

The international resource for educators, researchers and therapists

In this issue...

**In Memoriam
 Douglas Kirby** 6

**Letter from the
 President**..... 7

Regional News..... 8

Quick Hits 9

Reviews..... 11

News of Members 12
*Congratulations
 to newly certified
 members*

Member Profiles ... 13

**Call for Award
 Nominations** 15

**Continuing
 Education
 Opportunities** 16

Sexual Surrogacy Revisited

The Sessions is garnering Oscar buzz for actors Helen Hunt, who plays real life sexual surrogate Cheryl Cohen-Greene, and John Hawkes, who portrays the late poet and journalist Mark O'Brien. The film is also bringing the issue of sexual surrogacy back to the attention of the general public and prurient journalists. And sexuality professionals too.

Since the early 1970s when Masters and Johnson wrote about their work with “partner surrogates,” the practice of sexual surrogacy, or Surrogate Partner Therapy (SPT) as it’s now known, has been highly controversial and widely misunderstood both inside and outside of sexuality helping professions.

The cause for controversy is not surprising to any of us who work in the areas of sexuality and sexual health. Social and institutional anxiety about sexuality means that any professional activity involving sexuality is considered suspect. The closer that activity gets to sexual intimacy and explicit sexual behavior, the more suspicious it becomes. A sex educator talking to a room full of people arouses a certain level of suspicion, a sex therapist working in a private practice with a couple around non-monogamy arouses another. Various forms of sex work are subject to the greatest level of suspicion, mistrust, and derision, even in places where they are legal.

For forty years, surrogates have tried to carve out their own professional space alongside those three professions, but they continue to find themselves ambiguously positioned somewhere between them. To make matters more complicated, many, possibly most, of the professionals around them are also unclear as to what exactly surrogate partners

do and where they fit into the rubric of helping professionals who work on sexuality and sexual health.

This confusion is fostered by a lack of public and professional discussion. Masters and Johnson set the tone early on, writing only briefly and vaguely about SPT and remaining cautious when talking about it in public, something that seems to have been the result of legal concerns that continue to plague the profession today. What’s more, SPT was and remains a relatively uncommon practice. At the height of its popularity, there were at most a few hundred surrogate partners working in the U.S. Now the number is closer to a few dozen. A recent meeting of surrogate partners in Florida attracted 25 attendees.

It’s too bad. Because everyone who stands to gain from the practice of SPT loses when people don’t talk about it. Lack of discussion makes it harder for clients to access a qualified professional. It increases confusion for therapists who may be interested in working with a surrogate partner but aren’t sure how to assess the benefits and risks of the practice. And it makes it more difficult and less safe for certified surrogate partners to do the work they believe in, in an environment in which they are respected as professionals and in which they are able to develop professionally.

Following the release of *The Sessions*, and a subsequent highly charged thread it instigated on the AASECT listserv, Contemporary Sexuality thought it was a good time to address the topic, at least in our own world of sexuality professionals. For some this may be a refresher, for others it might be new information. We hope it encourages thoughtful discussion about SPT, regardless of your position in relation to the practice. If you’re



What We Publish

Contemporary Sexuality publishes information under the following categories. Deadline for submission is the 5th of the month. Please note that due to space constraints, we might not always have room to publish every announcement.

News of Members

Related-content book and journal article publications, degrees conferred, significant awards, members who have taken on positions in other related organizations, death of a member.

Send news of members to: jason@jasonkae-smith.com

Regional News

Talks, presentations, keynotes, regional get-togethers.

Send regional news to: jason@jasonkae-smith.com

Continuing Education

AASECT sponsored and AASECT approved CE activities.

Send to CE opportunities to AASECT office: info@aasect.org

How to contact AASECT board members

Can't find what you're looking for on the website? Can't get a question answered through your section leader or regional representative? Listserv members don't have the answers? Feel free to contact a board member directly at:

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Sexual Surrogacy Revisited

interested in becoming part of an organizational conversation about SPT you'll find contact information at the end of this article.

What Is Surrogate Partner Therapy?

In the late 1970s a group of surrogates began a support group. Their work involved sexual intimacy and touch, they found clients only through therapist referrals, and their work was highly structured, goal oriented, and time limited. This meant that the challenges they faced were related to, but different from, sex educators, counselors, and therapists -- whose work was talk based and didn't involve touch. However, their challenges were also different from those of sex workers, who worked independently and without an explicit therapeutic goal. The group soon became the International Professional Surrogates Association (IPSA). In addition to support, it began offering training, and, by the 1990s, certification for surrogate partners.

Vena Blanchard, who worked as a surrogate and is the current president of IPSA explains that one of the great misunderstandings about SPT is that encounters are a sexual event, rather than an intimate, sexual, and therapeutic process:

"It's useful to think of the surrogate partner/client process as one that is about evaluation, training, skill building--emotional and behavioral, and re-evaluation. It's a combination of desensitization and successive approximation."

What SPT is meant to approximate is the kind of real life intimate and sexual relationship a client wants outside of therapy. So SPT begins by creating a genuine, caring relationship between surrogate partner and client.

I asked Linda Poelzl, a surrogate working since 1995, who wrote a case study in *The Journal of Bisexuality*, to describe a typical course of therapy.

"It's a skill building environment for the client. We're working on relaxation, communication, and capacity to bring one's mind back to one's present experience. We are in the moment but we're also modeling attitudes toward sexuality and intimacy that many of these clients didn't get in their original family. We demonstrate what it's like to take risks, to tell the truth about how you feel about something in your body."

A ten-session template begins with sessions one through three, clothes on, getting acquainted and building rapport and trust. Exercises and concepts like sensate focus and sexual energy are introduced

and boundaries around physical touch and safer sex are explained. By the third or fourth session, clothes come off and work focuses on body image and increasing the client's comfort with their own and a partner's naked bodies. Sessions three through six are conducted primarily in the nude and include guided touch exercises in which the client is encouraged to explore the surrogate's body and their own sensations while touching and being touched. Conversations throughout these sessions invariably include some sharing of sex information. For example, Poelzl says:

"I give the client an opportunity to look at my cervix, which they usually take me up on since they rarely get the chance out in the world!"

In these sessions, touch, which may include genital touch, is generally exploratory. Sessions seven through ten focus on the client's sexual goals, and the specific work depends on the difficulties identified. These final sessions also draw on previous ones, bringing it all together to help the client holistically enjoy being in a sexual and sensual moment rather than focusing on particular body parts or ideas. These sessions may, and often do, include intercourse.

Who Is Involved in SPT Today?

The practice of SPT remains almost exclusively heterosexual. Both the therapists and surrogates interviewed for this piece said that requests from gay, lesbian, or queer clients are rare. While in most cases the surrogate is in the role of partner, sometimes the surrogate's role is more of mentor. In these cases a client who is a heterosexual woman, for example, may prefer to work with a surrogate who is also a woman. Such work is done in the nude, but the client and surrogate primarily touch themselves, with the surrogate demonstrating touch and stimulation techniques rather than performing them on the client.

Most professionals say that a successful partner/client relationship requires the development of a genuine intimate and sexual relationship. But according to several professionals interviewed for this article, it is rare for there to be sexual chemistry or attraction at the outset.

This, it turns out, may be the ideal situation. Ronit Aloni is a therapist and the academic director of the Tel Aviv Sex Therapy Clinic, the epicenter of SPT with more than a dozen surrogates and several dozen clients at any given time. She says:

"It's useful to think of the surrogate partner/client process as one that is about evaluation, training, skill building--emotional and behavioral, and re-evaluation. It's a combination of desensitization and successive approximation."

Sexual Surrogacy Revisited

“I tell clients to think of the surrogate as a friend, not a lover. For many clients it is desire and attraction that raises anxiety, which creates problems with functioning, so early on it’s better not to be attracted to the surrogate. Desire and attraction can come with the process of therapy. If a client can feel confident and comfortable, they can be intimate, then they function, and that’s when their anxiety level drops and they may feel desire and attraction.”

In Aloni’s Tel Aviv clinic, 30-40% of clients are women. Most present with issues around orgasm difficulties. Male clients tend to present with erectile dysfunction, rapid ejaculation, and sexual inexperience. Another significant part of Aloni’s practice is sexual rehabilitation following an injury. In fact, her clinic began in 1989 inside a rehabilitation hospital working with clients with disabilities.

Is It Legal?

Another reason SPT remains under-discussed and rarely practiced likely has to do with its murky legal status. In some countries surrogate partner therapy is clearly legal. Aloni’s clinic in Israel, for example, has a contract with the military and the cost of SPT was awarded in at least one court case involving a motor vehicle accident. But in the US, the answer is less clear. In the 1970s, Masters and Johnson stopped using SPT over legal concerns, even though they believed it was highly beneficial. Currently, there is no reference to SPT or sexual surrogacy in US law.

According to IPSA no certified surrogate partner has ever been charged while practicing SPT. However, since most surrogate partners engage in sexual contact with clients, their work may be covered by laws related to prostitution or sex work. The degree to which this may be the case can vary widely since these laws are written and enforced at the state and not federal level.

Sienna Baskin is a lawyer and co-director of the Sex Workers Project, which provides legal and social services to sex workers in New York City. She explains that in New York State the definition of prostitution is the offer, agreement, or exchange of sexual conduct for a fee. From her perspective, “surrogates would fall under this definition and it would be illegal.” But she’s quick to point out there’s a difference between an act that’s illegal and one that will be prosecuted. “How prosecutions happen is really about law enforcement priorities. Prosecutors can choose to deprioritize specific crimes, so they’re still on the books and it’s still il-

legal.” In other words, although SPT may be illegal, the likelihood of a surrogate partner being arrested may be low.

She further states that “the Sex Workers Project doesn’t believe this work is unethical nor do we think it should be criminalized. But we want people to know all the possible risks. We want people to know what the law says and what could apply to them in theory or practice.”

In California, surrogate partners have understood their work to be legal since 1997, when then District Attorney Kamala Harris was quoted the San Jose Mercury News saying, “If it’s between consensual adults and referred by licensed therapists and doesn’t involve minors, then it’s not illegal.” Harris is now Attorney General, but the rationale and legal impact of her comment remains unclear.

Because certified surrogate partners only receive clients by therapist referral, these legal ambiguities are also relevant to therapists who may wish to refer their clients. Some therapists are concerned that providing such a referral might be breaking the law.

On this point, Baskin raises two considerations. First, professionals should consult other laws that regulate their profession. Second, they should consult with a criminal lawyer in their state (she recommends finding one familiar with minor crime law) to assess whether SPT could be considered prostitution in their state. If so, they should discuss whether referral carries a risk of being seen as promoting or advancing prostitution.

All of this might sound like more risk than any therapist would want to take on. But the process of understanding and assessing risk may be less time consuming, and less costly, than one imagines. What seems most important is that professionals think through both the risks and benefits that this modality may offer.

Dr. Marty Klein, who has provided training for both surrogate partners and therapists who work with them, explains his position:

“Surrogate Partner Therapy is a valuable clinical modality. Unfortunately, any licensed professional who refers a patient to a surrogate is putting his/her license at risk. We all accept various risks as part of doing therapy in a sex-phobic society and sex-phobic psychotherapeutic profession, but anyone who uses [SPT] without considering the legal risks is simply not paying attention to the world in which we live.”

Sexual Surrogacy Revisited

Weighing the Risks and Benefits

One consideration in weighing these risks is, of course, the possible benefits of SPT.

There are plenty of anecdotal reports from therapists, surrogates, and clients that attest to the efficacy of SPT. However, no controlled studies exist examining the efficacy of SPT. Only a handful of papers have appeared in peer-reviewed journals since the early 1970s, and those tend to be retrospective and have small sample sizes.

Masters and Johnson originally reported on 28 men who worked with surrogate partners, and found that SPT was successful for 63% of men presenting with primary ED and 78% of men presenting with secondary ED. The most recent study assessing SPT was published in the *Journal of Sexual Medicine* in 2007, and was based on data from Aloni's Tel Aviv clinic. The clients were women with vaginismus, half who worked therapeutically with a primary partner, and half who were un-partnered and worked with male surrogates. One hundred percent of the women working with surrogates achieved pain free intercourse, compared to 74% of the women working with their partners, although in 19% of the couples' cases they terminated due to a separation. The difference is not statistically significant. Both groups reported similar levels of satisfaction with the process and the outcome, though women working with surrogates ended therapy about 2 months earlier than those going through the program with a partner. In explaining this difference, the authors suggested the surrogate might have been more consistent and motivated, did not bring their own sexual dysfunction into the relationship, and were less affected by interpersonal tension, which can arise during treatment.

With little data available, it's not possible to state unequivocally that SPT is effective, let alone for what sorts of client populations, or for what kinds of presenting issues it is most appropriate. But existing research, along with anecdotal evidence from clinicians who have worked with surrogate partners, suggests that for some, the practice is effective, and further research is warranted.

With questions of both legality and efficacy open for discussion, professionals must still consider various ethical ones.

According to all of the major professional codes of ethics that govern helping professionals it would be unethical for a therapist to also work as surrogate partner. That much is clear. But what are the ethics of referring to and working with a surrogate partner?

At one point the American Psychological Association, AASECT, and SSSS all made reference

to SPT in their ethical and/or practice guidelines. Now none do. There are several references online to a 2010 statement of clarification from the California Association of Marriage and Family Therapists (CAMFT) saying that when practiced by a licensed therapist and a qualified surrogate partner, SPT is not unethical. When contacted for this article, Jill Epstein, the current Executive Director of CAMFT, was not able to find any such comment in CAMFT records.

No reference may be understood to mean that there is nothing inherently unethical about the practice. But if SPT would be considered illegal where you practice then, in theory, referring clients to surrogate partners would be an ethical violation regardless of their certification.

I spoke AASECT's Ethics Chair, Dr. Peggy Kleinplatz, about what AASECT's position might be in practice, if not in the Ethics Code itself. She offered this statement:

"The recent resurgence of interest and publicity surrounding surrogate partner therapy has led to much discussion within AASECT, some of it rabidly against the work of surrogate partners, and others suggesting that our own work will be tarnished by association with those in a legal grey zone.

The position of AASECT with respect to surrogate partner therapy remains nebulous. As Ethics Chair, I would welcome any opportunity to discuss the topic of surrogate partner therapy with AASECT members directly so that we might arrive at a consensus. We can remain silent ourselves or we can help by adding clarification and formal guidelines for AASECT members and to the benefit of the public."

With little research available and popular, and relatively salacious, interest in the practice popping up about once every ten years, it's hard to imagine when or how a practice like SPT could be assessed more objectively.

It seems safe to say that with the right modality and fit of practitioner and client, the experience can be transformative. When the fit is poor or lacks planning and critical thinking in the early stages, the experience could range from unhelpful to traumatic. Of course, the same can be said for any kind of relationship, professional or otherwise.

What seems most regrettable is that sexuality helping professionals get as caught up as anyone in arguments about SPT that are rooted more in social anxiety and discomfort than in practical experience or research.

Sexual Surrogacy Revisited

In case you need convincing that SPT might be worth continuing to think about, here is how Blanchard characterizes this unique therapeutic approach:

“It’s similar to having had a wonderful vacation with a friend who you may not get to see again. You had this fabulous, intimate, contained bubble of an experience and only you guys were there, and you know that no one else will completely understand the experience but the two of you. You both carry it around inside, like a touchstone, remembering that there was this time when you were

brave and strong and somebody else in the world was there to witness it.”

What’s Next?

AASECT members are encouraged to keep the conversation going. The listserv is one space to share thoughts, questions, and experiences around SPT.

Additionally, Dr. Kleinplatz welcomes the input and participation of any member of the AASECT community who wants to work toward consensus and clarification of these issues. She writes: “As longtime AASECT members know, I would welcome your telephone calls at (613) 563-0846. Please do not attempt to email me.”

In Memoriam

Douglas Kirby

Sociologist, educator, colleague, spouse, father, brother, and friend to many in the sex education community here and around the world, Doug Kirby, a senior research scientist at ETR Associates passed away December 22, while mountain climbing in Ecuador. He was 69.

Doug was an international expert in sexual health education. He was most interested in how we could develop and deliver education that made a difference in the lives of young people. In his work, he collaborated with local, national, and international organizations, from the CDC and USAID, to the WHO and UNESCO. Most recently, he worked under the auspices of the United

Nations Fund for Population Activities to help Uganda develop a more effective sexuality and HIV education curriculum.

He is remembered not only for his passion as a professional, but also for his generosity as a mentor and colleague, and for his humility when it came to his own achievements. A public memorial service is being planned for the spring to be held in Washington, D.C. We will print more information when it becomes available.

Read More:

[Santa Cruz Sentinel: Doug Kirby, Sexual Health Expert from Rio del Mar, Dies](#)

Read Tributes to Doug on the [ETR Website](#)

“He is remembered not only for his passion as a professional, but also for his generosity as a mentor and colleague, and for his humility when it came to his own achievements.”

AASECT's Ascent

I write this column with the past, present, and future of AAASECT on my mind. In 2007, AAASECT's founder, Patricia Schiller, came to the annual meeting in Charlotte, NC. She spoke eloquently about her original intentions for AAASECT: first to strengthen relationships by providing accurate information about sexuality to the general public and second to provide training for educators, counselors, and therapists in the field of human sexuality. As AAASECT membership nears two thousand, and other professional organizations and the general public become more aware of what our certification means and how certified educators, counselors, and therapists differ from non-certified ones, I think of how much our predecessors did, and how much more work we have to do.

We need to ask ourselves: what kind of "Big Tent" do we want AAASECT to be? Currently we welcome professional and non-professional members, certified and non-certified. We strive for diversity of experience and opinion. We know some members would prefer AAASECT only be open to certified professionals. Others would like to see a membership category not requiring certification or signing of the AAASECT Code of Ethics, an important document, which nonetheless excludes other kinds of professionals working in the field of sexuality.

Some members feel professionals who work in the field of "Sex Addiction" should not be AAASECT members, believing that vantage point represents ideas antithetical to what AAASECT is about. Of course, many members take a different position, including the term in their practice and philosophy.

Some members believe AAASECT is not sexuality educator friendly. Some feel AAASECT standards are too stringent. Others feel AAASECT standards are too watered down!

One point upon which everyone seems to agree is that our process of becoming certified could be clearer! Jo Marie Kessler, Certification Committee Chair, and her sub-committees have been working tirelessly to clarify and streamline this process. Kudos to all of them!

And while we are handing out kudos – thanks to Gina Ogden and Twinet Parmer for the work they and their committee are doing on the SAR Task Force, focused on standardization and quality control. Russell Stambaugh and his Bylaws

Committee (sounds like a band, doesn't it?) are working to streamline our bylaws.

Further updates on the working of AAASECT: Peggy Kleinplatz continues to represent the highest ethical standards to the membership of AAASECT, Dennis Sugrue soon begins his work as Chair of the Awards Committee, Cathy Ravella represents the Personnel Committee with professionalism and heart, and Bill Stayton will be culling nominations for the upcoming elections.

Board member Joan Sughrue, PESC Chair, and her committees took on the monumental task of revamping our CE program. Megan Andelloux and her committees are aiding AAASECT with media requests and helping us promote increased diversity. Stephanie Buehler and her committees continue to represent our membership with aplomb. Sallie Foley, our Communications Chair, worked to advocate for the best we can provide in a listserv and website. Sabitha Pillai-Friedman and her committees continue to work on improving AAASECT's mentor program, fundraising, and international outreach, Triste Brooks, our treasurer, a remarkable and steadfast business person, along with her committee, will help professionalize the inner workings of AAASECT. And thanks to Ricky Siegel, our Secretary, for translating "board-speak" into understandable language and to Dee Ann Walker, ED, for being at our helm.

Konnie McCaffree, our President-Elect (who will make a terrific AAASECT President), is already asking the hard questions and reflecting on her SSSS presidency with experience that serves AAASECT well. The selfless work of the board and all the committees is deeply appreciated.

In closing the first President's Column of 2013, remember that AAASECT has strength in its diversity via the "Big Tent." Closed systems are prone toward entropy, as Von Bertalanffy's General Systems Theory suggests, whereas open systems tend to remain robust. If you believe in ideological cross-pollination, exposing yourself to differing opinions and ideas that challenge your beliefs and make you feel uncomfortable, and if you are willing to speak out and get into the sometimes rough and tumble discourse, welcome to Human Sexuality and AAASECT!

As always, I welcome any comments or questions-please email me at: MSugglcsw@gmail.com.



One of the continuing issues that I see needing our attention is the question of what kind of "Big Tent" we want AAASECT to be. Currently we welcome professional and non-professional members, certified and non-certified. We strive for diversity of experience and opinion.

International

The first AASECT Israel meeting took place December 23, 2012 in Modiin, Israel. It was the first step towards realizing the vision of two long-term Israeli members of AASECT, Ronny Shtarkshall and David Ribner, teachers and mentors of many in attendance.

Eastern Region

The Comprehensive Program in Human Sexuality & Sex Therapy at NYU Langone Medical School is now accepting applications for class beginning September 2013, running through June 2014.

Website: Human-sexuality.med.nyu.edu or call Amy Rosenberg [212-535-3271](tel:212-535-3271).

The Sex Therapy Postgraduate Training Institute of New York is offering 120 hours of Sex Therapy Education and 20 hours of Clinical Case Supervision beginning March 23, 2013, 5 weekends a year for two years. This training is co-directed by Dr. Susan Lee and Richard Siegel, LMHC, both of Florida. For more information contact drsusan-lee@mac.com or call [\(561\) 833-0066](tel:561-833-0066).

Hani Miletski and Tammy Nelson will host an AASECT Forum in Rockville on May 4, 2013, on “Erotic Recovery After Infidelity – Creating a New Monogamy.” AASECT CE Credits will be available. For more information and to register: www.DrMiletski.com or call [301-951-6592](tel:301-951-6592).

Gina Ogden and Patti Briton will present Writing SEX for Success—a one-day intensive offering training and support to help sex therapists and educators conceptualize, propose, and promote academic and trade books. Acquisitions editors from Routledge, Health Communications, and Your Tango will present as well. June 5, 2013, Miami Hilton, Miami FL: 9 CE Credits, For more information visit: http://theissr.com/Writing_Sex_For_Success.html.

Western Region

Denver, CO. Our local education program for 2013 was announced this week. The meetings are the first Monday of every other month from 11am to 1:30pm in Denver. We welcome AASECT members to visit and attend one of our workshop and luncheons. Each workshop qualifies for 1 AASECT CE. For detailed information, please contact Dr. Neil Cannon, neil@doctorcannon.com.

Los Angeles, CA. Upcoming CEU Lectures at Center for Healthy Sex will include:

- January 25 – Tiffany Levine, MA, LMFT presenting on Sex Addiction and Domestic Violence.
- February 22 – Lauren Costine, Ph.D. presenting on How to Use LGBT-Affirmative Therapy in Treating Addiction.

For more information, contact Tom Bliss at tom@thecenterforhealthysex.com

San Diego, CA. Rose Hartzell & Irwin Goldstein of San Diego Sexual Medicine both received their own monthly sex segments on the local FOX5 morning news.

Upcoming events include the next STEM meeting on the third Wednesday of the month at 7:30pm, and the San Diego Sexual Medicine Grand Rounds on the first Wednesday of the month at 12:30pm (lunch provided). Both events are held at Alvarado Hospital in San Diego and are open to anyone interested. For more information about these events, contact Rose Hartzell, PhD, EdS at rhartzell@sdsdm.info.

San Francisco, CA. A small group of San Francisco Bay Area AASECT members plan to host meetings and get-togethers for AASECT folks in our area on a regular basis. We are looking at sometime in Jan/Feb/March, and hope to have a Northern Nevada group too. More information to come. If you are interested, contact Mary Minten at minten.mary@gmail.com.

Barbara Anderson, Ph.D. LCSW, of San Francisco is writing a monthly column for a newsletter, “Devil Woman,” serving the transgender community in the Bay Area. It is called “The Cutting Edge,” reporting on items in the news impacting the community. Reprinted as a blog at baranderson.blogspot.com

Amy Marsh, EdD, DHS, ACS, CH holds a new monthly Sexology Salon Meet Up meeting in Berkeley. People who attend learn about various sexuality topics including erotic hypnosis, writing and publishing erotica, sex toy “show and tell,” objectum sexuality. AASECT members are welcome. If you are interested contact Amy at waihili@gmail.com.

Reno, NV. Reno has two transgender support groups, a transgender family group, and an increasing support system for social, medical, and mental health needs. Contact Mary Minten at minten.mary@gmail.com for more information.

Quick Hits

New Report on Violence Against Trans Women in Latin America

Compiled and produced by the *Red Latinoamericana y del Caribe de Personas Trans* (REDLAC-TRANS), Latin American and Caribbean Transgender Network, and the International HIV/AIDS Alliance, *The Night is Another Country: Impunity and Violence Against Transgender Women Human Rights Defenders in Latin America* makes use of individual cases and the little data that exist on the daily and systemic violence experienced by trans women across Latin America who advocate for their rights. From the report:

“The transgender population is the most affected by the HIV epidemic Latin America, with a prevalence rate of 35%. To put an end to the epidemic, it is essential to ensure the fulfillment of human rights as well as access to health services that respect gender identity.”

By describing individual cases, the document details the human rights violations suffered by transgender women defenders and shows the direct responsibility the States have when it comes to respecting, protecting, and promoting those rights. The final section contains recommendations drawn up jointly with representatives of transgender women human rights defenders from Honduras and Guatemala.”

[DOWNLOAD A COPY OF THE REPORT HERE.](#)

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of
Diversity
in Identities
and
Cultures

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AASECT 45th Annual Conference

DSM-V Is Finalized

On December 1, 2012 the American Psychological Association board of trustees approved the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-V. This was the final step in the pre-publication process that will end with the May 2013 release of the manual, which was last fully revised in 1994.

Major changes include a scrapping of the “axis” system, a restructuring of diagnostic groups based in part on disorders that are currently thought to be biologically related, and the inclusion of “dimensional assessments” to indicate severity of symptoms. There are three changes related to sexuality and gender garnering the most discussion:

The change from Gender Identity Disorder (GID) to Gender Dysphoria (GD), is seen by most as a positive move away from pathologizing gender expression (although many disagree as to the significance of the move).

There was an effort to include a new diagnosis of Hypersexuality disorder, but this did not make the final edit and will not be included in the DSM-V.

A change in both name and scope, from Transvestic Fetishism to Transvestic Disorder, a move that seems to be the opposite of the one from GID to GD, captures a much larger group of people under a disordered category and attempts to canonize the controversial concept of “autogynephilia”.

Not surprisingly, both the process and the resulting changes in the DSM-V are drawing criticism from many quarters.

Read More:

- [An Update on Gender Diagnoses, as the DSM-V Goes to Press](#)
- [Sex Addiction Beyond the DSM-V](#)
- [DSM 5 Is Guide Not Bible – Ignore Its Ten Worst Changes](#)

HIV Prevention Research & Education: The Rectal Revolution Is Here

Microbicides are products (like gels, lubricants, or films) that can be applied in the rectum or vagina to reduce the risk of HIV infection during penetrative sex. If found safe and effective, microbicides could, eventually, put an important, easy to use, and affordable prevention tool in the hands of the people. In December three organizations, the International Rectal Microbicide Advocates (IRMA), the Population Council, and the Microbicide Trial Network (MTN) released a collaborative video project called *The Rectal Revolution Is Here: An Introduction to Rectal Microbicide Clinical Trials*. The video is designed to educate communities affected by HIV about rectal microbicide development and the importance of participating in clinical trials to help speed the search for new HIV prevention options.

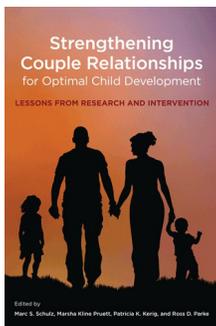
The video debut precedes the soon-to-be launched landmark study being conducted by MTN to test the safety and acceptability of a reduced-glycerin formulation of Tenofovir gel among gay men, other men who have sex with men, and transgender women. MTN-017 is not only the first-ever Phase II study of a rectal microbicide, it is also the first time rectal microbicide research is expanding outside the United States and going global, with sites in Thailand, South Africa, Peru, and Puerto Rico.

Read More:

- [Rectal Microbicide Research Takes Giant Leap Forward with Groundbreaking Educational Video](#)
- [Watch: The Rectal Revolution is Here \(English\)](#)
- [Watch: The Rectal Revolution is Here \(Spanish\)](#)
- [Watch: The Rectal Revolution is Here \(Thai\)](#)

The video is available for viewing in English, Spanish, and Thai. You can read more and watch the video by following the links.

Strengthening Couple Relationships for Optimal Child Development: Lessons from Research and Intervention.



By Marc S. Schulz, Marsha Kline Pruett, Patricia K. Kerig, and Ross D. Parke. Washington, DC: American Psychological Association, 2010. Hardcover, ISBN 13: 978-1-4338-0547-9, \$59.95.

The aptly titled *Strengthening Couple Relationships for Optimal Child Development*

is inspired by the foundational work of leading family researchers, Philip and Carolyn Pape Cowan. The editors navigate readers through a diverse landscape of the relevant literature in a volume divided into three sections: the implications of the couple relationship for parenting and child development, the key domains and determinants of couple functioning, and the promotion of healthy relationships. In each chapter, leading scholars review research findings to regarding couples' interpersonal health and the implications of health on aiding or hindering youth on their development. The initial section of the text provides readers with a review of the reciprocity between co-parenting and marital health. As this section progresses, authors explore the problematic effects of boundary dissolution and interparental conflict for children and teens. The second section explores the couple relationship in greater depth. The roles of family of origin and of emotion within the couple system are explored through attachment-based, psychoanalytic, and developmental lenses. The third section delves into a number of contexts where research meets practice including school or court based services, a university-based couples clinic, and recent national initiatives to improve family functioning.

While the editors propose that this text is written for a range of professionals, the content is likely best suited for individuals who seek a primer of how systemic changes (e.g., transition to parenthood, conflict, triangulation, divorce) affect children or adolescent development. Individuals seeking a review of the research will find this book exceedingly informative; however, those seeking clinical pearls for practice might be disappointed by the lesser amount of space given to actualities of what occurs in the consultation room. For the sex educator or therapist, there is scarce mention of in-

timacy, sexual health, or sexual development. Another critique of this volume is the lack of attention to non-heterosexual couples but may reflect the lack of research with non-heterosexual couples. Nonetheless, I believe this text is a good research companion to more clinically-focused volumes on the bookshelf, as it synthesizes an extensive range of findings in the intersection of couples, parenting, and resultant outcomes for children. In my role as a faculty member within a child and adolescent psychiatry residency program, the authors' research and clinical conclusions validate my educational emphasis on assessing relational functioning (e.g. cohesion, adaptability, communication) among parents and caregivers of children seen in practice.

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Daddy & Papa



Johnny Symons. *Independent Television Service (ITVS)*. *Persistent Visions*. San Francisco. 2002. ASIN: B004JPKLCO. EAN: 0728028081046. DVD. \$21.95.

Daddy & Papa is a documentary about gay men who want to become parents. It follows five would be fathers

as they confront the hardships of systems that deny their rights and challenge their ability to become parents. Director Johnny Symons' captivating approach to storytelling combined with the men themselves leave you rooting for the men and the families that might be.

As a narrator, Symons raises the challenges facing gay parents who adopt, particularly when the adoption is trans racial. Among the challenges he highlights are supporting children as they deal with the legacy of their adoption and creating a family where diversity in terms of race and ethnicity as well as sexual orientation and identity are respected.

It becomes clear this is not an easy road to travel. We see this when one of the fathers admits he doesn't relate to the African-American culture

Reviews

of his son and notes that while it would be wonderful if everyone could fully express their culture within their biological family, when that isn't an option love does the job just fine. The same father discusses how he is judged by heterosexuals who think he is going "to turn his kids gay", is looked down upon by his gay friends for being too busy raising kids, and feels society thinks less of him because he is not of the same race as his child. That is a lot to take on when you are simply looking to provide a loving home for a child.

The documentary provides the essential concerns for someone contemplating gay parenting. However, the deeper questions that follow about raising these children in our current judgmental society are left open. I'm glad that Symons is able to shine light on some of these difficult and complex challenges; however, I would love to see a follow-up video that addresses the concerns in greater depth and detail. Overall, *Daddy & Papa* is an excellent introductory documentary for anyone interested in the topic.

Jasmine St. John MS, LMFT
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<http://www.jsjtherapy.com>

News of Members

We're thrilled to welcome the following newly certified members to AASECT:

— Sex Counselor: Deborah Nicholas, MSN, WHNP-BC, Richmond, CA

— Sexuality Educators: Lisa Henry, MA, Gatineau, QC; Alice Holland, MSN, Med, CRNP, Reading, PA; Elisabeth Sheff, PhD, GAL, CMT, Atlanta, GA

— Sex Therapists: Rachel Alpert, MSW, LCSW, Denver, CO; Eunice Aviles, PsyD, LMHC, Amherst, MA; Jennifer Foust, PhD, MS, Philadelphia, PA; Rene A. Jones, MA, MEd, Amherst, NY; Natasha Lewis-Grinwis, MSW, Ann Arbor, MI; Marilyn Lyga, PhD, Basking Ridge, NJ; Natasha Helfer Parker, MS, Wichita, KS

— New supervisors: Claudia Kraus Piper, LMSW, Ann Arbor, MI; S. Michael Plaut, PhD, Hampstead, NC; Patricia Rich, LCSW, Jenkintown, PA; Cynthia Lief Ruberg, MEd, LPCC-S, LLC, Westerville, OH; Jassy Timberlake, MEd, LMFT, Florence, MA

New Books and Awards

— Dr. Marty Klein's book *Sexual Intelligence*, already available in 10 languages, will be published in paperback by HarperCollins on February 5.

— Sallie Foley, Sally Kope, and Dennis P. Sgrue are winners of the 2013 SSTAR Consumer Book Award for their book, *Sex Matters for Women – A Complete Guide to Taking Care of Your Sexual Self – Second Edition*.

— David Ortmann and Richard Sprott's book, *Sexual Outsiders: Understanding BDSM Sexualities and Communities* was published by Rowman and Littlefield in November. The book incorporates clinical case studies, interviews, and overviews of research that are relevant to BDSM and kink sexualities - with a special emphasis on providing information relevant to counselors and therapists.

— Dr. Tammy Nelson's new book, *The New Monogamy; Redefining your Relationship After Infidelity*, was released on Jan 2, 2013. Dr. Nelson's book, *Getting the Sex You Want*, was re-released in an updated paperback version in December 2012.

— Dr. Jessica O'Reilly's new book, *Hot Sex Tips, Tricks and Licks*, was published on January 1st.

— Dr. Narayana D. Reddy was awarded a Lifetime Achievement Award from The Tamil Nadu Dr. M.G.R. Medical University in Tamil Nadu, South India.

— Dr. Debby Herbenick was awarded the 2013 Early Career Scholar Award from IU's School of Public Health. The review committee mentioned Dr. Herbenick's record of research and publishing, "but also noted her exceptional history of engaging students in research and efforts to translate research to diverse communities around the globe."

Member Profiles

In the most recent reader survey we heard loud and clear from members that you want more profiles, more opportunities to learn about your fellow members, and more information about what they do and why. So we're going to start experimenting with different member profiles. Each month we'll sit down (virtually) with AASECT members to find out a little bit about how they came to their work, what their current passions are in the field of human sexuality, and what they love most about being a sexuality professional.



Mariotta Gary-Smith

Based in Portland, Oregon, Mariotta has been an AASECT member since 2009, the year she attended her first AASECT conference. Currently she works for the Multnomah County Health Department as the African American Sexual Health Equity Program Health Educator. Focusing on working within communities of color, primarily African American and African immigrant communities she finds intersections with Latino/Hispanic, Asian, Indian, Hawaiian, and other communities.

Contemporary Sexuality: When you meet someone at a dinner party, how do you describe what you do?

Mariotta Gary-Smith: I tell people that I get paid by the government to talk about sex. That sets a particular tone right away. ☺ I'm a sexuality or sex and sexual health educator. I also really like saying that I'm a sexologist...makes me happy!

CS: The path to becoming a sexuality professional is different for everyone. Tell us a bit about what educational, training, and life experience brought you to this work?

MGS: I was raised in an environment that embraced, supported, and encouraged advocacy. As a young child, I was surrounded by powerful women who talked about owning your body, owning your experiences, and not letting someone define you as they saw you. My sexuality was something that was defined for me at an early age, and it didn't

sit right with me. I began asking questions about sexuality, images, history, and truth. It led me on this path and I'm still here, still asking questions, but enjoying the process much more.

In college, I designed my own major, as nothing about the traditional choices interested me. I knew that I wanted to pursue graduate school and focus on public health, with an emphasis on sexuality/sexual health. I completed a fellowship at the Center of Excellence for Sexual Health at Morehouse School of Medicine, which was a wonderful experience.

CS: Sex education is such a large field, are there issues that interest you the most or topic areas that you are drawn to?

MGS: I'm most interested in how sexuality has been defined by "the other" for many disenfranchised groups. As a member of one of many groups that's subjected to this, I search for ways to create spaces for honest, safe, open and respectful sharing about what people want to know. It could be questions about body image, sexuality and relationships, contraception, identity, etc. The main takeaway from my time doing this work is that people seek safe spaces to simply talk, share, and learn about themselves. And to do this without judgment from a place of "power."

I've been asked to collaborate or provide sexuality education to many communities of color locally, as they don't have a member of their community to talk to about sexuality, from their perspective. I'm honored that I've been able to cross those bridges and be a resource to them.

CS: What's the biggest challenge you are struggling with right now professionally?

MGS: I work for a local health department and my ability to attend conferences, receive trainings and stay current on research trends is impacted by budget shortfalls. Not being able to interact with other sexuality professionals can also be a bit challenging.

CS: What are three things you love about your work?

MGS: I get to talk about sex and get paid to do it. I am proud to create spaces for people to begin having honest conversations about their sexuality - an important part of their lives. It means a great deal to me that I'm trusted by them to make them feel safe. And that I'm following in my family tradition of being an advocate.

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Member Profiles



Daniel Watter

When Daniel joined as a student member from the University of Alabama in 1976, AASECT was still AASEC and his interest was in sex education. Thirty-six years later, he has been certified as both a sex educator (1979) and sex therapist (1981) and now works in a group practice in Parsippany, New Jersey mostly with individuals and couples in sex therapy, although a part of his work life is spent evaluating and treating sex offenders.

CS: When you meet someone at a dinner party, how do you describe what you do?

DW: I usually tell people I am a clinical and forensic psychologist who specializes in the treatment of sexual and relationship problems. As you might imagine, people are always interested in learning more about my work!

CS: The path to becoming a sexuality professional is different for everyone. Tell us a bit about what educational, training, and life experience brought you to this work?

DW: I received my doctoral degree from New York University's Human Sexuality Program in 1985. I learned a tremendous amount there about sexual diversity and sexual behavior from deryck calderwood and Ron Moglia. As my interests moved from sex education to sex therapy, I learned from Albert Ellis, who was very generous with his time and expertise and taught me a great deal about sex therapy. While I retain much of my CBT/REBT influences, I would say that my current approach to psychotherapy/sex therapy is primarily influenced by the work of Irvin Yalom whose methods of helping people change influenced my thinking about psychotherapy in a most profound manner.

CS: You recently wrote a chapter on ethics for New Directions in Sex Therapy: Innovations and Alternatives. Aside from perhaps an obvious professional requirement, what is it about ethics that most interests you?

DW: There has been little discussion of ethics and sex therapy in recent years. Most of the writings and workshops on ethics that sex therapists (and most mental health professionals receive) is really about "compliance," which is a low bar for ethical discussion.

Not that compliance, and avoiding being successfully sued, are unimportant, but I think we need to aspire to a higher level of discussion in order to practice ethically.

For example, there are many important CLINICAL discussions of the "medicalization" taking place in sex therapy, but little devoted to the ETHICAL implications of such practices. That is, is this "good" for the patient, as opposed to is it "effective?" How about the ethics of diagnosis and its implications for practice and third-party billing? In other words, there is much discussion of how to "document your chart," but little emphasis on the moral and ethical implications of our practice and decision-making. The chapter I wrote is an effort to stimulate a deeper and more thoughtful dialogue/reflection of our practice as sex therapists.

CS: Do you do any volunteer work related to sexuality?

DW: I volunteer time each week working with the staff of a local organization that serves adults with developmental disabilities. The staff is often at a loss about how to deal with the sexual behaviors of their clients and I provide pro bono consultation.

CS: What are three things you love about your work?

DW: I love the people I get to work with as patients. I am very happy with my professional network of colleagues and I am particularly pleased that my work allows me to diversify into clinical practice, writing, and teaching.

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Call for Award Nominations

Each year leaders in the sexuality field are honored at our annual conference. You are invited to nominate someone in one or all of the following six categories:

Professional Standard of Excellence Award (Service to field of sexuality by a professional)

This award is presented to a member or non-member of AASECT who has worked extensively to represent or advance the field of human sexuality through activities including, but not limited to, clinical programs or other original clinical contributions; the development and implementation of sexuality education curriculum; scientific research; and art, print, radio, television or internet media contributions. The recipient of this Award will be an individual who is recognized by his/her peers as a competent and accomplished colleague, an expert in his/her field, and an exemplary bearer of the standards of professional and personal ethics as well as the standard of excellence in achievement.

Distinguished Service to AASECT Award (Service to the organization)

This award is presented to an AASECT member in good standing who is certified in at least one area and has worked to promote the mission of AASECT, advocating for sexual health through the development and advancement of sexuality education, counseling or therapy. This individual will have served the organization through activities including, but not limited to, recruitment of new members; presentation of a paper or workshop at AASECT meetings; serving on the Board of Directors, a committee or task force; developing publications for or about the organization; assistance in the development of AASECT policy; and representation of AASECT in the public sector.

Humanitarian Award (Service to field of sexuality by private citizen)

This award is presented to an individual or group who has contributed to the field of human sexuality through some private endeavor, charitable event(s), public awareness campaign, sex-positive educational offering, or political platform and who has received national and/or international recognition for the contribution.

Sexuality Educator Award

This award is presented to a current AASECT certified sexuality educator. This award recognizes

individuals who have made long standing contributions, outstanding achievements, or otherwise had a major impact in one or more areas of sexuality education. These areas of impact may include, but are not limited to, teaching in the community, teaching in higher education, raising public awareness of sexual issues, or public advocacy / lobbying policy-makers. The nominee should have 2 letters of support from someone familiar with their work.

AASECT Book Award

This award is presented to the author(s) of a book that makes a significant contribution to AASECT's vision of sexual health and to the clinical and educational standards of the field. The nominated book can be written for a professional audience or for a general audience and must have been published in English in 2012. To remind yourself of books on sexuality that have been published this year, you may want to do a search on Amazon.com or other online resources. You must include the contact information for the author(s) and publisher and a brief description of why the book is worthy of the award. It is necessary for us to receive a Review Copy for each member (5) of the committee.

AASECT Audiovisual Award

This award is for the producer(s) of a film, video, or DVD that makes a significant contribution to AASECT's vision of sexual health and to the clinical and educational standards of the field. The nominated audiovisual can be developed for a professional audience or for a general audience, and must have been produced in 2012. To nominate an audiovisual, send contact information for a review copy to be sent to the committee members (5) along with contact information for the producer and distributor. Include a brief description of why the audiovisual is worthy of the award.

Submissions must be emailed in keeping with the AASECT commitment to "go green."

- Deadline is March 1, 2013.
- Send nominations to conference@aasect.org.

There are so many deserving candidates for these awards. Please take the time to recognize them with a nomination. (Please note – not every award will be presented each year.)

The Nomination Form is available at the following link: http://www.aasect.org/Docs/2013_Nomination_Form.doc.

Continuing Education Opportunities

All approved programs are required to email the Program Event Form to info@aasect.org in order to have your program listed on the AASECT website and in the Contemporary Sexuality by the 5th of every month.

In the event that regularly scheduled posting day falls on a weekend or holiday, all programs must be received by the office the day before.

Beyond The Puritanical: A Cross Cultural Perspective for Public Sexual Health Education

Date: Ongoing, Online Course
Presenter: Mark Schoen
More info: (626) 660-5823, drmark@SexSmartFilms.com, www.sexsmartfilms.com/articles/new-online-course-beyond-the-puritanical-a-cross-cultural-perspective-for-public-sexual-health-education
AASECT approved for 2 CE credits

Holistic Sex Educator Certificate Program

Date: Ongoing
Location: Hartford, CT
Presenter: Roz Dischiavo
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com
AASECT approved for 185 CE credits

Holistic Sex Therapy Education Certificate Program

Date: Ongoing
Location: Hartford, CT
Presenter: Roz Dischiavo
More info: (860) 319-0966 x107, info@iseee.co, www.instituteforsexuality.com
AASECT approved for 234 CE credits

Sex Therapy Training

Date: Ongoing
Location: Miami, FL
Presenter: Dr. Carol L. Clark
Sponsor: Sex Therapy Training Institute
More info: (305) 891-1896, DrClark@SexTherapyTrainingInstitute.com www.SexTherapyTrainingInstitute.com
AASECT approved for 5 CE credits

Sex Therapy Postgraduate Training: A One-Year Program

Date: Present-June 2013
Location: Philadelphia, PA
Presenter: Nancy Gambescia
More info: (610) 525-1978, Ngambescia@aol.com, www.councilforrelationships.org
AASECT approved for 150 CE credits

Comprehensive Program in Human Sexuality & Sex Therapy

Dates: Present - June 2013
Location: New York, NY
Presenter: Virginia Sadock
More info: (212) 535-3271, Program.humansexuality@nyumc.org, www.Human-sexuality.med.nyu.edu
AASECT approved for 32 CE credits

Florida Postgraduate Sex Therapy Training Institute:

A One Year Program,
Meets One Day a Month
Date: January 19, 2013 – December 16, 2013
Location: Palm Beach, FL
Presenter: Ricky Siegel, Susan Lee
More info: (561) 833-0066, drsusanlee@mac.com, www.floridasextherapyinstitute.org
AASECT approved for 120 CE credits

Expanding the Practice of Sex Therapy: An Integrative Model for Exploring Desire and Intimacy (A Training for Health Professionals)

Date: February 1-3, 2013
Location: Big Sur, CA
Presenter: Gina Ogden
More info: (831) 667-3005, www.esalen.org
AASECT approved for 11 CE credits

Women's Sexual Stories—Healing the Wounds, Celebrating the Joys

Date: February 3-8, 2013
Location: Big Sur, CA
Presenter: Gina Ogden
More info: (831) 667-3005, www.esalen.org
AASECT approved for 26 CE credits

Getting the Sex You Want (Teleseminar)

Date: February 5 & 12, 2012
Location: Telephone
Presenter: Tammy Nelson, PhD
More info: (203) 438-3007, http://www.drmtammynelson.com/live_teleclasses/
AASECT approved for 2 CE credits

Evaluation and Diagnosis of Sexual Problems

Date: February 8, 2013
Location: New York, NY
Presenter: Sylvia Rosenfeld LCSW
More info: (212) 799-7800, Sylvia@eintelligence.com
AASECT approved for 3 CE credits

Ignite Sex, Passion, and Sacred Love: A Valentine's Tantra Workshop for Couples

Date: February 16-17, 2013
Location: Boca Raton, FL
Presenter: Sally Valentine
More info: (561) 391-3305, drsallyvalentine@me.com, www.drssallyvalentine.com
AASECT approved for 12 CE credits

A New Approach to Treating Male Sexual Disorders

Date: February 21, 2013
Location: Philadelphia PA
Presenter: Stephen Betchen, PhD
Sponsor: Council for Relationships
More info: (610) 525-1978, drnancygambescia@gmail.com
AASECT approved for 2 CE credits

Continued on page 16

Continuing Education Opportunities

Sexual Healing and Celebration: An "ISIS Network" Retreat for Health Professionals and Their Partners
Date: February 23-March 2, 2013
Location: Puerto Vallarta, Mexico
Presenter: Gina Ogden
More info: (413) 625-8382, Gina@GinaOgden.com, monica@crocker.com
AASECT approved for 18 CE credits

Sexual Attitude Reassessment (SAR)
Date: March 8-10, 2013
Location: Windsor Locks, CT
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon
More info: 860-319-0966 X107, info@iseee.co
www.instituteforsexuality.com
AASECT approved for 18 CE credits

Institute for Sexuality Education & Enlightenment
Date: March 8-15, 2013
Location: Windsor Locks, CT
Presenter: Multiple Presenters
More info: (860) 319-0966 x107, info@iseee.co
www.instituteforsexuality.com
AASECT approved for 60 CE credits

A New Approach to Treating Female Sexual Disorders
Date: March 21, 2013
Location: Philadelphia, PA
Presenter: Stephen Betchen, PhD
Sponsor: Council for Relationships
More info: (610) 525-1978, drnancygambescia@gmail.com
AASECT approved for 2 CE credits

Sex Therapy Postgraduate Training Institute of New York: 2013-2014
Date: March 22, 2013-October 19, 2014
Location: New York, NY
Presenters: Susan Lee, Ricky Siegel
More info: (561) 833-0066, drsusanlee@mac.com
www.nypostgradsextherapy.com
AASECT approved for 120 CE credits

When Sex Gets Complicated: Affairs, Pornography, Low Desire, Dysfunctions, Dissatisfaction, and Everything Else
Date: April 12-13, 2013
Location: Calgary, Canada
Presenters: Marty Klein, PhD
Sponsor: Alberta Association of Marriage & Family Therapists (AAMFT)
More info: (403) 519-2198, <http://alturl.com/rw53e>
AASECT CE credits pending for approval

A New Approach to Treating Hypoactive Sexual Desire Disorder
Date: April 18, 2013
Location: Philadelphia PA
Presenter: Stephen Betchen, PhD
Sponsor: Council for Relationships
More info: (610) 525-1978, drnancygambescia@gmail.com
AASECT approved for 2 CE credits

Institute for Sexuality Education & Enlightenment
Date: April 26 – May 5, 2013
Location: Windsor Locks, CT
Presenter: Multiple Presenters
More info: (860) 319-0966 x107, info@iseee.co
www.instituteforsexuality.com
AASECT approved for 60 CE credits

Erotic Recovery after Infidelity—Creating a New Monogamy
Date: May 4, 2013
Location: Rockville, MD
Presenter: Tammy Nelson, PhD
More info: ckraft@jhmi.edu
AASECT approved for 3 CE credits

Sexual Intelligence: Cybersex, Kinky Sex, Pornography and Sex Addiction
Date: May 10, 2013
Location: New York, NY
Presenter: Marty Klein, PhD
Sponsor: Ackerman Institute
More info: (650) 856-6533, <http://alturl.com/gomwa>
AASECT CE credits pending for approval

Cancer & Sexuality
Date: May 13, 2013
Location: Philadelphia PA
Presenter: Sabitha Pillai-Friedman
More info: 610-525-1978, drnancygambescia@gmail.com
AASECT approved for 5.5 CE credits

Treating the Sexually Unusual
Date: May 16, 2013
Location: Philadelphia, PA
Presenter Stephen Betchen, PhD
More info: (610) 525-1978, drnancygambescia@gmail.com
AASECT approved for 2 CE credits

Writing Sex for Success
Date: June 5, 2013
Location: Miami, FL
Presenter: Patti Britton, Gina Ogden
Contact: Patti Britton
More info: (323) 791-7801, drpattiox@gmail.com, www.drpattibritton.com
AASECT approved for 9 CE credits

University of Michigan Sexual Health Certificate Program
Date: July 2013-October 2014
Location: Ann Arbor, MI
Presenter: 8 AASECT Certified Sex Therapists & Sexuality Educators
Sponsor: University of Michigan
More info: (734) 764-4074, smfoley@umich.edu, www.ssw.umich.edu/programs/ce/UMSHC/
AASECT approved for 195 CE credits

Sexual Attitude Reassessment (SAR)
Date: July 12-14, 2013
Location: Windsor Locks, CT
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon
More info: 860-319-0966 X107, info@iseee.co
www.instituteforsexuality.com
AASECT approved for 18 CE credits

Continuing Education Opportunities

Institute for Sexuality Education & Enlightenment

Date: July 12-19, 2013
Location: Windsor Locks, CT
Presenter: Multiple Presenters
More info: 860-319-0966 X107,
info@iseee.co
www.instituteforsexuality.com
AASECT approved for 60 CE credits

Clinical Sexology Weeklong Intensive

Date: July 22-26, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801,
drpattiox@gmail.com,
www.drpattibritton.com
AASECT approved for 40 CE credits

Amazing SAR Experience

Date: July 26-28, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801,
drpattiox@gmail.com,
www.drpattibritton.com
AASECT approved for 15 CE credits

Sexual Attitude Reassessment (SAR)

Date: September 13-15, 2013
Location: Windsor Locks, CT
Presenter: Rosalyn Dischiavo, Joleen Nevers, Liam Snowdon
More info: (860) 319-0966 x107,
info@iseee.co
www.instituteforsexuality.com
AASECT approved for 18 CE credits

Institute for Sexuality Education & Enlightenment

Date: September 13-20, 2013
Location: Windsor Locks, CT
Presenter: Multiple Presenters
More info: (860) 319-0966 x107,
info@iseee.co
www.instituteforsexuality.com
AASECT approved for 60 CE credits

Clinical Sexology Weeklong Intensive

Date: October 7-11, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801,
drpattiox@gmail.com,
www.drpattibritton.com
AASECT approved for 40 CE credits

Amazing SAR Experience

Date: October 11-13, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801,
drpattiox@gmail.com,
www.drpattibritton.com
AASECT approved for 15 CE credits