Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as shared pleasure in our relationships. It fulfills a number of personal and social needs, and we value the sexual part of our being for the pleasure and benefits it affords us. Yet when exercised irresponsibly it can also have negative aspects such as sexually transmitted diseases—including HIV/AIDS, unintended pregnancy, and coercive or violent behavior. To enjoy the important benefits of sexuality while avoiding negative consequences, some of which may have long-term or even lifetime implications, it is necessary for individuals to be sexually healthy, to behave responsibly and to have a supportive environments—to protect their own sexual health, as well as that of others.

David Satcher, M.D., Ph.D.
Surgeon General, 2001

There exist fundamental rights for the individual, including the right to sexual health and a capacity to enjoy and control sexual and reproductive behavior in accordance with a social personal ethic—freedom from fear, shame, guilt, false beliefs and other factors inhibiting sexual response and impairing sexual relationships—freedom from organic disorders, disease and deficiencies that interfere with sexual and reproductive function.

World Health Organization Statement on Sexual Health, 1994
1. Course Description:
This course will address the practice theories and techniques for assessment, evaluation, and treatment of individuals and couples presenting with sexual difficulties. This course will provide grounding in the following perspectives: attachment theory, psycho-sexual development and functioning across the life span, physiology of sexual functioning, contemporary and historic approaches to understanding human sexual behavior, and the interaction of physiology, personality, and social influence in developing a sexual self. Variations in human sexual function and expression will be discussed from physiologic and sociocultural viewpoints. The practice component will address major clinical concepts, including assessment, evaluation, differential diagnosis, and treatment planning. Intervention techniques will be discussed considering their effectiveness with different kinds of sexual problems, in different practice settings, and respecting client differences, including the diverse dimensions (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation). The applicability and limitations of different theoretical approaches will be discussed. This course will focus on empirically based models of intervention and the use of evaluative tools in the practice setting.

2. Course Content:
A summary description of historical influences on human sexual interactions within western culture will be presented. The examination of myths and misconceptions about sex and the ways in which sociocultural mores enforce these myths will be explored. The physiology of human sexual function will be addressed, including variations in sexual orientation and gender identity. The psycho-sexual development of the individual from birth throughout the life span will be discussed and compared to other developmental tasks at each age. Themes related to influences from family, culture, environment, socioeconomic, ethnic, and religious perceptions of sexuality will be integrated. An overview of the field of sex therapy and ethics as a sex therapist will be explored. Major theoretical modalities for assessment and treatment will be presented from a bio-psycho-social perspective, including cognitive/behavioral, insight oriented, and brief treatment theories, as well as the role of sex education in treatment. Differences between individual, couple, and group treatment will be discussed. Utilizing case examples, this course will concentrate on assessment, differential diagnosis, and treatment in a variety of clinical settings. Current trends in research, especially research combining biologic and psychotherapeutic approaches will be addressed. This course will discuss difficulties in sexual functioning due to congenital problems, illness, disability, medical treatment, substance abuse, sexual assault, and exploitation. Life span concerns related to sexual functioning will be addressed, including aging. This course will address the integration of sex therapy into a social work clinical practice in different agency settings. Paraphilic and compulsive sexual behavior will also be discussed.

3. Course Objectives:
Upon completion of the course, students will be able to:
1. Describe the contemporary understanding of human sexual behavior as bio-psycho-social, and describe cultural variations within the United States, including knowledge about the ways in which cultural norms influence an individual’s psycho-sexual development.
2. Describe the ways in which diversity dimensions especially age, ethnicity, gender, illness/disability, cultural teachings, and socioeconomic status (including impact of poverty) influence the expression of human sexual behavior.

3. Describe the physiology of human sexual function, including variations across gender and within gender.

4. Summarize the different theoretical models in the treatment of sexual difficulties and their basis in empirical research. Included will be cognitive/behavioral, couples/family systems, insight oriented, biologic/biofeedback, and brief treatment theories.

5. Discuss ethical decision-making and sex therapy, as well as the impact of the therapist’s values and reactions to sexual behavior and sexual difficulties.

6. Identify appropriate techniques for discussing sexual concerns and addressing the sexual difficulties of clients.

7. Describe and apply a number of evaluative techniques in assessing sexual difficulties.

8. Develop a differential diagnosis, and formulate a treatment plan based on a bio-psycho-social approach to the client’s problem, while remaining sensitive to concerns based on the client’s age, gender, race, ethnicity, social/cultural/religious norms, sexual orientation, and special abilities.

9. Discuss how methods of assessment and intervention may be affected by clinical setting, issues in the treatment relationship (including the impact of race, ethnicity, gender, social class, sexual orientation, power and privilege), and by special issues presented by the client (including physical and sexual abuse, developmental disability, illness, severe psychiatric disturbance, and substance abuse).

10. Identify the meaning of human sexuality in the broader context of an individual’s self-esteem and affectional life.

4. Course Design:

The instructor will select required and recommended readings. Class format will include lecture, discussion, case analysis, and viewing of videotapes. Written assignments will integrate theory, research, and case analysis, applied to the student’s field instruction work when possible.

5. Relationship of the Course to Four Curricular Themes:

- **Multiculturalism and Diversity** will be addressed through discussion of worker–client differences and power/privilege differentials based on culture, ethnicity, race, gender, and social class. Case examples of interventions and readings will reflect this theme. The variation of human sexual behavior across cultures will be fundamental to this course.

- **Social Justice and Social Change** will be addressed through discussion of differences between sexual problems that are responsive to interpersonal practice interventions, and those which result from poverty, discrimination, and disenfranchisement and require systemic as well as individual interventions. Discrimination based on gender or transgender identity, and sexual orientation will be discussed. The area of sexuality and human rights will be discussed from the vantage point of different political/governmental controls and cultural customs.
• *Promotion, Prevention, Treatment, and Rehabilitation* will be addressed through discussion of client sex education and early treatment intervention, as well as advocacy/ guidance with other professionals, and health/mental health systems to educate about human sexual behavior across the life span.

• *Behavioral and Social Science Research* will inform the course, drawing especially on current research in the following areas: human sexual response and sexual difficulties, psycho-sexual development, gender identity, attachment and interaction, trauma/ resiliency/coping, and culture/ethnicity/immigration.

6. Relationship of the Course to Social Work Ethics and Values:
   Social work ethics and values will be addressed within the course as they pertain to issues related to working with clients and colleagues. The NASW Code of Ethics will be used to give students direction about these ethical issues. In particular, this course will focus on client issues, such as confidentiality, privacy, rights and prerogatives of clients, the client’s best interest, proper and improper relationships with clients, interruption of services, and termination. Issues specific to sexual dysfunction will be given special attention, such as variations in human sexual expression and dysfunction, therapist ethical decision making, as well as the impact of the therapist’s values and reactions to sexual behavior and sexual difficulties. In addition, issues that arise when working with colleagues, such as referral, consultation, dispute resolution, and mediation will be discussed. Course Statement Approved: Curriculum Committee Meeting Nov. 15, 2006

**GENERAL INFORMATION**

This course will meet Wednesdays, January-April 2012 (see schedule below).

In class, you will receive:
1. Syllabus
2. Some handouts pertaining to weekly lectures
3. Course tools will contain additional resources, readings, powerpoints and bibliographies on books and articles pertaining to human sexuality and sexual difficulties. Also, updated handouts are frequently available on salliefoley.com

No one book is comprehensive on this subject matter. Therefore this course will utilize several books and will round out assignments with some course tools readings. Assigned readings for each week are noted in the syllabus. Readings should be completed by the date assigned. The texts are listed as either required or optional. Optional books are listed for your own interests and because they are clinically relevant and excellent resources. Books are listed for purchase through the agreement UM has with textbook stores in the community. They can also be purchased online.

**SEX MATTERS FOR WOMEN READINGS MAY NEED TO OCCUR LATER THAN THEY ARE ASSIGNED IF YOU ARE LATE IN RECEIVING YOUR BOOK. SUBSTITUTE OTHER ASSIGNED READINGS AND I WILL ADJUST CLASS LECTURE AND ASSIGNMENTS ACCORDINGLY**

**Required readings/texts, most recent editions:**


Optional books:


Kleinplatz, Peggy. Ed. 2001. NEW EDITION 2012 MARCH


If you do not own a general college level textbook on sexuality, I recommend you purchase one. It will give you ‘A-Z’ overview of anatomy, physiology, reproductive cycle, historical and cultural understandings, and contemporary relevant topics. However, you do not need to purchase the ‘lastest edition’ as these texts can be pricey. I recommend you purchase an edition that is one or two earlier from the current one. You can usually pick these up used and they will be contemporary enough since these texts get reissued about every 4 years.

Crooks, Robert, and Baur, Karla. Our Sexuality.

Hyde and Delameter. Understanding Sexuality.

Additional books are listed on the bib available at your course tools website.

**COURSE REQUIREMENTS**

The standard Rackham definition of grades and description of criteria for those will be used.

A Exceptional individual performance—e.g. all “A’s” on assignments
Foley, SW 700

B All the required work for the course is completed
- and grades are given for individual variation of the above
C When performance definitely falls below the requirements for graduate work
D Deficiency
E Failure

Attendance at all classes and reading of all assignments is expected.

ASSIGNMENTS:

This is a highly interactive course, intensive in training and time. Hopefully you will feel that you will complete the class feeling far better prepared to address sexuality issues with clients. All assignments are returned by your instructor the week after they are turned in.

Here is how the grading will proceed:

Attendance in class, participation in class, and completion of nongraded assignments: 20%
Critique of self-help book: 15%
Inclass quizzes: 30%
Annotated Bibliography: 15%
Patient education project: 15%
Oral presentation: 5%

Three of the assignments are easily ‘linked’ together—the self-help book, the annotated bibliography and the patient education project. You can choose the same topic for all three. If you turn an assignment later than the due date, it will receive a ‘one grade’ deduction. I.e. an “A” paper becomes an A-, etc. Due to the pace, I recommend you try to stay right with the readings and assignments.

Nongraded assignment:

1. **Due 1/11/12.** A three-page or longer paper describing your own impressions about how culture views human sexuality and sexual interaction. You can include any personal reflections, and myths that you see American culture holds about sexuality. You may contrast this with other cultures with which you are familiar. What do you think are the socio-cultural expectations placed on men and women according to gender role, socioeconomic strata, ethnicity, religion, marital status, and age with regard to sexuality? What do you think makes a good clinician in counseling men and women about human sexuality? What do you think the term ‘sexual health’ means? There are no “right” or “wrong” answers. It is your thoughts and perceptions that are useful. Please check spelling/grammar and make sure that the mechanics and organization of your paper are graduate school quality.

Quizzes:

**February 8 and March 7**

There will be two graded class quizzes. They are open book/open note. Not cumulative. These are to assure that generally everyone is keeping up on their reading. Each person should bring their own reading and resource materials to the quiz.
Due February 15: A critique of a self-help book:
There are so many themes within sexuality and sex therapy that it is important for you to specialize your own learning as well as gain from the class readings and lectures. In order to achieve this, you will have the opportunity to read a sex therapy or self-help book. For critique assignment, you will read a book of your choice. You can use the bib about human sexuality. Books not on the bib may be selected if these are cleared through the instructor first. You can choose a book oriented to your own clinical practice area of interest or a research area in which you are interested.
The book critique should be at least four pages, or longer, if you wish. Grammar and punctuation, clear academic writing are all important. The critique should include:

1. An introduction that includes why you chose this book and what your paper will cover. Don’t forget this intro.
3. To what readership or specific group (i.e. persons with chronic illness, adolescents, etc.) this book is directed.
5. A discussion of possible problematic aspects of the book (i.e. perhaps it is directed at a general readership but is too technical, or perhaps the book does not meet the stated goal).
6. A general summary of the book’s utility as an adjunct to counseling, whether it should be used by professionals in their practice, and any cautions about the book.

Note: Please avoid ‘bulleted’ lists on all your papers for this course. Since these are academic papers, it is better if you avoid ‘kitchen sinking’ the paper. Please do not use glib, informal language. This is an academic paper. Please use third person (“This paper will address the psychological treatment of rapid ejaculation.”) If you have any questions, please check with me. Points of critique will be graded as follows:
Discussion of reason for choosing book (10 points)
Discussion of readership to which book is directed and summary of book (15 points)
Discussion of strengths of book. (20-25)
Discussion of drawbacks of book. (20-25)
Discussion of applicability of book to social work practice. (15-20)
Overall organization of paper, including introductory and concluding paragraphs, spelling, grammar, punctuation, etc. (15)
(Book critique, graded at 20% of total grade). Please remember to begin with an introductory paragraph introducing the themes of your paper and a concluding paragraph summarizing. Please do not use ‘slang’ or colloquialisms like ‘getting stuck in her stuff.’

Due March 21—Annotated bibliography submit to ctools assignments page:
An annotated bibliography on one of the sexuality topics listed below. These same sexuality topics will be used to construct your clinical education brochure (see next assignment).
Please research using online journals. Read at least 10 research articles on the topic you have chosen. Summarize each article with a one paragraph summary that will critically assess the article and help your colleagues educate themselves on the topic you’ve chosen. Plan to post the annotated bibliographies at ctools website. Instructions for posting will be given in class.

From Wikipedia, here is the format for annotation of a bibliography

“An annotated bibliography is a bibliography that gives a summary of the research that has been done. It is still an alphabetical list of research sources. In addition to bibliographic data, an annotated bibliography provides a brief summary or annotation. The annotation usually contains a brief summary of content and a short analysis or evaluation...summarize and critique. The purpose of annotations is to provide the reader with a summary and an evaluation of the source. In order to write a successful annotation, each summary must be concise. An annotation should display the source’s central idea(s) and give the reader a general idea of what the source is about. An annotation should include the complete bibliographic information for the source. It should also include some or all of the following:

- An explanation [brief] about the authority and/or qualifications of the author.
- Scope or main purpose of the work.
- Any detectable bias.
- Intended audience and level of reading
- A summary comment

Ideally, an annotation should be between 100 to 200 words.”

The purpose of this annotated bibliography for this class is both to inform and evaluate. It is called a combination annotated bibliography. Each annotation is no more than 200 words, brief summary or description of the topic, how the source is useful and how it is not, assessing the strengths and weaknesses of the article, and brief conclusion. Sentences are used in what is called ‘telegraphic method’ –brief, clear, concise, professional language without embellishment or slang. If information is part of the title, then it can be omitted from your annotation. As Wikipedia states:

“A complete sentences writing style utilizes coherent sentences that are grammatically correct. Subjects and conjunctions are not eliminated even though the tone may be terse. Long and complex sentences are to be generally avoided. Writing an annotated bibliography is an excellent way to begin any research project. While it may seem easier to simply copy down bibliographical information, adding annotations will force the researcher to read each source carefully. An annotation requires the source to be critically analyzed, not simply read over.

Formulating a thesis: Any form of research paper or essay will require some form of argument. This is called a thesis. A developed thesis needs to be debatable, interesting and current. Writing an annotated bibliography will give the researcher a clear understanding about what is being said about his/her topic. After reading and critically analyzing sources, the researcher will be able to determine what issues there are and what people are arguing about. From there, the researcher will be able to develop his/her own point of view.”

Sexuality topics-all annotated bibliographies should focus on sexual health and psychological adjustment regarding sexual knowledge, sexual function, and healthy sexual self-esteem:

- Sexually transmitted infections and counseling an individual who has been infected
- Treatment of low sexual desire
- Treatment of survivors of child sexual abuse
- Treatment of survivors of trauma who have sexual avoidance/sexual aversion
- Special treatment considerations for men who are childhood sexual abuse survivors or who have been raped
- Treatment of persons with disability or chronic illness and sexual dysfunction. Please make sure to let instructor know which illness you have chosen. Topics could include but are not limited to: cancer, diabetes, cardiac problems, spinal cord injury, cognitive disability, couples and dementia, renal dialysis, traumatic brain injury
- Treatment of individuals or couples who are older adults
- Treatment of anorgasmia male or female
- Treatment of Peyronie’s disease (male)
- Couples treatment where there is a recurrent problem with urogenital infection (i.e. chronic urinary tract infections)
- Treatment of vulvodynia/vulvovaginal problems that create pain/itching/irritation for a woman
- Treatment of rapid ejaculation
- Treatment of delayed ejaculation
- Treatment of difficulties related to menopause caused by aging or caused by medical interventions
- Treatment for individuals in recovery from substance abuse
- Treatment for individuals with histories of compulsive sexual behavior
- Treatment of erectile difficulties
- Treatment of persistent genital arousal disorder
- Treatment of paraphilia where the paraphilia is legal
- Treatment of couple with desire discrepancy
- Treatment of couple with infertility and sexual problems
- Addressing multiple sexual problems within a partnership
- Providing comprehensive sexual health information for individuals leaving prison
- Developing a comprehensive sexual health education curriculum for adolescent boys or girls in residential treatment facilities
- Treatment of sexual problems for individuals with chronic mental illness
- Treatment where sexual problems are the result of medications taken for chronic illness (including depression, anxiety)
- Special treatment considerations for sexual minorities (gay, lesbian, bi, queer)
- Treatment considerations regarding sexual health when treating trans individuals
- Treatment considerations for nontypical in North America partnerships including polyamorous, arranged marriages, polygamous or polyandrous partnerships (you must cover more than polyamory as there are other nontypical partnerships you will counsel)
- Treatment considerations for MSM “on the down low”

Due April 4:
Clinical consumer/patient/client education project.
Many clinical social workers are asked to educate about clinical work. In treatment, social workers must be aware how an assessment is conducted, how a diagnosis is reached, and how
treatment proceeds. In addition, clinical social workers must also be aware of complicating factors (like substance abuse, poverty, stigmatized societal status)

Your project will be to pick a sexual problem form the list above and design a clinical education ‘handout’ addressing:

Make sure your ‘audience’ is obvious to the reader, e.g. professional mental health audience, health care provider audience, consumers, adolescent consumers of health care, etc.

Description of the problem
How to assess and diagnose the problem
How treatment will usually proceed
Discuss and define any terms or abbreviations that are used. When reading your clinical handout, treat the problem using a biopsychosocial framework
Suggest resources
Attach a list of citations for your handout—which of your annotated articles did you use?

Address whether you are suggesting couples or individual treatment
Briefly make note of complicating/stigmatizing factors. How do you ‘speak’ to these in your 2-page handout. For instance, how do you let someone know that you do not discriminate against sexual minorities or that you can see people with low or no insurance?
As you design your 2-page handout, think about how knowledgeable you are about the topic, and how do you convey complex material in straightforward language (something social workers must routinely do in many aspects of any social work position).

The treatment plan you propose should be based both on your readings about sound clinical practice and evidence-based interventions (where they are available) for the treatment of the specific sexual issue you have chosen to discuss.

Grading:
Overview and definitions of your topic and audience addressed (15-20 points)
Discussion of assessment, formulation of diagnosis, and treatment planning (15-20 points)
Discussion of clinical practice issues or evidence-based research and current theory used in treatment (15-20 points)
Discussion about how type of treatment is chosen—individual or couple and impact of complicating factors. Remember to address issues of complicating factors/stigma/culture/ethnicity/orientation/access as relevant to your topic; suggested resources. (20 points)
‘Readability’ of your clinical education handout (20 points)

Due March 28, April 4, April 11. 5 Minute Speeches/student presentations
Imagine that you work in a hospital and a physician asks you what is the way you approach the treatment of erectile difficulties. You would have to quickly summarize what sex therapy treatment of ED entails.

You will be given 5 minutes in class time to give a brief synopsis of some form of sex therapy treatment. These are sometimes called ‘elevator speeches’ because they are brief. You should prepare your brief topic talks on the following sexual difficulties. You may be asked to speak on any one of these in class:

Low sexual desire
Sexual aversion
Compulsive sexual behavior
Female sexual arousal disorder
Erectile dysfunction
Vaginal pain
Penile pain
Lack of orgasm
Delayed orgasm
Rapid ejaculation

Grading:
- Overview of what is presented
- Content—most important points you want us to know
- Discussion of treatment
- Summary/Questions
- Professional voice and presentation

SUMMARY OF LECTURES: January-April, 2012
1. January 4
   A. Overview of course
   B. Modern American myths about sex.
   C. Overview: Modern sex therapy and recent changes in sex therapy
   D. Practice interviews.

2. January 11
   Physiology of sexual functioning: male and female response cycle.
   Getting comfortable with terminology.
   Introduction of models for interviewing.
   (Paper Due)

3. January 18
   Assessing sexual dysfunctions in different settings, including dual diagnosis, couples, and individuals.
   Sexuality throughout the life cycle

4. January 25
   Female and Male sexual function and treatment of sexual problems: arousal, orgasm, desire

5. February 1
   Treatment of sexual problems, cont.

6. February 8
   Treatment of Trauma
   (Quiz)

7. February 15
   Treating Problems of Pain in Sex
   (Critique due)
8.  February 22  
   A.  Affairs and the treatment of sexual difficulties.  
   B.  Substance abuse, mood altering, and sexual problems.  

February 29, 2012 NO CLASS SPRING BREAK  

9.  March 7  
   Ethics, values and sex therapy (poverty, discrimination, exploitation and issues of human rights). Boundary role plays.  
   (Quiz)  

10.  March 14  
   A.  Sex therapy: physical changes due to aging, chronic illness, and **disability**  
   
   **B. DSD**  

11.  March 21  

   **LGBTQ –sexual problems, stigma and provider awareness**  
   (Annotated bibliography due)  

12.  March 28  
   Compulsive sexual behavior and its treatment. Sex and the internet.  
   (Beginning of student presentations/brief speeches)  

13.  April 4  
   Student presentations  
   AASECT certification, professional development discussions  
   (Final projects due)  

14.  April 11  
   Student presentations  
   Toward Sexual Health and Well-Being  

   LECTURES & READING ASSIGNMENTS:  

1.  January 4  
   A.  Overview of course  
   B.  Modern American myths about sex.  
   C.  Modern sex therapy and recent changes in sex therapy  
   D.  Practice interviews.
Reading: Maurice, Part I, Wincze and Carey, ch 1 and ch 6
Levine, ch. 1 and 2
Foley: ch 1-5,
Course tools- 1 article: Kleinplatz (New Directions in Sex Therapy)
Optional: If you do not have background in study of human sexuality, please read any introductory text: Sexual physiology chapters

2: January 11
A. Physiology of sexual functioning: male and female response cycle.
B. Getting comfortable with terminology.
C. Introduction of models for interviewing.
(Paper Due)

Reading: Foley 6-8,
Maurice: Part II
Wincze and Carey, ch 2-3
Levine, ch 5, ch 9, 10, 11
Siegel, ch 1-3
Optional: You may want to read on history of treatment of sexuality by culture, sexuality research—See Bibliography at ctools site

3. January 18
A. Assessing sexual dysfunctions in different settings, including dual diagnosis, couples, and individuals.
B. Sexuality throughout the life cycle
C. Sex research and field of sexology

Reading: Foley: ch 9, 11, 12;
Levine ch 3, 4, 7, 14, 15
Maurice, Part III
Siegel, ch 4-6
Optional: McCarthy & Metz: ch 1-3

4. January 25
Female and Male Sexual Function
Treatment of sexual dysfunctions: arousal, orgasm, desire

Reading: Foley: 13-16;
Levine, ch 16, 18
Wincze and Carey ch 4-5
Siegel, ch 7-9
Optional: McCarthy & Metz: ch 4-5

5. February 1
Treatment of sexual dysfunctions, cont.
6. **February 8**
   Treatment of Trauma
   
   Readings: Foley: ch 8, 10
   Levine, ch 17
   Wincze and Carey: 7
   Additional readings on ctools to be noted in class
   (Quiz)

7. **February 15**
   Treating Problems of Pain in Sex
   
   Readings: Levine, ch 6, 8, 12, 22, 23
   Wincze and Carey: 8
   (Critique due)

8. **February 22**
   A. Affairs and the treatment of sexual difficulties.
   B. Substance abuse, mood altering, and sexual problems.

   Readings: Levine: Ch 20, 21,24
   Additional to be announced January 4, Ctools site articles

   February 29, 2012 NO CLASS SPRING BREAK

9. **March 7**
   Ethics, values and sex therapy (poverty, discrimination, exploitation and issues of human rights). Boundary role plays.

   Readings:
   Readings: Levine, ch 13, 19, 25, 26
   Wincze and Carey: ch 9-10
   Coursetools-2 articles: borntobegay, homophobia

   Optional: McCarthy & Metz: ch 6-10, Epilogue and Appendix A
   AASECT code of ethics, NASW code of ethics
   Look at website: accordalliance.org

   (Quiz)

10. **March 14**
    A. Sex therapy: physical changes due to aging, chronic illness, and **disability**
    
    B. DSD

11. **March 21**
    LGBTQ –sexual problems, stigma and provider awareness
(Annotated bibliography due--online)

12. March 28
Compulsive sexual behavior and its treatment. Sex and the internet.
Readings: cTools: Cohn on Compulsive sexual behavior

(Beginning of student presentations/brief speeches)

13. April 4
Student presentations
AASECT certification, professional development discussions
(Final projects due)

14. April 11
Student presentations
Toward Sexual Health and Well-Being

If you have found this course interesting, beware that you can become a ‘sexologist’!
“I don’t see much of Alfred anymore, now that he’s gotten so interested in sex.”
Mrs. Alfred Kinsey

Talking about sex will change the world.