

Qualifying Paper

**Sex is in Session: Therapists, Mental Health Professionals, and the Challenges of Personal
Conversations**

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Abstract

Mental health professionals often encounter challenges when addressing sexuality and sexual identity in therapeutic settings, especially when working with clients from marginalized or non-normative sexual backgrounds. Despite the foundational role sexuality plays in individual well-being, formal training in this area remains inconsistent and frequently insufficient across the helping professions. This paper critically examines the literature surrounding clinical discomfort, communication barriers, and stigma, with a focus on the experiences of neurodivergent individuals—particularly those with Autism Spectrum Disorders (ASD). Ethical imperatives are also explored, emphasizing the professional responsibility to understand and affirm client diversity in sexual expression and identity. Through a synthesis of contemporary research, this paper highlights key gaps in existing training and proposes six policy recommendations aimed at improving provider education, client engagement, and overall therapeutic effectiveness. These include implementing regular sexuality education refreshers, promoting narrative exploration for clients, incorporating neurodivergent perspectives in training, embedding historical analysis in continuing education, supporting practitioner-led research, and expanding the provider presence on social media. These strategies aim to cultivate a more inclusive, affirming, and informed clinical practice.

Keywords: mental health professionals, sexuality, neurodivergence, Autism Spectrum Disorder, counselor education, ethics, stigma, continuing education, sexual identity, clinical training

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Introduction

Although human sexuality is a fundamental component of well-being, training in this area remains insufficient across the helping professions, including counseling, social work, psychology, and healthcare (Burnes et al., 2017a; Mollen et al., 2020). Professionals often report discomfort and a lack of preparedness when discussing sexual health with clients, which can lead to avoidance, misinformation, or reinforcement of stigma in therapeutic spaces (Farber, 2003; Hanzlik & Gaubatz, 2012). These gaps are particularly concerning when serving clients with diverse sexual identities or those navigating issues related to trauma, relationships, and desire. Without adequate education in sexual health and identity, practitioners risk overlooking or mishandling essential aspects of clients' lives (Boot, 2019; Sanabria & Murray, 2018).

This paper explores the implications of inadequate sexuality training and its impact on both providers and clients, particularly within the context of neurodivergence. It emphasizes the ethical responsibility of providers to engage with emerging literature and narratives from marginalized populations, such as autistic individuals, who often experience unique challenges related to masking, overstimulation, and communication around intimacy (Price, 2022; Pliskin, 2022). By engaging with research on client diversity, including gender, race, disability, and sexual orientation, providers can more effectively build affirming therapeutic relationships (Burnes et al., 2017b; Dickenson et al., 2023).

Ultimately, this paper proposes six actionable policy recommendations aimed at improving therapeutic discourse and outcomes: biannual sexuality education refreshers for providers; promoting client journaling to explore sexual narratives; integrating neurodivergent perspectives into training; emphasizing historical analysis in continuing education; encouraging provider-led research; and enhancing social media presence to share accurate, inclusive

information. These strategies aim to address significant gaps in training, support inclusive clinical practices, and foster more nuanced communication between clients and mental health professionals.

Literature Review

The literature review explores several theories and perspectives that are useful in examining how mental health professionals discuss sexuality with clients. The exploration of the perspectives, theories, and themes are useful to both the working practitioner and researcher, who want to improve the therapy experience for clients who both have complex sexual identities but live in a society that often stereotypes and marginalizes some sexualities. The ideas I am going to explore fit into nine categories, which I have broken down into subsections. These subsections include: Communication Apprehension Theory, Stigmas and Sex, Patient Barriers and Secrecy, Challenges and Problems in Training, Historical Insights and Contexts, Lesbian, Bisexual, Gay, Trans, Questioning, and Asexual Perspectives: Theories of Sexuality and Well-Being, Racism and Training: Problems and Challenges, Call to Action in Educational Programs, Ethical Challenges and Programs. The literature review ends with a conclusion section as well.

Communication Apprehension Theory

Just as attitudes and beliefs naturally influence the counseling process, effective communication—both verbal and nonverbal—is a fundamental skill for counselors. Baruth and Manning (2007) emphasize that counselors must be able to accurately send and receive both verbal and nonverbal messages when interacting with clients. While research on how mental health professionals communicate about human sexuality is somewhat limited, some studies have explored this topic.

Harboubi and Lincoln (2003) found that among various allied health professionals, mental health practitioners were the least comfortable and least willing to discuss sexual health concerns with clients. Interestingly, despite many professionals having received training in sexual health, most still chose to avoid addressing these topics. More recently, Cashwell et al.

(2011), examined attitudes toward social distance and found that professional counselors and psychologists preferred less distance from individuals with mental illness compared to social workers and non-mental health professionals. However, counselors in training and non-mental health professionals expressed the greatest preference for social distance. Given the impact attitudes can have on professional judgment (Cort et al., 2001), further research is needed to explore this relationship. To better understand counselor-client interactions, communication apprehension (CA) theory, as discussed by McCroskey (1977), provides a useful framework.

Communication apprehension, a concept widely studied in the field of communications (Beatty, 1998), has received little attention in counseling literature. McCroskey (1977) defines communication apprehension as the fear or anxiety associated with real or anticipated interactions with others. It is important to recognize that communication apprehension refers to how a person feels about communication, rather than their actual communication skills.

McCroskey (1984) identifies two forms of communication apprehension:

- *Trait-based apprehension refers to a consistent, personality-like tendency to feel anxious about communication in various situations.*
- *State-based apprehension is more temporary and occurs in specific interactions or with certain individuals.*

While high levels of communication apprehension can disrupt interactions, moderate levels may actually encourage engagement in conversations about difficult topics, including sexuality. However, counselors in training who experience both trait and state-based communication apprehension may struggle significantly.

Research suggests that individuals with high communication apprehension tend to avoid communication, experience emotional distress, and may exhibit nonverbal signs of anxiety such

as poor eye contact or fidgeting (McCroskey, Booth-Butterfield, & Payne, 1989). This has serious implications for the counselor-client relationship, particularly when discussing sensitive topics like sexuality. Counselors in training may avoid these discussions out of fear of seeming unknowledgeable, intrusive, or upsetting the client (Lewis & Bor, 1994). Such avoidance could hinder effective therapy and weaken the therapeutic alliance.

Stigmas and Sex

Sex impacts almost every single area of our lives. Sex can be fun, exciting, new and connecting; it can also be dissatisfying, shameful, hidden, or anxious. “It can be a symptom or a cause of numerous psychological and medical conditions” (Love & Faber, 2017, p. 1489). Research has shown that sexual material is frequently a topic not discussed (Farber & Hall, 2002; Pope & Tabachnick, 1994).

The taboo nature of sex creates a sensitivity around the topic that builds barriers to communication. Blanchard & Farber (2018), in an online survey of 547 adults in psychotherapy, found that 93% of respondents reported lying to their therapists during therapy for one reason or another. This shows that even in settings set up to be trusting and safe and primed for vulnerability, our pride, shame, guilt, mistrust and discomfort will still inhibit communication of deeply important topics.

One of the most prolific writers regarding the history of sexuality, Michel Foucault, performed historical research in his masterpiece *The History of Sexuality* because of his own experiences of discrimination as a homosexual male (Foucault, 1976). Foucault opened up volume 1 of his multivolume study with the idea that we are the new Victorians who are secretive and are victimized by our own sexuality. The true power in society is those that are able to repress sexuality and control the discourse around sex. One of the most interesting theses of

the book is the idea of demarcating sexual identity is a relatively new phenomena, such as in the nineteenth century. Those persons living in the classical era were not forced to define their sexuality, they simply engaged in sex acts that they found pleasurable. Defining sexuality gave the expanding political classes in the late nineteenth century another avenue to exert their power over society. Demarcating sexuality today plays into that narrative of power. Clients are part of a world where societal power is exerted upon them to repress their sexual desires or become self-conscious of expressing their sexual desires, and providers need to be mindful of this fact.

Patient Barriers and Secrecy

Clients, for the most part and for the purpose of this paper, volunteer to participate in talk therapy. Most clients have a few to a singular concern or topic area that they seek to discuss. Other topics come up along the way and areas emerge as relating to the clients' initial concerns. Sometimes clients choose not to disclose certain topics because they do not feel the need to reveal or process those details. That is just one of the many reasons clients decide not to disclose information. Other reasons include apprehension, fear, guilt and shame (Farber, 2003). Farber (2003), in his review of the research, found "... the least discussed issues are related to sex, aggression, or personal failure" (p. 599).

There are a number of reasons clients withhold sensitive material during therapy sessions. One of those reasons could focus on the mental aspects of sexual desire, such as feelings of insecurity if the client does not match up to images that they have seen in popular media or entertainment. Consumption of sexual based entertainment, especially in the period of adolescence, can have a major effect on the nature of sexual desire later in life (Bogt et al., 2010). Some clients also might be embarrassed to reveal physiological challenges to sex, such as erectile dysfunction (ED) or the inability to orgasm (Anorgasmia). Some researchers have been

examining how to discuss female orgasm challenges in Cognitive Based Therapy (CBT), such as found in Mestre-Bach et al., 2022. However, most researchers point out that there needs to be major emphasis in more research in the sexual wellbeing of women.

Sexual attitudes refer to the beliefs and values that shape an individual's perspective on the ethics, morality, and acceptability of sex for themselves and others (Guerra et al., 2012). These attitudes begin to form in early childhood and continue evolving throughout a person's life. Various factors influence this development, including personal experiences, social interactions, media exposure, sex education, and religious beliefs (Doornwaard et al., 2015; Litam & Speciale, 2021).

Challenges and Problems in Training

Verrastro et al. (2020) conducted a review of the literature related to mental and medical health professions and the sexuality training they received. The review included eight articles published between 2000 and 2020. The study concluded, "...that training is crucial for efficient and effective communication on sexuality" (p.11). Despite that statement, they found that the training experienced by these medical and mental health professionals varied greatly in style and length.

In 2000, a study of practice nurses found that just over 60% had taken at least one course in sexual health in the last five years. An interesting finding by Stokes & Mears (2000) was that the nurses who reported having training in the past 5 years had more positive attitudes towards having sex-related conversations with patients compared to the practice nurses who denied having training in the past five years.

Social Work students in Sweden did not consider themselves comfortable in handling sex-specific topics in their future professional roles. More interestingly, students in their last

semesters of graduate school rated themselves less comfortable in communicating sexual health topics with future clients compared to first semester students. The authors speculated that increased knowledge and understanding of the complexities led students to feel less prepared to address sexual health topics with clients (Areskoug-Josefsson, K. et al., 2019).

Insights into the attitudes of counselors in training and counseling practitioners are found throughout the counseling and allied health literature. Given the multicultural, ethical, and developmental elements of counseling, it is not surprising that each is reflected in the attitudinal research. For example, racial identity theories explore counselor attitudes through a developmental process. Broadly speaking, Gim, Atkinson, and Kim (1991) urge counselors in training to be cognizant of their attitudes toward non-Western forms of healing. More specifically, Softas-Nall, Baldo, and Williams' (1997) found that counselors in training held different attitudes toward Hispanic, Black, and White teenage expectant mothers and fathers.

There is also evidence attesting to counselors holding attitudes rooted in gender stereotypes, an especially pertinent finding in this study given the empirical link between negative racial attitudes and negative sexist attitudes. Additional studies point to the need for counselors in training to engage in critical inquiry and reflection surrounding a broad range of social, political, media, religious/spiritual, and/or family influences that could have bearing on their current attitudes toward sexuality and, by extension, their ability to communicate effectively with clients on issues along the human sexuality continuum (CACREP, 2009).

Viewed from an education and training perspective, Kiselica and Maben (1999) highlight the role of multicultural training in helping to reduce prejudicial attitudes of students and increase racial identity development, a component involving attitude change toward a non-racist

identity. Despite this knowledge, counselor training programs have yet to fully and successfully integrate human sexuality into the core developmental paradigm of the counseling profession.

Historical Insights and Contexts

However, several attitudinal studies provide perspective about counselor and counselor in training attitudes that are relevant to the current CACREP standard (CACREP, 2009) requiring the counselor in training to possess knowledge that allows them to understand "...human sexuality (e.g., gender, sexual functioning, sexual orientation) and its impact on family and couple functioning" (p. 37). One area for consideration is the potential for historical contexts to cloud current attitudes toward normative sexual beliefs or practices. For example, attitudes toward people with disabilities and sexuality are still often grounded in the historical belief that they lack sexual desires or their sexual practices are somehow deviant. Studies exploring counselor attitudes toward sex offenders have linked gender (Harnett, 1997), parental status (Lea, Auburn, & Kibblewhite, 1999), and personal victimization history (Carone & LaFleur, 2000) with attitudes toward sex offenders. Nelson, Herlihy, and Oescher's (2002) also surveyed counselors treating sex offenders and found their attitudes toward them as significantly more positive than their peers from other mental health disciplines. Moreover, these positive attitudes translated to counselors having higher caseloads with this population, a group in need of substantial treatment, yet one that is often roundly detested due to the nature of their crimes.

Conversely, in a study that examined attributional and cultural dimensions, Hall (1997) highlights the potential for attitudes to impact judgment. In her study of white counselor attitudes toward rape victims, she found that "negative attitudes toward rape victims predicated both higher ratings of counselor blame of the victim and higher ratings of victim self-blame." (Hall, 1997, p. 44), both of which have obvious personal and clinical implications.

Famously, some historians have been wrong about the history of sexuality, especially in the Victorian period, or even made-up ideas about the past and sexuality. For instance, in one of the most famous failures of peer review, the story of hysteria and vibrators in the Victorian period was found to be a fabrication by a historian (Meyer and Feters, 2018). In many popular accounts of women's sexuality during the nineteenth century, scholars have portrayed women as suffering from "hysteria," that was thought to cause mental illness in women, and were exerted in such actions as challenging patriarchal government and society systems, or women advocating for more rights. In many historical contexts since antiquity women challenging the status-quo of male power was formulated as a form of mental illness (Scull 2011). Rachel Maines, in her book, *The Technology of Orgasm*, became the commonly cited book that argued that vibrators and physician assisted orgasm was the secretive, but common, medical practice in Victorian America. However, this was later revealed to be a thought experiment by the author, and not true (Meyer and Feters, 2018). The practitioner, therefore, needs to be aware of the changing knowledge landscape of ideas about sexuality.

Lesbian, Bisexual, Gay, Trans, Questioning, and Asexual Perspectives: Theories of Sexuality and Well-Being

Many practitioners know the complicated history of the defining sexuality in the contexts of mental illness. Non-heterosexual sexual identities had a history of being defined as mental illness in the *Diagnostic and Statistical Manual of Mental Disorders*. Scholars have pointed out the discussions about the removal of homosexuality as a mental illness out of the *DSM* have been important to the improvement of homosexual identity and the liberation of gay persons (Wyatt-Nichol 2014, 228). In 1952, the *DSM* defined it as "'sexual deviation'" and also listed it under the heading "'sociopathic personality disturbance' (Mendelson, 2003)", (Wyatt-Nichol 2014, 229). The work of Alfred Kinsey in 1948 expanded the conception of sexuality by finding that a

significant number of persons surveyed in his landmark study of human sexuality found that twenty percent of subjects had notable homosexual experiences in his sample of 12,000 men (Wyatt-Nichol 2014, 229). Healthcare providers should note the continual reformatting and possibility that new survey data in studies of sexuality can expand the conception of sexuality and the revision of the demarcation of sexuality and mental illness.

While negative attitudes are not reflective of the counseling profession as a whole or the beliefs of most current counselors in training, subtle biases toward lesbian, gay, and bisexual (LGB) clients can still exist and require ongoing self-assessment (Barrett & McWhirter, 2002). Research by Israel and Hackett (2004) highlights this issue, showing that counselors in training who were asked to critically analyze their attitudes toward LGBTQA clients expressed less favorable views compared to those who were not prompted to do so. The researchers suggest that this may be because deep reflection led trainees to recognize biases, they were not previously aware of, rather than a sign of inherently negative attitudes.

Some scholars have examined the nature of sexual attraction in specific groups and found that diverse sexual attraction was more common than once thought. Wendt et al. (2007), provided a questionnaire to women between the ages of 23 and 29 and found that only 1 in 4 women had been asked about their sexual identity by a health provider, though the majority felt such a question was appropriate. This study found that 20 percent of women have had sexual attraction toward other women. These findings show the importance of health professionals being open and willing to ask about sexual identity. They found that in the previous year 1 in 10 women tried and failed to become pregnant, 1 in 7 experienced an abortion, and 1 in 20 had suffered a miscarriage. The findings of this study clearly show the importance sexual health and wellness plays in women's lives.

This underscores the importance of self-examination in counseling—particularly when working with diverse populations. If counselors fail to assess their attitudes across the full spectrum of human sexuality, it could negatively affect ethical decision-making, client relationships, and professional responsibilities within mental health services. Cultural competence requires continuous reflection and growth.

Human sexuality plays a vital role in overall well-being (World Health Organization [WHO], 2006). According to the WHO (2006), sexuality is a fundamental aspect of being human, encompassing sex, gender identity and roles, sexual orientation, intimacy, pleasure, eroticism, and reproduction. It is expressed through thoughts, behaviors, and relationships and is shaped by various environmental influences.

Despite its importance, research by Hanzlik and Gaubatz (2012) found that many psychologists and trainees feel unprepared and uncomfortable when addressing sexuality-related topics with clients. While mental health professionals typically receive multicultural and holistic training, which should theoretically equip them to discuss sex-related concerns, gaps in preparedness persist (Burnes et al., 2017a). Since counselors are trained to treat the whole person and assist individuals from diverse backgrounds, they are in a strong position to integrate sexual health discussions into their work (Scheel et al., 2018). Burnes et al. (2017a) emphasizes the importance of counseling psychologists taking the lead in promoting sex-positive research and practices within the helping professions.

Other scholars have found that mental health providers are especially unprepared to assist persons who identify as “asexual” and “demisexual” (Boot-Haury., 2019). The Society for Advancement of Psychotherapy published a robust explanation of the frequency and complexities of general asexuality. Interestingly, Boot-Haury explored the difficulties of treating

asexuality as a disorder, as it might be in the best interest of the client to affirm and help the client become more comfortable in a highly sexualized society (Boot-Haury., 2019).

Clients who identify as asexual or have less sexual desire often feel marginalized or frustrated that they have to spend a lot of time explaining their sexual desire and identity to healthcare providers, as forums like Reddit contain stories of negative interactions with providers. Other researchers question the idea that low sexual desire is a form of mental illness and try to affirm the treatment of low sexual desire individuals by providers (Margolin 2023). Margolin writes, "...that treating absent/low sexual desire as a psychiatric symptom is wrong—wrong whether patients identity as asexual or experience distress in relation to their absent/low sexual desire." (Margolin., 2023)

Training specific to sexuality is rarely a required component in mental health education programs. Research by Burnes et al. (2017b) found that sexuality-related coursework in counseling psychology programs is minimal. While topics such as gender identity, sexual orientation, relationships, and sexual trauma are commonly included, subjects like sexual interests, sex research, and sexual ethics receive little to no coverage (Mollen et al., 2020). Mollen et al. (2020) also found that counseling psychology students have limited opportunities to explore sex-related topics within their academic programs. Many students reported seeking additional training outside their coursework, such as attending conferences. The authors suggest that this lack of exposure to human sexuality from an academic standpoint contributes to knowledge gaps in the field.

Racism and Training: Problems and Challenges

Structural racism has had long-term effects on sexual health inequalities, impacting individuals, families, and communities. For example, Black women experience higher rates of

HIV, preterm births, and infant mortality compared to White women, largely due to limited access to preventive reproductive care (Prather et al., 2018). Additionally, people with disabilities are often wrongly perceived as asexual, leading to fewer educational and healthcare resources for their sexual health needs (Addlakha et al., 2017). Furthermore, sexual education tends to be heteronormative, often excluding discussions relevant to sexual and gender minorities.

Troutman and Packer-Williams (2014) found that the educational and training standards set by the 2009 and 2016 Council for Accreditation of Counseling and Related Education Programs (CACREP) were unclear when it came to preparing counselors to work with sexual minority clients. As a result, both counselors in training and counselor educators lacked clear guidelines on expectations for serving this population. Research has shown that a counselor's ability to effectively work with sexual and gender minorities is influenced by their religiosity and spirituality (Farmer, 2017; Henry & Li, 2022; King et al., 2024). Bidell (2014) also found that higher levels of religious fundamentalism correlated with lower competency in working with sexual minorities. Providing counselors in training with specialized skills-based training could improve their ability to serve sexual and gender minority populations (King et al., 2024).

A lack of proper training can lead to negative experiences for sexual minority clients, often resulting in reduced trust, openness, and comfort in counseling sessions (Zazzarino & Bridges, 2019). Despite the importance of addressing sexual health in mental health services, CACREP (2016), the Council on Social Work Education (CSWE, 2015), and the American Psychological Association (APA, 2015) do not require specific training in sexual health. This leaves many mental health professionals to navigate client sexual health concerns based on their

own personal beliefs rather than evidence-based training (Sanabria & Murray, 2018). Such gaps can lead to client marginalization (Zeglin et al., 2019).

In a study by Bungener et al. (2022), nearly all of the 242 mental health professionals surveyed agreed that sexuality is an important topic to discuss with young patients and considered it part of their professional duty. Behun et al. (2017) categorized human sexuality concerns into five main areas: sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence.

The American College of Sexologists and Sexual Wellness (ACSSW, 2019) describes sexuality counseling as a professional service aimed at helping individuals, families, and groups develop a greater awareness and comfort in discussing sexuality and sexual experiences. It emphasizes the importance of recognizing sexuality as an essential aspect of human identity that should be incorporated into counseling. This type of counseling provides clients with science-based education, guidance, and resources to support their sexual health. Additionally, it helps clients understand the various social and psychological influences that shape their sexuality. Sexuality counseling also encourages individuals to express their sexuality in a way that respects both their own rights and the rights of others. Ultimately, it promotes sexual wellness as an integral part of overall well-being. By addressing these key aspects, mental health professionals can foster a more inclusive and supportive environment for their clients.

Another example where history can matter in the institutionalized racism both inherent in healthcare and psychology. Two book length studies that inform these historical problems in the United States in regards to race are *The Protest Psychosis: How Schizophrenia Became a Black Disease* by Jonathan Metzl and *Killing the Black Body: Race, Reproduction and the Meaning of Liberty*. *The Protest Psychosis* by Dorothy Roberts frames the history of mental illness in black

population as arising as a tool to enforce white-supremacy and as a method to frame black liberation and political unrest as a symptom of mental illness. In *Killing the Black Body* sociology and history are implemented in studying problems in accessing contraceptives and the subjection of the black body to medical and scientific control. Understanding how race is an important frame in understanding how our society views sexuality and freedom are highly important tools for the healthcare provider.

Call to Action in Educational Programs

“...educational efforts need to be strengthened concerning issues of sexual health in social work programs” (Areskoug-Josefsson, K. et al. 2019. p169). The authors recommend further research into students' attitudes, knowledge and ability to communicate about sexual health before making changes to curriculum. They say this will optimize the potential for making sustainable changes in curricula, as well as improving the relationships between social workers and their clients.

Studies in social work concerning sexual health education have identified four qualities for practitioners to improve their sex-specific practices: (1) having a non-judgment attitude (2) Knowledge about sexual health, wellness, expression and disability (3) openness and willingness to discuss sensitive topics related to sexual health (4) and trust. The authors say it is not a change to the curriculum, but rather an enhancement to the current practice and education (Lee et al., 2017). The authors state the need for sexual education in social work programs and practice, which would include “...knowledge about the intersection between sexual well-being and the traditions, norms and expectations which shape human experience” (Lee et al., 2017, p.322). Gruskin S. et al. (2019), said “The education of health providers is crucial for them to be able to deliver quality sexual (and reproductive) health services that incorporate rights and pleasure for

all people: adolescents, adults, and the elderly, regardless of sexual identity, social or demographic characteristics” (p.34).

In some cases, providers might have to have difficult conversations with elderly patients, as many senior citizen-based communities have high sexually transmitted infection rates (STIs). Some researchers have studied how aware senior citizens are about the health risks of sexual activity and how to improve their knowledge to improve their health (Smith et al., 2020). Other researchers have found that talk therapy can help reduce STIs in other populations, such as the homosexual community (Imrie., 2001).

The improvement of sexual health has also been linked in the literature to the improvement and extension of human rights, especially in international contexts. The Global Advisory Board for Sexual Health and Wellbeing, in their working definition of sexual pleasure (2016), identified six key factors that represent the links between sexual health, sexual rights and sexual pleasure and can be used in sexual health programs and services: self-determination, consent, safety, privacy, confidence, communication and the ability to negotiate with partner(s).

Ethical Challenges and Programs

“Failing to address sexual health issues in social work practice may lead to poorer health for clients, especially for vulnerable groups, such as the elderly, the disabled, and minorities” (Areskoug-Josefsson, K. et al. 2019. p167.) Legislative systems are important because they shape trends and behaviors in society and policy-driven initiatives. “They can contribute to or obstruct the development of programmatic and service delivery interventions on sexual health, deter or support people’s experience of sexual pleasure, and enable or disable people to seek and receive the information they require to protect their sexual health and exercise their sexual rights” (Gruskin, S. et al., 2019, p.32).

“Social cultural taboos in relation to sexuality are often embedded in laws and policies with negative effects on sexual health and pleasure” (Gruskin, S. et al., 2019, p.32). Gruskin et al. (2019), uses individuals living with disabilities to illustrate how through policies and practices they are infantilized, and their sexual health and pleasure are not taken seriously. People living with disabilities are usually seen as and treated as though they are asexual (Alexander & Gomez, 2017). The programs and interventions that focus entirely on the negative consequences of sex contribute to marginalization and stigmatization. Abstinence only education programs are a pretty obvious example of such a program. These programs have labeled premarital sex as immoral, reinforced traditional gender roles, and minimized the ideas of women expressing their sexuality or actually enjoying sex (Gruskin, S. et al., 2019). There is evidence that incorporating sexual pleasure into sexual health education and programs can be incredibly successful. There is a program called the Pleasure Project that promotes sexual pleasure alongside safe sex messaging that has been found to increase the consistent use of condoms (Philpott A. et al., 2006). The linking of sexual pleasure to sexual health and sexual rights is what Gruskin et al. (2019) called the triangle approach to sexual health, which can be used interchangeably with sex-positive approaches.

Conclusion of Literature Review

The literature review found that there are many problems that healthcare providers must be sensitive to in order to effectively treat patients. These problems and perspectives range from LBGTQA issues to problems with racial, historical, and ethical framing. Having identified these issues in the literature, the next section will address important gaps not currently reflected in the existing research, as well as propose ways in which practitioners can respond to both the documented and emerging challenges.

Analysis

The role of the helping professional, considering these perspectives and theories, warrants careful consideration. The purpose of identifying and engaging with theories regarding sexuality and discussions is for the helping professional to sharpen their skills and augment their approach to treating and helping patients with their challenges related to sex and intimacy. With the identified perspectives and theories, providers can become more effective advocates and more sympathetic and engaged providers to their patient's unique problems.

A perspective that appears underrepresented in the literature is sexuality and neurodivergent perspectives. This is especially true regarding autistic females and other neurodivergent conditions, such as Adult-Deficient Hyperactive Disorders (ADHD). Writers are increasingly interested in how these conditions affect desire, sexuality in relationships, and life challenges of the non-neurotypical. The role of medication in ADHD and autism are issues that would be useful to practitioners but are poorly represented in the literature. Attitudes toward medication and neurodivergence are also an important factor to research in examining how practitioners can accommodate the questions and concerns of their neurodivergent clients. There is even debate about what counts as neurodivergent, much less proper engagement about the related sexual challenges and issues. Clients, especially those defined as millennial or gen-alpha come into sessions with misconceptions and perspectives from social media influences that might distort or effect the beginnings of therapeutic conversations.

One scholar who has attempted to examine the experience of females, or those that identify as female, is Devon Price, who published the book *Unmasking Autism: Discovering the New Faces of Neurodiversity* (2022). The book has become part of popular discussions of psychology and the author has appeared on popular news outlets like National Public Radio

(NPR). The thesis of the book explores how women mask, or hide, their autistic personalities to fit in with neurotypical persons. There is some research and commonly conveyed theories that women “hide” their personalities to fit into societal expectations of femininity and expectations for women. Those expectations likely apply to societal expectations of female sexuality and desire. More research into the link between the nature of client’s experience with pressure to “mask” especially in regard to sexuality could be of therapeutic value.

Having a more nuanced understanding of sexuality can get practitioners to examine further disfunctions and challenges in sexual relations. One underdetermined dysfunction disease discussion is the fact that some persons experience depression or mood disorders after orgasm (Waldinger 2016). Ideas about masculinity and sexuality remain in discussion and framing of illness, such as Waldinger’s assumption that Post Orgasm Illness Syndrome (POIS) does not occur frequently in women. Paulsen et al., 2024 found that POIS is more common in women than once thought. Other scholars like Lorenz et al., 2016, have studied the role of anti-depressives in women and their relationship to orgasms. Embracing the complexity of sexual experiences and encounters, even embracing the idea that orgasms can be problematic and not desired by some clients, will likely help providers see more clearly the complex worlds of their clients.

Another challenge to the literature review is how the use of pornography, erotica, and other forms of erotic media affect relationships and how the healthcare provider should respond to these issues that might otherwise be ethical and personal choices. Feminist scholars, who examine pornography identify those persons who view pornography as non-exploitative and generally regarded as a good thing in society are called *Sex-positive* (Prior 2021). However, those persons who view pornography as a net bad for society are often referred to as anti-

pornography or sex-negative. It is unclear if there are studies that examine how the attitudes of providers towards pornography affect their relationships with their clients.

Finally, another challenge that is not properly addressed in the literature review is the idea of monogamous couple pairings that contain partners of different sexualities. An example might be a bisexual female and a heterosexual male. Other examples could include a trans-man and a lesbian woman. One challenge to health providers is the changing statistical information and the increases of identifying as bisexual or other sexualities and pairing themselves with someone of a different sexuality. One explanation for this common occurrence is the proliferation of social media, especially platforms like *TikTok*. Are helping professionals supposed to increase their social media presence and literacy on social media, as many therapists have taken to *TikTok* to attract new clients by explaining the nuances and complexities of sexuality in different types of relationships.

The importance of an expanded view of sexuality and health, further examination of attitudes regarding pornography, and the role of social media in framing discussions of sexuality between providers and clients are important research points that require far more research that appears in the literature. Many of these points could contribute to discussions about sexual education, as it is likely that most clients have their sexual education or sexual expectations influenced by pornography (Pappas 2021). Policy and ethical perspectives about these challenges will be explored in the remainder of the paper.

Another challenge for autistic females that shows up in vast swaths of the literature is the link between overstimulation and sexuality, but this topic is overall poorly researched. Physical overstimulation is both hard to define, difficult to measure, and varies potentially from client to client. Overstimulation is often a different type of problem for most female clients, given the

extensive literature that found that most women achieve orgasm through highly sensitive erogenous zones like clitoral or nipple stimulation, compared to vaginal or other forms of penetrative sex. Research performed on neurotypical clients holds challenges when applied to clients with autism. More research needs to be performed between autistic clients and their experiences with overstimulation to both define and measure the phenomena more carefully, and then interpret those results for clients. Other challenges include explaining the concept of overstimulation to intimate partners who are with autistic persons who might find the concept alien or at odds with their own sexual experiences. Training for healthcare providers would also be useful, given that challenges with overstimulation might be foreign to providers and their experiences as well.

The concept of overstimulation also could potentially apply to pornography as well. Neurodivergent individuals might not be open to consuming pornography because of extreme hyper-fixations on concepts of justice, exploitation, or religious values. This might cause a challenge to neurotypical partners who have more neutral views about pornography or partners who might use the medium to express their own sexual desires non-verbally, want to experience it in the company of partners, or explore fantasy, as this practice has become more mainstream in recent decades.

The literature regarding autism lacks engagement with technology. Mediation between autistic persons and overstimulation has been pursued by the National Institutes of Health researchers with the concept of robotics. Sexual engagement with robots has been proposed by Pasciuto et al. in 2023 proposed a “framework” where persons who have Autistic Spectrum Disorders could improve their sexual health and experience the reduction of *erotophobia*, where persons who are non-neuro-typical are discriminated against because their expressions do not fit

traditional concepts of sexual experiences. A gap in the research that the authors highlight is the use of robots by women, as much of the current research has focused on male needs and expression in the ASD community. One of the challenges is that of body dysmorphia and the enforcement of standards of hyper femininity, “A survey on sexually explicit media (SEM) [48] showed that the way sex robots are designed and promoted promotes unreal beauty standards and sexual performance, and this may provoke anxieties and fears in women. It could be beneficial to produce and propose sex robots designed with a stronger female-centered vision. Leaving the stereotypes that guide our society and applying a truly inclusive approach in the design of sex robots could shift the market through the inclusion of many different individuals.” (Pascuiuto et al. 2023)

Women with Autism Spectrum Disorders likely suffer from stress, discrimination, and their preferences remain unexpressed in fashion and beauty standards regarding sexuality. Some scholars have found resistances in non-neurotypical women and the uncomfortableness of underwear like bras (Kyriacou et al. 2021). These studies focus on the practicality of everyday life, but there are no studies that explore the intimate clothes and expressions. There is also an omission of studies that explain challenges with makeup and challenges with neurotypical partner expectations and challenges with communication of desires. Even in popular culture many non-neurotypical characters are not portrayed with having sex lives or challenges in intimate relationships, such as in streaming dramas or movies. Some persons with ASD and non-neurotypical typologies sometimes hyper fixate on clothing in sexual acts and further research and portrayals in media would be of usefulness to both clients and providers, helping to further unpack sexuality, sexual desire, and improve enjoyment of sexual activities.

Another underrepresented aspect of ASD and sexuality is the prevalence of sexual violence, especially for women with ASD. Scholars like Pecora et al. 2020 have found that the prevalence of sexual violence towards ASD women is higher than the general population. There needs to be more research, as the authors also call readers to action on this point, what they entitle *adverse sexual encounters*. Further research on these negative sexual encounters would be useful to both sexual health educators and mental health providers, especially providers helping clients dealing with a history of negative events.

Other scholars have pointed out that persons with Autism are left out of other communities of sexual expression, such as Pliskin's 2022 work studying Autism and the BDSM (Bondage Discipline Submission and Sadomasochism). It is likely that other *kink* communities likely leave out neurotypicals or their experiences vary in these communities. Having information about their experiences in these communities could be quite valuable for providers in helping their clients explore their sexualities on a deeper level.

One of the most under-researched topics is *Demand Resistance* and its relationship to ASD and sexuality. Sometimes Demand Resistance is also called *Demand Avoidance* in places like the UK. The National Autistic Society of the UK defines this concept as "Everyone experiences 'demand avoidance' (resistance to doing something that is requested or expected of you) sometimes. However, here we use demand avoidance to mean the characteristic of a persistent and marked resistance to 'the demands of everyday life', which may include essential demands such as eating and sleeping as well as expected demands such as going to school or work." (National Autistic Society 2025). The Society admits that there is simply not enough research on this topic. ASD persons and other non-neurotypical persons often struggle and become upset at having too many tasks in our busy modern lives, and in some cases, adding

sexual expression in what they perceive as the demands of a relationship can be met with swift resistance and frustration. Providers need a framework to apply to help their clients' set boundaries and handle requests from partners. Survey research or other in-depth studies applying the demand resistance concept would be invaluable to both clients, providers, and therapists providing relationship therapy. Research into these questions have the potential to provide a lot of value to mental health providers.

Ethical Implications

The helping professions emphasize in their Codes of Ethics that practitioners should only work within their areas of training and expertise. However, in the 52-page American Counseling Association (ACA) Code of Ethics, the terms "sexual" and "sexuality" appear only three times outside of references to human development (Cor et al., 2018). The ACA Code of Ethics (2014) outlines key principles, including autonomy, which supports a client's right to make their own life choices, and beneficence, which encourages counselors to promote mental health and overall well-being for individuals and society. Addressing sexual health aligns with these ethical principles by allowing clients to make informed decisions about their sexual well-being while recognizing its role in mental and emotional health. Despite this, many counselors are providing sexuality-related counseling without formal training, relying instead on their own personal research and interpretation (Behun et al., 2017; Sanabria & Murray, 2018).

Though Codes of Conduct are often guidelines they are more like identity documents in their own right. These Codes often have no legal repercussions for being broken, but try to guide the judgement of the providers. However, counselors are faced with situations that challenge their education and cause them to need to step outside of their own experiences. But providers are duty bound to do the best they can to help and assist their client, as they are in the helping professions. Part of the directive of positive regard is to affirm and attempt to understand the sexual challenges and experiences of their clients. History and reading about the changing nature of sexuality can provide that needed perspective for providers.

Providers in the helping professions have a lot of clients and do not have much time to read and digest the latest ideas across several different literatures. One recommendation that buttresses the ethics of counseling would be requirements in continuing education in college or

graduate classes in history, sociology, or political science. According to the Arkansas Counselor and Therapist requirements at the Arkansas Board of Examiners in Counselors has to complete twenty-four hours of Continuing Education (CE) every two years. One of these requirements must include some type of ethical course (Arkansas Board of Examiners in Counseling, n.d.).

Encouragement should be made for providers to focus their requirements in Continuing Education to take opportunities to focus their CE credits on graduate credits that would provide them a firm research background to pursue questions related to therapy and sexuality.

Fellowship, increased funding, or release time from clients to pursue a master's degree in history, sociology, biostatistics, statistics, biology, or human sexuality would be a boon to the improvement of therapy and counseling, and a net-positive across the helping professions. Counselors having the ability to pursue research, and provide more information, would improve therapy, and would be a positive ethical move, as it would improve engagement between providers and clients.

Ignoring diverse perspectives in sexuality are unethical in counseling and potentially a major long-term problem in therapy. Research scholars in counseling and therapy have proposed several useful frameworks that are more inclusive of clients with diverse and complex sexual identities and needs. For instance, Dickenson et al. 2023 proposed a unique framework that is inclusive of transgender, nonbinary, and clients who have "gender expansive" identities. The new framework not only encourages providers to see their client in the larger frameworks of identity and sexuality as part of their overall wellness plan, but encourages the provider to affirm the client's gender identity and "sexual experiences" (Dickenson et al. 2023).

With changes in publication and the embrace of on demand publications, persons of different sexual challenges and differential desires can express their stories more publicly and

audiences can acquire narratives that affirm their own circumstances. A simple search of Amazon, especially their Kindle Marketplace, shows many entries for books that, for example, discuss sexuality and female autism. Traditional marriage frameworks and gender stereotypes both shame and marginalize women with low libidos and sex drives. However, these books and first-hand accounts both inform partners and challenge traditional narratives about sexual desire in committed relationships. Sharing more personal stories and being open about the complexities of human sexuality can strengthen relationships and create opportunities for mental health professionals to support better communication between partners.

Studies like Schöttle et al. 2017 describe sexuality with persons with “autism spectrum disorders (ASDs)” and present some of the challenges of social interactions with persons with ASDs including what is considered “normal sexual behaviors.” The authors found that there is a problem with the research literature, as most of the research into ASDs and sexuality mostly centered on the male experience. One interesting finding was that women with ASDs were more interested in pursuing romantic relationships than men with ASDs, and this was explained by the authors because of the social pressures of coping and the pressures on female to mask. Although the study needed some revision, such as using names for what they considered “paraphilias” such as “transvestic disorder,” an outdated modality of explaining desire.

Another interesting point was the idea of “sensory sensitivities” and their role in sexuality with persons with ASDs (Schöttle et al. 2017). Some persons with ASDs can be overstimulated and experience a lack of sexual desire, and it would be of interest to a provider to both know this and provide coping strategies. Mental health providers have noted ASDs and sexuality did not have training in ASDs and sexuality, and wished that they had. Other avenues that Schöttle et al. 2017 did not discuss further, and needs to be researched, is the role of sexuality and sexual

values that persons with ASDs experienced in childhood, and how that frames their adult sexuality. The authors note that persons with ASDs do not receive adequate or specialized sexual education, and have to receive information from many different courses, such as “social sources,” and often have an othering experience.

Persons with ASDs are an important, and often underserved, group that mental health providers could be of great aid. Scholars like Devon Price wants women to stop having to mask themselves for the expectations of society. Providers doing more research and answering an ethical obligation to help their clients drop that mask and embrace their sexuality more fully will improve the lives and relationships of many persons. Activist and ASDs serving organizations like NeuroClastic, who holds the motto “The Autism Spectrum According to Autistic People,” published a story, “Autism and Masking During Sex,” to help ASD persons who struggle with sexuality, especially in the confines of societal expectations. The article includes a deep explanation of the overstimulation of sexual experiences with ASD persons. An image (Figure 1) is included with the article that explains all the representations of sexual activity as a visual medium to explain why ASD persons are reluctant to engage in sexual encounters.



Figure 1: From Garden 2020 “Autism and Masking During Sex”

The point of the piece was to normalize the experiences of ASD persons during sex and give them affirmation in a society that has high sexual expectations. These stories are important not only to ASD but to their partners, who often experience rejection but often do not understand why, because they are neurotypical or suffer from another form of neurodivergence. “Autism and Masking During Sex” even proposes to schedule and provide scripts for sex to take pressure off of ASD persons and provide more fulfilling experiences for their partners.

Understanding the complexities and different desires of clients is an important ethical obligation for healthcare providers. Providers often rely on their own experiences and likely frame health sexual relationships and expressions to some extent, from their own experiences of expectations. It is an important responsibility for providers to get out of their own experiences and engage with scholarship and personal narratives to refresh and expand their concepts of sexuality so that they can be more open providers for their diverse

.

Policy Recommendations

Many of the findings of this paper lend themselves to recommendations that would be of massive benefit, especially in the stressful and uncertain times of 2025. Recently, some political leaders have put effort into officially defining gender as limited to two frames. On January 20, 2025 the White House released an executive order entitled, “DEFENDING WOMEN FROM GENDER IDEOLOGY EXTREMISM AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT (White House, 2025).” Under section 2 of the order the President stated that, “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality (White House, 2025).”

However, most providers engage with clients that are complex and do not fit neatly into boxes, even in stereotypes about masculinity and femininity, and these concepts are sometimes in flux in relationships and in bedrooms. This paper proposes some useful recommendations that might be helpful in healing and healthcare professions, especially in counseling and therapy settings. I have six recommendations that I will outline and then explain:

- ✓ Providers need a refreshment of their own sexual education every two years
- ✓ Providers need to encourage patients to explore their sexuality and how their cues and experiences came into existence, such as journaling or the construction of narratives
- ✓ ASD and neurodivergence sexuality needs to be examined and taught to providers
- ✓ Historical concepts are a must in Continuing Education
- ✓ Providers need to be encouraged to participate in research programs to produce more knowledge that will be useful in clinical settings
- ✓ Presenting research and having more of a presence on social media

The following section explains each item in the list of six policy recommendations. Many of these recommendations are very easy to implement, require some economic resources, and provide a lot of improvements to mental health that will be of benefit to clients, providers, and the general populace.

Providers need to be encouraged to pursue sexual education. Many mental health providers likely received poor sexual education in their childhood (Hall et al. 2017). Many scholars point out that pornography consumption makes up a lot of the sexual education of young persons and throughout their life. Fraumeni-McBide and Willoughby 2024 have explained different strategies of sexual education, and differences in sexual education by gender. Practitioners need to continue to read and educate themselves so that they can educate their clients.

Journaling and writing narratives have been incredibly helpful in working through social problems in professions, such as in medicine. Rodriguez et al. 2024 have published on the importance of medical professional journaling about their experiences as a stress management tool, emotional regulation, and to improve their profession and academic abilities. Normalizing client experiences and sexuality through narratives can be both affirming to the client but also provide helpful insights to the practitioner.

The inclusion of ASD literature and information into the providers treatment framework will be incredibly helpful, as reading widely and engaging with the latest scholarship will help therapists. It will help them get patients to drop their mask and engage sexuality on their own terms. It will also improve relationship communication and satisfaction. ASD persons also needed to be included in newer approaches to sexual education (Solomon 2020).

The utilization of historical sources for the improvement of healthcare providers is a net positive and insightful resource. Historical scholarship challenges previous assumptions of the past, especially in regards to framing sexuality. Many of the studies mentioned throughout this paper provide essential perspectives and contexts that allow providers to set-up and affirm their client's experiences and help them navigate healthily around outdated stereotypes of sexuality. Historical studies will contribute to the necessary understandings between clients and providers that produce sexual wellness.

Providers need fellowships and resources to turn their requirements regarding continuing education (CE). Much of the research regarding sexuality is done by scholars from other disciplines, but therapists and helping professionals bringing fresh and unique insights into research questions and methodologies is both ethically good and honors professional obligations. Universities, Government Funding Agencies, and professional organizations need to fund therapists to transition some of their time into research, so that the profession does not practice in the clinic the same outdated stereotypes regarding sexuality that are at play in some public spaces and in uninformed conversations.

Finally, helping providers need to embrace a larger place on social media, such as Facebook and *Tiktok*. Providers need to embrace and study the conversations regarding sexuality and relationships that are occurring online and on social media so that they can both inform the conversation and understand the larger social contexts in which their clients live. Being in the know in regards to social media can help practitioners become more informed and relevant in their treatments with clients. Research and other findings from mental health professionals would have wider appeal and uptake into society through transitioning peer-reviewed journal articles into short form video and posts, that would likely receive more uptake and relevance in meta-

conversations in social media and society. Government funding and public health interventions would similarly benefit from this approach.

Summary

This paper argues that providers have insufficient training to fully engage with the complex sexualities and sexual identities that they encounter with treating a diverse clientele. Through a review of the literature of therapy and counseling, there are several omissions regarding the complexities of sexuality. Through the paper I analyzed the omissions, framed their ethical importance, and provided six policy recommendations to improve client-provider therapy and interactions. By using history, sociology, political-science and perspectives from other disciplines, therapists can illuminate the difficulties of sexuality and sexual identities, and improve clinical practice and social discussions overall.

Much of the literature review found that attitudes regarding sexuality influenced the counseling process, but many studies have left a lot to be desired. Researchers have found that professionals who provide therapy to patients need reflection on improvement with communication and nonverbal messaging when discussing sexuality with clients. The literature review found that there were nine topics of use to improving communication and theorizing of client sexuality and its relationship to improving provider's clinical approaches. These nine categories of theories and perspectives include: Communication Apprehension Theory, Stigmas and Sex, Patient Barriers and Secrecy, Challenges and Problems in Training, Historical Insights and Contexts, Lesbian, Bisexual, Gay, Trans, Questioning, and Asexual Perspectives: Theories of Sexuality and Well-Being, Racism and Training: Problems and Challenges, Call to Action in Educational Programs, Ethical Challenges and Programs.

Analysis of the literature found that there are significant needs in the existing literature to expand research that will both sharpen the skills of the practitioner providing therapy, but make the client feel both more affirmed and more understood in regards to their sexuality. One area

where more research and reflection needs to be provided is in the area of discussing the sexuality and sexual identities of persons with neurodivergent profiles, such as those persons with Autism or Adult Deficient Hyperactive Disorder (ADHD). Many providers feel that they are unprepared to fully engage with sexual discussions with clients who are non-neurotypical. Though there are some books and studies that try to engage with the mental health needs of the non-neurotypical, such as women with autism, these persons and their needs are still underrepresented in the literature of counseling and therapy. Another area of needed literature engagement and research production are areas where clients seem to have mental and physical complications from orgasm or orgasms exacerbate mental health issues. Reframing sexual experiences as challenging, either mental or physiological, for clients can have an affirming and healing affect.

Other issues that appeared to be understudied in the literature include examining the relationships and attitudes of healthcare providers to erotic media and pornography. The attitudes and feelings of practitioners regarding pornography could have affects in the provider-client relationship. These issues might make either provider and clients uncomfortable and a method of communication needs to be developed to maintain a positive and safe-space for both providers and clients.

Monogamous relationships between persons of different sexualities was also poorly represented in the literature and are issues that providers need to become more familiar with. An example of such a relationship includes a bisexual woman and a heterosexual male. The importance and challenges of these relationships have become more popularized as a source of public discussion because of social media and platforms like *TikTok*. Complex relationships between persons of two different sexual identities are also underrepresented in sexual education.

Because of a lack of sexual education in general, many clients, and even practitioners, have had their ideas about sexual identities and sexual education by pornography.

The ethical aspects and stakes of ignoring the complexities of sexual identities and their influence on the provider-client relationship are significant. Most codes of ethical practice for professionals and health providers do not significantly address the role of sexuality in clinical practice, or rights/responsibilities for clients. And alarmingly some therapists are providing advice and treatment of sexuality and sexually related problems through their own experiences because they find themselves with inadequate training. Though Codes of Conduct are not always legally binding, they provide the best aspiration for a profession, so ethically, therapists need to improve their practice in regards to sexuality and sexual identity

Though providers have very little time to improve their practice through reading and engagement with research literature because of high numbers of clients to see, additional training can be obtained through continuing education (CE) requirements for state licenses. Stakeholders like professional societies should encourage providers to take those continuing education requirements and pursue advanced degrees in order to pursue aggressive research agendas that improve knowledge about how providers discuss sexuality with clients and how clinical treatments can improve, based on research methodologies and peer-review studies.

Providers also have an ethical responsibility to improve their own knowledge about the diversity and complexities regarding sexuality. One way to improve their own knowledge is the engagement and consumption of personal narratives. Providers can improve their knowledge regarding Autism Spectrum Disorders (ASDs) by reading narratives about the experiences of non-neurotypical people and their experiences with sex. By engaging and reading diverse

perspectives of sexual experiences, providers can both affirm and aid their clients in finding peace in their sexual lives.

The paper concludes by proposing six policy recommendations. These policy recommendations are meant to improve the provider-client relationship in regards to sexuality in clinical practice. These recommendations will also benefit the public at large and not cost much to implement. These six policy recommendations are: Providers need a refreshment of their own sexual education every two years; Providers need to encourage patients to explore their sexuality and how their cues and experiences came into existence, such as journaling or the construction of narratives; ASD and neurodivergence sexuality needs to be examined and taught to providers; Historical concepts are a must in Continuing Education; Providers need to be encouraged to participate in research programs to produce more knowledge that will be useful in clinical settings; and Presenting research and having more of a presence on social media. If these six recommendations are followed, both client and providers will communicate and interact in a more complex and therapeutic manner.

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