

contemporary sexuality

The international resource for educators, researchers and therapists

**CURRENT
ISSUE** | **May 2014**



Featured Article

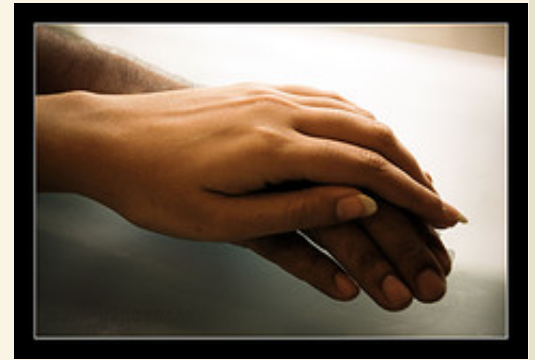
The History of Sensate Focus, and How We Self-Educate When It Comes to Evolving Therapeutic Techniques

By: Steph Auteri

The History of Sensate Focus, and How We Self-Educate When It Comes to Evolving Therapeutic Techniques

AASECT members Linda Weiner, MSW, LCSW and Constance Avery-Clark, PhD recently published a paper titled "[Sensate Focus: clarifying the Masters and Johnson's model](#)" in the Routledge-published journal *Sexual and Relationship Therapy*. The paper addressed persistent confusion over the definition of the sensate focus technique by delving into the history of its development and drilling down into the various reasons for misunderstanding and misuse over the years.

One of the interesting things about sensate focus is that — despite its effectiveness in opening up a dialogue about sex and sensation — written records of the technique itself are hard to come by. In pondering this, one could see parallels between this and the teachings of other therapeutic techniques. How can we avoid losing our grasp on the legacy our professional predecessors have left us? And how can we most effectively continue to educate ourselves on best practices and techniques?



How can we avoid losing our grasp on the legacy our professional predecessors have left us? And how can we most effectively continue to educate ourselves on best practices and techniques?

The History of Sensate Focus and How It Has Evolved Over Time

Weiner and Avery-Clark worked at the Masters & Johnson Institute in the mid- to late-1980s, as Research and Clinical Associates. During their time there, they were able to observe the continued development of the sensate focus technique, and the ways in which it evolved in response to criticism and client need.

"As most sex therapists know," says Avery-Clark, "sensate focus was originally incorporated into two-week treatment for sexual concerns during which clients were seen every day for two weeks, including weekends. This intensive format required social isolation to afford the opportunity for rapid progress."

Understandably, the financial and personal time commitments required to participate in such a process weren't ideal for a large number of clients. "One of the most significant developments in the evolution of sex therapy has been the use of sensate focus in contexts other than this intensive one," says Avery-Clark.

She elaborates, saying, "the advantage of sensate focus being utilized in the more common therapeutic format... is that it can be more easily worked into the routine of couples' daily lives, as opposed to the difficulties that often confronted couples doing just this when returning from two weeks of intensive and socially isolated therapy. The disadvantage is that progress may be slower because it is problematic for many clients to find the time or assert the structure that is required to regularly practice the skills."

Weiner chimes in, providing additional context for the changes made to the original sensate focus model. "The Masters & Johnson model of sex therapy," she says, "like any model, continued to evolve organically as more than 25 years of experience, new information, and professionals with varied clinical training and experience morphed the original core research-based psycho-educational model with sensate focus as the primary diagnostic and therapeutic intervention."

Weiner tells of how, early on in the development process, Dr. Emily Mudd, founder of the Philadelphia Marriage Council and a pioneer in the emerging field of marital counseling, consulted with Masters & Johnson for one week a month over a two-year period, likely providing concepts related to interpersonal relationships and helping to expand their model to provide a more sophisticated approach to couples counseling. Unfortunately, the bulk of their work together was never published by Masters and Johnson in any detail, and critics of the technique bemoaned a lack of attention to couple dynamics and relationship skills.

An even greater change to the sensate focus technique was in regard to its instructions. In 1980, Masters & Johnson instructed partners to touch for one's own pleasure without regard to physical or sexual arousal. The beauty of this was that it resulted in a reduction in performance anxiety. Still, it missed the point that performance pressure was naturally inherent in the instruction to touch for pleasure at all, one's own or one's partner's.

These suggestions were eventually modified, and patients were instructed — in the initial stages of sensate focus — to touch for whatever they themselves experienced sensorially (temperature, texture of skin and hair, and variations in the feelings of pressure), rather than in pursuit of pleasing their partner, or even in pursuing pleasure for themselves. In later stages, couples were encouraged to share information about pleasurable touch once the dysfunction they had initially sought out help for was being managed.

Weiner acknowledged that these changes to the sensate focus model were transmitted to participants in Masters & Johnson's six-month training program, and at their week-long

seminars, but were not effectively disseminated to other sexologists.

How Confusion Over Sensate Focus So Easily Spread

Over the years, this lack of effectual dissemination has led to many misuses of the technique, and a mislabeling of other types of erotic touch exercises as sensate focus.

Heather Raznick, MSW, LCSW, the most recent assistant to William Masters before his retirement, speaks to this in her own experience. "I'm fortunate in that I was trained by the originator of [sensate focus]," she says. "Over the years, it's been misrepresented as something that can be utilized in traditional marital therapy to increase pleasure and arousal. It's been watered down... misunderstood." Similarly to what was covered in Weiner and Avery-Clark's paper, she explains how people have confused the concept of touching for one's own interest vs. touching for pleasure.

But this particular area of confusion isn't the only cause of misinterpretation. "Another part of the problem is that it's very difficult to find a specific script to be able to model exactly what you're supposed to say and how you're supposed to say it."

She also mentions clients' resistance to working with a technique that requires such a huge time commitment and such a regularity of use, rather than providing a quick fix. "When they're coming to you for sexual dysfunction — or looking for ways to promote intimacy and connection — and the assignment is not romantic," says Raznick, "they look at you like you're crazy. There's an expectation that if there's not a pill, you have to have a technique." She constantly has to remind clients that this exercise is supposed to focus on non-demand touching. There should be no expectations. Clients should only be focusing on sensation.

Still, she admits that the confusion between sensate focus exercises and erotic touch exercises is easy to understand. "I trained with him and I had that same experience," she says. "It's very difficult until you're in practice and understanding what the intention is. Until you have a chance to sit with people and do this work, to understand the nuances, to really know the difference between touching for one's own interest vs. pleasure... it wouldn't make sense until you were clinically able to apply it. It is confusing."

Which is why Weiner and Avery-Clark have been making proper education of this technique such a primary focus in their careers lately. "Linda Weiner and I are making a concerted effort to clarify the true intent of sensate focus," says Avery-Clark. "It has little to do with pleasuring or arousing either one's partner or one's self; instead, it is about getting

attempts to make pleasure or arousal happen out of the way so that Mother Nature can let them happen on their own!"

The Beauty of the Sensate Focus Model, and the Benefits of Training with Its Originators

Still, it seems you just can't beat the actual experience of having trained at the Masters & Johnson Institute. William Maurice, MD credits his experience at the Institute with his ability to more effectively communicate with clients. When Maurice decided to take the plunge into psychiatry, he went to Washington University in St. Louis, where the Masters & Johnson Institute was located. He did a rotation in their clinic at that time, as part of his psychiatry residency.

"When I was a first-year resident in psychiatry," he says, "there were two things I had trouble talking to patients about: one was money and the other was sex. I was told: oh, it will come in time. But it never came." Finally, as a senior resident, Maurice opted to take a rotation at the Institute, where he saw couples while being supervised by Masters and Johnson. Maurice's observations at the Institute helped him discover that sex was actually a pretty easy thing to talk to people about. "I'd never observed someone talking in that amount of detail on sexual matters," he said, "until then. The whole process of interviewing and history-taking became a central focus to me."

That focus is something he stuck with throughout his career, even covering it extensively in his book *Sexual Medicine in Primary Care* (available free as an e-book both [here](#) and [here](#)). As he writes in the preface for that book:

"Those who are professionally engaged in talking to individuals about these difficulties know that when the inhibitions lift, they are often told of private thoughts, experiences, and fantasies that have never been revealed to anyone else, not even a loved sexual partner. Ironically, two people may engage in what is almost universally acknowledged as potentially the most intimate of human connections, and at the same time, have trouble talking about what just occurred. As curious as it might seem, it often seems easier to talk about sexual difficulties with a stranger, such as a health professional. Whatever the reasons (e.g., trust and no expectation of being judged), health professionals are in a particularly advantageous position to hear about those troubles."

In talking about sensate focus in particular, Maurice says, "I see it pretty strongly and clearly as a communication device. He explains further that it can be a way for partners to tell each other what they did and didn't like. "That's certainly how I used it over the years.

One could encourage people to be explicit about what they like and don't like."

After all, Maurice says, he used to ask clients with, for example, erectile or orgasmic dysfunction: *has he ever told you which part of his penis he enjoys having touched?* or *has she ever told you how she likes to stimulate herself?* *Has she ever taken your hand and shown you what she likes?* "And the response was usually no." Because of this, he saw the sensate focus technique as a tool of education for his clients.

Raznick also credits her time at the Masters & Johnson Institute as a period of essential learning. "From a very early age," she says, "I knew I wanted to be a sex therapist. One of the first books I received from my mom was *Our Bodies, Ourselves*. I devoured it."

Raznick wanted very badly to work with Dr. Masters, mentioned prominently in the book, so she called the Masters & Johnson Institute and asked if she could meet the man and discuss possible internship opportunities. She told the clinical director, who informed her they were looking for more men at that time: "I will do whatever I have to do to work with Dr. Masters. I will cut my hair and wear a hat."

Later, after speaking to Dr. Masters himself, he gave her the chance she was looking for, allowing her to act as co-therapist... student... assistant... whatever was needed. "He loved to teach and was looking for someone he could continue to teach. I sat in his office and listened to him talk about his cases. He shared his clinical expertise with me, and stories of his experiences."

Conferences as a Form of Self-Education:

As the AASECT conference approaches, it's natural to wonder how effective and/or essential professional conferences can actually be in educating industry professionals on the evolution of various sex therapy interventions, sensate focus and otherwise.

Raznick believes it is "imperative" to seek out these continuing education opportunities. But she feels that, at many of the conferences she goes to, it's rare to find offerings that teach about specific techniques and interventions in a theoretical way while also getting into the nitty-gritty of how you go about incorporating them into your practice. "That's the stuff we need to know. To be able to see it and understand it. A case where you could hear someone give the specific instructions... have them model the technique... that would be very helpful."

"My hope for Linda and Constance," she says, "is that they turn this information into a training manual that might even be used in the certification process. That's what we

need."

Maurice has a similar mindset. "I don't recall hearing anybody talk in detail about sensate focus," he says. "People use the term as if everybody understands what it means."

He mentions that this is the case for a variety of issues in the field of sexuality. "Colleagues will often use words like 'sexual abuse,'" he says, "but not really explain what they mean by it. It can mean being flashed on a street corner or it can mean a father sleeping with his daughter for 10 years... or any number of other things. I see a lot of assumptions being made when people speak about certain topics."

Maurice finds it interesting that clinicians were talking about sensate focus in the '60s and, here we are, 40 - 50 years later, still wondering what they're talking about. He reflects on what it would mean to create a truly effective conference workshop. He imagines it would require seeing demonstrations from people who learned directly from Masters and Johnson.

"Education and conference programs are crucial for promulgating new ideas," says Avery-Clark. "Education and meetings of sex therapists are also necessary for correcting well-intended but inaccurate interpretations of techniques like sensate focus, techniques that represent the core of sex therapy."

Weiner adds, "Most everyone assumes that sex educators and sex therapists already know how to take a sex history or give and process sensate focus homework."

Unfortunately, these assumptions only perpetuate the confusion.

(image [via](#))

How To Provide Effective Sexuality Education When You Don't Have All the Answers

At the beginning of 2014 — and with the advent of a brand new, online-only version of *Contemporary Sexuality* — the editorial board began experimenting with the contents of AASECT's monthly newsletter. A large part of this experimentation came in response to a survey sent out in the fall, which asked AASECT members what they'd like to see more of. Out of that experimentation was born the "What You Need To Know About..." column, which aims to share with educators the latest research on topics their students seemed to approach them with the most.

In putting together that column on a monthly basis, we've uncovered a larger pattern. Sometimes, the greater issue isn't necessarily in keeping up with the latest research but, rather, in effectively teaching topics around which there is great controversy.

Sometimes, the greater issue is in taking a difficult topic and being comfortable with saying, "I don't know."

There are a number of circumstances educators come up against in their classrooms that sometimes give them pause. This is a number that grows exponentially when you begin to consider the large variety of sexuality education programs that exist.

Deborah Roffman, MS, CSE, CFLE, for example, is a human sexualities educator who teaches children in grades 4 through 12 at the Park School in Baltimore. She also consults at public and private schools across the country, and is the author of numerous books aimed at both parents and educators, including *Talk to Me First*. For her, the greatest challenge comes in achieving balance in her responses, based upon her students' comfort levels.

"I think the trickiest kinds of questions I get," says Roffman, "are from the younger students. A lot of balancing has to go on. They are exposed to so much they can't begin to understand, yet they've already drawn their own conclusions."



"For me," says McCaffree, "it's about positive sexuality... giving people a positive feeling about who they are as a person, and giving them respect. It's about helping people feel respected, feel honored, feel that they're okay."

Roffman elaborates: "If a phrase or a question comes up in a fifth grade classroom about oral sex that may be crude or explicit, I need to figure out how to approach the topic in a balanced way that will be good for everyone's comfort level in the room. Sometimes it gives me pause figuring out how best to handle that question."

Sara Oswalt, MPH, PhD, CSE, who is actually giving a presentation at our upcoming conference on answering the difficult questions, takes this question of boundaries even further. "One of the issues that I often reflect on after a question or session," she says, "is related to self-disclosure. How much is appropriate and how much is crossing a boundary?"

Konnie McCaffree, PhD, CSE, CSEC, CFLE, and incoming AASECT President takes the question of self-disclosure and personal opinion in a different direction, delving into the ways in which her background once infused her teaching with personal bias. She focuses in especially on the work she's done internationally, helping people in other countries and cultures become better educators. "When you're in another culture," says McCaffree, "the hardest thing to do at the beginning was to take my own cultural bias out of what the question was because, when you're in another country, their cultural biases are there."

When asked to provide an example, she explains, "I come from a very liberal background when it comes to sexual orientation. People used to think I was a lesbian because I often brought situations to the classroom for us to talk about that had two people of the same gender. I didn't assume heterosexuality. But [homosexuality or any other sexuality orientation] was sometimes illegal or negatively seen in the other countries I was in. I struggled to answer questions because I wanted to give responses that would be more acceptable to the culture and I probably answered questions poorly as a result. As I look back on my own teaching elsewhere, I believe that — although I was really sensitive to sexual orientation — I was not very sensitive to ethnicity and race. Looking back, I probably dealt with things significantly differently than I would now."

In educating children... in educating clinicians-in-training... in educating the educators, all of these women have developed their own tactics for handling the tricky stuff.

Roffman says she tends to contextualize. "I want to be secure that I'm responding in a context that is developmentally on track, and that helps students understand the meaning behind these questions, rather than: 'here's the answer to your question,'" she says.

As an example, she gives the issue of rape, acknowledging that it is often a concept that is very tricky for younger students to understand. Some of them have heard of it. Some of

them haven't. In both cases, they often don't yet really understand sex as it relates to the concept of consent. "I would want to respond by backing up and having a conversation about the purpose of sex in people's lives," says Roffman.

"About how important it is that people be caring toward others and make sure that people are only choosing to do what they're doing, and not feeling pressured. I would talk about the values that are supposed to be connected to all human relationships. So for me, the context is not forced sex. Rather, it's what makes for healthy sexual relationships, and then explaining that rape is the opposite of that."

McCaffree, meanwhile looks for ways in which she can shift discussions about sexuality back to the students, forcing them to think critically about the things about which they're most curious. This is a tactic she wasn't really aware of until she finally received a formal education in sexuality. In fact, she feels she probably answered a lot of questions before then with a lot of her personal biases in evidence.

For example, in her first year of teaching, had somebody asked for her opinion on teenagers getting married and having babies, she would have given her personal opinion because she wanted students to see her honesty. Now? "I would say: 'What do you think? What are some of the possibilities?'" says McCaffree. "I learned to reflect questions back to people very quickly in my career, so that I didn't become the 'expert.' The students in my classroom were the experts, especially on their thoughts and ideas on things having to do with the life situations they were talking about."

This focus on the students vs. the topic, however, can often cause additional difficulties for educators. As Roffman tells it, "Working in this field in conservative communities, I've always had to be aware of balance. I always knew that things that left the classroom in an out-of-context way could be grossly misunderstood and used against me, against the school, against the program."

She explains, however, that she never wanted this fear to affect the way she taught, "because then you're thinking about yourself rather than the kids. I have to really ask myself, she says, "how can I explain things in a way that's contextual? Searching for this balance has also made me very aware of working with parents as partners, so that they understand truly what this program is and isn't about. That's the ultimate context for me. Helping parents understand this isn't about body parts. This is about healthy sexual health and gender development."

McCaffree echoes this feeling that there is often the need to tread lightly. "The challenge is

that the adults often get panicky or complain," she says. "I'm very thankful I didn't ever get reprimanded or halted in any of the teaching that I did. There would be the occasional article in the newspaper about something I presumably did in the classroom, but my students would write in to contradict it. Teachers today are very frightened of losing their jobs, even more so than I was. If someone told me I couldn't talk about such and such, that I couldn't have it in my curriculum... well, the things we discussed always came from the students. I had a question box. I asked: *What would you like to know? What would be helpful for you?*"

This focus on what students are most eager to learn can minimize issues of limited educator knowledge, but there are still times when the "expert" has to acknowledge not being the expert on everything. For example, "With high school kids especially," says Roffman, "I'm willing to say: 'I have no clue. Let's talk about the best sources for information like this.' I empower them to get their own information."

Still, Roffman is vigilant about keeping up with the latest information in her field. "I read constantly," she says. "I am most often reading about current events having to do with sex and gender, because it's my job to keep up. I'm also on a wonderful listserv, and we're constantly providing new information to each other."

Joleen Nevers, MAEd, CHES, CSE — one of Oswalt's fellow presenters at the upcoming conference and a mentor to sexuality peer educators, graduate students, and other professionals — echoes the importance of keeping up. "The field of sexuality is so very vast," she says. "We are all still learning so much within it. I think that it is important for us to acknowledge and be honest that we don't know everything. I think it's important for us to know where we can find resources and information on topics that we aren't as familiar with, and share that information with our students."

"When I was a grad student at NYU," says McCaffree, "one of my professors really encouraged us as students to explore the different professional organizations. That was one of the best things I did as a student. I joined those organizations. I went to their meetings. I learned there was a whole world out there dealing with the topic of sexuality. Because of the resources these organizations provide, I don't find that keeping up with the latest sexuality research is an issue."

Oswalt chimes in, saying, "I use 'I don't know' because I think it's important to be honest and because I don't think it's realistic for someone to know everything about sex. I know a lot, but the reality is that I am still learning, too."

As for those topics around which there is a greater level of controversy, Roffman tries to use them as an opportunity for rich discussion. "My job is to teach kids how to think," she says. "So when you've put your finger on a controversial, value-laden issue, you should identify all the points of view you've heard, discuss why people have them, talk about your own position, and ask a question that prompts critical thinking. That's what living in a pluralistic democracy is all about: thinking critically about controversial issues."

All of these educators try to infuse their teaching with an air of openness, making their classes less about what's right and more about what's possible.

"For me," says McCaffree, "it's about positive sexuality... giving people a positive feeling about who they are as a person, and giving them respect. It's about helping people feel respected, feel honored, feel that they're okay."

In wrapping up our conversation, she says, "I think we need far more people to be out there educating and letting people know that there are many kinds of sexualities and sexual expressions."

(image [via](#))

Ethics Coverage at This Year's Annual AASECT Conference

In less than a month, AASECT members will gather in Monterey, California for the organization's [46th annual conference](#). In addition to the many opportunities to mingle with fellow industry luminaries, the conference schedule is rife with sessions on everything from sex education tools to classroom-based slut-shaming to the latest research on female kink.

In giving you a glimpse at what you have to look forward to, however, we at *Contemporary Sexuality* would like to hone in on the diverse range of ethics workshops on the program. Especially considering that issues of ethics are an essential part of the foundation of the work AASECT members do, whether educator, counselor, or therapist.



The sheer number of ethics-related presentations alone at this year's conference is a testament to the fact that ethics in particular continues to be an important topic area, rich for further exploration.

Why You Should Add Ethics Workshops To Your Conference To-Do List

As presenter Chris Fariello, PhD, MA, LMFT, CST, CSE, CSSP, says, "Ethical considerations are an important underpinning to my work, especially sex therapy."

When asked how, in particular, ethics play a part in his work, he adds, "Clients — and even therapists — are not typically aware of what a dual relationship is and may not be skilled enough to manage personal boundaries. As a teacher and a supervisor, I address a variety of ethical concerns, including issues of sexual feelings in clinical practice. Students are often appreciative of learning these skills as part of their training."

Sara Oswald, MPH, PhD, CSE, whose focus is on education, finds that attention to ethics helps guide her work in a different way. "I use ethical principles as a way to understand differences of opinion," she says. "Understanding ethical principles and how they guide individuals' perspectives becomes the foundation when we discuss issues that may be controversial, or if differing opinions arise in classroom discussions."

One of Oswald's fellow presenters, Heather Eastman-Mueller, MS, PhD, CHES, CSE, who educates future educators, adds to this. "Every day, I teach students about ethics. I am in charge of 20 undergraduate peer educators and we are constantly talking about our spheres of influence and what it means to represent ourselves, our health center, and our institution. It is a difficult concept for undergraduate students to grasp as often they have not been given the opportunity to think through what their actions are and how that will

affect others."

In giving her students a grounding in ethics, Eastman-Mueller prepares them for the challenges that can often arise in the classroom environment among those who come to the topic of sexuality from varying backgrounds, and with differing biases and viewpoints.

The Difficulties Inherent in Incorporating Differing Codes of Ethics

Of course, every industry has its own code of ethics and, as AASECT members tend to have their hands in many different pots, these codes can overlap and, sometimes, contradict each other. This is just one more reason it's important to continue educating oneself on the evolution of various laws and codes as things shift over time.

In interviewing workshop presenters for this piece, I found that — as industry professionals grapple with these multiple codes — they each find their own way of achieving a sort of balance.

Karen Engebretsen-Stopczynski, PsyD, DABPS, DNBAE, DAPA, FACAPP, FAAIM, DAC, CHT, CST, DABS, says, "Where there becomes a dilemma is where ethics is dissonant with the law. It might be ethical for me to do something but, on the other hand, it might be illegal for me to do what's ethical."

She expands upon this, mentioning, for one, *Tarasoff vs. Regents of the University of California*. In this case, the Supreme Court of California held that mental health professionals have a duty to protect individuals who are being threatened with bodily harm by a patient, superseding their patient's right to confidentiality. The original 1974 decision mandated warning the threatened individual, but a 1976 rehearing of the case by the California Supreme Court called for a "duty to protect" the intended victim.

This is only one example in which the courts have overruled a typical, therapeutic ethical code.

"Ethical codes do typically overlap," admits Fariello. "However, if there appears to be any conflict, I encourage that the therapist defer to the more stringent ethical code."

Eastman-Mueller adds, "Every day, we as sexuality educators are faced with meeting the needs of the masses and still being held accountable to our administration. Oftentimes, they are not good bedfellows. It comes down, for me, to: what does my gut tell me to do? Can I sleep at night? Would what I am doing or the messaging I am sending out be okay with our top administrators? I call it the belly button radar. If something does not sit well

with me, more than likely it is something I need to reconsider."

Varying Issues of Ethics in the Field of Sexuality

What are other ethics issues that commonly come up today? Stephanie Buehler, PsyD, MA, MPW, CST, CSSP, another conference presenter, says, "I would say that ethics trails behind in some ways. It is strange to me that so little training is required in human sexuality, for example. If psychotherapists aren't trained to treat these problems, then who is supposed to?"

She also brings up a newer dilemma. "The issue of being able to treat people across state lines is very blurry," says Buehler. "Telemental health is becoming more accepted, but therapists are still required to practice only in the state in which they are licensed, which limits consumer choice."

Fariello echoes the point Buehler makes about training and certification requirements. "I tend to be a stickler for consistency in qualifying/licensing people in their specialty areas," he says. "I supervise students from different schools and different states. Each program has unique clinical requirements, yet the licensure they eventually obtain is the same. I would like to see greater consistency in training standards for clinical professionals as well as certification requirements. I believe AASECT has been aware of this issue and has recently begun to make efforts to create a more consistent certification process. The next step will be to identify the states that have LCSW and see them differently from LSW in those states."

And then there are the issues they're addressing at this year's conference, yet another example of how questions of ethics can directly touch upon so many different aspects of a sexologist's career.

Fariello's presentation, for example, is titled "Pros & Cons of Keeping Secrets in Couples Sex Therapy: Ethical Considerations." "During my training experience," he says, "I was taught to let clients know that I would not keep secrets. It was even suggested that I should only meet with the couple so as to not put myself in a boundary conflict."

While Fariello hewed to his training, over time, he began to notice the limitations inherent in the rules he was following. "I learned that I missed out on a great deal of therapeutic opportunity," he says. "Clients would often lie to keep the secret or terminate therapy."

He continues. "As a sex therapist, I deal with many issues that feel so private for people. I have been asked by clients not to reveal many issues from their past, such as drug abuse,

abortions, affairs, and sexual behaviors. It seems that almost on a weekly basis I am asked to keep in confidence some important pain that needs to be worked through but is only shared in confidence." These are all issues he plans to explore in his workshop on Friday, June 6 from 9 a.m. - 10 a.m.

Oswalt, Eastman-Mueller, and Joleen Nevers, MAEd, CHES, CSE are giving a workshop titled "How Do I Answer That? Answering Difficult Questions Through an Ethical Framework." Taking place Saturday, June 7, from 9 a.m. - 10 a.m., their presentation brings attendees into the classroom and explores the ways in which personal, professional, and institutional principles affect ethics.

Engebretsen-Stopczynski is giving a workshop on the "Therapist as Victim of Emotional Terrorism: Ethical and Supervision Issues" on Friday, June 6, from 10:30 a.m. - 12:30 p.m. "As someone who has been psychoanalytically trained," she says, "I'm probably much more in tune with transference and counter-transference." During Hurricane Wilma, she suffered \$20,000 worth of damage. "I was very aware of the things I had lost," she says. "A therapist can get distracted by what's going on in their own thoughts and feelings instead of paying attention to the patient."

More recently, because of another personal struggle, she made a decision that it was not right for her to work with sex offenders. "In my particular presentation," she says, "I'll give case examples of how I'm hearing my patients differently. I need to make a living but, at the same time, I want to make sure I don't hurt patients. We have a Hippocratic oath to do no harm. I don't want personal issues from my own life to spill over and cause me to make a mistake."

Similarly to Fariello, Buehler is also tackling ethics within the context of couples therapy. Her workshop, taking place on Friday, June 6 from 2 p.m. - 3 p.m., is called "Ethics in the Therapist-Couple Tap Dance." "As a supervisor," she says, "the issue of who the client is comes up quite a bit. Therapists really do want to help and mean well, but sometimes I will hear a situation that raises some ethical questions, such as when a therapist is doing couples therapy and individual work. This can constitute a dual relationship, which is prohibited in ethics guidelines."

Considering the variety of educational opportunities on offer at the conference, all of these presenters hold out hope that they'll have the time to check out other things on the schedule.

"There are so many interesting presentations," says Fariello. "I think because I am doing a

workshop on keeping secrets, I am interested in Stephanie Buehler's presentation on Ethics in the Therapist-Couple Tap Dance. It seems as if she will be talking about what happens when a secret is disclosed. We will not be spending time on this in my workshop, but it is an important consideration when keeping secrets."

Oswalt says, "I tend to look for sessions that will enhance my expertise as an instructor... so either pedagogical techniques or content that I should include/expand in my courses. The following three would fit that goal:

- Slut-Shaming & Stud-Baiting: The Courageous Bystander Model in the Classroom, Presenter: Catherine Dukes, PhD
- Teaching Pleasure: Best Practices, Presenters: Laura Rademacher, MA, LAMFT, Lindsey Hoskins
- Positive Notions of Childhood and Adolescent Sexual Development, Presenters: Stephen Duclos, MS/MSW, CST, CRC, Jessica Price, MSW"

Buehler also has her eye on a number of different workshops. "I see a workshop on lesbian couples facing infertility," she says, "which is a unique topic, and I do treat couples who have infertility and sexual problems. I also see a workshop on developing competency in offering a SAR, which I know my associate Liz Dube, MFT and I will need to attend because we are offering a SAR this fall."

There's no question that AASECT's 2014 annual conference has something for everyone. Still, the sheer number of ethics-related presentations alone at this year's conference is a testament to the fact that ethics in particular continues to be an important topic area, rich for further exploration.

Clinicians can choose to learn more about the ethics behind keeping secrets in couples and sex therapy, or they can investigate issues of transference and counter-transference. Educators can learn techniques about discussing controversial topics in the classroom.

And even outside the bounds of the conference schedule, there are an endless array of ethics-related issues ripe for discussion: dual relationships, overlapping codes of ethics, issues of licensing, telemental health and interstate therapy...

The beauty of the annual conference is that educational opportunities exist inside and outside the realm of formal presentations. With the chance to finally interact with fellow sexuality professionals face to face, there's no limit to the things you might learn.



What You Need to Know About... the G-spot

For those working in the trenches of G-spot-related research, the field is a rich one. Every day, researchers learn more about that particular part of the female body, and more about the possible benefits that can be derived from stimulating that area beyond sexual pleasure alone.

But there are still stories and studies swirling around out there in which scientists continue to argue semantics (is the G-spot really one, specific spot — its own separate entity — or is it part of something else, like the female prostate or the clitoris?). And all of this confusion only contributes to a world in which women who struggle with finding their G-spot grapple with their own sexual self-worth. These women continue to ask themselves: *How should it feel? What if I don't like the way it feels? What if I can't even find it in the first place?*

Many of our organization's educators, and other AASECT members, are the beneficiaries of such questions, which is why we felt it was a worthy topic to tackle in this column. Luckily, among our membership are a number of professionals specializing in G-spot research and education, among them the woman who, with Dr. John Perry, re-discovered and named this part of our anatomy: Beverly Whipple, PhD, RN, FAAN, Professor Emerita, Rutgers University. (Note that they initially named this area the Grafenberg spot; it was later shortened by their publisher to the G-spot.)

What *Is* the G-spot?

Wanting to get the basics out of the way, Whipple clears up the physiology issue immediately. "The G-spot is not actually a spot," she says. "It is not a distinct anatomical entity. It is an area that is felt through the anterior wall of the vagina, and that swells when it is stimulated."

Whipple goes on to explain the specifics of what the G-spot actually *is*, something many researchers have known for years now, despite purportedly groundbreaking new studies from scientists who insist that they, in fact, have finally discovered the actual G-spot.



"My research is about validating women's experiences," Whipple says. "I did this research not to set up goals, but to validate experiences."

"It is an area," continues Whipple. "It contains the crus of the clitoris, the female prostate gland, the urethra, and many other tissues that swell when they are stimulated. It is an area that it is extremely sensitive. Some find stimulation of this area pleasurable. Some experience female ejaculation when stimulating this area."

Whipple is quick to point out that everyone's experiences with this spot are different, and that these differences don't make any one experience better or worse than another.

Debby Herbenick, PhD — a sex researcher at Indiana University and an educator at the Kinsey Institute — echoes this dismissive attitude toward the media's portrayal of the G-spot "controversy" and in regard to some of the research being trumpeted in the news. She references a piece she wrote for the Daily Beast titled "[Don't Believe the G-spot Hype!](#)" in which she mentions a 2012 study by Dr. Adam Ostrzenski that purported to have "found" the G-spot... a study that was widely criticized by researchers. "I don't think this particular study — while compelling — teaches us anything new about the G spot or women's sexuality," she writes.

Moving Beyond Semantics

When I ask Whipple if these ongoing arguments over semantics are missing a bigger picture — one in which it becomes obvious that there are *many* ways to experience pleasure — she wholeheartedly agrees. She tells me that when she first started researching the G-spot, her thought was, "let's measure this and get this information out so other women who have these experiences can feel validated." Knowing full well that our body parts are all slightly different, and that we all experience pleasure in different ways, it was never her intention to make women feel self-conscious about the size and/or location of their G-spots, how they operated, or how stimulation in that area did or did not feel. She only wanted to assure women that they may be carrying within themselves one more opportunity for pleasure.

"My research is about validating women's experiences," Whipple says. "I did this research not to set up goals, but to validate experiences." She stresses the fact that women should feel good about what it is that brings them sexual and sensual pleasure. She insists that they should be focused on the experience itself, not upon whether or not they are able to achieve a specific type of orgasm. She explains how sex should be "pleasure-directed, not goal-directed."

"When I teach medical and other students," says Whipple, "I talk about sexual experiences being either goal-oriented or pleasure-oriented." She then describes two separate models

one can follow during an intimate experience. Whipple explains that when one follows the staircase model, one step leads to the next, and then the top step is orgasm.

Understandably, for those following the staircase model, if they don't reach the top step, they become disappointed and frustrated. Those who follow the circle model, on the other hand, don't focus so much on varying levels of pleasure. They enjoy pleasure in a more holistic, less goal-oriented way, being mindful of the variety of sensations as they occur throughout the intimate encounter.

"Just have fun and enjoy each other," urges Whipple, "and don't be so goal-oriented."

It's these discussions of semantics over the G-spot that contribute to this goal-oriented mindset. At one point during our conversation, Whipple muses over whether she and her colleagues should have called it the G-area instead of the G-spot.

Though at the same time, one wonders if the pressure women place on themselves in regard to the G-spot is in some way connected to the pressure they feel from their partners. After it was discovered that [only around 20 percent of women orgasm through vaginal stimulation alone](#), men found they could look toward the G-spot as another opportunity to exert sexual control through penetration. It's conceivable that this only adds to the sense of failure a woman feels if she can't find her G-spot, or if she doesn't enjoy the sensations G-spot stimulation brings to some women but not others.

G-spot Research Post-1983

Questions of human geography and normalcy aside, G-spot research has continued to evolve over the years. Since Whipple began researching the G-spot in the 1970s, there have been a slew of new studies. "Of course in the beginning it was anecdotal, as anything is," says Whipple. "People report what they've experienced."

"But that's what leads to the laboratory studies," she says.

Rutgers eventually gave Whipple a grant so she could build her own neurophysiology laboratory. Now, people at other labs across the country are replicating her and her colleagues' studies, and are even using similar techniques, such as the use of functional magnetic resonance imaging (fMRI) scans to determine what is happening in the brain during G-spot stimulation.

Much of this research has led to some fascinating discoveries, a lot of which has not been as visible within the media. For example, research from Whipple herself showed that gentle pressure on the G-spot can raise pain thresholds by 40 percent, and that — during orgasm

— women can tolerate up to 100 percent more pain. This has some pretty incredible implications for those looking for additional pain management techniques, especially in the case of childbirth.

Of course, there's still information floating around out there that's not as well-grounded in actual research. One of the most perplexing examples of this is the growing popularity of g-shots, also known as [G-spot Amplification](#). Some women pay upwards of \$3,000 every month in order to get injections that promise to temporarily augment the G-spot. David Matlock, MD, MBA, FACOG, a gynecologist offering these injections, insists on his website that "in a pilot study, 87% of women surveyed after receiving the G-Shot reported enhanced sexual arousal/gratification."

But of course: "Results do vary."

"There are no published double-blind placebo controlled studies to support the effectiveness of this," says Whipple.

Herbenick echoes this, adding that many websites that advertise cosmetic surgeries for women's genitals present data in support of their products and services, despite the fact that "much of the data has never been published or subject to scientific scrutiny."

In fact, in 2007, the American College of OBGYNs (ACOG) [released a statement](#) in regard to cosmetic procedures such as this, writing:

"These procedures are not medically indicated, and the safety and effectiveness of these procedures have not been documented... Women should be informed about the lack of data supporting the efficacy of these procedures and their potential complications, including infection, altered sensation, dyspareunia, adhesions, and scarring."

How To Answer Questions About the G-spot

So what should sexuality educators tell students who come to them with questions about the G-spot? Whipple suggests that, first, they should look at the research that's already out there. She says they should ask themselves: "Is there good, solid research?" Whipple adds, "You should know not to say: 'well, we think this...!' You want to be able to have the data to support what you're teaching."

Herbenick feels confident that most sex educators have a handle on answering questions about normalcy. She says it's imperative that educators get people talking more about

what they mean by "normal" in the first place. "Are they asking if something about them is okay?" asks Herbenick. "If it's common or rare?" In these cases, a larger discussion about the concept of normalcy might be the most helpful.

"Educators have to be able to help people be aware of what they enjoy," says Whipple, "and to acknowledge it. The hardest thing for most of us is to communicate to our partner and to ourselves what it is we find pleasurable."

Additional Reading:

Addiego, F., Belzer, E.G., Comolli, J., Moger, W., Perry, J.D., & Whipple, B. (1981). Female ejaculation: A case study. *The Journal of Sex Research*, 17, 13-21.

Ladas, A.K., Whipple, B., & Perry, J.D. (1982) (2005) *The G spot and other discoveries about human sexuality*. New York: Holt, Reinhart and Winson; (1983) Dell Publishers (paperback edition) and classic edition (2005) Holt.

Zaviacic M, Jakubovská V, Belosovic M, Breza J. (2000). Ultrastructure of the normal adult human female prostate gland (Skene's gland) in: Anatomy and embryology. *Journal of Anatomy and Developmental History*, vol 201.2000, pp. 51-61.

Zaviacic, M & Whipple, B. (May, 1993). Update on the Female Prostate and the Phenomenon of Female Ejaculation. *The Journal of Sex Research*, Vol. 30, No. 2 (May, 1993), pp. 148-151.

(image [via](#))

Member Spotlight: Constance Avery-Clark

Constance Avery-Clark, PhD is a Licensed Clinical Psychologist in Florida, a member of the American Psychological Association, a Diplomate of Sex Therapy through AASECT, a certified Diplomate of the American Board of Sexology, and has served as President of the South Florida Society for Trauma-Based Disorders. She is currently Vice-President and Program Chair of the Center for Jungian Studies of South Florida. Despite all of this, she still finds the time to work with Linda Weiner to create scholarly papers and other educational materials on Masters and Johnson's sensate focus technique. Here, she talks about what makes her tick, and why.

1. Can you give me a quick rundown of what keeps you busiest these days?

Linda Weiner and I have become extremely occupied with clarifying what has mushroomed into this inaccurate reading of sensate focus. This is one of the activities that keeps me busiest these days! We are in the process of publishing a number of articles and a book chapter, and will be writing a book soon elucidating and expanding upon many of the original Masters and Johnsons treatment techniques.

2. What are your main areas of interest within the sexology industry? What would you consider your special niche?

Not only is my current interest in the sexology industry communicating the potency of sensate focus, but it is also on integrating the cognitive and behavioral techniques of sex therapy with more in-depth, dynamically-oriented approaches.

In the interest of this, I just completed a second Ph.D., this one in Jungian Studies. My dissertation was in large part on framing sex therapy in Jungian archetypal terms of maternal and feminine energies, paternal and masculine forces, and integrated "Self-Liberation" experiences. Increasingly, I plan on having my niche in the sex therapy field



When I say that I am certified by the American Association of Sex Educators, Counselors, and Therapists, most mental health professionals and clients ask me little else! They seem to need no more substantiation of my professional expertise.

include this incorporation of archetypal in-depth psychology into the treatment and optimization of sex concerns and experiences.

3. What has most informed your trajectory within this field? How did you get to where you are today?

My five years training and working at Masters & Johnson Institute left an indelible imprint on the way I approach all types of clinical cases. Masters and Johnson's emphasis on the importance of addressing natural processes prior to considering more complex psychological and relationship needs remains central to my approach. The Institute's training also left me with a tremendous appreciation for addressing the larger context of the individual client, especially the intimate relationship within which the client finds him- or herself.

4. What do you feel has been your biggest contribution to the field of sexology? What do you want to be known for?

Perhaps ironically, it is not so much about the relationship context within which the client lives that I would like to be known for, but for my work with individual clients on wrestling with these relationship — and particularly sexual and intimacy — concerns. I often struggle with the question of whether individual therapy should be a prerequisite before sex therapy is undertaken. Although sex therapy is often most effectively practiced in the context of couples therapy, so often it is each individual client's expectations about the relationship in general, and sexual projections in particular, that present the greatest resistance to progress in the couple's context.

5. What has been the most difficult or interesting or exciting project you've worked on, and why?

The most difficult/interesting/exciting project I have worked on has been the integration of the language of in-depth, Jungian psychology into the conceptualization and practice of sex therapy.

To take the primarily cognitive-behavioral approach of Masters and Johnson's sensate focus and to draw parallels between this and the Jungian archetypal and in-depth perspective, and then to weave the two of them into sex therapy treatment that not only addresses immediate intimacy concerns but also provides individuals with a means for addressing the deeper issues that interfere with their progress using sensate focus and other sex therapy skills has been a major endeavor. It has taken me six years. In fact, there

are many more similarities between short-term, intensive sex therapy and longer-term in-depth psychotherapy than most people realize.

6. What do you like the least about the field at this point? How about what you like the most?

My concern about the sex therapy field at this point is that it is becoming so technical. When I gave my presentation at AASECT two years ago on the similarities between sex therapy and in-depth therapy, many attendees wanted me to speak more specifically on techniques and skills. I was trying to get them to think more conceptually about the underlying assumptions of sex therapy. The larger understanding of the field is so important because it serves as the underpinnings of everything we do. To have sufficient appreciation for the assumptions we are making when treating our clients is actually our professional and ethical responsibility.

What I like most in the field is the attempt on the part of sexologists like Peggy Kleinplatz, Bernie Apfelbaum, and others to appreciate sex therapy in a larger therapeutic context.

7. Where do you see your career five years, or even 10 years, from now?

I hope to be publishing much more on sensate focus, the theory and assumptions underlying it, its power as much more than a cognitive-behavioral technique, and how it can be integrated into a more in-depth treatment of sexual problems. Linda and I are both focusing increasingly not only on publishing but offering presentations and workshops on this topic. Sensate focus can be so much more meaningful and transformational than most of us still realize!

8. How has your relationship with AASECT affected your career?

AASECT has offered me two things: professional credibility, and a platform from which to present my work on the interplay of sensate focus and in-depth psychology. When I say that I am certified by the American Association of Sex Educators, Counselors, and Therapists, most mental health professionals and clients ask me little else! They seem to need no more substantiation of my professional expertise.

Most importantly, however, the workshop and presentation opportunities offered by AASECT through its meetings and conventions are invaluable opportunities for the exchange of new information and the modification of misunderstood information. It remains the central switchboard for sex therapy professionals.

9. Do you have any tips that might be of interest to educators and/or therapists?

Get as much specialized training in sex therapy as possible! But also try to come at sex therapy from some larger perspective that means something to you so that you do not become a sex technician. As creativity researcher Ruth Richards* suggests in her work on the power of relationships to heal, usually people do not respond so much to our treatment techniques as to our treating them as whole people.

*Richards, R. (2007). Relational creativity and healing potential: The power of Eastern thought in Western clinical settings. In G. Pappas, B. Smythe, & A. Baydala, (Eds.), *Cultural healing and belief systems* (pp. 286-308). Calgary, AB: Detselig Enterprises.

Member Spotlight: Linda Weiner

Linda Weiner, MSW, LCSW is an AASECT Certified Diplomate in Sex Therapy, a Certified Sex Therapy Supervisor and CE Provider. She has over 25 years of experience working with individuals and couples, and has also been an adjunct professor at the Brown School of Social Work for more than a decade. Of course, there's more but, most recently, co-authored an article with Dr. Constance Avery Clark on the clarification of the Masters & Johnson model. Here, she talks about her recent focus on the sensate focus model, and about her plans for the future.



AASECT has been my tribe.

1. Can you give me a quick rundown of what keeps you busiest these days?

Professionally, I am busy writing with Constance Avery-Clark about what Masters & Johnson didn't get out there... or get out there well. We've been writing about what they actually did in therapy at the Institute and why, and have been exploring how diverse practitioners currently use sensate focus techniques.

I've also been supervising professionals interested in AASECT Certification as Sex Therapists; teaching at the Brown School at Washington University; training; and giving workshops and lectures. An additional project is the creation of a new SAR with Heather Raznick, to be held July 25. Oh, and I work with about 25 clients a week and usually two Couples Intensives a quarter.

Then there's my gardening "therapy," neighborhood volunteerism, yoga, pets, and family. I love being busy. It makes me feel I'm living big!

2. What would you consider your special niche?

There are few people around who have had the experience of training and working with Masters & Johnson Institute staff for five of the last seven years of their viability. My expertise is in their evolved method of treating sexual dysfunctions, particularly the intensive model and the use of sensate focus as a diagnostic and treatment tool.

3. What has most informed your trajectory within this field? How did you get to where you

are today?

I believe my name began the journey! The penis jokes must have helped desensitize me to sexual terminology.

A second influence was my innate distain for the double standard and, about the time the Women's Movement and the pill came of age, so did I. As luck would have it, I wound up at American University, where I took a Human Sexuality course with Dr. Barry McCarthy, a friend and mentor ever since. After that, I enrolled in a Master's degree program in social work at the University of Missouri, and interned in St. Louis. I fell in love with the architecture of Missouri, and with the cost of living, so I entered child welfare there to repay my stipend. I became fascinated with child sexual abuse, a phenomenon I did not quite "get" for awhile.

After working in foster care, I became a Staff Trainer in child welfare, and across my desk came a proposal from Masters & Johnson to begin a treatment program for incest and child sexual abuse families, including the perpetrators. Thinking I had nothing to lose, I sent them a letter of application for any position they might have in this new program. To my amazement, they accepted my offer and I was hired. In exchange for another moderate stipend, I was offered the opportunity to enroll in their six-month training program in relationship and sex therapy in exchange for serving as Co-Director of the Child Sexual Abuse Treatment Program. I was subsequently hired to wear several hats there, and spent the next five years as a Research and Clinical Associate, Director of the Child Sexual Abuse Treatment Program, and Director of Training and Seminars.

4. What do you feel has been your biggest contribution to the field of sexology? What do you want to be known for?

I think my biggest contribution to the field is yet to come! I hope to clarify the richness of the Masters & Johnson model in treating sexual dysfunctions and paving the way to optimal sexual functioning. With my colleagues, I'd like to collect and distribute what others have learned from sexual interventions with diverse populations and sensate focus. I would very much like the field of sexology to see itself as having a theoretical underpinning and a specific set of strategies that makes us unique. I believe we are!

5. What obstacles have you faced over the years, and how did you overcome them?

There is, of course, the difficulty that comes from paying off college and finding a way to fund my education and advanced training. I think the most difficult thing was to break

into positions in which I could earn a living doing therapy, my first love. Before I sent that letter to Masters & Johnson, my wall was papered with rejection letters! How did I overcome the obstacles? What I have learned in life is that sometimes the right doors open when they are supposed to if you have perseverance.

6. What has been the most difficult or interesting or exciting project you've worked on, and why?

My most delightful story is about how my mother finally was able to tell people what I did for a living! When I was Director of the Child Sexual Abuse Treatment Program at Masters & Johnson Institute, she told everyone in Jersey that I "worked with children."

Eventually, I was able to convince her that she could say "sex." I can't help but smile remembering how long it took her!

7. What do you wish you knew when you were starting out that you know now?

I wish I had known the importance of building the foundation for being a good sex therapist by first becoming good at diagnostics, the treatment of common mental health issues, and the special issues in working with couples. I'm afraid my lack of training in the DSM made me miss a lot at first.

8. What do you like the least about the field at this point?

What I am disappointed in currently is the paucity of medical practitioners and allied health professionals working together with sexuality educators and therapists. While there are more physical therapists involved today, the training for physicians, particularly urologists and gynecologists, has diminished to the point of serious concern. Many of us are actively trying to influence a change in the other direction and encourage physicians to receive more educational focus on sexual concerns in their training.

9. Where do you see your career five years, or even 10 years, from now?

I will always love doing therapy, teaching, and supervising. But at this time in my life, I think writing and speaking are on the five-year horizon. 10 years? My financial advisor recently asked me when I planned to retire and I told him I was going to be like Shirley Sussman, the 90-something-year-old sex therapist who trained with Helen Kaplan and worked until she rested.

10. How has your relationship with AASECT affected your career?

AASECT has been my tribe. Besides the incredible source of inspiration, information, and support, the credentialing process really helps the public feel a greater sense of ease sharing the most personal aspects of their being.

From the President's Desk

Spring has finally arrived, and there is so much to look forward to as a member of AASECT!

Our [annual conference](#), June 4 - 8 2014, in stunning Monterey, California, is right around the corner. Attendance is already through the roof. If you haven't registered, do yourself a favor and hurry on over to the AASECT website, as this conference is shaping up to be full of incredible learning opportunities.

The conference aside, spring is all about change, growth, and renewal. As presidential terms end and new ones begin, it's exciting to look back at all of the hard work the recent boards have done on behalf of the membership and the organization, and to look forward and think about continued growth within AASECT.

In observing the changes that have occurred throughout my term as president, I feel we are doing what many thought would be impossible — we're being inclusive, maintaining a rich and diverse membership of sexuality professionals, and maintaining high standards of professional practice. How do we manage to do this? Simple. Our membership alone represents different aspects of what it means to be sexuality educators, counselors, and therapists and — through our meetings, our online discussions, and more — we are constantly sharing our rich and varied viewpoints. This only serves to strengthen us as professionals, and those who seek our services end up having access to a wide spectrum of expertise.

There are many roads to Rome, and this is evidenced every day on our listserv (soon to become the forum on our website), where we discuss various and sometimes disparate approaches to different educational, counseling, and therapy situations.

Behind the scenes, we have worked hard over the past two years to be a board that listens to you, and that also maintains transparency and democracy. We strive to keep politics out of the running of the organization, and to focus on what is best for the membership and for AASECT.

A committed president and board of directors can't be afraid to help out any member who is having a problem with any aspect of their experience. It seems to me that the heart and



It seems to me that the heart and soul of AASECT IS our membership...

soul of AASECT IS our membership, so we have worked hard to be responsive to you, our members. We love hearing constructive criticism and feedback. How can we improve our performance and make AASECT the best it can be without that mirror of truth being held up to us?

Of course, it is important to remember that, unlike many other professional organizations, AASECT has a very limited budget. We work close to the bone as a 501 (c) (3), and much of our work is done by generous volunteer committee members. Sometimes, because of this, things move more slowly, but the fact that AASECT functions at all is because of our volunteers' dedication, time, love, spirit, and knowledge. THANK YOU to all of our volunteer committee members who keep the heart of AASECT beating. And any time any of you care to help AASECT by making a donation, even a small one, know that we appreciate your wonderful gift. It helps us become stronger.

In June, this column will guide you through all of the forward movement the board has worked on over the past two years, and that will be continued by your wonderful incoming president, Konnie McCaffree.

In the meantime, I'd like to extend my gratitude to some of the many who have given their unflagging volunteerism to AASECT:

Russell Stambaugh, Bylaws Committee Chair; Peggy Kleinplatz, Ethics Advisory Committee Chair; Patti Britton, Nominating Committee Chair; Dennis Sugrue, Awards Committee Chair, Cathy Ravella, Personnel Committee Chair; Gina Ogden, Chair of Ad Hoc Committee on SAR QA; brilliant and deeply helpful advisors which include all of the aforementioned, and Beverly Whipple, AASECT Past President; Sandra Cole, AASECT Past President; Thomas Gertz, AASECT Past President, and Gretchen Fincke, Practitioner Supervisor Certification Committee Chair.

Many other amazing members will be mentioned in the next column, including our board members. You cannot imagine the amount of work done by this board!

Last but not least, AASECT has benefited immensely from the tremendous business expertise and phenomenal wisdom of our current treasurer, Triste Brooks. She is self-effacing and low-key but has brought her vision, knowledge, and professionalism to our organization in ways that will forever strengthen AASECT. Deep bow!

And to all of you, our members, who make AASECT the wonderful organization that it is, I thank you for being a part of THE gold standard in sexual health organizations!

Warmly,
Michele
msugglcsw@gmail.com