

**WURZWEILER SCHOOL OF SOCIAL WORK  
YESHIVA UNIVERSITY  
MSW PROGRAM**

**Topics: Sex Therapy in Clinical Social Work Practice**

**Spring 2026**

**SWK 6007**

**COURSE DESCRIPTION**

This course provides a comprehensive introduction to clinical sex therapy within the context of social work practice. Emphasizing biopsychosocial, systemic, psychodynamic, and evidence-based frameworks, students will develop competencies to assess, conceptualize, and intervene in a range of sexual concerns with individuals, couples, and families. The course explores professional use of self, intersectionality, human development, sexual health, cultural humility, and ethical challenges inherent in sexual health practice.

**I. COURSE COMPETENCY OUTCOMES**

This course will help students achieve the following competencies:

**Competency 1 – Demonstrate Ethical and Professional Behavior**

Students will understand and apply the ethical standards that guide clinical social work practice in the field of sex therapy. Students will demonstrate familiarity with professional boundaries, documentation standards, informed consent, and laws and regulations related to sexuality, sexual health, sexual trauma, and therapeutic interventions across diverse client populations. Students will understand how their personal values, sexual attitudes, and affective reactions influence their clinical judgment. Students will demonstrate the ability to manage personal biases and engage in ethical decision making when addressing sensitive, complex, and emotionally charged issues related to human sexuality. Students will understand the roles and responsibilities of sex therapists, and the ways clinical social workers collaborate with medical, psychological, and interdisciplinary providers.

**Competency 2- Advance Human Rights and Social, Economic, and Environmental Justice.**

Students will understand human sexuality as an essential human right and recognize how access to sexual health resources, reproductive justice, bodily autonomy, and freedom from violence reflect broader social and economic justice concerns. Students will advocate for equitable access to sex therapy services, sexual health education, reproductive health care, and affirming treatment for marginalized communities. Students will address structural issues such as gender-based oppression, sexual violence, discrimination, and stigma that affect clients' sexual wellbeing.

**Competency 3- Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice**

Students will understand how racism, oppression, stigma, religious norms, cultural narratives, and systemic inequities shape sexual development, sexual identity, sexual expression, and access to sexual health care. Students will apply cultural humility and intersectional frameworks to understand how factors such as gender identity, sexual orientation, race, ethnicity, religion, disability, class, migration history, and relationship structure influence sexual experiences. Students will work responsibly and respectfully with LGBTQIA plus populations, culturally conservative communities, neurodivergent clients, individuals with disabilities, and clients from diverse relationship identities including polyamorous, kink oriented, and asexual communities. Students will understand how oppression at multiple levels impacts clients' sexual agency, pleasure, and relational intimacy.

**Competency 4- Engage in Practice-informed Research and Research-informed Practice**

Students will understand quantitative and qualitative research related to sexuality, sexual functioning, sexual trauma, sex therapy modalities, and evidence-based interventions. Students will critically evaluate research literature regarding sexual dysfunctions, relational dynamics, gender diversity, and therapeutic approaches. Students will incorporate empirical findings, best practice guidelines, interdisciplinary knowledge, and clinical case data into the assessment and treatment planning process. Students will understand how to apply research in a culturally responsive and ethically grounded manner.

**Competency 5- Engage in policy practice**

Students will understand the impact of policy on sexual rights, sexual health access, reproductive health care, gender affirming care, and mental health treatment related to sexuality. Students will understand how federal, state, and local policies shape access to sexual health education, contraception, fertility services, and gender affirming interventions. Students will understand the role of clinical social workers in advocating for policy reforms that promote sexual wellbeing, reduce stigma, and support equitable access to specialized sex therapy services.

**Competency 6 –Engage with Individuals, Families, Groups, Organizations, and Communities**

Students will develop skills to engage with clients in discussions about sexuality, intimacy, desire, sexual functioning, relational patterns, and psychosexual development. Students will use self awareness and therapeutic presence to create a safe and affirming environment for clients. Students will use engagement strategies that normalize sensitive discussions, reduce shame, and strengthen therapeutic alliance in work related to sexual concerns.

**Competency 7 –Assess Individuals, Families, Groups, Organizations, and Communities**

Students will learn to conduct comprehensive biopsychosocial sexual histories, assess sexual functioning across the lifespan, and evaluate relational, cultural, psychological, medical, and systemic factors that influence sexual health. Students will understand diagnostic formulations related to sexual dysfunction, trauma histories, identity development, intimacy challenges, and relational dynamics. Students will incorporate ADEI frameworks, trauma informed principles, and interdisciplinary considerations when conducting assessments.

**Competency 8 – Interventions with Individuals, Families, Groups, and Communities**

Students will learn sex therapy interventions including behavioral, cognitive, relational, systemic, somatic, and psychodynamic approaches. Students will learn to tailor interventions for desire discrepancies, sexual dysfunctions, sexual anxiety, dyspareunia, sexual trauma, fertility related sexual concerns, and LGBTQIA plus affirming care. Students will demonstrate effective communication strategies that support couples, partners, and individuals in building intimacy, pleasure, trust, and healthy sexual functioning. Students will apply interventions that integrate cultural humility, sexual health education, and empowerment-based frameworks.

**Competency 9 – Evaluate Practice with Individuals, Families, Groups, Organizations and Communities**

Students will learn to evaluate outcomes of sex therapy interventions using both qualitative and quantitative measures. Students will assess changes in sexual satisfaction, relational functioning, symptom reduction, communication patterns, and client self-efficacy. Students will understand the importance of ongoing assessment, reflective practice, supervision, and interdisciplinary consultation when evaluating treatment effectiveness in clinical sex therapy.

## II. LEARNING OBJECTIVES

At the conclusion of this course, students will be able to:

1. **Understand and apply social work values of dignity and worth of every client** as they relate to sexual health, sexual expression, and clients' diverse experiences of intimacy and relationships.
2. **Demonstrate a non-judgmental, sex positive, and culturally humble stance** toward all clients, including those with diverse sexual identities, behaviors, relationship structures, and belief systems.
3. **Demonstrate the requisite engagement skills for initiating conversations about sexuality**, reducing shame, normalizing sensitive topics, and establishing psychological safety in sex therapy sessions.
4. **Demonstrate cultural inclusivity and intersectional awareness** across race, gender, gender identity and expression, class, sexual orientation, religion and spirituality, age, disability, neurodiversity, immigration status, and relationship diversity (including polyamory, kink, asexuality, and non-traditional partnerships).
5. **Conduct strong biopsychosocial sexual assessments**, including sexual history taking, sexual functioning evaluation, relationship and intimacy assessment, trauma screening, and contextual analysis of cultural and systemic influences.
6. **Demonstrate understanding of transference and countertransference** as they emerge in sex therapy, including awareness of personal sexual values, affective reactions, and countertransference dynamics related to clients' sexual disclosures.
7. **Demonstrate how theoretical frameworks inform direct sex therapy practice**, including behavioral, cognitive, relational, systemic, somatic, trauma informed, and psychodynamic approaches to sexual concerns.
8. **Integrate evidence-based research into clinical decision making**, including research on sexual dysfunctions, sexual development, gender affirming care, trauma, couple dynamics, desire discrepancy, and interventions that support sexual wellbeing.
9. **Understand the relationship between policy and direct practice** as it affects clients' sexual rights, access to reproductive and sexual health care, gender affirming services, consent laws, and ethical considerations in sex therapy.
10. **Evaluate their own sex therapy practice**, including evaluating clinical outcomes, assessing progress, monitoring therapeutic alliance, and recognizing when consultation or referral is needed.
11. **Demonstrate understanding and skill in the termination phase of sex therapy**, including addressing ongoing sexual health needs, reinforcing client autonomy, reviewing progress, and planning for continued growth in sexual wellbeing.

## III. INSTRUCTIONAL METHODS

This course is taught with didactic lectures, required readings, class presentations, class discussion, audiovisual teaching tools and role-plays.

## IV. COURSE EXPECTATIONS AND GRADING

Assignment	Grade %	Due Date
Sexual Self-Awareness Journal	15%	Weekly
Cultural Reflection/Sexual Genogram Paper	25%	Session 7
Case Conceptualization	30%	TBD
Final Presentation	20%	Session 14
Participation and Attendance	10%	Weekly

A letter grade (A, A-, B+, B, B-, C+, C or F) will be earned based on: quality, scholarship, and timely submission of assignments & quality of class participation.

Grading: A= 94-100; A- = 90-93; B+ = 87-89; B= 83-86; B-=80-82; C+ = 75-79; C=70-74; F<70

### COURSE GRADING RUBRIC

<b>Class Participation</b>	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class' perspective, and appropriately challenging assumptions and perspectives <b>33 points</b>	Attends class regularly and <i>sometimes contributes</i> to the discussion in the aforementioned ways. <b>30 points</b>	Attends class regularly but <i>rarely contributes</i> to the discussion in the aforementioned ways. <b>27 points</b>	Attends class regularly but <i>never contributes</i> to the discussion in the aforementioned ways. <b>23 points</b>
<b>Attendance</b>	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. <b>33 points</b>	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed. <b>30 points</b>	Late to class semi-frequently; misses deadlines. <b>27 points</b>	Late to class frequently misses deadlines <b>23 points</b>
<b>Comportment</b>	Demonstrates excellence in communication, interpersonal skill, respect for the ideas of others and the learning environment, engages in reflective thinking, exemplifies empathy, honesty and integrity, shows respect for diversity, demonstrates ethical conduct, and conducts oneself with a professional demeanor. <b>33 points</b>	Occasionally exhibits excellence in comportment; is almost always respectful towards peers, and the learning environment <b>30 points</b>	Recurring comportment issues behaves in ways that are not always respectful of peers, and the learning environment <b>27 points</b>	Consistent comportment concerns; is often disrespectful to peers and the learning environment <b>23 points</b>

### Required Texts and Articles

- See weekly readings

### Suggested Texts:

- Kleinplatz, P. J. (Ed.). (2020). *New directions in sex therapy: Innovations and alternatives* (3rd ed.). Routledge. (ISBN 9781032483832)
- Hertlein, K. M., Gambescia, N., & Weeks, G. R. (Eds.). (2020). *Systemic sex therapy* (3rd ed.). Routledge. (ISBN 9780367277079; \$58.49)
- Jacobson, C. (2024). *Sex therapy with religious patients: Working with Jewish, Christian, and Muslim communities*. Routledge. (ISBN 9781032149721; \$32.24)

## IV. COURSE REQUIREMENTS

### **Written Assignment # 1 - Due Date Session #7**

#### **Cultural Reflection/Sexual Genogram Paper**

Students will complete a three-generation sexual genogram and an accompanying reflective paper. The genogram provides a structural outline, while the paper focuses on clinical meaning making related to themes of sexual and emotional intimacy learned within the family of origin.

#### **Part 1 – Description of Family Context and Structure**

Describe the three generation family system represented in the genogram. Identify key family members, relational structures, patterns of connection and disconnection, and significant historical or cultural influences. Explain how the broader family context has shaped relational dynamics, values, and communication around sexuality.

#### **Part 2 – Sexual and Emotional Intimacy Themes Across Generations**

Provide an exploration of the intergenerational transmission of sexual and emotional intimacy. This includes but is not limited to:

- Sexual scripting and messages related to sexuality
- Gender expectations and roles
- Norms around intimacy, affection, and emotional expression
- Family secrets related to sexuality, relationships, or trauma
- Cultural, religious, and societal influences on sexual values
- Trauma histories and their effects across generations

Discuss how information about sexual intimacy was demonstrated, discussed, avoided, or internalized within the family of origin.

### **Part 3 – Clinical Reflection: Internalized Beliefs and Therapist Self Understanding**

Reflect on your current beliefs, feelings, and cognitions that form your sexual value system. Consider how your family's patterns, messages, and experiences have influenced:

- Your comfort level discussing sexual topics
- Your expectations of intimacy and relationships
- Your assumptions and potential biases
- Your emotional and cognitive reactions to clients' sexual disclosures

Include reflection on countertransference reactions that may arise in sex therapy work based on your family history and personal values.

### **Part 4 – Application to Clinical Practice**

Identify the clinical practice skills that are relevant to sex therapy and discuss how your self-knowledge informs these skills. Examples include:

- Empathy
- Engagement
- Normalization of sexual concerns
- Use of professional self
- Maintaining boundaries
- Culturally inclusive and sex positive communication

Explain how insight gained from your sexual genogram may strengthen your ability to work with clients on issues of sexuality, intimacy, and relational dynamics.

### **Part 5 – Integration of Scholarly Literature**

Draw upon social work and sex therapy literature to demonstrate familiarity with theoretical frameworks, cultural considerations, and clinical research relevant to the themes identified in your genogram. Literature may relate to:

- Sexual development
- Gender socialization
- Intergenerational trauma
- Cultural and religious influences on sexuality
- Intimacy and attachment

Use this literature to contextualize your reflections and deepen your clinical understanding.

### **Paper Requirements**

- Length: 6 to 8 pages
- References: 3 to 6 scholarly sources
- Writing style: First person is permitted
- Compliance with all APA 7 rules is required

## **Written Assignment #2 - Due date: TBD**

### **Case Conceptualization in Sex Therapy**

Students will develop a full case conceptualization based on a client from their practicum placement who presents with concerns related to sexuality, intimacy, desire, sexual functioning, identity, or relational dynamics. This assignment requires integration of theory, research, self-awareness, and clinical reasoning within a sex therapy framework. A detailed outline follows:

1. **Agency Context:** Describe the agency setting and how it shapes your role and your work with clients who present with sexual or relational concerns.
2. **Biopsychosocial Sexual Assessment:** Provide identifying data, presenting problem, sexual and relational

history, medical and trauma history, cultural and identity factors, mental health history, functioning, diagnostic impressions, and strengths and limitations.

3. **Clinical Process and Dynamics:** Summarize key session themes, include a short process example, and reflect on transference, countertransference, and client-worker dynamics.
4. **Clinical Skills and Interventions:** Identify and describe the sex therapy specific skills and interventions you have used (for example: normalization, psychoeducation, relational work, cognitive or behavioral strategies).
5. **Integration of Literature:** Connect the case to relevant sex therapy research and theoretical frameworks to show how scholarship informs your understanding and treatment.
6. **Case Formulation and Treatment Plan:** Provide a clear conceptualization and outline treatment goals, planned interventions, anticipated challenges, interdisciplinary needs, and methods for evaluating progress.

Paper should be 8-10 pages with 6-8 references from scholarly sources. You may write the paper in first person, but please comply with all other APA 7 requirements.

### [Competencies 1-9]

#### Written Assignment Grading Rubric

	<b>Advanced Competence</b> (A= 94-100; A- = 90-93)	<b>High Competence</b> (B+ = 87-89; B= 83-86)	<b>Fair Competence</b> (B- = 80-82; C+ = 75-79)	<b>Pre- Competence</b> (C= 70-74 F<74)
<b>Intro &amp; conclusion</b>	The intro guides the reader smoothly and logically into the paper with a clear organized structure. The conclusion synthesizes key points suggesting perspectives relevant to the theme.	The intro clearly identifies the central theme and provides a good organizational structure. The conclusion synthesizes key points.	The intro identifies the central theme though not sufficiently and does not guide the reader into the paper. The conclusion restates the same points as the intro paragraph without reframing.	The intro does not have a discernable theme and does not guide the reader into the body of the paper. The conclusion is missing, or restates the intro paragraph verbatim.
<b>Content &amp; depth of analysis</b>	Paper goes beyond the assignment exploring the topic with depth. Paper shows a strong grasp of social work principles; with clear integration of theory and practice.	Paper fully meets the parameters of the assignment but does not exceed them. Paper demonstrates a good integration of theory and practice but with some awkwardness.	Paper does not address some aspects of the assignment; and/or demonstrates a somewhat shaky grasp of social work principles.	Paper does not address the assignment, and demonstrates a very basic understanding of social work principles.
<b>Integration of class discussions and course readings</b>	Paper evidences course readings & discussions. Demonstrating a firm understanding of course content and readings.	Paper shows some evidence of course readings and discussions.	Paper shows some evidence of course readings and discussions though not clearly, with minor inaccuracies.	Paper misrepresents class discussions and readings
<b>Literature</b>	Literature supporting central points is detailed and well-chosen. The discussion and literature are integrated with some opposing views considered.	Literature supporting central points is well chosen, but somewhat weak. The discussion and literature articulate opposing viewpoints.	There are minimal citations and the literature chosen is not particularly relevant. There is little connection between the discussion and the literature.	There are few citations and the literature chosen is not relevant to the discussion
<b>Organization &amp; Clarity</b>	Organization is logical and apparent with connections among paragraphs clearly articulated. Transitions between paragraphs are smooth. Wording is unambiguous. Sentence structure is clear.	Organization is logical and apparent, but transitions between paragraphs are not consistently smooth; all but a few paragraphs connect with clarity. Paper is unambiguous. Sentence structure is mostly clear.	Organization can only be discerned with effort. Not all parts of the paper fit the organizational structure. There is no logical connection between many paragraphs. Wording is ambiguous. Sentence structure confusing.	Organization of the paper as a whole is not logical or discernable. Throughout the paper, wording is ambiguous. Sentence structure is consistently confusing.
<b>Mechanics</b>	Paper is formatted well. Grammar is perfect. Quotes are all properly attributed and cited.	Minor spelling or grammatical errors. Quotes are all properly attributed and cited.	Many spelling and grammatical errors. In a few places, quotes are not attributed and cited.	Paper is unacceptably sloppy. And quotes are frequently not attributed or improperly cited.

### FINAL PRESENTATION

#### Clinical or Theoretical Topic in Sex Therapy

For the final assignment, students will prepare and deliver a professional presentation on a clinical or theoretical topic relevant to sex therapy in clinical social work practice. The goal of this assignment is to demonstrate integration of course material, scholarly literature, and critical thinking as it applies to sexual health, sexual functioning, intimacy, gender, identity, and therapeutic intervention.

1. **Choose a Topic:** Select a clinical or theoretical topic relevant to sex therapy (for example: desire discrepancy, sexual dysfunctions, trauma, LGBTQIA plus care, polyamory, kink, infertility, sexuality and

disability).

2. **Use Scholarly Literature:** Integrate at least four scholarly sources that inform your chosen topic and demonstrate evidence-based understanding.
3. **Apply to Practice:** Include either a clinical vignette or a theoretical application that shows how the topic informs assessment, intervention, treatment planning, or cultural considerations.
4. **Address Competencies:** Connect your presentation to relevant social work competencies, including ethics, ADEI practice, assessment, intervention, and research informed practice.
5. **Presentation Format:** Prepare a ten-to-twelve-minute presentation with clear and professional slides using APA 7 style for all citations.
6. **Submit Materials:** Provide your slides, APA 7 reference list, and a one paragraph summary of key clinical takeaways.

## **VII. OFFICE OF DISABILITIES SERVICES (ODS)**

### **Student Responsibilities**

- Register with the Office of Disability Services (ODS).
- Provide current, written documentation from a qualified practitioner that describes the nature of the disability, functional limitations associated with the disability, severity of these limitations, and recommended reasonable accommodations.
- Review accommodation requests with ODS.
- Submit accommodation letters to faculty and discuss reasonable accommodations at the start of the semester.
- Communicate with faculty to arrange each exam accommodation at least ONE WEEK before the exam.
- File documentation with appropriate individuals to request accommodations for final exam period.
- Alert the Office of Disability Services if any difficulties are encountered regarding the implementation of accommodations.

### **Getting Started**

- Students in Yeshiva University who wish to receive accommodations must self-disclose by registering with The Office of Disability Services (ODS). ODS has established the following process for registration:
- Complete an [Intake form](#).
- Gather and submit current documentation of your disability.
- To register as a student with a learning disability or ADD/ADHD, you must submit a current psycho-educational or neuro-psychological evaluation. For all other disabilities you may submit documentation completed by a qualified health professional/clinician. Please refer to our [Disability Documentation Guidelines](#) and choose the one specific to your disability to use as a guide.
- After you have submitted the Intake form and disability documentation, ODS will be happy to meet with you to discuss reasonable accommodations and other supports available to you at Yeshiva University.
- Each semester, you will meet with ODS to discuss accommodations for your courses and any accessibility needs. You will be given accommodation letters to submit to your professor
- If you have any questions regarding Disability Services, please call: **646-592-4280**
- **Accommodation letters must be submitted to your professors as soon as they are received.**

## VIII. E-RESERVES

Access full text copies of most of the "on reserve" articles for a course from your home computer. You will need Adobe Acrobat to use this service. Your professor will provide you with a password. The link for e-reserves is <http://yulib002.mc.yu.edu:2262/er.php>. Most of the articles mentioned in the curriculum are available on electronic reserve (E-reserves). You can access the full text articles from your home or from a university computer at no charge.

### ACCESSING E-RESERVES

#### FROM CANVAS

1. Go to your class Canvas page.
2. Click the link "Library Resources & E-Reserves" (no password required)

#### FROM CAMPUS

1. If you wish to access e-reserves from the library home page ([library.yu.edu](http://library.yu.edu)),
2. Use "**wurzweiler**" all lower case, as the password.
3. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: [gross@yu.edu](mailto:gross@yu.edu) or [ereserves@yu.edu](mailto:ereserves@yu.edu).

#### FROM OFF-CAMPUS

1. Go to the library's online resources page: [http://www.yu.edu/libraries/online\\_resources.asp](http://www.yu.edu/libraries/online_resources.asp)
2. Click on E-RES; you will be prompted for your **Off Campus Access Service login** and password.
3. Use "wurzweiler" all lower case, as the password for all courses in all social work programs.
4. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: [gross@yu.edu](mailto:gross@yu.edu) or [ereserves@yu.edu](mailto:ereserves@yu.edu).

### USING E-RESERVES

1. Click on "Search E-RES" or on "Course Index," and search by instructor's name, department, course name, course number, document title, or document author.
2. Click on the link to your course.
3. When the article text or book record appears on the screen, you can print, email, or save it to disk. To view documents that are in PDF format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

## IX. PLAGIARISM

All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes **plagiarism** and is a violation of academic standards. The School will not condone **plagiarism** in any form and will impose sanctions to acts of **plagiarism**. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing.

**Plagiarism** occurs when a student directly copies another's work without citation; when a student paraphrases major aspect of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also **plagiarism** to use the ideas and/or work of another student and present them as your own. It is **NOT plagiarism** to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student automatically FAIL the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following "plagiarism checker" websites, easily accessible, and generally free on Google:

[www.grammarly.com/plagiarism\\_checker](http://www.grammarly.com/plagiarism_checker) [www.dustball.com/cs/plagiarism.checker](http://www.dustball.com/cs/plagiarism.checker)  
[www.plagtracker.com](http://www.plagtracker.com)

[www.plagium.com/](http://www.plagium.com/)

[www.plagscan.com/seesources/](http://www.plagscan.com/seesources/)

[www.duplichecker.com/](http://www.duplichecker.com/)

As a Wurzweiler student, maintaining good standing in the program is dependent on developing and maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

## **X. HIPAA**

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

## **XI. FERPA & OTHER UNIVERSITY POLICIES**

Wurzweiler's policies and procedures are in compliance with FERPA regulations. Information about FERPA regulations can be found **here**.

Drug-Free University Policy can be found **here**.

Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures can be found **here**.

The University's Computer Guidelines can be found **here**.

## **XII. AI POLICY**

The objective of this protocol is to define clear guidelines for the appropriate use of Artificial Intelligence (AI) tools and platforms, such as ChatGPT, at WSSW. These guidelines aim to preserve academic integrity, prevent plagiarism, and promote independent scholarly work while acknowledging the potential benefits of AI tools in enhancing research and learning. Though AI tools do offer some potential for enhancing the learning experience, these tools also present significant risks related to academic dishonesty, particularly plagiarism, and the undermining of critical thinking and originality in scholarly work. Students may use AI tools for the following purposes, provided these uses are in addition to their own creative efforts and they are not relying exclusively on AI:

(1) Research Assistance: ChatGPT and other similar tools should not replace primary research and initial literature searches. Tools such as ProQuest, PubMed, and Google Scholar should first be consulted. Students may use other AI tools to supplement an initial search into a topic but only after academic databases, libraries, or other reputable scholarly sources are used and referenced. All sources derived from AI should be carefully checked, as they are frequently incorrect.

(2) Language Support: AI can assist with language translation, grammar checks, and vocabulary. WSSW's Writing Consultants should be sought for any writing beyond these areas. Tools such as Grammarly may be used to assist in proofreading, but they should not be used in any way to generate ideas, arguments, or content for assignments.

The use of AI language models, such as ChatGPT, for the purposes listed above, are subject to strict adherence to certain conditions. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic growth.

The following actions are prohibited and will be considered academic misconduct:

(1) Content Generation: Students are prohibited from using AI platforms, including ChatGPT, to generate any content submitted as original work.

(2) Conceptualization and Analysis: Students may not use AI tools to develop original arguments, ideas, analysis, hypotheses, conclusions or to structure, summarize, paraphrase, or contextualize content for assignments. The cognitive work of creating ideas, forming arguments, and critically engaging with course material must be entirely the student's own effort.

If you are in need of assistance in these areas, we advise using the Writing Consultants. The use of AI

language models, such as ChatGPT, will be checked by your professor to ensure that your work is your own. Turnitin and other plagiarism detection tools will be used to verify the originality of your work. Any submission that includes this content presented as the student's own work constitutes plagiarism (see WSSW Policy Manual). More specifically, any content created that is not your own qualifies as academic misconduct and will be referred to the Student Review Committee for further action. The intent of this policy is to reinforce the importance that students develop and use critical thinking, writing skills, and originality. AI may be seen as a useful tool, but it should not replace the intellectual work that is central to academic and professional growth. If there are questions regarding the authenticity of your work, your professor will contact you.

### **XIII. COURSE SCHEDULE**

#### **MODULE 1: Introduction to Sex Therapy, Engagement, and Professional Foundations**

This module introduces the goals and expectations of the course, the history and evolution of sex therapy, and the role of the clinical social worker within this specialty. Students will review engagement skills, ethical stance, professional values, and the relevance of cultural humility when beginning work with individuals and couples around sexual concerns. Emphasis is placed on establishing safety, demonstrating empathy, and understanding the broader context of sexuality in clinical practice.

#### **Readings:**

- Walker, L. M., & Robinson, J. W. (2012). Back to the basics: Origins of sex therapy, sexual disorder and therapeutic techniques. *Reproductive System & Sexual Disorders: Current Research*, 1(2), 109.
- Quinnipiac, E. M., Shepard, B. C., & Winter, V. R. (2014). Human sexuality as a critical subfield in social work. *Advances in Social Work*, 15(2), 409–427. <https://doi.org/10.18060/16672>
- Zeglin, R. J., Goldberg, S., Stalnaker-Shofner, D. M., Walker, B. M., & Schubert, A. M. (2021). Sex therapy credentials: A descriptive analysis of the training of clinicians who do sex therapy. *Sexual and Relationship Therapy*, 39(1), 4–19. <https://doi.org/10.1080/14681994.2021.1937598>

#### **Recommended Readings:**

- Hertlein, K. M., Gambescia, N., & Weeks, G. R. (Eds.). (2020). *Systemic sex therapy* (3rd ed.). Routledge.
- Jacobson, C. (2024). *Sex therapy with religious patients: Working with Jewish, Christian, and Muslim communities*. Routledge.
- Kleinplatz, P. J. (2024). *New directions in sex therapy: Innovations and alternatives* (3rd ed.). Routledge. <https://doi.org/10.4324/9781003388760>
- Peterson, Z. D. (Ed.). (2017). *The Wiley handbook of sex therapy*. Wiley-Blackwell.

#### **MODULE 2: Self of Therapist and Use of Self in Sex Therapy**

This module emphasizes the development of the therapist's clinical identity, the influence of personal history, and the management of emotional responses when addressing sexual material. Students will explore transference, countertransference, clinical presence, and therapist vulnerability. The module deepens the understanding of how the therapist's values, beliefs, and cultural background shape engagement and treatment.

#### **Readings:**

- Belous, C. K., Timm, T. M., Chee, G., & Whitehead, M. R. (2012). Revisiting the sexual genogram. *American Journal of Family Therapy*, 40(4), 281–296. <https://doi.org/10.1080/01926187.2011.627317>
- Lans, O., Gewirtz-Meydan, A., & Reuveni, L. (2024). Addressing the elephant in the room: How erotic transference is identified and understood in therapy. *British Journal of Guidance & Counselling*. Advance online publication. <https://doi.org/10.1080/03069885.2024.2373187>

- Alva, M. H., Antony, S. P., & Kataria, K. (2024). Exploring the use of the therapist's self in therapy: A systematic review. *Indian Journal of Psychological Medicine*, 47(1), 17–24.  
<https://doi.org/10.1177/02537176241252363>
- Strawn, B. D., & Barsness, R. E. (2022). Sexuality, erotic Transference/Countertransference, and the clinical third. *The Journal of Psychology and Christianity*, 41(3), 220-228.

### **MODULE 3: Sexual Development Across the Lifespan**

This module reviews typical and atypical sexual development from childhood through adulthood. Students will examine developmental milestones, cultural variations, and implications for assessment and intervention. Emphasis is placed on understanding healthy development, communication patterns, and the impact of identity formation on adult intimacy.

#### **Readings:**

- Flanagan, P. G. (2010). Making molehills into mountains: Adult responses to child sexuality and behaviour. *Explorations: An E-Journal of Narrative Practice*, 1, 57–69.
- Rahman, S., Bowman, N., Jackson, D., Lushtak, A., Newman, R., & Sunder, P. (2022). Sexual development across the life span. In *Sexuality through the lifespan*. LibreTexts.  
[https://socialsci.libretexts.org/Bookshelves/Gender\\_Studies/Sexuality\\_the\\_Self\\_and\\_Society\\_\(Ruhman\\_Bowman\\_Jackson\\_Lushtak\\_Newman\\_and\\_Sunder\)/11%3ASexuality\\_Through\\_the\\_Lifespan](https://socialsci.libretexts.org/Bookshelves/Gender_Studies/Sexuality_the_Self_and_Society_(Ruhman_Bowman_Jackson_Lushtak_Newman_and_Sunder)/11%3ASexuality_Through_the_Lifespan)
- Arbeit, M. R. (2014). What does healthy sex look like among youth? Towards a skills-based model for promoting adolescent sexuality development. *Human Development*, 57(5), 259–286.  
<https://doi.org/10.1159/000367856>
- McKee, A., & Schaefer, L. (2020). Healthy sexuality development in adolescence: Competency-based framework. *International Journal of Sexual Health*, 32(3), 254–270.  
<https://doi.org/10.1080/19317611.2020.1786364>
- Graziano, F., Mastrokourou, S., Cattelino, E., Rollè, L., & Calandri, E. (2024). Conflict and intimacy in emerging adults' romantic relationships and depressive symptoms: The mediating role of identity and couple satisfaction. *Behavioral Sciences*, 14(11), 977. <https://doi.org/10.3390/bs14110977>

### **MODULE 4: Taking a Comprehensive Sexual History**

This module focuses on developing competence and comfort in sexual interviewing. Students will learn structured approaches to taking a sexual history, ethical considerations, informed consent, and strategies for addressing client embarrassment, clinician discomfort, and stigma. The module highlights sex positive frameworks and strengths-based assessment.

#### **Readings:**

- Lavie-Ajayi, M. (2016). 'It will continue to embarrass me on some level, and I think that's OK': Conceptualising embarrassment in discussions about sex between social workers and service users. *British Journal of Social Work*, 46(8), 2282–2299.  
<https://doi.org/10.1093/bjsw/bcw116>
- Belous, C. K., Timm, T. M., Chee, G., & Whitehead, M. R. (2012). Revisiting the sexual genogram. *American Journal of Family Therapy*, 40(4), 281–296.  
<https://doi.org/10.1080/01926187.2011.627317>
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let's talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569.  
<https://doi.org/10.1177/0011000017714763>

### **MODULE 5: Theoretical Frameworks in Sex Therapy**

This module presents foundational models used in sex therapy, including PLISSIT, Cognitive

Behavioral Therapy, Emotion Focused Therapy, psychodynamic approaches, and systemic frameworks. Students learn to conceptualize cases using multiple theories and integrate them into culturally responsive intervention planning.

### **Readings:**

- Jones, K. E., Meneses da Silva, A. M., & Soloski, K. L. (2011). Sexological systems theory: An ecological model and assessment approach for sex therapy. *Sexual and Relationship Therapy, 26*(2), 127-144. <https://doi.org/10.1080/14681994.2011.574688>
- Washington, K. (2023). The feminist experiential intersystems approach to sex therapy. *Sexual and Relationship Therapy, 38*(4), 1477–1491. <https://doi.org/10.1080/14681994.2023.2253745>
- Lebovits, S. (2024, April). *Recreating the culture in the sex therapy room: The powers of culture!* [Conference presentation]. International Symposium on Sex Therapy, School of Sex Therapy.
- Özdemir, S. Ç., Gangal, A. D., & Sentürk Erenel, A. (2024). The effect of sexual counseling based on PLISSIT and EX-PLISSIT models on sexual function, satisfaction, and quality of life: A systematic review and meta-analysis. *Archives of Sexual Behavior, 53*(9), 3485–3513. <https://doi.org/10.1007/s10508-024-02898-2>
- Tuncer, M., & Oskay, U. Y. (2022). Sexual counseling with the PLISSIT model: A systematic review. *Journal of Sex & Marital Therapy, 48*(3), 309–318. <https://doi.org/10.1080/0092623X.2021.1998270>

### **MODULE 6: Common Female Sexual Dysfunctions and Treatment Planning**

This module covers assessment and treatment of sexual dysfunctions most commonly experienced by women. Students learn to differentiate biopsychosocial factors, incorporate medical consultation when appropriate, and develop treatment plans that include behavioral, relational, and psychoeducational strategies.

### **Readings:**

- Koochakzai, M., Moghadam, Z. B., Siahkal, S. F., Arbabi, H., & Ebrahimi, E. (2025). Non-pharmacological interventions for female sexual dysfunction in low- and middle-income countries: A scoping review. *Medicine, 104*(19), e42421. <https://doi.org/10.1097/MD.0000000000042421>

### **MODULE 7: Common Male Sexual Dysfunctions and Couples Based Approaches**

This module explores erectile dysfunction, premature ejaculation, and desire related concerns in men. Focus is placed on integrating couples based interventions and understanding the relational dynamics that maintain sexual symptoms.

### **Readings:**

- Atallah, S., Haydar, A., Jabbour, T., Kfoury, P., & Sader, G. (2021). The effectiveness of psychological interventions alone, or in combination with phosphodiesterase-5 inhibitors, for the treatment of erectile dysfunction: A systematic review. *Arab Journal of Urology, 19*(3), 310–322. <https://doi.org/10.1080/2090598X.2021.1926763>
- Bilal, A., & Abbasi, N. U. H. (2020). Cognitive behavioral sex therapy: An emerging treatment option for nonorganic erectile dysfunction in young men: A feasibility pilot study. *Sexual Medicine, 8*(3), 396–407. <https://doi.org/10.1016/j.esxm.2020.05.005>

### **MODULE 8: LGBTQIA+ Affirming Sex Therapy**

This module addresses minority stress, gender affirming clinical practice, and affirmative assessment and

intervention. Students will explore identity development, discrimination, medical considerations, and ethical therapeutic strategies for working with LGBTQIA+ clients.

### **Readings:**

- D'Angelo, R. (2024). Supporting autonomy in young people with gender dysphoria: Psychotherapy is not conversion therapy. *Journal of Medical Ethics*, 51(1), 3–9.  
<https://doi.org/10.1136/jme-2023-109282>
- Ashley, F. (2022). Interrogating Gender-Exploratory Therapy. *Perspectives on Psychological Science*, 18(2), 472–481. <https://doi.org/10.1177/17456916221102325>
- Brisbin, C. D., Soulliard, Z. A., Puccinelli, M., Harkness, A., Fetzner, B. K., Safren, S. A., & Pachankis, J. E. (2025). Treatment goals of sexual minority men in LGBTQ-affirmative CBT. *Cognitive and Behavioral Practice*, 32(2), 181–193.  
<https://doi.org/10.1016/j.cbpra.2023.12.002>

### **MODULE 9: Trauma, Abuse, and Sexual Healing**

This module examines the impact of trauma on sexual functioning, relational safety, embodiment, and intimacy. Students will learn somatic and trauma informed approaches, boundary setting, and ways to support survivors in reclaiming sexual agency.

### **Readings:**

- Riazi, S. S., & Manouchehri, M. (2024). *The mediating role of mentalization and integrative self-knowledge in the relationship between childhood trauma and fear of intimacy*. *Frontiers in Psychology*, 15, Article 1384573. <https://doi.org/10.3389/fpsyg.2024.1384573>
- Darnell, C. (2023). Sexuality, sex therapy & somatics: In bed with the most likely bedfellows — So why aren't they? *Sexual and Relationship Therapy*, 38(3), 384–397.  
<https://doi.org/10.1080/14681994.2021.1882672>

### **MODULE 10: Culture, Religion, and Sexuality**

This module emphasizes cultural humility and the influence of diverse religious traditions on sexual beliefs and practices. Students will explore how culture and spirituality shape sexual values, identity, and relational expectations.

### **Readings:**

- Lebovits, S., & Lebovits, J. (2025). Working through unconsummated marriages with Jewish patients. In C. Jacobson (Ed.), *The Routledge international handbook of sex therapy and religion (Chapter 21)*. Routledge.
- Turner, G. W., & Stayton, W. R. (2021). Are sex therapy and God, strange bedfellows? Case studies illuminating the intersection of client sexuality with spirituality, religion, faith or belief practices. *Sexual and Relationship Therapy*, 37(3), 324–341.  
<https://doi.org/10.1080/14681994.2021.2007235>
- Jacobson, C. (2024). *Sex therapy with religious patients: Working with Jewish, Christian, and Muslim communities*. Routledge.

### **MODULE 11: Desire Discrepancy, Infertility, and Intimacy Concerns**

This module addresses desire mismatches, communication patterns, infertility, and stress related sexual dysfunction. Students will discuss couples' dynamics, medical factors, and interventions that support relational closeness.

**Readings:**

- Arenella, K., Girard, A., & Connor, J. (2024). Desire discrepancy in long-term relationships: A qualitative study with diverse couples. *Family Process*, 63(3), 1201–1216. <https://doi.org/10.1111/famp.12967>
- Starc, A., Trampuš, M., Pavan Jukić, D., Rotim, C., Jukić, T., & Mivšek, A. P. (2019). Infertility and sexual dysfunctions: A systematic literature review. *Acta Clinica Croatica*, 58(3), 508–515. <https://doi.org/10.20471/acc.2019.58.03.15>
- Capogrosso, P., Jensen, C. F. S., Rastrelli, G., Torremade, J., Russo, G. I., Abdel Raheem, A., Frey, A., Fode, M., Maggi, M., Reisman, Y., Bettocchi, C., & Corona, G. (2021). Male sexual dysfunctions in the infertile couple – Recommendations from the European Society of Sexual Medicine (ESSM). *Sexual Medicine*, 9(3), Article 100377. <https://doi.org/10.1016/j.esxm.2021.100377>

**Additional Readings:**

- Clark, A. N., Walters, T. L., & Lefkowitz, E. S. (2024). “It’s an ongoing discussion about desire”: Adults’ strategies for managing sexual and affectionate desire discrepancies in romantic relationships. *Journal of Marital and Family Therapy*, 50(3), 669–686. <https://doi.org/10.1111/jmft.12709>
- Ghorbani, S., Abedi, P., Hekmat, K., Ghanbari, S., & Dibavand, N. (2022). Recurrent implantation failure and sexual function in infertile Iranian women: A comparative cross-sectional study. *Reproductive Health*, 19, Article 103. <https://doi.org/10.1186/s12978-022-01409-7>
- Amraei, S., Abedi, P., Nikbakht, R., Tadayon, M., & Maraghi, E. (2022). Does infertility stress impair sexual function in infertile women and men? A cross-sectional study in Iran. *Frontiers in Medicine*, 9, Article 896538. <https://doi.org/10.3389/fmed.2022.896538>
- Donfrancesco, R., Casu, G., Costantini, S., & Tambelli, R. (2023). The relationship between attachment, dyadic adjustment, and sexuality: A comparison between infertile men and women. *International Journal of Environmental Research and Public Health*, 20(4), Article 3020. <https://doi.org/10.3390/ijerph20043020>
- Demirci, H., & Şen, S. (2023). Sexual experiences of infertile women: A qualitative study. *Nigerian Journal of Clinical Practice*, 26(2), 229–233. [https://doi.org/10.4103/njcp.njcp\\_651\\_22](https://doi.org/10.4103/njcp.njcp_651_22)
- Lazar, A., Gewirtz-Meydan, A., & Rosenbaum, T. Y. (2024). War-time stress and sexual well-being in Israel. *International Journal of Sexual Health*, 36(1), 1–14. <https://doi.org/10.1080/19317611.2024.2317169>

**MODULE 12: Nontraditional Relationships and Sexual Practices**

This module provides a clinical foundation for working with clients engaged in polyamory, consensual non monogamy, BDSM, and clients experiencing compulsive or problematic sexual behaviors. Emphasis is placed on ethics, harm reduction, and affirmative, non pathologizing practice.

**Readings:**

- Kowalewska, E., Szumska, I., & Lew-Starowicz, M. (2025). Expanding the lens: A systematic review of the latest research on compulsive sexual behavior and problematic pornography use among women. *Current Addiction Reports*, 12, Article 62. <https://doi.org/10.1007/s40429-025-00674-3>
- Zhu, L., Ma, W., Zhang, R., Wang, C., Song, B., Cao, Y., & Li, G. (2025). Evaluation and treatment of compulsive sexual behavior: Current limitations and potential strategies. *Frontiers in Psychiatry*, 16, Article 1621136. <https://doi.org/10.3389/fpsy.2025.1621136>

Sprott, R. A., Herbitter, C., Grant, P., Moser, C., & Kleinplatz, P. J. (2023). Clinical guidelines for working with clients involved in kink. *Journal of Sex & Marital Therapy*, 49(8), 978–995. <https://doi.org/10.1080/0092623X.2023.2232801>

### **Additional Readings:**

Andersson, C., Carlström, C., Amroussia, N., & Lindroth, M. (2024). Using twelve-step treatment for sex addiction and compulsive sexual behaviour (disorder): A systematic review of the literature. *Sexual Health & Compulsivity*, 31(2), 170–188. <https://doi.org/10.1080/26929953.2024.2339208>

## **MODULE 13: Ethics, Supervision, and Professional Development in Sex Therapy**

This module explores ethical decision making, supervision models, professional identity formation, and boundary management specific to sex therapy. Students will learn to integrate ethical reasoning with reflective practice.

### **Readings:**

Alby, F., Zucchermaglio, C., & Fatigante, M. (2022). Becoming a psychotherapist: Learning practices and identity construction across communities of practice. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.770749>

### **Additional Readings:**

Wadley, J. C., & Siegel, R. (2018). *The art of sex therapy supervision*. Routledge. <https://doi.org/10.4324/9781351271523>

## **MODULE 14: Final Presentation and Integration**

This final module allows students to demonstrate learning through clinical or theoretical presentations, integrate course concepts, and reflect on their development as emerging sex therapy clinicians.

### **Readings:**

Brotto, L. A., Atallah, S., Carvalho, J., Gordon, E., Pascoal, P. M., Reda, M., Stephenson, K. R., & Tavares, I. (2025). Psychological and interpersonal dimensions of sexual function and dysfunction: Recommendations from the fifth international consultation on sexual medicine (ICSM 2024). *Sexual Medicine Reviews*, 13(2), 118–143. <https://doi.org/10.1093/sxmrev/qeae073>

Sharman, R., Allen, A., van Niekerk, K., Coles, A., Manocha, R., & Foran, T. (2024). “What Is normal?”: A qualitative exploration of health practitioners’ reports of treating patients presenting with unpleasant sexual experiences. *Archives of Sexual Behavior*, 53(10), 4099–4116. <https://doi.org/10.1007/s10508-024-02994-3>

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Alby, F., Zucchermaglio, C., & Fatigante, M. (2022). Becoming a psychotherapist: Learning practices and identity construction across communities of practice. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.770749>

Alva, M. H., Antony, S. P., & Kataria, K. (2024). Exploring the use of the therapist’s self in therapy: A systematic review. *Indian Journal of Psychological Medicine*, 47(1), 17–24. <https://doi.org/10.1177/02537176241252363>

- Amraei, S., Abedi, P., Nikbakht, R., Tadayon, M., & Maraghi, E. (2022). Does infertility stress impair sexual function in infertile women and men? A cross sectional study in Iran. *Frontiers in Medicine*, 9, Article 896538. <https://doi.org/10.3389/fmed.2022.896538>
- Andersson, C., Carlström, C., Amroussia, N., & Lindroth, M. (2024). Using twelve step treatment for sex addiction and compulsive sexual behaviour disorder: A systematic review of the literature. *Sexual Health and Compulsivity*, 31(2), 170–188. <https://doi.org/10.1080/26929953.2024.2339208>
- Arenella, K., Girard, A., & Connor, J. (2024). Desire discrepancy in long term relationships: A qualitative study with diverse couples. *Family Process*, 63(3), 1201–1216. <https://doi.org/10.1111/famp.12967>
- Arbeit, M. R. (2014). What does healthy sex look like among youth? Towards a skills based model for promoting adolescent sexuality development. *Human Development*, 57(5), 259–286. <https://doi.org/10.1159/000367856>
- Ashley, F. (2022). Interrogating Gender Exploratory Therapy. *Perspectives on Psychological Science*, 18(2), 472–481. <https://doi.org/10.1177/17456916221102325>
- Atallah, S., Haydar, A., Jabbour, T., Kfoury, P., & Sader, G. (2021). The effectiveness of psychological interventions alone, or in combination with phosphodiesterase 5 inhibitors, for the treatment of erectile dysfunction: A systematic review. *Arab Journal of Urology*, 19(3), 310–322. <https://doi.org/10.1080/2090598X.2021.1926763>
- Belous, C. K., Timm, T. M., Chee, G., & Whitehead, M. R. (2012). Revisiting the sexual genogram. *American Journal of Family Therapy*, 40(4), 281–296. <https://doi.org/10.1080/01926187.2011.627317>
- Bilal, A., & Abbasi, N. U. H. (2020). Cognitive behavioral sex therapy: An emerging treatment option for nonorganic erectile dysfunction in young men: A feasibility pilot study. *Sexual Medicine*, 8(3), 396–407. <https://doi.org/10.1016/j.esxm.2020.05.005>
- Brisbin, C. D., Soulliard, Z. A., Puccinelli, M., Harkness, A., Fetzner, B. K., Safren, S. A., & Pachankis, J. E. (2025). Treatment goals of sexual minority men in LGBTQ affirmative CBT. *Cognitive and Behavioral Practice*, 32(2), 181–193. <https://doi.org/10.1016/j.cbpra.2023.12.002>
- Brotto, L. A., Atallah, S., Carvalho, J., Gordon, E., Pascoal, P. M., Reda, M., Stephenson, K. R., & Tavares, I. (2025). Psychological and interpersonal dimensions of sexual function and dysfunction: Recommendations from the fifth international consultation on sexual medicine ICSM 2024. *Sexual Medicine Reviews*, 13(2), 118–143. <https://doi.org/10.1093/sxmrev/qeae073>
- Capogrosso, P., Jensen, C. F. S., Rastrelli, G., Torremade, J., Russo, G. I., Abdel Raheem, A., Frey, A., Fode, M., Maggi, M., Reisman, Y., Bettocchi, C., & Corona, G. (2021). Male sexual dysfunctions in the infertile couple: Recommendations from the European Society of Sexual Medicine ESSM. *Sexual Medicine*, 9(3), Article 100377. <https://doi.org/10.1016/j.esxm.2021.100377>
- Clark, A. N., Walters, T. L., & Lefkowitz, E. S. (2024). It is an ongoing discussion about desire: Adults strategies for managing sexual and affectionate desire discrepancies in romantic relationships. *Journal of Marital and Family Therapy*, 50(3), 669–686. <https://doi.org/10.1111/jmft.12709>
- Cruz, C., Greenwald, E., & Sandil, R. (2017). Let us talk about sex: Integrating sex positivity in counseling psychology practice. *The Counseling Psychologist*, 45(4), 547–569. <https://doi.org/10.1177/0011000017714763>
- D'Angelo, R. (2024). Supporting autonomy in young people with gender dysphoria: Psychotherapy is not conversion therapy. *Journal of Medical Ethics*, 51(1), 3–9. <https://doi.org/10.1136/jme.2023.109282>

- Darnell, C. (2023). Sexuality, sex therapy and somatics: In bed with the most likely bedfellows — So why are they not. *Sexual and Relationship Therapy*, 38(3), 384–397. <https://doi.org/10.1080/14681994.2021.1882672>
- Demirci, H., & Sen, S. (2023). Sexual experiences of infertile women: A qualitative study. *Nigerian Journal of Clinical Practice*, 26(2), 229–233. [https://doi.org/10.4103/njcp.njcp\\_651\\_22](https://doi.org/10.4103/njcp.njcp_651_22)
- Donfrancesco, R., Casu, G., Costantini, S., & Tambelli, R. (2023). The relationship between attachment, dyadic adjustment, and sexuality: A comparison between infertile men and women. *International Journal of Environmental Research and Public Health*, 20(4), Article 3020. <https://doi.org/10.3390/ijerph20043020>
- Flanagan, P. G. (2010). Making molehills into mountains: Adult responses to child sexuality and behaviour. *Explorations: An E Journal of Narrative Practice*, 1, 57–69.
- Ghorbani, S., Abedi, P., Hekmat, K., Ghanbari, S., & Dibavand, N. (2022). Recurrent implantation failure and sexual function in infertile Iranian women: A comparative cross sectional study. *Reproductive Health*, 19, Article 103. <https://doi.org/10.1186/s12978-022-01409-7>
- Graziano, F., Mastrokourou, S., Cattelino, E., Rollè, L., & Calandri, E. (2024). Conflict and intimacy in emerging adults romantic relationships and depressive symptoms. *Behavioral Sciences*, 14(11), 977. <https://doi.org/10.3390/bs14110977>
- Hertlein, K. M., Gambescia, N., & Weeks, G. R. (Eds.). (2020). *Systemic sex therapy* (3rd ed.). Routledge.
- Jacobson, C. (2024). *Sex therapy with religious patients: Working with Jewish, Christian, and Muslim communities*. Routledge
- Kleinplatz, P. J. (2024). *New directions in sex therapy: Innovations and alternatives* (3<sup>rd</sup> ed.). Routledge. <https://doi.org/10.4324/9781003388760>
- Koochakzai, M., Moghadam, Z. B., Siahkal, S. F., Arbabi, H., & Ebrahimi, E. (2025). Non pharmacological interventions for female sexual dysfunction in low and middle income countries: A scoping review. *Medicine*, 104(19), e42421. <https://doi.org/10.1097/MD.0000000000004241>
- Kowalewska, E., Szumska, I., & Lew Starowicz, M. (2025). Expanding the lens: A systematic review of the latest research on compulsive sexual behavior and problematic pornography use among women. *Current Addiction Reports*, 12, Article 62. <https://doi.org/10.1007/s40429-025-00674-3>
- Lavie Ajayi, M. (2016). It will continue to embarrass me on some level, and I think that is OK: Conceptualising embarrassment in discussions about sex between social workers and service users. *British Journal of Social Work*, 46(8), 2282–2299. <https://doi.org/10.1093/bjsw/bcw116>
- Lazar, A., Gewirtz Meydan, A., & Rosenbaum, T. Y. (2024). War-time stress and sexual well being in Israel. *International Journal of Sexual Health*, 36(1), 1–14. <https://doi.org/10.1080/19317611.2024.2317169>
- Lebovits, S. (2024, April). Recreating the culture in the sex therapy room: The powers of culture. International Symposium on Sex Therapy, School of Sex Therapy.
- Lebovits, S., & Lebovits, J. (2025). Working through unconsummated marriages with Jewish patients. In C. Jacobson (Ed.), *The Routledge International Handbook of Sex Therapy and Religion* (Chapter 21). Routledge.
- McKee, A., & Schaefer, L. (2020). Healthy sexuality development in adolescence: Competency based framework. *International Journal of Sexual Health*, 32(3), 254–270. <https://doi.org/10.1080/19317611.2020.1786364>
- Özdemir, S. C., Gangal, A. D., & Senturk Erenel, A. (2024). The effect of sexual counseling based on PLISSIT and EX PLISSIT models on sexual function, satisfaction, and quality of life: A systematic review and meta analysis. *Archives of Sexual Behavior*, 53(9), 3485–3513. <https://doi.org/10.1007/s10508-024-02898-2>
- Peterson, Z. D. (Ed.). (2017). *The Wiley handbook of sex therapy*. Wiley-Blackwell.

- Quinnipiac, E. M., Shepard, B. C., & Winter, V. R. (2014). Human sexuality as a critical subfield in social work. *Advances in Social Work, 15*(2), 409–427. <https://doi.org/10.18060/16672>
- Rahman, S., Bowman, N., Jackson, D., Lushtak, A., Newman, R., & Sunder, P. (2022). Sexual development across the life span. In *Sexuality through the lifespan*. LibreTexts.
- Riazi, S. S., & Manouchehri, M. (2024). The mediating role of mentalization and integrative self knowledge in the relationship between childhood trauma and fear of intimacy. *Frontiers in Psychology, 15*, Article 1384573. <https://doi.org/10.3389/fpsyg.2024.1384573>
- Sharman, R., Allen, A., van Niekerk, K., Coles, A., Manocha, R., & Foran, T. (2024). What is normal: A qualitative exploration of health practitioners reports of treating patients presenting with unpleasant sexual experiences. *Archives of Sexual Behavior, 53*(10), 4099–4116. <https://doi.org/10.1007/s10508-024-02994-3>
- Sprott, R. A., Herbitter, C., Grant, P., Moser, C., & Kleinplatz, P. J. (2023). Clinical guidelines for working with clients involved in kink. *Journal of Sex and Marital Therapy, 49*(8), 978–995. <https://doi.org/10.1080/0092623X.2023.2232801>
- Starc, A., Trampus, M., Pavan Jukic, D., Rotim, C., Jukic, T., & Mivsek, A. P. (2019). Infertility and sexual dysfunctions: A systematic literature review. *Acta Clinica Croatica, 58*(3), 508–515. <https://doi.org/10.20471/acc.2019.58.03.15>
- Strawn, B. D., & Barsness, R. E. (2022). Sexuality, erotic Transference/Countertransference, and the clinical third. *The Journal of Psychology and Christianity, 41*(3), 220–228.
- Tuncer, M., & Oskay, U. Y. (2022). Sexual counseling with the PLISSIT model: A systematic review. *Journal of Sex and Marital Therapy, 48*(3), 309–318. <https://doi.org/10.1080/0092623X.2021.1998270>
- Turner, G. W., & Stayton, W. R. (2021). Are sex therapy and God strange bedfellows. Case studies illuminating the intersection of client sexuality with spirituality, religion, faith or belief practices. *Sexual and Relationship Therapy, 37*(3), 324–341. <https://doi.org/10.1080/14681994.2021.2007235>
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**Beginnings can be challenging. Remember that I am here to support you on your MSW journey, so please reach out to me with any questions or concerns that you have.**

I am looking forward to a great and meaningful semester!

All the best,  
Sarah Lebovits, LCSW