

THREE TRAINING PROGRAMS IN SEX COUNSELING¹

LAWRENCE G. McCONNELL
Children's Foundation, Richmond, B.C.

This paper outlines three training programs in sex counseling. Each program involves five weekly two-hour sessions. They are similar in content but different in method. The three models are labeled didactic, experiential and conjoint. The didactic method involves a series of lectures. The experiential model provides the participants with the opportunity to encounter a variety of sex counseling situations. The conjoint approach incorporates both the didactic and the experiential components. The paper also provides preliminary evidence concerning the relative effectiveness of the three models. It is suggested that the programs be implemented on a trial basis as modules of regular practicum courses in counselor education.

Résumé

Cet article décrit trois programmes de formation dans la consultation pour les problèmes relatifs à la sexualité. Chaque programme consistait en cinq sessions hebdomadaires d'une durée de deux heures chacune. Ces programmes sont semblables tant qu'au contenu mais différents selon la méthode employée. Les trois modèles s'appellent ainsi: didactique, expérientiel et conjoint. La méthode didactique consiste en une série de conférences. Le modèle expérientiel offre aux participants l'occasion de rencontrer une variété de situations dans ce type de consultation. Le modèle conjoint incorpore les éléments des approches didactiques et expérientielles. Cet article fournit certaines évidences préliminaires relatives à l'efficacité des trois modèles. On suggère que ces programmes soient mis à l'essai en tant que partie constituante des stages de formation pour les conseillers.

Most of the modern research in sex counseling has focused on the development of treatment programs designed to help people overcome various sexual dysfunctions (Hartman & Fithian, 1972; Kaplan, 1974; Masters & Johnson, 1970). The problem of training counselors to implement these treatment procedures has received minimal consideration. Perhaps it has been taken for granted that trained counselors can easily adapt to the special demands of sex counseling. In recent articles McConnell (1974) and Tanner (1974) have questioned the legitimacy of this assumption. They have argued that it is no longer realistic to assume that the clinician's overall training adequately prepares him to function in a clinical setting where the primary concern is with sexual matters. They concluded that the clinician re-

quires specialized training in the field of sex counseling.

The counselor's contemporary role frequently demands that he be facilitative in a helping relationship where the client is seeking assistance with sexual problems. However, in most instances, the counselor's education has not prepared him to cope effectively with clients who seek help for sex-related problems. McConnell's study (1976a) revealed the negative repercussions that may arise when the sexual dimension is ignored in counselor education programs. The results suggested that the absence of specific training in sex counseling hindered the counselor's performance when he was confronted with clients experiencing sexual problems. It was observed that the counselor trainees in this study lacked basic sexual knowledge. It also was reported that when sex counseling the subjects experienced high levels of anxiety and were unable to communicate in an empathic manner.

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The counseling profession must address itself to the question of training counselors to effectively assist clients with sex-related problems. The challenge is to determine the type of program which will best serve the needs of the counselor trainees and ultimately, those of their clients. The dearth of research in this area excludes the possibility of providing a single training program guaranteed to deliver the desired results. Instead, several training programs must be developed and implemented under controlled conditions. Such a process is required to establish the most efficacious approach to training counselors in this field.

The present paper has outlined three training programs that were developed and implemented at McGill University to assist counselor trainees to attain competence in the field of sex counseling. The counselor education curriculum required limited modifications to accommodate the courses. The three programs were designed to allow for their integration into the trainee's practicum course. The programs were labeled didactic, experiential and conjoint. Each one consisted of five weekly two-hour sessions. The ten hour duration corresponded to the time allotted for a similar program at the Howard University Health Services (Schiller, 1973, p.173). Tyler, too, has instituted a one week program in human sexuality for social workers (Schiller, 1973, pp. 177-178). The limited time span also made it possible to examine the feasibility of providing such training as a module of the regular practicum course. The three models have been discussed separately in order to delineate the distinctive characteristics and specific content of each model. There is preliminary evidence to support the effectiveness of the programs. This evidence and a suggestion for further investigation are presented in the conclusion.

The Didactic Program

The didactic approach is similar to Scheffler's (1967) "impression model" which he characterized as a method that allowed the learner to acquire the basic elements of a given subject "fed in from without, organized and processed in standard ways, but, in any event, not generated by the learner himself" (p.121). The method is restricted to the intellectual dimension. The trainees in a didactic group concentrate all their efforts on obtaining a thorough academic knowledge of sexual matters. The supervisor adopts the role of an instructor but the concept of instruction does not imply a need for rote learning. The objective is to teach "methods" related to sex

counseling. In this context the term has a specific meaning which Ryle (1967) provided when he interpreted method "as a learnable way of doing something, where the word 'way' connotes more than mere rote or routine" (p.114). In effect, the approach is geared to what Peters (1966, pp. 31-32) referred to as the cognitive perspective. That is, the trainee is not taught isolated facts, but is helped to integrate the material in terms of his sex counseling behaviours. The method involves a lecture format designed after the fashion proposed by Hyman (1970, pp. 151-155). His procedure stressed the importance of student involvement through open discussion and the asking and answering of questions. The material to be covered in each session is outlined below.

The first session examines the verbal aspects of sexual communication. Attention is given to the technical terminology, as well as to the more common usages employed in verbal sex communication. The discussion also considers the implications of sexual talk for counselors. The language theme is placed in a realistic context by using sexual anatomy as the subject matter for the lecture. The rationale for this choice of material comes from McCary (1973) who stated:

Any truly informed inquiry into sexuality must encompass a thorough understanding of the "givens" of sexual functioning. For sexuality is greatly determined by our physiology, as well as by our psychology and our socio-cultural conditioning. (p. 37)

The session starts with a talk on the differentiation and functioning of the male and female sexual systems. The student is not expected to become an expert in physiology, but it is deemed essential for him to acquire a basic understanding of human sexual anatomy. The trainee is also made aware of the sources available for consultation if he requires additional information. Van de Velde's (1930, pp. 3-127) classic text proves particularly useful in reaching these limited goals because the book was written for the layman. Naturally, certain revisions are necessary as a result of more recent research findings, but Van de Velde's treatment of the topic remains most helpful for those people who are unfamiliar with the subject.

Several other topics are introduced and related to the verbal aspects of sexuality. These include such topics as the union of sperm and ovum, male secretions before orgasm, and the determination of pregnancy by test and heart beat. It is

believed that this material will help to familiarize the students with the language of human sexuality. In addition, they concurrently receive a general explanation of the human reproductive system.

The next session in the didactic program is designed to refute the more popular falsehoods surrounding human sexuality. The moral tradition has had a strong impact on contemporary society (McConnell, 1976b). The tradition has perpetuated any number of myths regarding human sexuality. It is necessary for the sex counselor to have confidence in his ability to discriminate between mythology and reality. The importance of this exercise is evident in the fact that a leading sexologist, McCary (1971), devoted an entire textbook to the topic of sexual myths. His work and that of Salzman (1970) are used as major sources of information necessary to the discarding of myths surrounding such topics as masturbation, female orgasm, homosexuality and sex drive in the aged. The discussion has particular significance for those who are not familiar with the sex research findings of the past thirty years. Results from a variety of research projects concerned with these subjects are presented during the lecture.

The topic for the third lecture is sexual behavior. In order to make the subject matter manageable, discussion is restricted to masturbation, petting, and intercourse. Frequently, counselors are approached by clients encountering problems with genital behavior. The client's lack of knowledge is often partially responsible for his sexual dysfunction. Under any circumstances a "blind leading the blind" approach to therapy is detrimental. If the counselor is to have a meaningful part in the therapeutic process, he must be capable of adopting the role of instructor when the need arises. This entails a sophisticated understanding of the various modes of sexual expression.

The opening discussion centers on the need for counselors to develop a framework within which to view sexual behavior. The theme stresses the importance of recognizing that which lies beyond one's own sexuality. The shortcomings of viewing sexual behaviour in a normal-abnormal dichotomy become apparent through an analysis of Ellis' (1972) work in this area.

The act of masturbation is considered as it relates to both the male and the female. A further extension involves analysis of the act from the standpoints of solitude and sociability. The cultural implications of masturbation are also reviewed.

Petting is discussed with reference to three different groups: the young, the engaged, and the married. An explanation of the physiological changes that result from petting is provided. The discussion includes an examination of various social attitudes regarding the act of petting.

The final section of the lecture concentrates on sexual intercourse. The physiological changes are considered within the context of the "four phases response cycle" elucidated by Masters and Johnson (1970, pp. 220-221). The notion that sexual response patterns are closely associated with social rules and regulations is discussed.

The last two sessions are concerned with sexual dysfunction. The first lecture concentrates on the etiological background of sexual dysfunction while the second focuses on treatment. The work of Rachman and Teasdale (1969), Wolpe (1969, chap. 6), Hartman and Fithian (1972), and Kaplan (1974) makes it apparent that several approaches are available for training subjects in the diagnosis and treatment of sexual dysfunctions. However, the most thorough investigation of sexual dysfunction was conducted by Masters and Johnson (1970). Their work concentrated on etiological analysis and treatment procedures. In view of the time factor, it is deemed more beneficial to provide the trainees with a through introduction to the work of these experts rather than to a survey approach that includes several methods. Therefore, both classes rely heavily on the work of Masters and Johnson. As well, particular attention is given to the more common forms of sexual dysfunction such as premature ejaculation and orgasmic dysfunction.

The principle aim of the first lecture on sexual dysfunction is to acquaint the students with the variety of problems encountered in sex counseling. At this point no effort is made to discuss modes of treatment. The discussion is strictly descriptive in terms of dysfunction. Specific attention is focused on the problems of premature ejaculation, ejaculatory incompetence, penis phobia, primary and secondary impotence, and orgasmic dysfunction. Vaginismus, dyspareunia, and sexual inadequacy in the aged are only briefly discussed. All of the above symptoms are clearly defined, and the etiological background is explained.

Sexual dysfunction is considered from the point of view of a symptom and as a problem in itself. An explanation is given which shows that a poor relationship between a couple can result in sexual inadequacy. This includes an examination of the ways in which poor communication can create sexual problems. Attention is also paid to be-

havioural problems that can arise even when a couple is experiencing a sound relationship. In effect, the model accepts the idea that a sexual problem can be part of a larger problem, but it can also be a problem in itself.

The final lecture in the series is concerned with treatment. An attempt is made to expose the students to the treatment modes presently employed to help people with sexual problems. The content areas are the same as those in the previous lecture, but they are discussed within the treatment framework developed by Masters and Johnson (1970).

The Experiential Program

The second program is based on an experiential model. The method concentrates on the reduction of anxiety usually experienced by counselors when they are sex counseling (McConnell, 1976a). Thus, the process is directed towards helping the trainees to feel comfortable when discussing sexual matters. The method is similar to Scheffler's (1967, pp. 124-129) "insight model" in that self-exploration is made possible through a group experience. Within this framework the trainees are encouraged to verbalize their concerns regarding sex counseling. Role playing techniques are used to provide the trainees with an opportunity to practice sex counseling under supervision. It is felt that this particular approach will eventually allow the benefits of overall training to surface in the sex counseling milieu.

The experiential approach to training is closely associated with the client-centered tradition. Rogers and his collaborators (Blocksmas & Porter, 1947) made the first attempt to develop and evaluate a short-term training program. The initial project evolved into Rogers' (1951) more elaborate training program. In it, considerably more emphasis was placed on experiential learning. The final result was a method of training involving the techniques of role playing, modeling, and group experiences (Rogers, 1957). These experiential elements are easily manipulated to fit the more specific requirements of training in sex counseling. The adjustment simply involves placing emphasis on counseling situations concerned with the resolution of sexual problems.

The content area for the experiential program is principally the same as that of the didactic. However, the experiential method is distinguished by the absence of structured didactic input from the instructor. Instead, the focus is on the participant. The trainees are given an opportunity to experience as many aspects of sex counseling as

possible. Inherent in the program's design is a desensitization process. This involves a group process where sexual material is the primary topic of discussion. The program is structured in such a way that the trainees are encouraged to become more aware of their sexual attitudes and, where necessary, to re-evaluate their approach to sexuality. This endeavour prepares them to better understand the diverse content of sexual material encountered in sex counseling. They also acquire counseling experience under supervision. This involves the role playing of various situations encountered by the sex counselor. The five sessions for the experiential program have been outlined below.

The primary goal of the first session is desensitization to sex language. The session begins with a short group meeting where attitudes and feelings toward sex language are discussed. The participants are encouraged to overcome inhibitions related to the use of sex language. Attention is focused on technical language and common sex terminology. Two exercises are employed to facilitate this process.

The "graffiti board" (Schiller, 1973, p. 99) is used to assist the group to gain familiarity with common sex terminology. The exercise is designed to help people overcome embarrassment when using sex language in a group. The group members are also encouraged to provide feedback regarding perceived non-verbal behaviour. The second exercise involves a more formal task. The group members are placed in dyads. The task involves taking the sex history of a client by following an abridged form of the technique used by Masters and Johnson (1970, pp. 34-51). The exercise presents the trainee with an opportunity to discuss sexual behaviour using formal language in a one-to-one relationship. Role playing in this situation reduces the inhibition which initially accompanies such an encounter.

The second class brings the students together for a two hour group session. A life line is drawn on the board covering the ages of four months, four years, fourteen years, twenty-four years, forty-four years, and sixty-four years. The following topics are considered in relation to these stages of life: masturbation, homosexuality, nudity, petting, and sexual intercourse. This "life line approach" (Schiller, 1973, p. 97) is used to generate participation by the group members in their attempt to separate fact from myth.

The third class is concerned with sexual behaviour. During the first hour the participants remain in a group setting. In the group session

the trainees are encouraged to become more aware of their own attitudes regarding various form of sexual expression (McConnell, 1976b). They also are encouraged to share their fears concerning sex counseling. Emphasis is placed on minimizing the shock element often associated with sex counseling.

The trainees are arranged in dyads for the second hour of the class. They are provided with topics on sexual behaviour to discuss. The process is designed to help prepare the counselor to maintain his acceptance of the client even when the sexual behaviour being discussed is alien to the personal life style of the counselor. This is exemplified by a heterosexual counseling a homosexual.

The fourth session exposes the trainees to various problems encountered in sex counseling. At this stage, emphasis is on the etiological background of sexual dysfunction. The approach helps the trainees to distinguish the various symptoms associated with the dysfunctions. It also provides an opportunity for them to discuss these problems without the added pressure of the need for treatment. The process involves a variety of role playing situations. The students are given the opportunity to play the role of a client as well as the counselor. The one-to-one encounters are videotaped so that discussion can follow. During the playback, the trainees consider the various causes that may have resulted in the existing dysfunction.

The final session is devoted to role playing with all of the participants functioning in the clinical setting. Emphasis is placed on the treatment of sexual dysfunction. Each student experiences the role of both counselor and counselee. Selected case histories are used to provide the content for these practice sessions. The complete process is videotaped so that the group is able to provide feedback on the technique used by each counselor trainee.

The Conjoint Program

The conjoint program is distinguished by the presence of both experiential and didactic components. This model, which incorporates the experiential and didactic elements of teaching, was proven effective by Carkhuff, Douds, and Truax (1964), and Carkhuff and Truax (1965). The approach was also applied effectively in a project concerned with training college students in counseling (Berenson, Carkhuff, & Myrus, 1966).

The positive results achieved with this approach led to the development of a more refined and inclusive training program for counselor trainees (Truax & Carkhuff, 1967). Essentially the program involved specific didactic input on the part of the supervisor coupled with a quasi-group experience (Truax & Carkhoff, 1967, p. 242). The quasi-group experience allowed the trainees to explore the personal difficulties they encountered as counselors (Truax & Carkhuff, 1967, pp. 273-284). Carkhuff (1969, pp. 200-201) also emphasized the intellectual dimension in the form of didactic input by the counselor supervisor.

In terms of the present program, the above model has been revised only as far as is necessary to provide specific training in sex counseling. The conjoint approach is based on the possibility that both the didactic and experiential methods for training effective sex counselors are necessary. That is, both are necessary, but neither is sufficient by itself. Therefore, this conjoint approach is a combination of the other two programs in that it is comprised of both didactic and experiential components. The experiential component stresses the difficulties experienced in sex counseling. Through the use of role playing the trainees are also provided with the opportunity to practice sex counseling. The didactic component centers on material related to human sexuality. Again, the structure calls for five two-hour meetings. The first hour of each session entails an abridged form of the corresponding session in the didactic course. The second hour follows the approach outlined for the experiential program. The same methods are employed, but for half the time required for the experiential program. Thus, five hours of the conjoint program are didactic, and five hours are experiential.

Conclusion

In recent decades, our culture has undergone considerable social change. Part of this transition has involved matters related to sex. For instance, there has been a gradual removal of the secrecy that surrounded sex in past years. Several myths and taboos that once encompassed sexual behaviour are now being challenged by many people. This process has helped to create a more open and objective interest in human sexuality. More people want to be comfortable with their own sexuality, and many want to find solutions for the sexual problems they may be experiencing. As a result of the public's increasing willingness to talk about sex and sexual behaviour, people

are seeking related professional help in significantly increasing numbers. This new demand on professional services has strained available resources. The counseling profession must accept some of the responsibility for meeting this demand. The challenge is to provide the public with counselors who have been prepared to function effectively in a counseling setting where sexual matters are the primary concern.

The difficulties associated with training counselors to assist clients with sex-related problems are complex. Rigorous research is a necessary prerequisite for developing a structural procedure for training counselors in this area of human concern. The programs outlined above were created to facilitate this process. It is felt that the programs may prove particularly effectual in the attempt to answer two fundamental questions concerned with this field of inquiry. The first relates to the projected amount of time required to effect positive change, and the second to the preferred method of instruction.

The limited duration of each program makes it possible to examine the feasibility of providing specific training in sex counseling within the confines of a practicum module. The McGill students who participated in the programs indicated through follow-up questionnaires that the limited time frame was insufficient. Over seventy-five percent of the trainees felt that the training should involve a half course. Nevertheless, tentative results do indicate a significant increase in the participants' knowledge of sexual matters (McConnell, 1975). This does not imply that the trainees acquired the skills needed to treat various sexual dysfunctions. However, it does demonstrate that a relatively short program may be employed to prepare counselors to serve as resource persons capable of providing accurate sexual information. If further evidence shows that the short time span is sufficient for achieving the desired change, minimal adjustment in the curriculum would be required to accommodate such a program. However, if the restricted time period is responsible for negative results, the problem is more complicated in terms of curriculum planning.

The second area of concern involves the preferred method of instruction to be utilized in training sex counselors. With regard to the present programs, it is deemed a distinct possibility that they may differ in terms of their effectiveness. In fact, preliminary investigation has revealed that the trainees' level of anxiety around sexual counseling increased after their involvement in the experiential program, but decreased with

participation in the conjoint program (McConnell, 1975). In contrast, the didactic program had no effect on anxiety states, but it proved useful in generating positive attitudinal changes. These changes were noted not only in counsellor education but also when the program was implemented for other purposes. For example, it was well received when used to provide teachers with an in-service course on human sexuality. It also proved helpful when used in a clinical setting by this author to systematically present sexual information. In both circumstances the participants claimed that the material assisted them in their effort to adopt a less defensive and more positive attitude toward human sexuality.

In the past, minimal attention has been focused on the difficulties associated with preparing counselors to assist clients who experience sexual problems. To remedy this situation specific training programs in sex counseling must be developed and implemented under controlled conditions. It would be presumptuous to advocate a single training procedure since no scientific data exist in support of such a claim. It is necessary to examine variant methods of instruction. Emphasis must be placed on delineating the advantages and limitations of each model. The discovery of differential effects will provide useful information for future endeavours geared to the construction of improved programs. Hopefully, such a process will culminate in the development of a training program that has been standardized through scientific investigation.

References

- Berenson, B. G., Carkhuff, R. R., & Myrus, P. The interpersonal functioning and training of college students. *Journal of Counseling Psychology*, 1966, 13, 441-446.
- Blocksma, D. D., & Porter, E. H., Jr. A short-term training program in client-centered counseling. *Journal of Consulting Psychology*, 1947, 11, 55-60.
- Carkhuff, R. R. *Helping and human relations (Vol. 1)*. New York: Holt, Rinehart and Winston, 1969.
- Carkhuff, R. R., Douds, J., & Truax, C. B. Toward an integration of didactic and experiential approaches to training in counseling and psychotherapy. *Journal of Counseling Psychology*, 1964, 11, 140-147.
- Carkhuff, R. R. & Truax, C. B. Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. *Journal of Consulting Psychology*, 1965, 29, 333-336.

- Ellis, A. *The sensuous person*. New York: Institute for Rational Living, 1972.
- Hartman, W. & Fithian, M. *Treatment of sexual dysfunction*. California: Center for Marital and Sexual Studies, 1972.
- Hyman, R. T. *Ways of teaching*. Philadelphia: J. P. Lippincott, 1970.
- Kaplan, H. S. *The new sex therapy*. New York: Brunner/Mazel, 1974.
- Masters, W. H., & Johnson, V. E. *Human sexual inadequacy*. Boston: Little Brown, 1970.
- McCary, J. L. *Sexual myths and fallacies*. New York: Van Nostrand Reinhold, 1971.
- McCary, J. L. *Human sexuality* (2nd ed.). New York: Van Nostrand Reinhold, 1973.
- McConnell, L. G. The counsellor and his asexual client. *Canadian Counsellor*, 1974, 8 (3), 207-210.
- McConnell, L. G. Counsellor education in the treatment of sexual problems: Program development and evaluation. Unpublished doctoral dissertation, McGill University, 1975.
- McConnell, L. G. An examination of the counsellor's skills when counselling clients with sexual problems. *The Family Coordinator*, 1976, 25(2), 183-188. (a)
- McConnell, L. G. The sexual valve system. *Journal of Marriage and Family Counseling*, 1976, (in press). (b)
- Peters, R. S. *Ethics and Education*. London: George Allen & Unwin, 1966.
- Rachman, S., & Teasdale, J. *Aversion therapy and behavior disorders*. Florida: University of Miami Press, 1969.
- Rogers, C. R. *Client-centered therapy*. Boston: Houghton Mifflin, 1951.
- Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 1957, 21, 95-103.
- Ryle, G. Teaching and training. In R. S. Peters (Ed.), *The concept of education*. London: Routledge & Kegan Paul, 1967.
- Salzman, L. Recently exploded sexual myths. In D. L. Taylor (Ed.), *Human sexual development*. Philadelphia: F. A. Davis, 1970.
- Scheffler, I. Philosophical models of teaching. In R. S. Peters (Ed.), *The concept of education*. London: Routledge & Kegan Paul, 1967.
- Schiller, P. *Creative approach to sex education and counseling*. New York: Association Press, 1973.
- Tanner, L. A. Teaching a course in human sexuality in a graduate school of social work: Strategy and content. *Family Coordinator*, 1974, 23(3), 283-289.
- Truax, C. B., & Carkhuff, R. R. *Toward effective counseling and psychotherapy*. Chicago: Aldine, 1967.
- Van de Velde, T. H. *Ideal marriage* (Rev. ed.). (S. Browne, trans.). New York: Random House, 1930.
- Wolpe, J. *The practice of behavior therapy*. New York: Pergamon Press, 1969.