SEXUALITY AND MENTAL HEALTH

MHS 6471 Section 2030

Fall, 2011

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Counselor Education Program
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Thursdays
Periods 3-5 (9:35a.m. – 12:35p.m.)
Room 1331 Norman Hall

Instructor’s Office Hours:
Wednesdays, 1-3pm.
(and by appt)

Teaching Assistant
Kenycia Byrd
Kbyrd20@ufl.edu
I. COURSE DESCRIPTION:
This course explores the relation between mental health and human sexuality and the role of the professional psychotherapist in sex counseling. As time permits, topics include: biological foundations, research methodology, gender roles, attraction and love, variations in sexual behavior, sexuality and the life cycle, sexual problems, sex therapy, sexually transmitted diseases, sexual coercion, and sexual responsibility.
ALERT: This course will include conversation, reading, audio-tapes, slides and videotapes of sensitive material. Enrollment indicates a willingness to participate. Should there be particular concerns, please talk with the instructor.

Applicable Professional Standards Addressed in this course:
(Florida) Institutional Program Evaluation (IPEP): Accomplished Practices
The IPEP standards do not apply (directly) to this course.
 Council for the Accreditation of Counseling and Related Educational Programs (CACREP) (2009)
 FOUNDATIONS – Standard A: Knowledge for Clinical Mental Health Counseling
  1. 1. Understands the history, philosophy, and trends in clinical mental health counseling.
  2. 2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.
  3. 3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.
  4. 4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
  5. 5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.
  6. 6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.

 COUNSELING, PREVENTION, AND INTERVENTION – Standard C: Knowledge for Clinical Mental Health Counseling
  2. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
  3. Knows the disease concept and etiology of addiction and co-occurring disorders.
  4. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.
  5. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.
6. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
7. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
8. Understands professional issues relevant to the practice of clinical mental health counseling.

Standard D: Skills & Practices for Clinical Mental Health Counseling
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY – Standard E: Knowledge for Clinical Mental Health Counseling
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

Standard F: Skills & Practices for Clinical Mental Health Counseling
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT – Standard G: Knowledge for Clinical Mental Health Counseling
1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.

RESEARCH AND EVALUATION – Standard I: Knowledge for Clinical Mental Health Counseling
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.
Standard J: Skills & Practices for Clinical Mental Health Counseling
   1. Applies relevant research findings to inform the practice of clinical mental health counseling.

DIAGNOSIS – Standard K: Knowledge for Clinical Mental Health Counseling
   1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
   2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
   5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.

FOUNDATIONS – Standard A: Knowledge for Marriage & Family Counseling
   1. Knows the history, philosophy, and trends in marriage, couple, and family counseling.
   2. Understands the ethical and legal considerations specifically related to the practice of marriage, couple, and family counseling.
   3. Knows the roles and functions of marriage, couple, and family counselors in a variety of practice settings and in relation to other helping professionals.
   4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling.
   5. Understands a variety of models and theories of marriage, couple, and family counseling.
   7. Understands family development and the life cycle, sociology of the family, family phenomenology, contemporary families, family wellness, families and culture, aging and family issues, family violence, and related family concerns.

Standard B: Skills & Practices
   1. Demonstrates the ability to apply and adhere to ethical and legal standards in marriage, couple, and family counseling.

COUNSELING, PREVENTION, AND INTERVENTION - Standard C: Knowledge for Marriage & Family Counseling
   2. Recognizes specific problems (e.g., addictive behaviors, domestic violence, suicide risk, immigration) and interventions that can enhance family functioning.
   3. Understands human sexuality (e.g., gender, sexual functioning, sexual orientation) and its impact on family and couple functioning.

Standard D: Skills & Practices for Marriage & Family Counseling
   1. Uses preventive, developmental, and wellness approaches in working with individuals, couples, families, and other systems such as premarital counseling, parenting skills training, and relationship enhancement.
   2. Uses systems theory to conceptualize issues in marriage, couple, and family counseling.
3. Uses systems theories to implement treatment, planning, and intervention strategies.
5. Adheres to confidentiality responsibilities, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice.
6. Demonstrates the ability to recognize his or her own limitations as a marriage, couple, and family counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY - Standard E: Knowledge for Marriage & Family Counseling
1. Understands how living in a multicultural society affects couples and families.
2. Recognizes societal trends and treatment issues related to working with multicultural and diverse family systems (e.g., families in transition, dual-career couples, blended families, same-sex couples).

ASSESSMENT - Standard G: Knowledge for Marriage & Family Counseling
1. Knows principles and models of assessment and case conceptualization from a systems perspective, including diagnostic interviews, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments.
2. Understands marriage, couple, and family assessment tools and techniques appropriate to clients’ needs in a multicultural society.

RESEARCH AND EVALUATION - Standard I: Knowledge for Marriage & Family Counseling
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in marriage, couple, and family counseling.

Standard J: Skills & Practices for Marriage & Family Counseling
1. Applies relevant research findings to inform the practice of marriage, couple, and family counseling.
II. METHODS OF INSTRUCTION
The methods of instruction for this course consist of any or all of the following: interactive lectures, experiential learning activities, group projects, videotape demonstrations, guest lecturers, movie clips, and asynchronous online discussions. Learning outside of the class is promoted through students’ use of the internet and/or other electronic resources in addition to facilitate learning in the real world.

III. Course Assignments and Evaluations

<table>
<thead>
<tr>
<th>ASSIGNMENTS</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>Learning Log Entries (4 - worth 10 pts each)</td>
<td>40</td>
</tr>
<tr>
<td>Social Policy Analysis (group project)</td>
<td>40</td>
</tr>
<tr>
<td>Sexual Genogram</td>
<td>35</td>
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<tr>
<td>Tests (3 – worth 50 pts each)</td>
<td>150</td>
</tr>
<tr>
<td>Essay: What I Have Learned</td>
<td>35</td>
</tr>
<tr>
<td>Course Participation</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL POINTS</td>
<td>350</td>
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</table>

Learning Log Entries (due: 9/1, 9/22, 10/6, 11/3)
Students are to critically reflect on the class-related readings. Keeping a log of significant concepts, models, and approaches will assist in the reflective process. Students are to use the Log Form (below) for recording their reflections. Logs are to be submitted electronically via email by 8:00a.m. on the due date.

Social Policy Analysis (due: 9/29)
The purpose of this project is to have study groups analyze the effects of selected social policies pertaining to human sexual behavior on particular target groups (e.g. adolescents, rape victims, mentally retarded, prisoners). Students should first select a target group of interest, identify the relevant sexual issue, and then prepare a policy analysis class presentation and written report. The final report should be written in APA style and consist of no more than 20 pages, including title, abstract, and reference pages (see Appendix A).

The Sexual Genogram (due: 10/20)
The sexual genogram is a diagram, or "family tree," that maps familial relationships and history. It combines specific questions of traditional sex history with a more open-ended and story-telling approach. Patterns of sexual behavior are viewed as rooted in three-generational extended family contexts. A sexual genogram allows for a more complete assessment of multigenerational patterns of sexual behavior and generates a wider range of therapeutic options. The genogram is to include the diagram and associated text in response to the questions outlined in Appendix B).
Essay: "What I Have Learned" (due: 12/1)

Students are to provide an essay that is approximately five (5) pages in length, typed, double-spaced, APA-style (not including the title and reference pages). Students’ essays should involve the following:

• Identification of student’s pre-course attitudes and beliefs about sexuality
• Articulation of new knowledge gained as a result of course experiences
• Relevance of course content and experiences to counselors and/or counselor educators
• Demonstration of scholarly understanding based upon contemporary literature.
• Integration of cultural and social justice ideals in sexuality and mental health

Tests (3)
Students will be required to complete three (3) tests. Each test is objective in format and is worth fifty (50) points. The tests can consist of various item types, such as multiple-choice, true/false, and/or matching. The content of the tests will be on recent class instruction material and/or recent reading assignments.

Course Participation
Course participation is important to acquiring the content information in the course. It should be noted that student grades will be negatively affected if they are not able to participate in on line discussions as well as other assignments.

Specifically, acceptable course participation involves the following:

1. Evidence of extensive reading.
2. Participation in all training experiences.
3. Information sharing.
4. Submission of assignments on time.
5. Demonstrated spirit of cooperation, collaboration and sharing.
6. Participation in the on-line experiences (discussion threads, original and follow-up postings, electronic group activity, etc.).
IV. Grading

Due to the relatively high admissions standards to the university and to the Counselor Education Program, students are expected to perform relatively high academically. Therefore, the grade of “C” is a reflection of minimum performance, the grade of “B” is a reflection of average performance, and the grade of “A” is considered to reflect outstanding academic performance. In general, a very few students receive the grade of “C”, the majority earns the grade of “B” and a few students earn the grade of “A.” The student who earns the letter grade “A” stands above all others in all categories. Her/his level of class participation would be very high, characterized by sharing both personally and interpersonally, and by immersion into the class process. In addition, factors such as intensity of effort, complexity of thought and creative expression are considered for higher earned grades. Generally, the instructor will provide written feedback only when a paper or project is “not acceptable” so please keep a copy for yourself for future reference.

Grade Assignments

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A</td>
<td>340 - 350</td>
</tr>
<tr>
<td>B+</td>
<td>330 – 339 (below 340)</td>
</tr>
<tr>
<td>B</td>
<td>320 – 329 (below 330)</td>
</tr>
<tr>
<td>C+</td>
<td>300 – 319 (below 320)</td>
</tr>
<tr>
<td>C</td>
<td>below 300 pts</td>
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</table>
## Assignment Criteria for Meeting Standard

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Criteria for Meeting Standard</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content area tests</td>
<td>Student fulfills an 80% or greater on this assignment</td>
<td>MH/MFC FOUNDATIONS: Standard A: Knowledge: 1,2,3,4,5, 6, (7)</td>
</tr>
<tr>
<td></td>
<td>MFC FOUNDATIONS: Standard B: Skills &amp; Practices: 1</td>
<td>MH/MHC COUNSELING, PREVENTION, &amp; INTERVENTION: Standard C: Knowledge: 2,3,4,5,6,7,8</td>
</tr>
<tr>
<td></td>
<td>MHC COUNSELING, PREVENTION, &amp; INTERVENTION: Standard D: Skills &amp; Practices: 1,2,3,5,6</td>
<td>MH/MHC DIVERSITY &amp; ADVOCACY: Standard E: Knowledge: (1), 2,3,4, 6</td>
</tr>
<tr>
<td></td>
<td>MHC ASSESSMENT: Standard G: Knowledge: 1,2</td>
<td>MH/MHC RESEARCH &amp; EVALUATION: Standard I: Knowledge: 3</td>
</tr>
<tr>
<td></td>
<td>MH RESEARCH &amp; EVALUATION: Standard J: 1</td>
<td>MH DIAGNOSIS: Standard K: Knowledge: 1,2, 5</td>
</tr>
<tr>
<td>Social Policy Analysis</td>
<td>Student completes 5 of 7 criteria for this assignment</td>
<td>MH COUNSELING, PREVENTION, &amp; INTERVENTION: Standard D: 3,5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MH RESEARCH &amp; EVALUATION: Standard J: Skills &amp; Practices: 1</td>
</tr>
<tr>
<td>Reflection Essay</td>
<td>Student completes 4 of 5 criteria for this assignment</td>
<td>MH COUNSELING, PREVENTION, &amp; INTERVENTION: Standard D: Skills &amp; Practices: 9</td>
</tr>
</tbody>
</table>
## V. Sexuality and Mental Health  Course Schedule  FALL 2011

(*) = electronic copies due by 8:00a.m.

<table>
<thead>
<tr>
<th>WEEK</th>
<th>READING ASSIGNMENT</th>
<th>TOPICS</th>
<th>ASSIGNMENTS (*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/25</td>
<td>Ch. 1</td>
<td>Cross-cultural Perspectives on Sexuality</td>
<td></td>
</tr>
</tbody>
</table>
| 9/1   | Ch. 9  
Handout | Sexual Orientations  
Sexuality and LGBTIQ clients | Learning Log#1 Due |
| 9/8   | Ch. 12  
Handout | Sexuality During Childhood and Adolescence |                  |
| 9/15  | Ch. 17             | Sexual Coercion/Child Sexual Abuse | TEST #1          |
| 9/22  | Ch. 3              | Gender Issues | Learning Log#2 Due |
| 9/29  | Ch. 4 & 5          | Female Sexual Anatomy and Physiology  
Male Sexual Anatomy and Physiology | Social Policy Analysis Due |
| 10/6  | Ch. 10 & 15  
Handout | Sexually Transmitted Diseases  
Contraception  
The HIV/AIDS Epidemic | Learning Log#3 Due |
| 10/13 | Ch. 6 & 13  
Research Day  
[FCA confer Orlando, FL- Oct 13-16]  
| 10/20 | Ch. 7              | Sexual Arousal and Response | Sexual Genogram Due |
| 10/27 |                   | Sexuality and the Adult Years [on line]  
[ACES confer Nashville, TN- Oct 26-29] |                  |
| 11/3  | Ch. 8              | Love and Communication in Intimate Relationships | Learning Log#4 Due |
| 11/10 |                   | Sexual Behaviors |                  |
| 11/17 | Ch. 14             | Sexual Difficulties and Solutions  
[AASF Summit Miami, FL – Nov 14-19] | TEST #3          |
| 11/24 |                   | THANKSGIVING HOLIDAY |                  |
| 12/1  | Ch. 2              | Sex Research: Methods and Problems | Essay Due        |
| 12/8  |                   | Final Exam  
Reflections |                  |
VI. Required Text


Supplementary Resources

Read selected articles available electronically through the Smathers Library Course Reserve Service (https://ares-ufl-ufl-edu.lp.hscl.ufl.edu).


VII. Accommodations for Students with Disabilities
If you have a disability or disabilities that require(s) some form of accommodations in order for you to learn effectively, and in order to satisfy course requirements efficiently and effectively, you must contact the instructor to discuss appropriate accommodations for you no later than the beginning of the third class meeting. Please bring a copy of your letter from the Dean of Students Office that verifies you disability(ies) for the instructor’s records. Having officially registered for this course, you have agreed to comply with the University of Florida Honor Code:

*I understand that the University of Florida expects its students to be honest in all their academic work. I agree to adhere to this commitment to academic honest and understand that my failure to comply with this commitment may result in disciplinary action to and including expulsion from the University.*

When assistance is needed to complete course requirements, you are encouraged to meet with the instructor for consultation. You should feel free to request as many of these meetings as you deem necessary to complete course requirements effectively.

VIII. Office Hours
My office hours are Wednesdays, 1:00 – 3:00p.m. and by appointment.

IX. Telephones Numbers
My office telephone number is (352) 273-4324. If you are unable to reach me, leave a message or contact the Administrative Office of the department by dialing (352) 273-4332. My e-mail address is cwestolatunji@coe.ufl.edu.

X. Instructor’s Teaching Philosophy

“I believe that teaching is the ultimate form of dissemination of research. The classroom is a human laboratory in which student and instructor co-construct their learning experiences in a reciprocal fashion using critical thinking, self-reflection, and instructional techniques grounded in theory.”
Appendix A
SOCIAL POLICY ANALYSIS

The purpose of this project is to have study groups analyze the effects of selected social policies pertaining to human sexual behavior on particular target groups (e.g., adolescents, rape victims, mentally retarded, prisoners). Students should first select a target group of interest, identify the relevant sexual issue, and then prepare a policy analysis class presentation and written report which addresses the following:

1. A clear statement of the topic selected and the population addressed.
2. A brief description of current policies related to particular human sexual behaviors, keeping in mind that policies can exist in several forms ranging from formal written legislation (e.g., laws concerning rape and incest) and administrative regulation (e.g., conjugal visits by spouses for prisoners) to informal, unwritten agreements/acknowledgments regarding acceptable and/or non-acceptable behavior (e.g., sexual activity for hospitalized medical patients).
3. Analysis of current policy which encompasses problems or issues the policy is addressing, values and norms represented by the policy, who sanctioned it, who adheres to (or does not adhere to) this policy and rationale, and the advantages and disadvantages of the policy for the various stakeholders.
4. Identification of historical factors, including societal values, norms, social and economic conditions, previous laws, regulations or policies, and any other influences which helped shape current policy.
5. A brief literature review summarizing research relevant to the policy and/or the sexual issue addressed.
6. Suggestions and rationale for reform or redesign of policy, including a Cost/Benefits analysis. What changes in resource allocation would be needed to implement the policy? What consequences (+ and -) do you anticipate? What obstacles do you anticipate and how do you suggest dealing with them?
7. Evaluation of Proposed Change(s): How will success/failure be assessed?
8. In addition to your digital presentation on the topic, your group is to prepare a written report in APA style, appropriately documented, and no longer than 10 pages typed, that summarizes the information generated.
Appendix B
THE SEXUAL GENOGRAM

The sexual genogram is a diagram, or "family tree," that maps familial relationships and history. It combines specific questions of traditional sex history with a more open-ended and story-telling approach. Patterns of sexual behavior are viewed as rooted in three-generational extended family contexts. A sexual genogram allows for a more complete assessment of multigenerational patterns of sexual behavior and generates a wider range of therapeutic options.

Hof and Berman (1986) suggested following the procedure below:
In the first step, the interviewer discusses the role of the intergenerational process in fostering early learning and the development of attitudes and beliefs about sexuality and family. Also discussed are “life scripts”, “family scripts”, and “family loyalties”. [Motivation to participate increases as participants perceive the importance of considering the impact of the family of origin upon their interpersonal relationships and sexual behavior].

The second step introduces the Family Genogram (which covers three generations) as a way to map cross-generational behavioral concerns and patterns.

The third step involves the creation of a Sexual Genogram, showing the names and ages of all family members, citing specific dates of significant life events, and making marginal notations regarding significant life events, feelings, thoughts, and dreams. Use lines, symbols, and colors to identify feelings, alliances, boundaries, closeness, distance, and other relevant factors. Personal creativity is encouraged along with the use of resources such as family pictures to tap memories. [Couples would be encouraged to discuss their findings with one another to supply missing factors or "forgotten" feelings. Interviewers would try to help them fill in gaps, make affective connections to modal events, perceive overt and covert patterns, and remember positive images that may lie dormant].

The fourth step asks each participant to reconsider the Family Genogram and write answers to questions like those below in a free-flowing manner:
  - What are the overt/covert messages regarding sex in the family?
  - Who was the most open sexually?
  - How was sexuality/intimacy encouraged? discouraged?
  - What were the "secrets" in your family regarding sexuality/intimacy (e.g., incest, unwanted pregnancies, etc.)?
  - What do involved others have to say regarding the above questions and your genogram?
  - How would you change the genogram to meet what you wish had occurred regarding messages and experiences of sexuality/intimacy?

After exploring meanings, insights, and ideas gained, decide which issues will benefit from further explorations directly with other family members. The fifth step initiates the exploration and discussion of Genogram material/issues with Family Members. After discussing possible fears and apprehensions, participants are encouraged to make contact with family members in a face to face manner if possible and approach sexual material gradually and respectfully after covering other historical issues. The emphasis is on enabling persons to tell and
hear each other's "story", to gather information, and to discover family scripts or legacies of an intergenerational nature. This new knowledge may facilitate a new understanding of current behavior. [After such family contacts, clients would meet in a conjoint therapy session to integrate meanings, insights, and ideas from the exercises].

The fifth step invites the participants to engage in a reflective review of the total process to see what new perspectives have emerged that may foster greater appreciation, empathy, and objectivity regarding what occurred in one's family. [Insights regarding the etiology and maintenance of sexual difficulties often lead to diminished blaming and a positive sense of reciprocity and possibility].
What questions do you want us to address (and you will pursue) in class? (Use the back of this paper as needed).
MHS 6471 FALL 2011
STUDENT INFORMATION FORM

There may be a need for me to contact you during this academic term in regard to course and/or related matters. Therefore, it would be helpful if you would provide me with the following information.

(PLEASE PRINT)

Name: __________________________________________________________

Address: ______________________________

____________________________________

Home Phone: (_____)_____________________________

Work Phone: (_____)_____________________________

Other Phone: (_____)_____________________________

E-mail: ______________________________________

NOTE: This information will be used only by me (e.g., if it is necessary for me to contact you during this semester), and this sheet will be discarded at the end of the semester UNLESS you would like the information in your student file in the department updated. Please indicate whether the information in your student file in the department can be updated using the information provided on this sheet.

_____ Yes, update my student file.

_____ No, do not use this information for other than the purposes of this course.