

The international resource for educators, researchers and therapists

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A noxious cocktail

“I’m more likely to practice risky sex under the influence of my primary substance of abuse.”

In a 2002 study of former drug and alcohol abusers — by Richard Rawson, PhD, a University of California, Los Angeles professor — more than one-half of methamphetamine users agreed with this statement. So did 42 percent of those addicted to alcohol.

Yet most substance abuse treatment centers shy away from discussing connections between sexual behavior and addiction.

“The drug and alcohol treatment field has always avoided sex as much as possible — except to describe it as a danger to sobriety,” writes Marty Klein, PhD, an AASECT-certified sex therapist. “The result has been a self-fulfilling prophecy; unprepared to deal with sexuality without drugs or alcohol, sex has been the focus of a lot of relapse and self-destructive behavior for people in recovery.”

Doug Braun-Harvey, MFT, an AASECT-certified sex therapist, is one of several professionals pushing treatment centers to begin addressing sexuality and its role in recovery. He’s written two books on the topic: *Sexual Health in Recovery: A Professional Counselor’s Manual* (Springer, 2011) and *Sexual Health in Drug and Alcohol Treatment: Group Facilitator’s Manual* (Springer, 2009).

The topic first piqued Braun-Harvey’s interest 10 years ago. While chatting with a friend at a party, he learned that a local substance abuse treatment center didn’t tolerate consensual sexual activity among clients.

“Doug, I need your help,” his friend said. “We keep kicking people out of our drug and alcohol program for their sexual behavior.”

Braun-Harvey examined the issue and found the practice was commonplace. Most American treatment centers routinely punished or evicted residents who engaged in consensual sexual activity.

When booze, drugs and sex are mixed

To Braun-Harvey, that seemed misguided. The aim of substance abuse treatment centers is to help people end their addiction to drugs

and/or alcohol. Preventing them from accessing recovery counseling for questionable reasons didn’t seem like the right thing to do.

“When consensual sexual behavior happens between adults, how do we have more reasonable approaches to normal human behavior so people can get life-saving treatment?” Braun-Harvey says. “They shouldn’t lose life-saving treatment

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Doug Braun-Harvey

News of Members

Ann M. McNeil, LCSW, CST, is now certificated in Eye Movement Desensitization and Reprocessing (EMDR), a method to help patients with trauma.

Timothy Perper and **Martha Cornog** announce their new book *Mangatopia: Essays on Manga and Anime in the Modern World*, which is being published by Libraries Unlimited. The book includes a chapter on sexually-explicit manga drawn for women by Kinko Ito.

Marty Klein, PhD, announces his seventh book will be published this month by HarperCollins. Titled *Sexual Intelligence: What We Really Want From Sex, And How to Get It*, it carries jacket quotes from Esther Perel, Paul Joannides, Ian Kerner and other professionals.

Maria Papachrysanthou Hanzlik, PsyD, is now licensed as a psychologist in both Pennsylvania and Indiana.

News of Members is a regular column in this publication. Please submit a brief account of your professional or personal news, including book publications, new jobs, graduations and other similar news to Stephanie Buehler at dr.stephaniebuehler@gmail.com.

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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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contemporary sexuality

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AASECT strategic planning focuses on serving members

By Bill Finger, PhD

During Board meetings in June and November, the AAASECT Board of Directors engaged in three days of strategic planning under the direction of Phil Lesser, PhD, CAE (Certified Association Executive). AAASECT has used various strategic planning models over the years, but we used this opportunity under new management to implement a more mission-based or goals-based approach. The primary difference between this model and other models is that the focus is on outcomes that directly benefit you, as the member, rather than the organization. A key concept of this model is to continually ask *why* we're providing a particular service or engaging in a particular activity, and to determine *how* that service or activity provided is of benefit to members. Rather than identifying goals such as "increase membership," which provide little benefit to individual members, the idea is to identify objectives that directly benefit members.

A second key concept of this model is that we started very broadly, clarifying the mission of the organization, and then worked to identify goals, objectives and activities that support this mission. Again, the emphasis was maintained on membership services or benefits throughout the process. Keeping this focus, the Board defined the mission of AAASECT as *the advancement of the highest standards of professional practice among sexuality educators, counselors and therapists*. We, as members, benefit from a focus on advancing high standards of practice through professional credibility and professional identity. In fact, we identified *professional standards, professional credibility and professional identity* as the three key goals of our strategic plan.

The next step in a mission-based model of strategic planning is the identification of specific objectives related to each goal. Goals that we identified to enhance professional credibility include to increase hiring of AAASECT members, increase referrals to AAASECT certified members, and increase adherence to the AAASECT Code of Ethics. Goals intended to support professional identity include increasing the number of professionals who self-identify as AAASECT certified, increasing formal relationships with other pro-

fessional organizations, increasing the number of referrals to members for speaking engagement, media appearances, expert testimony, etc., and increasing the number of certified educators and counselors who rate AAASECT as essential to their professional identification. Finally, goals that strengthen professional standards include clearly differentiating between professional and unprofessional practice and reduced risk for members.

The final step in our strategic planning process was to identify specific activities that will achieve the goals outlined above. We reviewed all the activities currently provided by AAASECT to members and were pleased to find that much of what we already do serves membership goals. However, we also identified more than two dozen new activities designed to help us reach our goals. Some of these are already underway, such as the membership survey that I hope most of your responded to last month. Others, such as establishing relationships with other organizations, increasing ethics training opportunities and offering job postings in *Contemporary Sexuality* are on a fast track for implementation. Long-range activities include exploring the potential of developing an accreditation program and the development of practice standards for sexuality educators, counselors and therapists.

We now have a formal, objective plan that will help focus the Board's energy and the organization's resources in a way that most efficiently serves our members. While this model assumes the completion of established activities and the addition of new ones, it provides a strategic foundation that should serve in our quest to support the mission of AAASECT. As always, I want to personally thank the Board of Directors for their selfless donation of time and energy and their unflagging support of AAASECT and our mission. Also, much gratitude to Phil Lesser for his wisdom and direction and to our staff for hosting us in our D.C. office.

I hope that this information is helpful and as always, I encourage further dialogue. AAASECT is a membership organization and as such, including members in the dialogue is a priority. If you have concerns or questions, please do not hesitate to contact me, Board members, committee chairs or the executive director.



Bill Finger

"AAASECT's mission is the advancement of the highest standards of professional practice among sexuality educators, counselors and therapists."

— Bill Finger

Substance Abuse and Sexuality

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because of reasonable behaviors that happen when adults live together for weeks at a time.”

Kicking people out of treatment for sexual behavior was just one problem. An equally important issue is sex-/drug-linked behavior, which Braun-Harvey defines as “the merging of drug- and/or alcohol-dependent behavior and sexual behavior.”

Getting high or drunk sometimes leads to sexual activity one wouldn’t engage in while sober. An addict might exchange sex for drugs, not bother using condoms or not want to have intercourse with a partner without drugs or alcohol. The opposite also happens: An addict may be too high or too drunk to engage in sex with a longtime partner, thus ruining the relationship.

“I have long believed that chemical dependency and intimacy dysfunction have been inextricably linked,” writes Eli Coleman, PhD, director of the University of Minnesota’s Program in Human Sexuality, in an introduction to Braun-Harvey’s 2011 book.

More than two decades ago, Coleman edited a book on the topic — *Chemical Dependency and Intimacy Dysfunction* (Hawthorne Press, 1988) — that included chapters on sexual compulsivity, incest and chemically dependent women, and aging and chemical dependency.

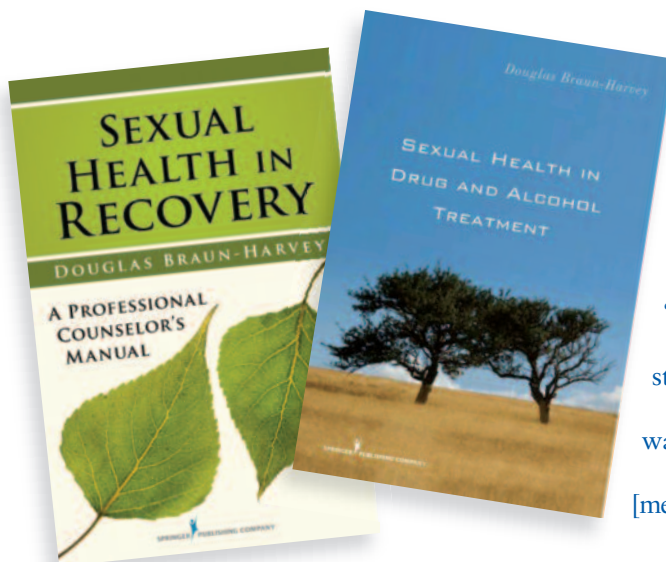
But Coleman’s book may have been ahead of its time. It took another 14 years until researchers began digging into how excessive drinking and drug use affects sexual behavior.

Studies: Sex under the influence

The 2002 Rawson study explored the interplay between sex and drugs. Published in the *Journal of Substance Abuse Treatment* and titled “Drugs and Sexual Effects: Role of Drug Type and Gender,” the report focused on the responses of 464 people at seven California and New York treatment centers to questions regarding their drug and sexual behavior.

Participants were instructed to answer “yes” or “no” to 25 statements, including:

- “I’m more likely to practice risky sex under the influence of my primary substance of abuse.”
- “I have become involved in sex acts that are unusual for me when I am under the influence of my primary substance of abuse.”
- “Use of my primary substance of abuse is so strongly associated with sex that I believe it will be difficult for me to separate my use of this substance from my sexual behavior.”



“The most striking finding was that

[methamphetamine]

users, regardless of

gender, reported

much more drug use

behavior connected

to aspects of sexuality

than users of any of

the other categories

of drugs.”

— Richard Rawson

Methamphetamine users were more likely to answer “yes” to those statements than cocaine, opiate and alcohol users, Rawson found. Slightly more than 50 percent of those addicted to methamphetamine admitted engaging in “risky sex” and “sex acts that are unusual for me” when under the influence compared to about 44 percent of cocaine users and fewer than 6 percent of opiate users.

About 42 percent of alcohol users answered “yes” to the “risky sex” statement and 16 percent of alcohol users answered “yes” to the “sex acts that are unusual for me” statement.

Meanwhile, 28 percent of methamphetamine and cocaine users agreed with the “primary substance of abuse is so strongly associated with sex” statement, compared to 9 percent of alcohol and 3 percent of opiate users.

“The most striking finding was that [methamphetamine] users, regardless of gender, reported much more drug use behavior connected to aspects of sexuality than users of any of the other categories of drugs,” Rawson and co-authors wrote.

Participants in the Rawson study were 51 percent white, 25 percent African-American, 22 percent Hispanic and 2 percent “other.” Sexual orientation of the participants was 92 percent heterosexual, 5 percent homosexual and 3 percent bisexual.

A more recent study yielded similar results. In 2010, Donald Calsyn, PhD, a professor at the University of Washington Alcohol & Drug Abuse Institute, and several co-authors, published “Sex Under the Influence of Drugs or Alcohol: Common for Men in Substance Abuse Treatment and Associated with High-Risk Sexual Behavior” in the *American Journal on Addictions*.

Researchers asked 505 men at seven methadone clinics and seven outpatient treatment clinics about their sexual behavior while

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under the influence of drugs or alcohol. About 73 percent reported engaging in sex while high or drunk during the previous 90 days. When asked about their most recent sexual encounter, 39 percent reported being under the influence. Most of those participating in the study were users of alcohol, cocaine, heroin or marijuana.

“Although substance abuse counselors may be reluctant to discuss sexual issues with their clients, these data show that relapse prevention discussions might benefit from acknowledging how sex and drugs are interrelated, as well as encourage individuals to take responsibility for safe sex rather than blame the substance,” wrote Calsyn and co-authors.

Changing drug and alcohol treatment

Calsyn isn't the only one to notice the reluctance of treatment counselors to discuss sexuality. In Braun-Harvey's *Sexual Health in Recovery: A Professional Counselor's Manual*, he cites several examples of such discomfort (not using real names, each is a composite of multiple clients).

Here's one: Frank liked to have sex when he was high on methamphetamine because it helped him forget the abuse he suffered as a child. Now that he's sober, he masturbates. And he wants to talk about masturbation and its role in his recovery, but his counselor and sponsor would rather he didn't.

“Most professional staff members have a difficult time broaching the subject,” Braun-Harvey writes. “They have little or no education in human sexuality or sexual health. When painful and disruptive sexual behavior intrude on the treatment environment, both client and counselor are unable to look beyond the immediate circumstance to create an opportunity to reveal shameful, painful, and hurtful aspects of sexual behavior and addiction.”

That's also been the experience of Calsyn and two other researchers — Louis Haynes, MSW, and Susan Tross, PhD. In August 2008, the trio wrote an article for *Counselor*, a magazine for addiction professionals, outlining how uncomfortable treatment counselors are in addressing sexuality issues.

Among the reasons cited for this unwillingness to engage in sexual discussions: Lack of training, lack of knowledge about “sex/drug interaction,” fear that talking about sex will encourage clients to make sexual advances, fear that “client might disclose information about their sexual practices that are distasteful to the counselor” and a fear that “sexual issues detract from ‘real recovery.’”

In an interview with *Contemporary Sexuality*, Braun-Harvey says that sexuality isn't usually addressed in treatment until a client becomes sexually active, alone, with another patient or makes advances on a staff member.

Instead of seeing this behavior as part of a sex-/drug-linked behavior, counselors usually believe it's related to something else. “They see it as an unmotivated client,” Braun-Harvey says. “They see it as a client who is not ready to get sober. They see it as a sex addict.”

Braun-Harvey believes that's the wrong approach. So he paired up with Stepping Stone, a San Diego-based treatment center, to create *Discovering Sexual Health in Recovery*, a sex-positive curriculum. With the help of a \$421,000 grant from The California Endowment, Braun-Harvey tested whether the new curriculum improved retention rates at the center.

“The gold standard in drug and alcohol treatment is client retention,” Braun-Harvey says. “If they complete their treatment program they have an enormously higher percentage of people who stay sober ... than those who don't complete.”

In the three years prior to implementing *Discovering Sexual Health in Recovery*, just 25 percent of Stepping Stone clients completed treatment. That rate more than doubled — to nearly 55 percent — during the three years the center tested Braun-Harvey's curriculum.

Braun-Harvey's curriculum includes a sexual risk assessment for all clients, sexual behavior interventions for those who score high on the risk assessment, 90 minutes per week dedicated to discussing sexual issues and other initiatives. Training counselors helped make the program successful.

“We get into this idea that in order to really help people in drug and alcohol treatment with their sex-/drug-linked patterns of addiction, there needs to be a real specialist in understanding sexuality,” Braun-Harvey says. “Our experience has been that if you train a drug and alcohol treatment provider with the basics they need to do this relapse prevention intervention — not to become a sex expert — many people in drug and alcohol treatment can do this work.”

Maryland has embraced this approach. In 2011, nine professionals from that state's Infectious Disease and Environmental Health Administration began training counselors statewide using Braun-Harvey's sex-/drug-linked relapse prevention strategy.

Adds Braun-Harvey, “Are they going to be great sex counselors? No. But are they going to be effective at preventing relapse because of sexuality? I think they can do that.”

— Todd Melby

“Our experience has been that if you train a drug and alcohol treatment provider with the basics they need to do this relapse prevention intervention — not to become a sex expert — many people in drug and alcohol treatment can do this work.”

— Doug Braun-Harvey

Obama administration rejects FDA recommendation on Plan B

The U.S. Food and Drug Administration (FDA) has no problem with consumers under the age of 17 plucking Plan B from the shelves of drug stores and supermarkets. But the Obama administration does.

In a move that angered contraceptive advocates, Health and Human Services (HHS) Secretary Kathleen Sibelius overruled an FDA decision allowing those under age 17 to make over-the-counter purchases of the morning-after pill. Sibelius said the drug's manufacturer, Teva Pharmaceuticals, did "not conclusively establish that Plan B One-Step should be made available to all girls of reproductive age."

When taken within three days of intercourse, Plan B reduces the chance of pregnancy to about 1 in 40. Without any contraceptive, the chance of pregnancy is about 1 in 20.

The FDA says this is the first time HHS overruled one of its decision. Most observers believe President Barack Obama didn't want to have to defend selling Plan B to preteens during an election year.

At a press conference, Obama asked, "When it comes to 12-year-olds and 13-year-olds, the question is: Can we have confidence they would potentially use Plan B properly?"

Susan Wood, a former FDA commissioner, physician and professor at George Washington University School of Public Health, disagrees. "Acetaminophen can be fatal, but it's available to everyone," she says. "So why are contraceptives singled out every single time when they're actually far safer than what's already out there?"

In a commentary on NPR, Douglas Kamerow, a physician and former assistant surgeon general, called the HHS decision "political." He argues that Plan B should be as accessible as the FDA says it should be.

"If you are old enough to get pregnant, or to get someone pregnant, you are old enough to have unrestricted access to emergency contraception like Plan B," Kamerow says. (*New York Times*, Dec. 8, NPR, Dec. 9 and *Bloomberg News*, Dec. 12)

CDC survey examines sexual violence

For the first time, the Centers for Disease Control and Prevention (CDC) conducted a large-scale survey of sexual violence in America. In 2010, researchers asked 9,086 women and 7,421 men in all 50 states questions relating to rape, stalking and violence by an intimate partner.

Titled the National Intimate Partner and Sexual Violence Survey, the nationally representative telephone survey included the following findings:

- About 18 percent of women and 1 percent of men have been raped;
- Among women, 51 percent were raped by an intimate partner and 41 percent were raped by an acquaintance;
- Among men, 52 percent were raped by an acquaintance and 15 percent were raped by a stranger;
- About 16 percent of women and 5 percent of men have been stalked, meaning "they felt very fearful or believed that they or someone close to them would be harmed or killed;"
- Among women, 66 percent were stalked by a current or former intimate partner;
- Among men, 41 percent were stalked by an intimate partner and 40 percent were stalked by an acquaintance;
- About 35 percent of women and 28 percent of men suffered rape, physical violence or stalking at the hands of an intimate partner.

"The numbers surprise us," says Linda Degutis, lead author of the CDC report. "All of this underscores that sexual violence is widespread."

The CDC report estimates that 1.3 million women were raped in the 12 months prior to the survey. That's about six times higher than the U.S. Justice Department's National Crime Victimization Survey.

"I'd be cautious in interpreting the new data or accepting it as an accurate description of the extent of the crime," says Scott Berkowitz of the Rape, Abuse and Incest National Network. "That said, CDC, DOJ and other studies all show that this is an incredibly violent crime that impacts nearly every family in America." (*Washington Post*, *New York Times* and CDC, Dec. 14 and *USA Today*, Dec. 15)

The CDC's full report, fact sheet and toolkit is here: <http://1.usa.gov/vSnbuc>

"Acetaminophen can be fatal, but it's available to everyone. So why are contraceptives singled out every single time when they're actually far safer than what's already out there?"

— Susan Wood

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How many sexual partners have you had? For women, that depends who's asking

Societal norms influence how many women answer sexuality questions. That's one of the conclusions of a new *Journal of Sex Research* study authored by professor Terri Fisher at Ohio State University and professor Michael Alexander at the University of Maine.

The researchers divided study participants into three groups: Those who answered questions behind a closed door and were promised anonymity, those who answered questions with the door open and were told someone may view their responses and those who answered questions while hooked up to a polygraph machine. (The machine wasn't functioning, but participants weren't told that.)

Of the 201 participants — all unmarried, heterosexual college students — male answers didn't vary much. Those in the polygraph group reported 4.0 sexual partners and those in the other groups reported 3.7 sexual partners.

But female answers varied. Those in the polygraph group reported 4.4 sexual partners, those in the closed room reported 3.4 sexual partners and those in the open room reported 2.6 sexual partners.

"Women appear to feel pressure to adhere to sex role expectations that indicate women should be more relationship-oriented and should avoid being seen as promiscuous," Fisher says. (Ohio State University press release, November 2011)

U.S. teen birth rate hits new low

The U.S. teen birth rate fell to its lowest point in nearly 70 years of collecting data. The CDC reports that the number of teenage girls ages 15-19 who gave birth declined to 34.3 births per 1,000, a 9 percent decline from one year earlier.

The total number of births — for all age groups — dropped 3 percent.

"Historically, when the economy is poor, women make a decision often to delay child-bearing and to get more education so they can make more money and support their children," says Deb Hauser, executive director of Advocates for Youth.

Hauser credits a steep decline in abstinence-only-until-marriage sexuality education and an increase in evidence-based, more comprehensive

sexuality programs as also contributing to the decline.

"Young people are getting information about relationships, good communication," she says. "They're getting information about abstinence and they're also getting information about contraception and condoms. Consequently, we see more young people are waiting to have sex." (Public Radio International's *The Takeaway*, Dec. 15)

UN report documents homophobic murders

A new United Nations Commission on Human Rights (UNCHR) report details violence, including murders, targeting LGBT persons. The report, titled "Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity," is the first of its kind issued by the agency.

According to the report, 31 LGBT persons were killed in Honduras in less than two years, including "a transgender person found dead in a ditch, her body beaten and burned, showing evidence of rape and blows to her face from stoning." In Jamaica, police allegedly participated in the stabbing and stoning to death of a gay man. In South Africa, at least two lesbians were murdered.

LGBT persons were also murder victims in the European Union and the United States. In the U.S., murders of LGBT persons due to their sexual orientation or gender identity increased from 22 in 2009 to 27 in 2010, according to the National Coalition of Anti-Violence Programs. Worldwide, the Trans Murder Monitoring Project "lists 680 murders in 50 countries during the period from 2008 to 2011."

Charles Radcliffe, a UNCHR staffer, says government policy sometimes encourages violence aimed at LGBT persons. "One of the things we found is if the law essentially reflects homophobic sentiment, then it legitimizes homophobia in society at large," he says. "If the state treats people as second class or second rate or, worse, as criminals, then it's inviting people to do the same."

Couples who engage in homosexual acts face the death penalty in five nations (Yemen, Sudan, Saudi Arabia, Mauritania and Iran). In another 71 countries, same-sex sexual acts are illegal but not punishable by death.

Navi Pillay, UN High Commissioner for Human Rights, urged all nations to end abuse and violence against LGBT persons. "On the basis of the information presented [in the report], a pattern of human rights violations emerges that demands a response." (UN News Service and Associated Press, Dec. 15)

The UNCHR report is here: <http://bit.ly/sv5sa4>

"One of the things we found is if the law essentially reflects homophobic sentiment, then it legitimizes homophobia in society at large."

— Charles Radcliffe

Member Spotlight

Linda De Villers, PhD
(Marina del Rey, Calif.)

Member Spotlight is a monthly column offering an opportunity for AASECT members to get to know more about each other. Each month, a different member's story will be introduced. If you would like to recommend someone to be interviewed for this column, please contact Jacqueline Richard, PsyD, at jrRichardpsy@aol.com.

Linda De Villers, who lives and works in Marina del Rey, Calif., holds the distinction of AASECT certification as a sexuality educator, diplomate of sex therapy and supervisor. She published and produced a long list of articles and workshops and two books during the past two decades as part of her ongoing commitment to the field of sexuality.

An important turning point in her career occurred in 1978 when, as a direct result of statewide tax cuts, she lost a full-time position teaching psychology. At the time, she did not yet have a license to practice psychotherapy.

"Ironically, it may have launched the best moment of my life, since I was hired to teach graduate courses in human sexuality the very next semester on two different campuses, which effectively launched my career in sexuality," she says. "At the time, it was a very new, innovative specialty, and was offered on only a few campuses."

She also began her involvement with AASECT during this time. She says, "Entering the field in the early 1980s was exciting because it was a sex-positive era. When the AIDS era erupted, my background enabled me to balance pleasure needs with safety needs. In 1985-1986, I was a visiting scholar at the University of California, Los Angeles. I conducted the first national survey on the relationship between exercise habits and women's sexual functioning. It was also the first study to investigate both the immediate and long-term effects of exercise. Many women reported an increase in sexual interest, arousal levels and orgasmic capacity within a 90-minute interval following exercise. Positive long-term effects of exercise were also reported for those women who engaged in regular exercise for three months or more. The effects can, of course, be partly explained by enhanced body image, as well as higher levels of energy and endurance. Other researchers later extended these findings to men and even constructed experimental designs to further explore the relationship."

During the 1990s De Villers, who enjoys bal-

ancing clinical and academic work, researched a sexual enrichment approach that addresses both sexual enhancement and sexual difficulties. From this research, she published her first book, *Love Skills*, now in its fourth edition.

De Villers credits John Gottman, whose books on communication included empirically driven research and practice, as an influence on her work. Another influential person with a similar approach, but more specifically focused on sexual concerns was Joseph LoPiccolo.

"LoPiccolo was very inclusive in his approach," she says. "He was well-known and also quite humble, a quality I really respect in high-visibility professionals."

During this past decade, De Villers turned her attention to a new, positive pursuit. Inspired by her teaching of health psychology, her holistic medical family background and her love of cooking and great food, she intensely explored the world of food and sex. During her study of aphrodisiac foods, she created an online survey that became the basis of a new aphrodisiac foods cookbook. Titled *Simple Sexy Food: 101 Tasty Aphrodisiac Recipes and Sensual Tips to Stir Your Libido and Feed Your Love*, the book was released last month.

"One of the messages I want to contribute is that whether planned or spontaneous, sexy meals with a whole host of little-known 'aphrodisiac' foods offer a wonderful opportunity to spice up one's sex life — especially in stressed-out, long-term relationships — and improve one's sexual health at the same time," she says. "I'm introducing the idea of a cognitive shift when it comes to walking down the food aisles. People can put on their 'erotic lenses' and start selecting foods with juicy reputations and take a playful, sensual approach to their everyday dining experiences."

Conferences figure strongly in the highlights of De Villers' career. She says, "Starting in the 1980s, my attendance at many conferences — AASECT, SSSS and World Congresses of Sexual Health are true highlights of my professional career, not only for the professional development they afforded, but also for the formation of many close, now long-standing friendships I've developed. Some of the most exciting international travel I've done has been with these friends."

In addition to her work, De Villers shares a passion for travel, art, film and day hiking with her partner, who has been in her life since the mid-1990s. She says he's in her life partly because she seduced him with food! Perhaps most thrilling for her these days are her plans for travel, especially internationally, to promote her new book.

— Jacqueline Richard, PsyD



Linda De Villers

"Starting in the 1980s, my attendance at many conferences — AASECT, SSSS and World Congresses of Sexual Health are true highlights of my professional career, not only for the professional development they afforded, but also for the formation of many close, now long-standing friendships I've developed."

— Linda De Villers

Educational Opportunities

To promote an Educational Opportunity on these pages, send an email to info@aasect.org.

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

Ongoing, online course
Presenter: Mark Schoen
More info: SexSmartFilms.com at (626) 660-5823 or drmark@SexSmartFilms.com
Website: <http://bit.ly/bkpzYj>
AASECT-approved for 2 CE credits

Sex Therapy Postgraduate Training (One-Year Program)

Now–May 30, Philadelphia
Presenter: Nancy Gambescia
More info: (610) 525-1978, ngambescia@aol.com or <http://bit.ly/wCVCY3>
AASECT-approved for 150 CE credits

Sex Therapy Postgraduate Training Institute of New York

Now–December 2, New York City
Presenters: Susan Lee and Richard Siegel
More info: (561) 833-0066, drsusanlee@mac.com
AASECT-approved for 120 CE credits

University of Michigan Sexual Health Program

Now–March 2013 (9–11 weekends), Ann Arbor, Michigan
Presenters: Seven AASECT-certified sex therapists and sexuality educators
More info: University of Michigan's Sallie Foley at (734) 764-4074, smfoley@umich.edu or <http://www.ssu.umich.edu/programs/ce/UMSHC/>
AASECT-approved for 165 CE credits

Comprehensive Program in Human Sexuality and Sex Therapy

Now–June, New York City
Presenter: Virginia Sadock
More info: (212) 535-3271 or program.humansexuality@nyumc.org
AASECT-approved for 32 CE credits

Sex in Cinema: Characters as Clients (Monthly Group and Teleseminar)

February 1, 8 and 15
Beverly Hills, California
Presenter: Patty Britton
More info: (323) 791-7801, drpattiox@aol.com or www.theissr.com
AASECT-approved for CE credits

Restoring and Revitalizing Marital Sexuality

February 3, Burlingame, California
March 15, St. Louis, Missouri
Presenter: Barry McCarthy
More info: (800) 839-4584, ssell@health-ed.com or www.health-ed.com
AASECT-approved for 6 CE credits

Full Spectrum Sex Therapy: Integrating Attachment, Sexual Pleasure and the Psychology of Flourishing

February 3-4, Rockville, Maryland
Presenter: Stella Resnick
More info: (310) 855-7565, stellares@aol.com or www.drstellaresnick.com
AASECT-approved for 12 CE credits

Sex Therapy Professional Certification Course

February 4, Hong Kong, China
Presenter: Matthew Yau
More info: infor@hkasert.org.hk, drsusanlee@mac.com or www.hkasert.org.hk
AASECT-approved for credits, contact provider for details

Love Potions: Why? What Works? What Doesn't And ... The Role of Sex/Psychotherapist as Lubricant

February 4, Rockville, Maryland
Presenter: Brian Cross
More info: ckraft@jhmi.edu
AASECT-approved for 3 CE credits

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

February 10–12, Big Sur, California
Presenter: Gina Ogden
More info: (831) 667-3005 or www.esalen.org
AASECT-approved for 11 CE credits

Women's Sexual Stories: Healing the Wounds, Celebrating the Joy ... for women of all ages and all sexual and spiritual orientations

February 12–17, Big Sur, California
Presenter: Gina Ogden
More info: (831) 667-3005 or www.esalen.org
AASECT-approved for 26 CE credits

Working with Couples When Pornography is an Issue

February 15, San Diego
Presenter: Marty Klein
More info: irwingoldstein@sdsu.edu
AASECT-approved for 2 CE credits

Extra-Marital Affairs: A New Model for Assessment, Treatment and Relapse Prevention

February 17, Raleigh, North Carolina
March 2, Birmingham, Alabama
Presenter: Barry McCarthy
More info: (800) 839-4584, ssell@health-ed.com or www.health-ed.com
AASECT-approved for 6 CE credits

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

February 18-19, Boca Raton, Florida
Presenter: Sally Valentine
More info: (561) 391-3305, drsallyvalentine@me.com or www.drssallyvalentine.com
AASECT-approved for 12 CE credits

International Society for the Study of Women's Sexual Health

February 19–22, Jerusalem, Israel
More info: (847) 264-5915, sueo@wjweiser.com or www.isswsh.org
AASECT-approved for 27.5 credits

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Educational Opportunities

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Sexual Intelligence: What People Really Want From Sex and How We Can Help Them Get It

February 24, San Mateo, California
Presenter: Marty Klein
More info: (800) 584-5111 or klein@sexed.org
AASECT-approved for 2 CE credits

Sexual Healing and Celebration: An 'ISIS Network' Retreat for Health Professionals and Their Partners

February 25–March 3
Puerto Vallarta, Mexico
Presenter: Gina Ogden
More info: (413) 625-8382, monica@crocker.com or gina@ginaogden.com
AASECT-approved for 18 CE credits

SAR 1: Sex 101 — Exploring Personal Beliefs Around Topics in Sexuality

February 25, Boulder, Colorado
Presenters: Bill Stayton and Jenni Skyler
More info: (720) 331-3354, drjenni@theintimacyinstitute.org or www.theintimacyinstitute.org
AASECT-approved for 10 CE credits

SAR 2: Sex 102 — Diving Deep Into Topics in Sexuality

February 26, Boulder, Colorado
Presenters: Bill Stayton and Jenni Skyler
More info: (720) 331-3354, drjenni@theintimacyinstitute.org or www.theintimacyinstitute.org
AASECT-approved for 10 CE credits

Sexual Intelligence: How America's War on Sex Undermines Student Sexuality

February 27, Rohnert Park, California
Presenter: Marty Klein
More info: (800) 584-5111 or klein@sexed.org
AASECT-approved for 2 CE credits

Two-Day Sex Therapy Training: "Integrating the Basics of Sexual Anatomy and Physiology and Medical/Health Factors Into Your Practice"

March 1–2, Ft. Lauderdale, Florida
April 26–27, Charleston, South Carolina
Presenter: Joan Sughrue
More info: (770) 655-3082 or joan@relationshiptherapy.com
AASECT-approved for 12 CE credits

Sexual Attitude Reassessment (SAR)

March 3, Ft. Lauderdale, Florida
Presenter: Joan Sughrue
More info: (770) 655-3082 or joan@relationshiptherapy.com
AASECT-approved for 10 CE credits

Getting the Love You Want, Getting the Sex You Want Couples Retreat

March 3–10, Puerto Vallarta, Mexico
Presenter: Tammy Nelson
More info: (413) 625-8382 or <http://bit.ly/mRH3rj>
AASECT-approved for 18 CE credits

Integrating Sexuality and Spirituality: A Weekend of Healing and Celebration for Per-Menopausal and Menopausal Women

March 9–11, Reno, Nevada
Presenter: Gina Ogden
More info: (775) 997-5538 or giapn_36@hotmail.com
AASECT-approved for 12 CE credits

Sexual Compulsivity: Effective Assessment and Intervention

March 10, Florence, Massachusetts
Presenter: Joseph Winn
More info: (617) 461-8479, josephwinnlicsw@gmail.com or josephwinnlicsw.com
AASECT-approved for 6 CE credits

Evaluation and Diagnosis of Sexual Problems

March 19, 26 and April 2, Teleseminar
Presenter: Sylvia Rosenfeld
More info: (407) 461-9971 or betty@imagorelationships.org
AASECT approved for 3 CE credits

Sexual Intelligence: 10 Things Every Therapist Needs to Know About Sex

March 23, Washington, D.C.
May 4, Portland
Presenter: Marty Klein
More info: jforeman@psychnetworker.org or Klein@SexEd.org
AASECT-approved for 4 CE credits

Working with Couples When Pornography is an Issue

March 24, Washington, D.C.
March 30, Santa Clara, California
Presenter: Marty Klein
Sponsor: Psychotherapy Networker Conference
More info: jforeman@psychnetworker.org or klein@SexEd.org
AASECT-approved for 2 CE credits

Sexual Well-Being: Crossroads of Culture, Psychology and Physiology: Annual Meeting of the Society for Sex Therapy and Research (SSTAR)

March 29–31, Chicago
More info: (321) 527-2940, shirleybaron@gmail.com, rcarroll@nmff.org or www.sstarnet.org
AASECT CE credits pending

Sex Therapy Postgraduate Training Institute of New York (Year 2)

April 14–15, July 14–15, October 13–14, December 1–2, New York City
Presenters: Susan Lee and Richard Siegel
More info: (561) 833-0066, drsusanlee@mac.com
AASECT-approved for 120 CE credits

Ultimate SAR Experience

April 20–22, Amsterdam, Netherlands
Presenter: Patti Britton
More info: (323) 791-7801, drpattiox@aol.com or www.theissr.com
AASECT-approved for 15 CE credits

SAR

April 27–29
Northampton, Massachusetts
Presenter: Joseph Winn
More info: (401) 345-8685, thecsph@gmail.com
AASECT-approved for 18 CE credits

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Educational Opportunities

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SAR

April 28, Charleston, South Carolina
Presenter: Joan Sughrue
More info: (770) 655-3082 or
joan@relationshiptherapy.com
AASECT-approved for 10 CE credits

Sexual Intelligence: Cybersex, Kinky Sex, Pornography and Sex Addiction

May 11, New York City
Presenter: Marty Klein
More info: (800) 584-5111 or
Klein@SexEd.org
AASECT-approved for 5 CE credits

AASECT 44th Annual Conference *Synergy: Innovation, Sexuality, Tradition*

June 6–10, Austin, Texas
Presenters: Multiple AASECT-certified professionals and guest speakers
AASECT-approved for 20+ CE credits

The Heart of Desire: The Embodiment of Love for Couples

June 24–29, Big Sur, California
Presenters: Stella Resnick and Alan Kishbaugh
More info: (310) 855-7565,
stellares@aol.com
AASECT-approved for 26 CE credits

University of Michigan Sexual Health Program

July 7–October 7
Ann Arbor, Michigan
Presenters: Eight AASECT-certified sex therapists and sexuality educators
More info: (734) 764-4074,
smfoley@umich.edu or
<http://bit.ly/bs8UTA>
AASECT-approved for 195 CE credits

Comprehensive Program in Human Sexuality and Sex Therapy

September–June 2013, New York City
Presenter: Virginia Sadock
More info: (212) 535-3271 or
program.humansexuality@nyumc.org
AASECT-approved for 32 CE credits

Clinical Sexology Weeklong Intensive

July 16–20, Los Angeles, California
Presenter: Patti Britton
More info: (323) 791-7801,
drpattiox@aol.com or
www.theissr.com
AASECT-approved for 40 CE credits

SAR


July 20–22, Los Angeles, California
Presenter: Patti Britton
More info: (323) 791-7801,
drpattiox@aol.com or
www.theissr.com
AASECT-approved for 15 CE credits



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See you in Austin, Texas!

44th Annual AASECT Conference

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Austin, Texas
Hyatt Regency
June 6–10, 2012