

# Is Human Sexuality Training Important for a Drug and Alcohol Therapist?

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**H**ow does a therapist react if a client discloses a highly personal sexuality issue associated with their substance use disorder? An experienced therapist may view such a revelation as a breakthrough that will assist in efforts to help the client move away from reliance on drugs or alcohol. A therapist who is uncomfortable with, or lacks confidence in dealing with such topics, may refer such a client to a colleague that is experienced with sexuality issues. Unfortunately, such clients might otherwise hear a response that is not so helpful: “We aren’t here to talk about that. We’re only here to get you sober.”

A body of research, growing for at least 15 years, has identified a strong connection between use and personal issues related to sex and sexuality (Califano, 1999).

However, addiction professionals, including licensed and certified drug and alcohol clinicians, usually receive little or no formal sexuality training focused on dealing with sexuality issues (Braun-Harvey, 2011). Sexuality issues connected to substance use disorders include: anxiety that is based on sex or sexuality, problems with sexual function, recovery from sexual trauma, sexual orientation, gender identity, reducing sexual inhibitions, or overcoming feelings of guilt. Despite the increased awareness of links between sexuality issues and substance use disorders, no broad consensus yet exists as to which issues, if any, are important enough that training in dealing with them should be required for certification or licensing.

There is, however, one issue related to sexuality education that is agreed to be essential for addiction certification: training in HIV/AIDS awareness. Addiction professionals receive regular training on educating clients to avoid behaviors that put them at high risk of exposure to HIV

infection: specifically, unprotected sex or sharing of needles. But this training does not inform therapists about the sexual issues that often lead to high-risk behaviors. Therefore, a major gap exists in the sexuality training offered to addiction professionals. So ... which sexuality issues should be offered in the training of addiction professionals?

In January of 2014, NAADAC, the Association for Addiction Professionals, sent emails to some of its members inviting them to participate in a survey regarding sexuality issues and addiction treatment being conducted as part of a doctoral dissertation in the Center for Sexuality Education at Widener University. The survey presented a number of sexuality issues known to be connected to substance use disorders and asked the respondents to rate the level of importance they ascribed to each issue relative to treatment of substance use disorders. The thirty-five questions on the survey were intended to investigate first; whether clinicians believe that training in sexuality issues related to substance use is important for effective therapy, and second; whether clinicians believe that some sexuality issues related to treatment of substance use disorders are more important than others. (Pappas, 2014).

Survey participants were asked to respond with one of five choices to each of the survey questions indicating the level of importance they give to the issue stated. The choices given were: Not Needed, Possibly Useful, Definitely Useful, Important, or Essential. These choices were coded numerically as 1 through 5, respectively. This means that the larger the mean score for any item, the higher the importance the respondents gave to that item, on average.

Additional addiction professionals were included in the survey, but the majority of those that responded were NAADAC members. On average, the survey respondents had 25 years of clinical experience. This indicates that the data reflects an experienced cohort of addiction professionals. While a few of the respondents felt there was little need for an increase in sexuality education, many more respondents felt that every issue mentioned in the survey reached a level of importance of saying, at least, that it was “definitely useful.” Therefore, we feel confident in saying that, on average, the respondents felt that adding sexuality training on issues related to substance use disorder is important.

## Sexuality Issues With the Highest Importance Ratings

The highest mean, indicating that it is considered essential by most of the respondents, was received for an item that asked about the need for addiction professionals to suspend judgment about sexuality issues that they find distasteful. Another related item, asking whether clinicians should examine their own sexuality values, also received a high rating. It seems that the respondents feel that one major objective in human sexuality education for substance professionals would be to have clinicians develop a broader understanding of, and tolerance for, sexuality values and issues that differ from their own.

Two items related to HIV and sexually transmitted diseases were also ranked among the most important issues. These rankings may be related to the prevalence of training about HIV and STDs in the current training of addiction professionals. This was mentioned in a comment from one respondent that “HIV/AIDS training of clinicians is 6 hours every 2 years ad nauseum.” Two additional questions related to sexual trauma involved behaviors that result from sexual trauma and how drug and alcohol usage may put clients at risk for sexual trauma. These additional items enhance the view that other high-risk sexual behaviors are seen to be important in the training of addiction professionals. The other items rated as the most important related to setting sexual boundaries in future relationships and the role of sexuality-based anxiety in relapse. Both of

these items can be seen as related to relapse prevention.

It would seem, therefore, that the highest rankings in the survey went to items related to (1) addiction professionals suspending judgment about their clients’ sexuality issues, (2) helping clients avoid engaging in, or being victim to, high-risk sexual behaviors, and (3) helping clients prevent relapse due to sexuality issues.

## Lowest Importance Ratings

Among the lowest ranked items in the survey are items related to specific treatment techniques, such as the use of a sexual genogram, and knowledge about the human sexual response cycle. These items might have received lower rankings due to a lack of sexuality knowledge among the respondents. For instance, a survey of members of the American Association of Marriage and Family Therapists (AAMFT) found that a therapist’s comfort level in discussing sexuality issues was related to their level of training in human sexuality (Hays, 2002).

Surprisingly, in that there was a general support for adding more sexuality training, some of the lowest ranked items are items related to an increase in formal sexuality training requirements for substance addiction professionals and the use of individual treatment sessions rather than group sessions when dealing with sexuality issues. Unfortunately, both of these areas can be seen as protecting the bottom line. Increased training equates to increased costs for the therapist, while individual sessions equate to lower revenue compared to group therapy sessions. However, these items were still seen as important to most of the respondents.

## What’s Next?

Further research needs to be conducted to expand on these findings, however, the results from this study (Pappas, 2014) should begin a dialogue at all levels as to the importance of sexuality training for individuals and agencies involved in treatment of drug and alcohol dependency. Hopefully, such a dialogue will lead to a consensus on the need for, and the specific goals of, the specific training to be given.

## REFERENCES

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