and techniques for resolving sexual problems and consider their use within specific cultural and social contexts.
5. Develop fluency and comfort talking about sex and sexual functioning with individuals and couples.
6. Consider treatment issues specific to sex therapy with heterosexual, lesbian, gay, trans, and bi-sexual couples/families, as well as other diversity issues.
7. Explore own biases relative to sexual orientation and sexual practices that are likely to influence work with clients.

REQUIRED TEXTS

1. Constantinides *et. al.* (2019) [*Sex Therapy with Erotically Marginalized Client.*](#)
2. Green and Douglas (2018). [*Quickies: The Handbook of Brief Sex Therapy \(Third Edition\)*](#)
3. Zena Sherman (2016). [*The Remedy: Queer and Trans Voices on Health and Health Care.*](#)
4. Meg-John Barker (2016). [*Queer: A Graphic History*](#)
5. Kleinplatz P. J. (2012) [*New Directions in Sex Therapy: Innovations and Alternatives.*](#)

RECOMMENDED READINGS

1. Kai Cheeng Thom (2019) [*I Hope We Choose Love: a Trans Girl's Note from the End of The World*](#)
2. Kleinplatz & Ménard (2020) [*Magnificent Sex: Lessons from Extraordinary Lovers*](#)
3. adrienne maree brown (2019) [*Pleasure Activism: The Politics of Feeling Good \(Emergent Strategy\)*](#)
4. Constantinides *et. al.* (2019) [*Sex Therapy with Erotically Marginalized Client.*](#)
5. Matthias Roberts (2020) [*Beyond Shame: Creating a Healthy Sex Life on your own Terms.*](#)
6. Stella Harris (2018) [*Tongue Tied: Untangling Communication in Sex, Kink, and Relationships.*](#)
7. Tina Schermer Sellers (2017) [*Sex, God & The Conservative Church*](#)
8. Emily Nagoski (2015). [*Come as You are: The Surprising New Science That Will Transform Your Sex Life*](#)
9. bell hooks (2000) [*All About Love: New Visions.*](#)

10. Christopher Ryan (2012) [*Sex at Dawn: How We Mate, Why We Stay, and What It Means for Modern Relationship.*](#) Harper Perennial.
11. Anne Fausto-Sterling (2008) [*Sexing the Body: Gender Politics and the Construction of Sexuality.*](#) Basic Books.
12. Kaufman, Silverberg & Odette (2003). [*The Ultimate Guide to Sex and Disability.*](#)
13. Dossie Easton (2017) [*Ethical Slut. Celestial Arts; 3rd Edition*](#)
14. Carrie Jenkins (2017) [*What Love is: And What It Could Be*](#)
15. Paul Joannides (2015). [*Guide to Getting It On.*](#) Goofy Foot Press.

ATTENDANCE

The success of this class depends on your attendance. Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

NON-DISCRIMINATION POLICY/SPECIAL ASSISTANCE

Lewis & Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The College does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

SPECIAL ASSISTANCE

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share, please make an appointment with the instructor as soon as possible.

COURSE REQUIREMENTS AND EVALUATION

Attendance and Participation (worth 10 points)

Note: While folks have a variety of learning styles, it is still important that you attend and actively participate in class activities (including discussion of assigned reading). If speaking in class is not something that feels safe, please let me know in what ways you like to learn and participate.

News of the Day (worth 20 points):

Students will work in groups of two to give a short presentation in class on a sexual topic that may come up in therapy. The presentation should include how popular media (print, electronic, audio/video) treats this subject, the historical/cultural context shaping the subject, and the therapeutic relevance of the subject. Your presentation should be 20 minutes in whatever format feels comfortable (PowerPoint, video clips & discussion) and then a discussion (5-10 minutes) with an emphasis on clinical interventions you might use. Students will provide the class with the resources they found/ developed for clinical interventions the night before the presentation using the dedicated google doc. ([See New of the Day Grading Rubric below.](#))

As part of this class, I want to prepare students for their clinical work “out in the real world.” Resources students collect for their presentations from both sections of this class will be gathered on a shared Google Doc. for everyone to have after this class ends.

Sexual Genogram (worth 40 points – first draft 20; second draft 20):

Arguably, one of the most important and impactful elements of therapy is the relationship cultivated between the client and therapist. This assignment requires the student to examine their social location and the ways in which these intersections may inform their ability to establish a therapeutic connection when addressing issues of sexuality. Students will be asked to explore their lived experience as it relates to biases, privileges, and oppression by doing a sexual genogram on their family (as you define it: family of choice, adopted fam., bio. fam., etc.).

The genogram assignment consists of two drafts:

1. First Draft: Sexual Genogram & Identifying Interviewee

The first draft will include 1) an actual genogram (focused on sexuality), 2) a narrative response to sexual history questions provided below, 3) a section identifying who the student would like to interview for the second draft of the assignment and the reason why, finally, 4) a list of themes and questions the student would like to address with their interviewee.

The sexual genogram is based on a modified version of [Guidelines for Sexual Genogram](#) by Couples Therapy Inc.. The specific guidelines for this assignment can be found below under, Sexual Genogram Guidelines below

Students will submit a rough draft of their genogram by **June 29th**.

After submitting the first draft, each student will have the opportunity sit down with the professor and go over the material, give feedback about the assignment process, and help refine interview questions.

2. Second Draft, Interview & Reactions

The second draft of this assignment will focus on how the interviewing process went, new or surprising themes discovered through the interview, and an overall interpretation of the experience. Some things to consider when writing this draft:

Did you feel you were able to establish trust and ease with the person you interviewed?

If yes, can you identify how you established your connection?

If no, what prevented you from having a conversational flow?

Did you find yourself avoiding topics? Why?

How did this conversation about sexuality differ from those you normally have?

Do you think normative sexual discourses shaped how you were able to talk about sex?

Did the person you interview challenge or change your assumptions established in your first draft?

Did this experience allow you a different kind of attunement with the person you interviewed?

COURSE DESCRIPTION FROM CATALOGUE

Recent research on sexual health issues of importance to counselors. Issues include sexual health in childhood, adolescence, adulthood, and aging; review of recent research on sexual orientation; and common sexual dysfunction experienced by rape and incest victims and modes of treatment.

RELATED AUTHORIZATIONS

Successful completion of this course as an elective is necessary for fulfillment of degree requirements for any of the specialty areas in the Counseling Psychology Department. If chosen to fulfill elective credit, completion of this course is

NEWS OF THE DAY GRADING RUBRIC

The presentation should include the historical/ cultural context shaping the subject, how popular media (print, electronic, audio/video) treats this subject, and the therapeutic relevance of the subject (e.g. how does this sexual subject impact interpersonal relationships?).

Your presentation should be 10 minutes in whatever format feels comfortable (PowerPoint, video clips & discussion) and then a discussion (5-10 minutes) with an emphasis on clinical interventions you might use.

Please Note: Students will provide the class with the resources they found/ developed for clinical interventions the night before the presentation via email.

Grading Rubric for News of the Day - worth 20 points

	Under-Developed (0 pts)	Appropriate (1-3 pt.)	Good (2-4 pts.)	Superior (5 pts.)
Student demonstrated an understanding of the historical/ cultural context of the topic (e.g. popular media)				
Student outlined the clinical relevance of the topic (impact on relationships, psychosomatic issues, etc.)				
Student illustrated a potential therapeutic intervention one might use in therapy				
Student provided the class with client resources related to the topic (e.g. socio-ed video clip, brochure, or online resources)				

TOTAL: _____

GUIDELINES FOR SEXUAL GENOGRAM

Original source for this assignment: <http://couplestherapyinc.com/guidelines-sexual-genogram>

For this assignment answer the questions in section I & II in narrative form. Questions do not have to be answered in order. You may explore the other sections and include questions you feel will be helpful in your sexual narrative. Do not worry about focusing on an objective truth; rather connect your early life experiences with your current understanding of yourself and sexuality in general. How does it/does it not impact on you today?

For example: “As a child, I remember ‘playing doctor’ with a neighborhood kid. We were caught naked by his mother and got in a lot of trouble!” I was left wondering how this impacted my adult attitudes towards public sex.”

I understand this is a very intimate assignment for most students. You are under no obligation to share anything you are not ready to disclose. You will not be graded on what you share, but rather, your ability to engage in a thoughtful exploration of how your sexual narrative is shaped by cultural, historical, and intergenerational factors. Throughout the paper, ask yourself “How did this experience impact me as a child? How universal was my experience given my cultural/religious/ socioeconomic/age/family history? If clients have similar experiences, how is it likely to impact them? How do these experiences impact my current attitudes about my sexuality or my attitudes about my clients’ sexuality? What action must I take given this?”

I. Early Sex History (General)

Discuss cultural influences impacting your peer group and how you were affected.

1. How was sexuality expressed and talked about in your family as a child?
2. Did you experience conflicting messages as a child? (e.g. one from parents, churches, schools; the other from TV ads, pornography, popular culture?)
3. Attitudes about genitalia (e.g. as “dirty” etc.) or your body, and its impact on later attitudes about your body (e.g. oral sex, body image etc.) What words were used in your family for body parts or functions? What words do you use today?
4. What were you told about sex after marriage? Having children? How was “intercourse” referred to in your family?
5. Was nudity acceptable in the family? How was privacy handled regarding toileting, bathing, etc.? Were there differences based on gendered norms?
6. Presence of affection. Were there differences between parents; between children based gendered norms? Was it present at some ages and not others?
7. Attitudes about masturbation. Shameful, accepted, harmful, healthy, normal, abnormal?
8. Attitudes about the LGBTQ+/ Queer community.
9. Your attitudes toward sex and sexual expression as an adolescent.
10. Your adolescent attitude toward your parents’ sexuality.
11. What role sexuality played in adolescent relationships/dating.
12. First erotic responsiveness: source, sexual experience such as orgasm.
13. Experiences talking about sexuality or sexual concerns with other adolescents or adults.

14. Expressing physical affection with friends as an adolescent.
15. Onset, age & reaction to changes in adolescence (pubic hair, breast development, voice change, rapid growth, menses etc). Who provided information about puberty? How? When did you receive this information? What was the tone of the message? Did this information happen too soon or too late? Were you an early, late, or average developer? What affect did this have upon your body image? Any carryovers today?
16. When did you learn about menstruation? Wet dreams? How, when, where, what and who informed you? What affect did this have on your attitudes then and now?

II. Sex Education:

1. Parental contribution to sex education: Did either parent ever provide a discussion about “the birds and the bees”? Did you want them to?
2. Formal sex education in school: What grade? Depth? Peer reactions?
3. Ever see anyone engaging in intercourse or other sex acts? Adult/child sexual contact?
4. Attitudes [your own, of parents, of partner’s] about nudity.
5. Parents attitudes about discussing sex/having sex/genitals/sex in marriage/nudity/affection.
6. As an adolescent: talking about sex; gender roles adopted, dating relationships. How did your early attitudes about being a “man” or a “woman” impact you today?
7. Who was the first person you ever thought of as sexually attractive? Why? How does this now inform you about your “love map” formation?
8. What tactile/sensuous pleasures did you enjoy as a child? What have you kept and discarded from those early years?

ASSIGNMENT NOTE: YOUR WRITING IS COMPLETE FOR THE PURPOSES OF THIS CLASS AT THIS POINT.

What follows are other important questions to ask when taking a sex history:

III. First sexual experimentation (self-initiated):

1. Including same/opposite sex, play doctor, playing house, exploration, comparison, games with sexual connotation, viewing animals, circle jerk.
2. Were you ever “caught” in sex play? What were the reactions? How did you respond to being “caught”? What happened to you/your playmate/the friendship?

IV. Sociological & Psychological Data:

1. Memorable/tragic event in life, attitudinal influences on sexual values, self-concept, family atmosphere & show of affection, religious background. Be sure to mention “your generation” and expectations about sex.

V. Partners Selection

2. "I'd like to get an idea about the kind of relationships you've had in the past. Do you remember the first person you were ever in a sexual relationship with (even if you didn't have intercourse with that person?)"
3. Age range of partners, gender, comparison of age of client (e.g. a 40 year old partner at age 20 years), age preference & reasons for these preferences, social position of partners (starving students with a wealthy professionals, etc), did relation involving love & affection? Percentage of approaches to rejections? Pickups (e.g. in street, park, hotel, theater, tavern, nightclub, restaurant, beach, transportation terminal, public bath, toilets, hitch hiking, other). Preference for: type, height, weight, complexion, hair, genital characteristics. Total number of partners?
4. Ask specifically if he/she was ever in love or had sex with member(s) of the same sex. Ask about whether these relationships included both long & short-term involvement.
5. Sexual patterns/problems in earlier relationships.

First Trauma Related Summary Question:

"When you look back over your first (years prior to leaving home) 18 years, what would you say was the most hurtful, traumatic, damaging incident that happened to you?"

VI. Current Sexual Experiences: General questions:

1. Are you satisfied with your current sex life? If not, why not?

"Satisfaction" includes issues such as:

Frequency; type of sex; satisfaction with the means & intensity of orgasm; intensity of arousal level; variation and novelty; positions; ability to "tune out" & "tune in," and under what conditions they do each; relationship issues, contraception & satisfaction with contraception, self-stimulation, interference of children, quality of communication, fantasy. Safe sex practices/problems. What sexual style (Mosher,1980) Sexual Trance/Partner Engager/Role Enactor. What is (are) you current sexual partner(s)? What experiences have you had with sexual styles other than your own? How profoundly engaged are you in your current preferred style? How proficient are you in practicing other styles?

Be prepared to discuss areas where the client(s) might want to improve. These may include any of the following:

1. Nudity and feelings about their bodies
2. Feelings about being nude with their partner
3. Preferences for situation, place, lighting, devices, oils, lotions, etc
4. Tactile contact (Frequency, attitude, % leading to orgasm):
5. Duration, lip kissing, general body caressing, breast caressing (manual, oral), genital caressing

(manual, oral; to partner/by partner), anal contact, flagellation on back, buttocks, genitalia
6. Orgasm: (client and partner)
7. Techniques, duration, multiple, frequency); behavior & feelings after orgasm, changes desired.

Would the time seem wasted without orgasm?

8. Contact after orgasm: cuddling, talking, showering, emotions, etc.

2. Are you currently active sexually with any partner? If yes:

Subjective Sense of One's Own Involvement:

Do you feel you most often "give your best" when having sex with your partner?

Are you proud of the way you express your feelings toward your partner at this time? If not, what's missing in your opinion? Are you happy with the way things are or would you like things to change? Do you WANT your partner during sex or just 'want sex'? Do you WANT to be aroused and involved sexually?

Current typical behavior with partner (or most recent significant partner):

1. Initiation:

a. How do you know if your partner wants sex? How do you communicate this desire yourself?

What are the consequences if you or your partner refuses? Who initiates what percentage of

the time? Has it always been this way? 2. Frequency:

a. What is the approximate frequency of sexual activity (not limited to intercourse)? Is this ideal for you?

VII. Problem History:

How often do you have difficulty becoming sexually aroused?

How often do you have difficulty obtaining or maintaining erection? How often do you have difficulty with control of ejaculation?

How often do you have pain or discomfort during intercourse?

How often do you have difficulty being orgasmic?

Describe the problem:

Onset: (Often clients won't link situational variables unless asked specific questions such as: What year was this? What was happening in your job? How old were your children? Where were you living at the time? Who was living with you?)

Circumstances (Does this happen in every context? Masturbation? Other partners? When using erotic material? When your partner isn't available?)

Course of Problem (Does it get better, than worse?)

What is your conception of the cause and maintenance?

What has the past treatment(s)/self-cures been?

What type of medications or alcohol/drugs do you use?

What have been the results of medical tests and lab results?

Is this the first time you've had a problem like this? What were previous times like? What are your expectations & goals?

What are your partner's expectations and goals? Do they know you're here?

Do they consider it a problem? Are they willing to attend therapy?

How would you feel if, after therapy, you were still in the same place?

VIII. Body Attitudes and Body Image:

Self-Image: Would YOU find someone like you sexually attractive? If not, how does this impact on your own sexual expression? Does your partner tell you (verbally/non-verbally) he/she finds you attractive? Can/do you believe him/her?

Physical Data including:

General development & health; male/female genital characteristics, carriage & movement, voice, hip movement, walk, dress, make-up, interest in cross dressing, other qualities.

For those who have: testes, injury/surgery, circumcision & age of, extent of foreskin, pre-coital mucous secretion, erection: [speed, extent, presence of pulsation, feelings, thoughts, activities, situations, reactions to these], morning/night erections & frequency; chest/nipple sensitivity

For those who have: breast development, injury/surgery, clitoris & foreskin, hymen, labia, mucous, menstruation [first preparation, problems, duration, flow, cycle variation in, discussion w/ friends, attitude toward, intercourse during, vaginal odor] Orgasm: under what circumstances, physical feelings Childbirth: [length, difficulty, response to, desire for additional children, partner's response] abortions. Menopause: [symptoms, degree of distress, hormone replacement]

Attitude toward partner about above. Self-Stimulation/Pleasuring (Masturbation)

Through fantasy/dreams/partner; first genital feelings; ages involved, sources of learning [reading, conversation, observation, participation, self-discovery, frequency at each age]

Male-techniques

Lubricant, manual, frictional, oral, special devices, urethral insertions, vibrator

Female-techniques

Lubricant, clitoral; around/direct, vaginal, manual, frictional, oral, special devices, urethral insertions]

Preferences for time, place, situation, manner

Imagery used, Always have orgasm? Time required? Current frequency?

Subject's evaluation (conflict/fear, rejection, source of resolution of conflict?)

Is masturbation "self pleasuring" or something else? (Physical release, self pushing etc)

IX. Other Sexual Experiences

group sex activities; experiences with prostitutes; phone sex; cyber-sex; contact with animals; any other important information

X. Extramarital: spouse's knowledge of (effect on marriage); desire for further experience(s)

XI. Post-marital experiences

Second Trauma Related Summary Question:

"In looking over your entire sexual history, what would you say was the most hurtful, traumatic, damaging incident that happened to you?"

Summarize History

What questions or problems related to sexuality you would like to discuss?

CLASS READING SCHEDULE & ASSIGNMENTS BY WEEK

Week One 6/8/19

READINGS

1. Leonore Tiefer (2018) More about sexualities activists please, we need it! *Sexualities* 2018, Vol. 21(8) 1246-1250
2. Adrienne maree brown (2019) *Pleasure Activism The Politics of Feeling Good*. AK Press (Chico Edinburg).

Week Two 6/15/19

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture – putting theory into practice or praxis!

3:00 – 4:00: Guest Speaker: Stella Harris (she/her) – certified sex coach, author, and activist

Stella will host a Q&A in which students can pick her brain about the world of sexual education, running a sex coaching business, or case examples. An option for submitting anonymous questions has been set up using [Slido](#) – password: E960

READINGS

1. Kleinplatz, *New Directions in Sex Therapy*
 - a. Please read chapters 2
2. Constantinides et. al., *Working with Erotically Marginalized Clients*,
 - a. Please read the intro and chapter 1
3. Green and Douglas (2018). *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Intro and chapter 1
4. [Emily Nogoski, *Come as You Are* \(PDF\)](#)

(**Content Warning -- *Come as You Are*: [binary & essentialist language, possible dysphoria trigger.](#)**)
Come as You Are uses binary and essentialist language when discussing human anatomy. I'm including this reading to discuss how discourses about the body and gender have changed; this book was considered radical in 2015. Please note the author's use of the principle of homology.)

Week Three 6/22/19

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture -

3:00 – 4:00: Small Group Discussion & Role Play

READINGS:

1. Kleinplatz, *New Directions in Sex Therapy*
 - a. Chapter 7

2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*,
 - a. Chapters 2: Challenging Binary Thinking and its Constructions
3. Zena Sharman, *The Remedy: Queer and Trans Voices in Health Care*,
 - a. Please read from Introduction to Queer and Trans Health Innovation Profile

Week Four 6/29/19

**** Rough Draft Due: Sexual Genogram & Self of Therapist****

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture

3:00 – 4:00: Guest Speaker: Jenny White (they/them) MS, Conflict Resolution

(Content/Trigger Warning for Guest Speaker: incest and childhood molestation will be described)

As a class, we will watch the story Jen told at the sexual storytelling show, [The Mystery Box](#).

Afterward, students will have the opportunity to ask Jen questions about their story. Jen would like students to frame their questions as actual therapists. Think of Jen as a potential client. What do you want to know? How would you engage them as a therapist?

Jen has a background in conflict resolution, systemic approaches to community health, and loves Narrative theory! Do not be afraid to ask the questions—especially because you have the option for submitting anonymous questions using [Slido](#) – password: N082

READINGS:

1. Kleinplatz,
 - a. chapter 5, 6
2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*,
 - a. Chapter 3: Williness to Experience the Anxiety of Uncertainty
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Chapter 2 – Unique Problems, Unique Resolution

Content/Trigger Warning: this article talks explicitly about sexual assaults, particularly childhood molestation and incest. The author will also use sex-based gendered language that may trigger gender dysphoria. Finally, this article challenges binary thinking and language such as victim/victimizer and depathologizes “men who sexually abuse.” Such an approach may feel uncomfortable or upsetting.

- b. Chapter 13 – A Contextual Approach to Treating Sexual Offenders

Week Five 7/6/19

1:00 – 1:40: News of the Day

1:50 – 4:00: One-on-One: feedback on first draft of sexual genogram

READINGS:

1. Kleinplatz
 - a. chapters 10, 19
2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*,
 - a. chapter 4 - Practice a Relational and Dialogic Approach to Sex Therapy
3. Meg-John Barker, *Queer: A Graphic History*
 - a. Kinsey: Sexual Diversity” to “The Domino Theory”
4. Zena Sharman, *The Remedy: Queer and Trans Voices in Health Care*,
 - b. Please read Health as a Spiritual Practice to Queer and Trans Health Innovation Profile

Week Six 7/13/19

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture

3:00 – 4:00: Small Group Discussions and Role Play

READINGS:

1. Kleinplatz,
 - a. chapter 17
2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*
 - a. Chapter 5 – Emphasizing the Client’s Own Words, Knowledge, and Narratives
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Chapter 3 -The Process of Change in Brief Sex Therpay
4. Zena Sharman, *The Remedy: Queer and Trans Voices in Health Care*,
 - a. Please read Health as a Spiritual Practice Queer in Common Country to Queer and Trans Health Innovation Profile

Week Seven 7/20/19

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture

3:00 – 4:00: Guest [Alexis Fitch \(sex therapist at The Center Couples & Sex Therapy\)](#)
[Julianna Guenther \(sex therapist at The Center for Couples & Sex Therapy\)](#)
[Heather Simpson \(sex therapist at Connective Therapy Collective\)](#)

READINGS:

1. Kleinplatz,
 - a. chapters 14, 15
2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*
 - a. Chapter 6 – Locate Oneself and Respond to the Client’s Meta-Communication
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Chapter 7 – “Because Choice?”

Week Eight 7/27/19

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture

3:00 – 4:00: Guest:

READINGS:

1. Kleinplatz
 - a. Chapter 20
2. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*
 - a. Chapter 7 – Supporting Participation of Family and Communities
3. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Sex is for Every Body: Trans-Affirming Sex Therapy
4. Zena Sharman, *The Remedy: Queer and Trans Voices in Health Care*
 - a. Please read Breaking Down Barriers to Queer and Trans Health Innovation Profile

Week Nine 8/3/19

**** Final Draft Due:** Sexual Genogram & Self of Therapist

1:00 – 1:40: News of the Day

1:50 - 2:50: Lecture

3:00 – 4:00: Guest: Madeleine Tosonturner, PhD. She/her (pelvic floor therapy and sexual health)

Dr. Madeleine Tosonturner specializes in pelvic floor therapy. She will have the class do an excurses locating the muscles involved, what therapy looks like, and presenting cases in which this therapy is indicated. Madeleine will be a great referral sources for those of you who need to send future clients with pain sex disorders to someone.

READINGS:

1. Kleinplatz
 - a. Chapter 11
2. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Chapter 6 – Brief Therapy with Consensually Non-Mono..
3. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*
 - a. Chapter 8 – Practice Active Allyship

Week Ten 8/10/19

1:00 – 1:40: News of the Day

2:00 – 3:00: Guest Speaker:

[Stace Perlin PostScript Therapy LLC](#)

Counseling for Teen, Adults, Relationships, & Families Workshops & Trainings for Educators
&

Clinicians Working with Transgender Populations

3:00 – 4:00: Lecture

READINGS

1. Green and Douglas, *Quickies: The Handbook of Brief Sex Therapy (Third Edition)*
 - a. Chapter 14 – An Ericksonian Hypnosis Approach to Sex Therapy
2. Zena Sharman, *The Remedy: Queer and Trans Voices in Health Care*,
Please read We Don't Have to Numb Out to be Out to Queer and Trans Health Innovation Profile
3. Constantinides *et. al.*, *Working with Erotically Marginalized Clients*
 - a. Chapter 9 – Build A Community of Colleagues