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Serving the Transgender Community

A Review of the Standards of Care (SOC)

On September 25, 2011 at the Biennial World Professional Association for Transgender Health (WPATH) Symposium, all attendees stood with champagne glasses held high as Dr. Eli Coleman introduced the official release of the WPATH, Standards of Care, version 7 (SOCv.7). He was proud to point out that version 7 was a 120-page document, replacing the mere 22-pages that comprised version 6.

Depending on your profession, you may not be familiar with WPATH or their Standards of Care. The WAPTH SOC dates back to 1979 and through each revision becomes a stronger manual offering clinical guidance to healthcare professionals working with the transgender community.

Below is a brief summary of the changes made in SOCv.7:

1) De-psychopathologization of gender difference. Professionals and providers recognize that having a gender identity or expression that goes outside our society's traditional norms is not a mental illness and should not be treated as one.

2) Adding gender nonconformity as an identity. Gender nonconformity means behaving and appearing in ways considered atypical for one's gender. This can appear in a person's gender expression, meaning the way that they communicate their gender, or can be related to a person's gender identity, the way that they psychologically identify their gender as being either both man and woman or outside of man and woman, such as third gender or genderqueer.

3) Removal of all criteria that referenced a step-by-step process to transitioning. In version 6, the guidelines recommended that an individual who identifies as transgender and wants to transition to the other gender and/or is seeking certain medical treatments should 1. See a gender specialist for 3 months or 12 consecutive sessions, 2. Undergo a "real-life test or experience," in which they socially live for one year as the gender to which they wish to transition, 3. Begin hormone therapy, 4. Have revaluation by a therapist, 5. Wait at least two-years prior to undergoing surgeries.

4) Recognition and support for individualized healthcare and informed consent models. The recognition of support for individualized healthcare reinforces the importance of not approaching any one client as if they are the same as another. Offering informed consent means that the provider explains all the options, risks, and potential side effects to the client. The client's signature acknowledges readiness to move forward with their choice without supplying a letter from a therapist and without receiving a mental health diagnosis.

5) Removal of the "real-life test or experience." This required that clients socially live as the gender with which they identified for a year before their physical transition.

6) And more detail and criteria for working with transgender youth. More providers are starting to treat and assist youth in social transition and medical transition at younger ages. Youth are socially transitioning as early as elementary school, living as the gender with which they identify, without medical treatment. Youth are beginning medical transitions as early as middle school. Medical transition involves the individual undergoing medical treatment, such as the use of puberty blockers for early adolescence or cross-sex hormones for those in middle adolescence and beyond. Although some providers may be hesitant to work with youth, the research provided

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Dear Readers of CS

Dear Readers of CS,

During the past six months, and without a senior writer, Editor-in-Chief Sorah Stein volunteered countless hours to continue to provide *Contemporary Sexuality* to the membership. She organized volunteer writers to contribute articles and completed the copy-editing. In this issue, final copy-editing was done by Sallie Foley, Communications Chair, and any errors or oversights are hers and hers alone. Sorah has taken a well-deserved vacation from the final copy-editing this month.

Cory Silverberg will begin as our Senior Writer in late January and will collaborate with Sorah who will remain our Editor-in-Chief.

We in AASECT Communications wish you a happy new year.

Sallie Foley

aasect

Before we ring in the New Year, please make a year-end donation to AASECT! Donations support our ongoing work to create a better website, expand CE offerings, upgrade our database, and build a stronger sexual health community!

Please contribute by writing a check or through our on-line portal at www.aasect.org. Donations are tax deductible.

contemporary sexuality

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Letter from the President



Let's Talk about Us

AASECT's mission is the advancement of the highest standards of professional practice for educators, counselors and therapists. However, what else is AASECT about?

Do we relentlessly pursue tolerance, acceptance, diversity, and consonance within our organization? Do we uphold what we set forth in our mission statement and support our Vision of Sexual Health? How do we extend ourselves to, and collaborate with, other sexology organizations?

AASECT's strength is that as a membership organization, we are a synthesis of disciplines, ideas, experiences, approaches, theories, and beliefs.

We all have important voices in our fields. Each of us is stronger because of the member next to us who thinks differently or has another approach. It doesn't matter whether we are educators, counselors, or therapists. We ALL matter within our organization. The listserv, our internal "think-tank," is better for the various voices that share issues and problems across disciplines. When sexuality educators share on the listserv, their perspectives help me as a therapist understand other ways of approaching an issue and expand my knowledge base. It helps me to reflect and become better at what I do.

Let's take this way of thinking to another level. We are all AASECT ambassadors wherever we go. We have much to give and much to learn from others in our field. While attending other conferences, I learn a tremendous amount in terms of thinking about our organization and what it has to offer to members and the broader community. At the Sexual Medicine Society of North America (SMSNA), collaboration stood out as a theme. Symposia represented SSTAR, SSSS, AASECT, and ISSWSH, and for the first time at SMSNA, AASECT CE's were offered! This represents a critical acknowledgment of the collective knowledge that AASECT has to offer other fields and disciplines as well as a willingness to collaborate.

Advocacy was the theme at the Woodhull Sexual Freedom Summit. The title of the conference was, "Prohibition Politics: the Assault on Sexual Freedom." Important questions were raised, such as with our rocky political landscape, how can we each be aware of "Sex Panic" thinking—the reactive criminalizing and pathologizing of sexual behaviors? How can we be advocates for access to health care, sexual health and pleasure in relationships? And, how can we be advocates for comprehensive sexuality education?

At SSSS, sexual science was the theme and research is clearly critical to everything we do as AASECT members. SSSS has been around ten years longer than AASECT. In those days, it was incredibly daring to have established an organization with the word "sexuality" in its name, and fifty-five years later, SSSS is going strong. As a representative of a sister organization, I was proud to attend sessions and hear about fascinating and important research.

The next conference stop was the Center for Family Life Education (CFLE) in New Jersey. As "the largest conference in the United States that is exclusively devoted to sexuality education," the CFLE is an important partner in our vision toward sexual health. Because sexuality educators are an integral part of AASECT, I was thrilled to attend this gathering of some of the most accomplished sexuality educators in the field!

Now to a very, very, important part of what we do—GIVING BACK!

AASECT members, think of the past year!

Todd Akin. The bigotry of large corporations. Binders Full of Women. Suicides of bullied LGBTQQI youth. Major sex scandals.

The need for AASECT's amplified presence is more critical than ever. As an independent, not-for-profit 501(c)(3) doing our hard work for over 45 years, here are six reasons for you to support AASECT:

1. We are the first organization to which the media turns for informed opinion on sexuality.
2. We are the most respected source for those struggling with relationship and sexuality issues.
3. We are the premier organization for certification and training of sexuality educators, counselors, and therapists.
4. Promote sexual health by developing and advancing the fields of sexual therapy, counseling, and education. AASECT's mission is the advancement of the highest standards of professional practice for educators, counselors, and therapists.
5. Every day we do work that may not be considered popular but is critically necessary.
6. Only a small percentage of AASECT members donate—and we believe that with your help, our goals of upgrading the website and listserv can be accomplished before our annual conference in June!

Thank you for helping us make AASECT a stronger organization, and for choosing to be a part of the AASECT family.

Happy Holidays to all!

Michele

P. Michele Sugg, MSW, LCSW, CST

Serving the Transgender Community

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by WPATH and the research and guidelines provided by the Endocrine Society show the benefits both psychologically and physically for youth receiving treatment at a young age.

Another significant change in version 7 includes the removal of recommended ongoing mental health therapy specifically focused on a client's gender identity and more information regarding informed-consent treatment. The version 6 guidelines recommended clients attend therapy for at least 3 months or 12 consecutive sessions before being considered a candidate for medical treatments. This focus on therapy made some mental health practitioners feel like gatekeepers to their transgender clients' advancement in their transition. It was also frustrating for clients not seeking or in need of therapy to address gender identity and choices in medical treatments.

With the new version, it is important to note that when a client seeks hormones and surgeries, psychotherapy is *not required*. "Psychotherapy is not an absolute requirement for hormone therapy and surgery. **A mental health screening and/or assessment… is needed** for referral to hormonal and surgical treatments for gender dysphoria. In contrast, psychotherapy—although highly recommended—is not a requirement" (p. 28).

This brings us to review another change, which will impact both providers and clients: the use of the term "gender dysphoria" rather than "Gender Identity Disorder (GID)." The language we use as professionals and the way we treat and diagnose clients has a long-lasting impact. Using the term Gender Identity Disorder increases stigmatization of transgender clients because it suggests that a person's gender identity is "disordered."

The term "gender dysphoria" is proposed to replace GID in the 2013 release of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). These changes were initiated in 2008, when the American Psychiatric Association (APA) organized the Sexual and Gender Identity Disorders Workgroup. This workgroup gathered suggestions from mental health providers, activists, and advocates in reviewing the name and criteria. In June 2011, they set forth their new recommendations. The irony of changing the term to "gender dysphoria" is that this is a step back to the term used in the DSM-III.

The revision of the DSM and the GID classification has been fraught with controversy among individuals in the transgender community and their supporters. Some professionals and advocates called for the complete removal of GID, stating the diagnosis is stigmatizing, vague, overinclusive, pathologizing of gender diversity, and presents and upholds archaic and stereotypical ideas of gender expression and roles. An example used in their argument is that before 1973, homosexuality was viewed as a mental illness and by 1980, it was completely removed, citing that a person's sexual orientation is not an illness. Yet, in 2012, we still diagnose a person's gender identity.

Others stated the need for the diagnosis to remain, fearing its removal would further limit insurance coverage for people seeking medical treatments. One suggested change is a diagnosis code under the International Classification of Diseases (ICD) used by medical providers. Having an ICD code would allow providers to treat the physical conditions without stigmatizing clients with a mental illness diagnosis.

Much is changing and many unanswered questions remain. While we wait for the final word on what language, criteria, and diagnosis to use, here are some questions to ask ourselves:

First, why are we diagnosing transgender clients with a mental illness because their gender identity is not in line with their assigned sex? In the documentary, Diagnosing Difference, transgender clients speak about their frustrations with the professional helping field and the mental health diagnosis they feel creates even more barriers. As a transgender man, I can say that I do not see my gender identity as an illness; with the physical steps that I took to align my body with my mind, I feel grounded and sane. Are there some aspects of my mental health that might be illness or disorder? I'm sure there are, however, my gender is not one of them.

Second, what would providers' relationships with transgender clients look like if the client knew they were coming in for treatment instead of coming in just to jump through another hoop? I ask this question using the language that I hear other transgender people use across the nation. "Another hoop or another loop," is how many feel about professionals in the field. One of the reasons is that many providers and therapists still operate under the practices of version 6. Clients are still told that they must see a therapist for a certain time and be officially diagnosed with GID. Clients are still asked if they are currently "living as a man or a woman," which is a screening question for the "real-life test." Clients are still being pressured by some providers to follow the "step-by-step" guidelines instead of being treated on an individual basis in which they have individual needs.

Finally, what would professional-client relationships look like if the client knew they were not going to be potentially labeled or coded? As

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stated earlier, these labels can have a lasting impact. Clients seeking care for issues other than a transition may choose not to disclose their gender identity, surgeries, current medications, etc. to their provider, fearing how they will be treated and what will end up in their chart.

As a LGBTQ Inclusion consultant, educator, and author, as well as a transgender man, every day I am exposed to new ways of looking at identities and new challenges within the transgender community. Because of this, if there were any advice that I could give professionals working with transgender clients, it would be to always continue exploring the community and the spectrum of identities and forms of expression. Also stay on top of current articles, personal stories, and political issues that have an impact on the clients you serve.

Along with continued education, we need to treat clients on an individual basis and not pathologize individual needs. To learn more about my own physical and mental journey, you can read my memoir, *Second Son: Transitioning Toward My Destiny, Love and Life*, released in April 2012. Also feel free to visit my website at www.ryansallans.com.

Other suggested resources are GID Reform Advocates: http://www.gidreform.org/, Dr. Jack Drescher's article *Queer Diagnoses: Parallels and Contrasts in the History of Homosexuality, Gender Variance, and the Diagnostic and Statistical Manual*, the Center for Transgender Excellence: http://transhealth.ucsf.edu/, and the Endocrine Society: http://www.endo-society.org/.

Editor's note: Thank you to Ryan Sallans for volunteering to write this article.

By Ryan K. Sallans, MA, LGBTQ Inclusion Educator, Consultant, and Author



Meet the New Senior Writer for Contemporary Sexuality

Q. Where did you get your interest in being a sexuality educator and writing about sexuality education?

A. My father was a sex therapist. He started out as a family doctor, but a lot of his patients wanted to talk to him about their sex lives. He trained with many of the first AASECT members, and for most of my childhood that was his main profession (he's now retired, but he was an AASECT member for many years). My mom was a children's librarian who ended up running consciousness raising women's groups in the 70's and facilitating workshops for women around sexual pleasure. So you could say that reading, writing, and talking about sex are all kind of in my DNA. But they were also part of the world I grew up in.

The writing came later. After I co-authored a book on sex and disability, I took a job writing for About.com. For the past seven years, I've been lucky enough to get paid to write what is mostly sex education material for a very general audience. It's sometimes solitary work but it's also a lot of fun.

Q. What is the most interesting topic about which you've written?

A. I wouldn't know how to give a single answer (it's like asking what your favorite Beatles song is). I'm going to cop out a bit, but with an honest answer. In my experience, there are very few sexual topics that don't go very deep, where there is space to explore philosophical, psychological, emotional, and spiritual concepts that are fundamental to human experience. From topics that may seem clinical, like premature ejaculation, to issues that can feel over worked like infidelity, whether it's our sexual pasts or futures, I find that most of what makes up sexuality is infinitely fascinating if you keep digging.

Q. What was the hardest thing you've ever written?

A. Two topics come to mind. Writing about sexual violence in a way that both acknowledges the range of people's experience with violence without making assumptions of what people do with those experiences is something that I'm only beginning to figure out. And gender. There are some topics that highlight the limits to the written word, and I'd say gender is one of them, for me.

Q. What about being the senior writer for CS excites you the most?

A. It's nice to be challenged as a writer, and writing for CS will present many challenges. I have no doubt that I will fail often, and perhaps spectacularly, but I'll get it right eventually. What is exciting to me about CS, well about AASECT, is the possibility of having many different kinds of sexuality professionals in conversation. We all tend to stay in our little worlds, sex educators, therapists, counselors. We go to our own conferences where we are often the only one or one of the few people who want to focus on sexuality. And we come together once a year for the annual AASECT meeting. But other than that, CS provides an opportunity for us to learn from each other.

It's exciting to think about how we can take a topic that is relevant to all of our work (and usually our personal lives as well) and present it in a way that's as engaging for a seasoned clinician as it will be for a newly certified sex educator. And honestly I'm excited to get to talk to and meet more AASECT members. I'm as bad as anyone about staying in my own little world. Breaking out of that is part of my job description. And I'm looking forward to it!



Cory Silverberg will take over as Senior Writer for Contemporary Sexuality in January 2013, and his first publication will be the February issue. We look forward to his many contributions to CS!

Editor's Note: Thank you, Cory, for agreeing to this interview and I look forward to working with you!

Quick News Hits

Intercourse Does Not Actually Induce Labor

For years, health professionals recommended sexual intercourse as a means to bring on labor during the final stage of pregnancy. However, new research from the University of Malaya suggests they may want to rethink that strategy. In a study of more than 1,100 women, all 35 – 38 weeks along in their pregnancies, researchers found no difference in the timing of delivery between women who had sex near term and those who did not. While earlier research used surveys, this is the first study that randomized the experience of intercourse among participants.

According to Dr. Tan Peng Chiong, a professor of obstetrics and gynecology and one of the authors of the study, "We are a little disappointed that we did not find an association. It would have been nice for couples to have something safe, effective, and perhaps even fun that they could use themselves to help go into labor a little earlier if (they) wanted."

The belief that intercourse can induce labor has long been popular and over the years, scientists proposed reasonable explanations for why it could help. Theories cited triggers such as the prostaglandin in semen and the uterine contractions that can occur during orgasm.

Results of the study are published in this month's "Early View" online issue of BJOG: An International Journal of Obstetrics and Gynecology. *(Reuters, 11/21)*

New Rule for Porn: It's Not "A Wrap" Unless You "Wrap it Up"

On November 6, Los Angeles County residents approved ballot measure B, a law requiring actors in pornographic movies to wear condoms. The L.A.-based AIDS Healthcare Foundation backed the measure, saying it will protect worker safety while keeping the public safe from outbreaks of sexually transmitted diseases.

Under the new law, porn producers must purchase a public health permit, much like those required for tattoo businesses, and submit to random spot inspections. In addition to having their permit revoked, producers will face fines and misdemeanor criminal charges if they are found to be in violation of the ordinance.

In response to the new law, executives and directors are threatening to move production sites out of the San Fernando Valley, which has headquartered adult film production since the 1970s. In 1998, the industry itself mandated condom use after several actors tested positive for HIV; however, the mandate was reversed after sales fell 30%. The industry says it has since implemented strict measures for required STD testing that successfully minimized health risks. *(Los Angeles Times, November 8)*

Smartphone Use Correlated with Increased Risk of Unprotected Sex among Teens

Not only do many teens use the Internet to find sex partners, engaging in unsafe sex appears to be more likely among those who do. These are the findings of a group of University of Southern California researchers. Their study, presented at the American Public Health Association's 140th Annual Meeting on 10/29/12, analyzed data from a 2011 CDC survey conducted among more than 1,800 Los Angeles students ages 12 to 18. About one third of the students surveyed carried a smartphone with Internet access, and nearly half of those teens said they were sexually active.

The study also found that students who identified themselves as non-heterosexual were more likely to seek a sex partner or be approached for sex online, compared to heterosexual teens. And while 23% of heterosexual teens had unsafe sex with a partner they met online, 62% of LGBTQ teens said they had unprotected sex.

The study's authors suggest technology isn't creating the problem but instead, seems to be making it easier for teens to find sexual partners. Author Hailey Winetrobe, MPH, CHES, researcher at USC and an APHA Annual Meeting presenter says, "Parents and school health professionals should talk to their teens about being safe in meeting people online and in using condoms to prevent sexually transmitted infections and unplanned pregnancies." *(American Public Health Association Press Release, October 2012)*

Turns Out, "True Love Waits" Less Often for Jews and Christians

Although Christians are popularly associated with the abstinence movement, according to a study published in the October 2012 American Sociological Review, Muslims and Hindus are

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The AASECT Staff Revealed!

1444 I Street, Washington D.C.—two blocks from the White House—is home to the corporate office of the American Association of Sexuality Educators, Counselors, and Therapists. The building faces McPherson Park, scene of "Occupy Washington" a year ago. The park is quieter now, but not the AASECT headquarters where Dee Ann Walker, Al Baggett, Janet Huynh (pronounced 'when'), and Lisette Werbowetzki pursue careers in support of AASECT.

Although members of AASECT serve in volunteer positions on the Board, committees, conference organization, and publications, we could not survive without paid staff. In the last few years, AASECT contracted with Bostrom Corporation, a company specializing in management of professional associations, to support and manage our professional organization. Dee Ann, Al, Janet, and Lisette agreed to 'exclusives' with Sallie Foley, Communications Chair. Read on and discover the answers to 'who are you—Dee Ann, Al, Janet, and Lisette—and what do you do for AASECT?'



Caption

Dee Ann

I caught up with Dee Ann Walker in the late afternoon. Dee Ann works as AASECT's Executive Director. We settle into our phone conversation.

What does an Executive Director for AASECT actually do?

I work with all the committee heads and board members and help with organizational planning for the conferences. I'm not really good at the members' day-to-day questions. I won't know those answers as well as others on staff. My job is oversight and planning.

I hear there is plenty of that. Michele Sugg, our President, says you are in contact almost every day and I know how involved you've been with committees like Communications as we redesign the website and reformat the listserv.

My role is to keep things going and I have overall responsibility to make sure that programs and services move forward.

Al knows certification and Janet knows CE. If a member reaches me and needs to know specifics about either, I get them to the right person. Al and Janet are very good about keeping me updated. We have regular team meetings and I'm kept informed. I also have fiduciary responsibility for the organization—my job is to make sure we stay on track.

I know from other Board members that you work long hours. What's on your 'to do' list this year?

This next year I want to keep focusing on governance and committee structures, roles and re-

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Quick News Hits

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more likely than their Christian and Jewish counterparts to forgo pre-marital and extramarital sex. The study, led by Amy Adamczyk and Brittany E. Hayes at the John Jay College of Criminal Justice in New York City, used data obtained from the Demographic and Health Surveys collected from 31 developing countries between 2000 and 2008.

Adamczyk says the idea for the study came from an earlier one in which she found low rates of HIV in countries with large Muslim populations. Curious about this, Adamczyk considered lower rates of premarital and extramarital sex as potentially significant.

The study revealed that "94 percent of Jews in the nations they studied reported having premarital sex, compared to 79 percent of Christians, 65 percent of Buddhists, 43 percent of Muslims and 19 percent of Hindus."

The study data also revealed that 4 percent of Jews and 3 percent of Christians reported having sex outside of marriage, while fewer than one percent each of Muslims, Hindus, and Buddhists reported the same. *(Religion News Service, October 26)*

sponsibilities of the committee chairs, policy and procedures, and the bylaws.

What's interesting about working for AASECT?

The people! I've worked for membership organizations for 30 years. I've worked with a lot of different groups and primarily with professional organizations and societies, for example, the professional associations for veterinarians and for statisticians. There has been something very interesting in each. In AASECT, the common thread is the people. Individuals are smart, they network and know a lot of people, are well-traveled, and value education. I love the people of AASECT because they are open-minded and my work gives me such broad exposure to so many different people.

Different in what ways?

Well, people are doing interesting things in their lives and have fascinating work settings. Believe me, I am never bored!

When it gets stressful around here, where is your 'go to' place to unwind?

I always have my walking shoes under my desk. I will walk down to the White House or down to the Vietnam War Memorial or walk to the park.

Do you live in DC?

I live in Arlington right behind the Air Force Memorial and Arlington Cemetery. I take a bus to the Pentagon Metro and the Metro to McPherson Square. I live pretty close by—35 minutes by public transportation. I can be at the office in 12 minutes on a weekend.

Anything on your bucket list to do in while living in D.C.?

I haven't seen the Supreme Court in session while there are three women on the court. I hear that you stand in line a long time and then only see them for 5 minutes. That is enough. I just want to see it.

And I'm learning there is a lot of good theater. I've been going to live theater. DC is good for that.

What were you doing right before I called?

Working on your committee—Communications.

It figures! Lori and I owe you guys feedback on those different listserv proposals.

Let's change the subject. What are you going to do right after we hang up?

Tackle the email.

Where will you eat lunch today?

I always bring it—a big salad—I eat at my desk. Sometimes I do crossword puzzles.

What makes life worth living for you?

I'm from Nashville and I'm a music person. I love live music. But my very favorite thing is to be out of doors. Anything out of doors—hiking, walking, biking, and reading outside. Outdoors as much as possible! My kids are grown and my son told me recently that he loves that I gave the kids the love of the out-of- doors. It feeds my soul.

Al Baggett

It's a Friday afternoon, almost the end of the work week. Al Baggett sounds energetic, even on a Friday.

Al, what is your responsibility for AASECT?

I handle any question about certification. That's the main thing. Also anything related to annual conference program planning. I help the Conference Committee pull everything together for the annual conference.

Ah, so you're the 'go to' person when we have questions about certifications. How should members reach you?

Email is fine: abaggett@bostrom.com *and the AASECT phone number is 202-449-1099.*

I think AASECT members are open to improvement… how can we make your job helping us easier?

Contact information first is great –first name, last name, and email and phone number. That's very helpful.

What's been the most interesting thing about working for AASECT?

I've been in association management for over 10 years and worked with many associations, but what stands out in AASECT is the friendliness of the members and the content everyone is addressing. It's such an important area for education. I have appreciated learning about human sexuality as I work with conference planning, for instance.

What is the wildest thing about all this interaction with our membership?

We get a lot of general postal service mail and we get a lot of unique questions from non-members. Sometimes very interesting questions!

What's your favorite 'go to' place when you want to get away from the office for a few minutes?

Starbucks….it's across the street. I have my favorite black tea over ice or an iced Americano.

What are your impressions of D.C.?

I came to D.C. for grad school and stayed. It is expensive to live here, but I do live in the city and I have the shortest commute. I walk to work and that is really nice. Our office is literally 2 blocks from the White House.

I never take the galleries and monuments for granted. I always find the Holocaust Museum very moving. And across the board, there is always so much to do and learn.

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What is the next thing you're going to do after this call?

Well, I just finished a certification committee conference call. We're redoing the certification websites and there is much to do!

Did you eat lunch?

I haven't had lunch yet [the time is 2:30 PM]. *Normally I work at my desk and eat while I work. I might try to take few minutes out for Facebook or something, but usually I work through lunch.*

What makes life worth living for you?

I like to have a nice balance between work and personal time. My career is really important to me.

What's best about working with sexual health professionals?

There is never a dull day or a dull moment.

Janet Huynh

Janet, we seem to connect a lot when I call AASECT. **What do you do, or—better put—what don't you do?**

I am the Membership Services Coordinator at AASECT with a concentration in the areas of membership and continuing education programs. I help provide AASECT approved CE Credits for conferences and other sponsored events and workshops. I am also heavily involved with other aspects of membership such as recruitment, retention, services, benefits and satisfaction.

What do you like about working with AASECT?

I enjoy working with AASECT members. This is one of the most spirited groups I have ever worked with. They are so passionate about AASECT and the work they are doing!

You have a lot of interaction with members. What's the best way for us to reach you and help get our questions answered?

The best way to reach me is by email at info@aasect.org. It *is helpful when somebody contacts the office to identify if they are an AASECT member or not and provide me their name, phone number and email address. It is a frequent occurrence for the office to receive "non-AASECT related emails/calls"—distinguishing that they are a member or not really helps.*

I have an obsession with asking people about their commute to work. What's the length of yours?

I just moved and so now my commute is even shorter. It used to be 45 minutes. Now I live in Alexandria, VA, so my commute is only 30 minutes. I was able to cut 15 minutes off my Metro ride into the city every morning, which I am really excited about.

What do you do at lunchtime?

On a pretty day, I like to grab lunch at one of my favorite sandwich shops and walk across the street to McPherson Square Park and enjoy it there. We also have amazing food trucks that line along the park serving different types of food.

McPherson Square?

Yes. 'Occupy DC' took place there last year. It was interesting to see a fully functional campsite right in the middle of downtown DC.

What are your favorite things to do in D.C.?

DC is truly a city full of life. We offer great restaurants, live music/theater, and incredible historical sites. My recent obsession has been exploring the Smithsonian. There are about 19 museums, but I have not been to all of them yet. My favorite so far is the National Air and Space Museum. I also love walking along the Potomac River during the spring when the cherry blossoms are at peak bloom.

What do you do that gives life meaning?

I think being able to build long-lasting relationships with individuals. This is why family is so important to me.

Lisette Werbowetzki

Lisette, you are the newest member to the AASECT team. **What is your responsibility in AASECT?**

I'm AASECT's Director of Membership and Marketing and assigned to special projects for AASECT. Right now I'm working on many things related to Communication and Membership.

Where are you based for work?

I'm in D.C., in the I street offices on McPherson Square.

I've been logging everyone's commute to work. What's yours?

Usually it's 45 minutes. It's always under an hour.

At lunchtime, where will we find you?

If possible, I try to get outside. Usually I go to a salad place around the corner from the office for lunch.

What do you do for fun?

I'm a big foodie. I love to try different restaurants. Also, there's a great independent film theater in the neighborhood I live in that I try to frequent.

What was the last thing that you were doing before I called?

I'm a multi-tasker, so I was working on one project and also answering emails for a different project.

What's the next thing you'll tackle?

I'll be working on AASECT's membership renewal campaign. There's so much we want to get done for AASECT.

Interview by Sallie Foley, PhD.

Updated Listserv Guidelines Approved by Board

The Communications Committee and AASECT Board of Directors recently updated the AASECT listserv guidelines under the guidance of legal counsel. The guidelines are produced below and should be reviewed carefully as they contain information that will be helpful to know as you participate in the listserv.

Additional updates and improvements are planned for the listserv, to be implemented in 2013.

Welcome to the AASECT Listserv

Please note carefully all items listed in the disclaimer and legal rules below, particularly regarding the copyright ownership of information posted to the list. Remember that AASECT and other email participants have the right to reproduce postings to this Listserv.

Spam and advertisements are strictly prohibited on the Listserv.

This is a special benefit of AASECT membership and is a service maintained for current AASECT members only. Please take a moment to acquaint yourself with these important guidelines. If you have questions, contact the list manager noted in your welcome instructions. In order to preserve a climate that encourages both civil and fruitful dialogue, AASECT reserves the right to suspend or terminate membership on all lists for members who violate these rules.

- To post a message to this list, send your email to: aasectlist@aasect.org
- To receive only the digest form of this list (all messages consolidated into one mailing per day to you), send a message requesting that to: info@aasect.org
- If you want to be temporarily removed from the list, send a request, including the dates you will be away, to: info@aasect.org
- If you want to unsubscribe from this listserv, send a message to: info@aasect.org
- Questions about AASECT should be directed to our Member Services at: info@aasect.org.

Etiquette and Use Policies and Guidelines

To ensure the best possible experience for all Listserv members, AASECT has established terms and conditions for participation:

By joining and using these e-mail lists, you agree that you have read and will follow terms and conditions set for these peer discussion groups. You also agree to reserve list discussions for topics best suited to the medium. This is a great medium in which to solicit the advice of your peers, benefit from their experience, and participate in an ongoing conversation.

Writing your message:

- Post ONLY information that is relevant to professional sexuality issues.
- Use the Subject line to give an accurate citation to the content of your post. Change the subject line if you are starting a different topic.
- DO NOT include the original message in your replies. Delete the message to which you are responding, except limited quotes. Delete all content below your current message. This is a courtesy to all other members on the listserv to keep their mailboxes from clogging.
- You can imagine the result of a reply to a reply to a reply to a….well, you get the idea! We get a lot of complaints about this, really!
- Avoid sending messages like "thanks" or "attaboy" etc. Instead, hit the link to the individual with whom you wish to share personal greetings and send messages only to that individual instead of to the entire list. This will also reduce the clogging of everyone else's mailboxes.
- Warn other list subscribers of lengthy message either in the subject line or at the beginning of the message body with a line that says "Long Message."
- Please note, simply clicking on "reply" will send a reply message to the whole list, not just the individual who posted.
- Look at the address when you reply. If you intend to reply to one person, you should only reply to that person, not the whole list. This is called "backchannelling" because you continue your communication in the background, in private, with one person. This saves everyone from getting posts of a personal nature or with information or details that everyone doesn't need to know.
- Only send a message to the entire list when it contains information that everyone can benefit from.
- Delete all the "junk" lines inserted by your provider. Keep your signature line as brief as pos-

Continued on page 12

sible. Sample:

Mary Smith, Ph.D.

Adjunct Professor of Psychology and Psychologist in Private Practice

www.marysmith.net or call: 610.555.5555

- Attachments are not allowed. If you would like to make a large file available to all listserv members, you can send the file as an attachment to: info@aasect.org. It will be posted in the members only section of the website for others to access.
  - — Do not post commercial messages on any listserv. Contact people directly with product information if you believe it would help them.
  - — USE CAUTION when discussing clinical topics or products. Information posted on the lists is available for all to see, and comments are subject to libel, slander, and antitrust laws.
  - — Flaming is strictly prohibited (a "flame" is an insulting or angry reply or post to someone). If you need to argue a point, just present your position and people will respect it.
  - — Do not challenge or attack others. The discussions on the lists are meant to stimulate conversation not to create contention. Let others have their say, just as you may. Remain civil and professional at all times.
  - — Do not post anything in a listserv message that you would not want the world to see or that you would not want anyone to know came from you.
  - — Do not post a virus warning unless you have researched the validity at: www.symantec.com/avcenter/index.html.
  - — Turn off any HTML encoding, use plain text only (ASCII format). Do not use colored text, graphics, or animations, as they will be filtered out so that your messages are unreadable to others.

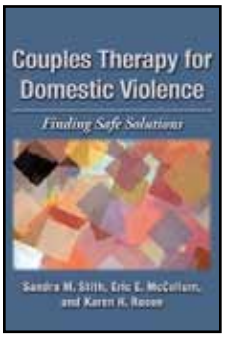
Terms and Conditions/ Disclaimer

- The Listservs are provided as a service of AASECT. AASECT is not responsible for the opinions and information posted on this site by others and hereby disclaims any and all liability for any claims, actions, causes of action, judgments, liabilities, damages or injuries of any kind or nature to property or persons directly or indirectly arising out of or resulting from the use of, participation in, postings on, or the activities of the Listserv.
- AASECT disclaims all warranties with regard to information posted on this site, whether posted by AASECT or any third party; this disclaimer includes all implied warranties of merchantability and fitness. In no event shall AASECT be liable for any special, indirect, or consequential damages or any damages whatsoever resulting from loss of use, data, or profits, arising out of or in connection with the use or performance of any information posted on this site.
- The posting of any defamatory, abusive, profane, threatening, offensive, or illegal materials is strictly prohibited. Do not post any information or other material protected by copyright without the permission of the copyright owner. By posting material, the posting party warrants and represents that he or she owns the copyright with respect to such material or has received permission from the copyright owner. In addition, the posting party grants AASECT and users of this list the nonexclusive right and license to display, copy, publish, distribute, transmit, print, and use such information or other material.
- Do not post information about others, including clients that would break confidentiality or knowingly or unknowingly identify a client to the Listserv.
- Messages must not be posted if they encourage or facilitate members to arrive at any agreement that either expressly or impliedly leads to price fixing, a boycott of another's business, or other conduct intended to illegally restrict free trade. Messages that encourage or facilitate an agreement about the following subjects are inappropriate and prohibited: prices, discounts, or terms or conditions of sale; salaries; profits, profit margins, or cost data; market shares, sales territories, or markets; allocation of customers or territories; or selection, rejection, or termination of customers or suppliers.
- AASECT does not continuously monitor this listserv for inappropriate postings, and does not on its own undertake editorial control of postings. AASECT does not guarantee the accuracy of the material shared on its listserv and does not necessarily endorse opinions expressed. However, in the event that any inappropriate posting or unauthorized use of the listserv becomes known to AASECT, including but not limited to prohibited posting and usage as outlined herein, AASECT will take all appropriate action, in its sole discretion.
- AASECT reserves the right to terminate access to any user who does not abide by these guidelines, terms and conditions.

Approved AASECT Board of Directors, ll/7/2012

Book Reviews

Couples Therapy for Domestic Violence: Finding Safe Solutions



By Sandra M. Stith, Eric E. McCollum, and Karen H. Rosen. Washington DC: American Psychological Association, 2011. Hardcover, ISBN 1433809826, $50.00

I have worked with victims of domestic violence for years. Many of these victims requested that they be allowed to attend couples therapy, however, this is not allowed by the court. Even more often, victims explain that they intend to remain in the relationship, despite the abuse. These victims beg the judge and often cry as they detail a good life with their partner, barring a few exceptions. In South Carolina, where I work, the solution is to send the offender to a Batterer Treatment Program, which is the prevailing model for treating domestic violence. This format most likely treats the symptoms and not the underlying cause, as couples are not permitted to attend the program together. Since I am accustomed to the dynamics of domestic violence in the courtroom, I was quite eager to review this book. It presents and supports the merits of couple's focused therapy, which is an alternative to the current types of therapies that are utilized in most court systems today.

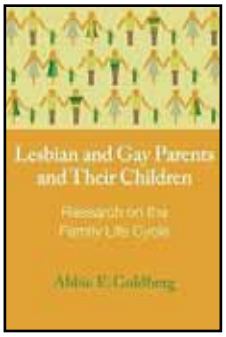
The authors explain in detail, domestic violence focused couples therapy (DVFCT), a safety focused approach based on solution-focused brief therapy (SFBT). The book is divided into thirteen chapters explaining various therapeutic modalities and clients (male and female) who experienced some form of domestic violence, but are considering remaining in the relationship. The reader is taken through every step in the program and shown how it can be implemented with groups and couples using a co-therapy model. Since this program is focused on safety, not all couples are accepted into this program; certain criteria must be met. The book concludes with first-hand accounts of couples who participated in the program. These accounts provide deeper insight into the experience of domestic violence. They are far more beneficial than the facts, information, and statistics concerning domestic violence that are commonly found.

This book is easy to read and would be a great resource for students and clinicians wishing to better understand the dynamics of domestic violence from a systemic perspective. The authors normalize the idea that varying degrees of abuse are present in many relationships and that couples may possess the ability to work through the difficulty and toward reconciliation. The book brings attention to the idea that therapists often fail to assess for abuse in relationships and therefore, it remains untreated. All who read this book can benefit from the experiences of the authors and the years of development and research that led to this publication.

Reviewed by Melissa L. Craven, CDV Advocate, Marriage and Family Therapy, MA, craven.melissa6@gmail.com

Lesbian and Gay Parents and Their Children: Research on the Family Life Cycle, 1st edition.

By Abbie E. Goldberg. Washington DC: American Psychological Association. 2010. Hard cover. $59.95



Do you feel like you're at a disadvantage when faced with a client who identifies as lesbian or gay? Do you hide in the closet, afraid to come out and admit you didn't receive enough education on understanding same-sex couples and their families? After reading Goldberg's book, "Lesbian and Gay Parents and their Children", I'm sure you'll have a better understanding of members of the lesbian and gay community and their families.

Goldberg delivers a thorough, comprehensive look at the gay and lesbian population, same-sex partnerships, parenting, and the children they raise by integrating qualitative and quantitative research with the family life cycle model. Beginning with the life cycle stage of single young adult and ending with launching children, Goldberg leaves no stone unturned as she examines the transitional complexities of gay/lesbian life and the parenting of their children.

Goldberg educates readers on terminology, history, and her research. I felt that Goldberg's terminology and use of data was on point. Also, I found Goldberg's comparative approach in her delivery of information to be beneficial. Goldberg teases apart the similarities found between same sex individuals and heterosexuals from the strengths and challenges that are exclusive to same-sex individuals, their partnerships and families. With each chapter, she introduces some interesting questions to ponder before you continue

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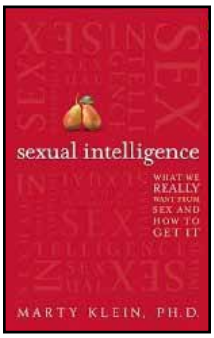
onto the next chapter. Additionally, there's some gentle direction in how to work with same-sex populations and their families within the context of several professional fields.

Since the book's primary focus is on same-sex partnerships, parenting, and families, it unfortunately offers little to no better understanding of bisexual and transgender populations. Also, this book is not a how-to-work with your client(s) or a self-help book. Rather, it's a book chock-full of well-written reviews of data that I found to be a dense read at times, forcing me to sift through sited references and requiring a pre-existing understanding of research and theory models. With that said, this book may not be an ideal read for non-professional consumer.

Overall, I would recommend this book to anyone who works with the public; especially professionals in education, medical and mental health fields. Students, this is a must-read!

Reviewed by Lori Michels, MS, LMFT, a therapist in Hamden, CT. She can be reached at mslorimichels@aol.com

Sexual Intelligence: What We Really Want from Sex—and How to Get It



Marty Klein, 2012. Hardcover. [$16.95-25.99]

Klein's latest book is written for a general audience, while also delivering a message of dissent to experts on sexuality. The book is organized in three parts. Part 1, *Telling the Truth,* establishes his premise that focus on technique and sexual functioning diverts us from finding real and lasting sexual pleasure. Part 2, *Components of Sexual Intelligence,* details how brain, heart, and body can either be drawn into the service of sexual needs or thwart natural and spontaneous impulses. In Part 3, *Implications and Applications*, Klein provides a blueprint for implementing these concepts. Throughout the book, Klein maintains that intercourse is not the ultimate sexual activity and the prevailing hierarchical model of levels of sexual interaction, reflected in language like *foreplay* and *climax*, detracts from sexual joy and spontaneity.

Klein has always written and taught from an existential perspective. Here, his philosophical style supports his argument that sexuality is a timeless and universal experience of unending complexity, and yet it is far simpler than we allow it to be. He repeatedly refers to the struggle to accept one's changing body and create a mature sexual self vs. remaining adolescent in sexual fantasy, expression, and behavior.

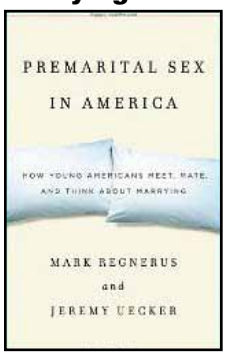
He exercises his familiar blend of clinical acumen informed with forensic knowledge, helping the reader with practical suggestions while pointing out the social norms and constraints that continue to influence life, even behind closed doors. Klein contends that our culture's focus on sexual function and performance validates the societal structure that confines sexuality to a compartmentalized experience, separate from other aspects of life, rather than a mode of self-expression that resides within us.

Throughout the book, we experience the delight of effort coming to fruition. The author's career has given him exposure to international trends and practices in sexual behavior. His commitment to scholarly pursuits and deep analytic thought allows him to relentlessly question social norms and assumptions.

Because of the sophistication of the author, the occasional snarky and sarcastic comments that appear in the book are unusually jarring. Klein's ability to deconstruct language and go on unexpected etymological tangents is one of his strengths, but here he strays into occasional cynicism, disrupting the reflective and heartfelt tone of his writing. The book also includes a 16-page appendix for clinicians detailing case examples and further application of the concepts Klein presents.

Reviewed by Kate McNulty LCSW, Licensed Clinical Social Worker/AASECT Certified Sex Therapist, Private Practice, Portland OR. katemcn@comcast.net

Premarital Sex in America: How Young Americans Meet, Mate and Think about Marrying



By Mark Regnerus & Jeremy Uecker. New York: Oxford University Press, 2011. Hardcover, 978-0-19-974328-5. $24.95

As a psychologist working with emerging adults in university counseling centers over the past 30 years, it is hard for me to imagine a more compelling subject

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Book Reviews

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than the sexual behavior of 18-23 year-olds in this century. They are heirs to the sexual revolution, emerging into adulthood physically mature, and largely free to make sexual choices. How has sexual expression changed in this cohort? The good news is that this book does a great job of exploring and describing the sexual mores of young America and does so based on landmark quantitative data and insightful interviews. The authors, both sociologists, heed the peril implied in "the plural of anecdote is not data" and present results from the National Longitudinal Study of Adolescent Health supplemented by in-depth interviews. The authors are very clear that the focus of this book is on heterosexual activity for emerging adults between 18 and 23. They are aware that doing so ignores the prevalence of same sex attraction and behavior, but rightly point out that the book would need to be much larger in order to capture the varied sexuality in this age group.

The term premarital sex seems almost quaint in present-day American culture. In the past, social scientists would query new married couples to ascertain how many were virgins on their wedding night (the focus largely on the females). The numbers have steadily declined, e.g. from 75% in 1900 to 30% in the 1970's, and roughly 5% in 2006. As the authors report, 84% of 18-23 year olds have had vaginal intercourse—and the notion of sexual activity has become uncoupled from marriage. Among the reported findings are some that are expected, i.e., oral sex is much more prevalent among this group than in previous generations, "hooking-up" has replaced dating in the mating dance, and marriage is not the primary focus of sexual activity for many. But the data do not catch the richness of the material. For example, what are the sexual economics that may lead to "hooking-up" and does this adversely affect women who are in the plurality on many a college campus? Does having more sexual partners equal more sex (think about it) or better sex? And what to make of the finding that having more sexual partners for this age group is correlated with elevated scores on measures of depression? *Premarital Sex in America* is a terrific book, very well-written, clearly focused, and free from any political agenda. I strongly recommend it to anyone interested in the sexual culture of young adults.

Reviewed by Christopher Flynn, Ph.D., Licensed Clinical Psychologist/AASECT Certified Sex Therapist, Director, Thomas E. Cook Counseling Center, Virginia Tech. flynnc@vt.edu

News of Members

Congratulations to the following members who were certified by AASECT during October and November of 2012!

Jennifer Lynn Foust, PhD, MS, LPC	Sex Therapist
Rene A. Jones, LMFT	Sex Therapist
Marilyn Lyga, PhD, ABPP	Sex Therapist
Natasha Helfer Parker, LCMFT	Sex Therapist
Eunice B. Aviles (Faria), PsyD, LMHC	Sex Therapist
Deborah S. Nicholas, MSN, RN, WHNP-BC	Sexuality Counselor
Elisabeth Sheff, PhD	Sexuality Educator
Lisa A. Henry, MA	Sexuality Educator
Alice R. Holland, MEd, MSN, CRNP	Sexuality Educator
Jassy Timberlake, MEd, LMFT	Supervisor of Sex Therapy
Cynthia Lief Ruberg, LPCC-S, FAACS	Supervisor of Sex Therapy
S. Michael Plaut, PhD, PLLC	Supervisor of Sex Therapy
Patricia Rich, LCSW	Supervisor of Sex Therapy

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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

University of Michigan Sexual Health Program
Date: Present – March 2013
Location: Ann Arbor, MI
Presenter: 7 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 165 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

"Getting the Sex You Want" Teleseminar
Date: **December 11, 18, 2012**
Location: Telephone
Presenter: Tammy Nelson
More info: (203) 438-3007, http://www.drtammynelson.com/live_teleclasses/
AASECT CE Credits Pending

The Ethnic/Cultural Context of Sexuality and Sex Therapy
Date: December 23, 2012
Location: Modieen, Israel
Presenter: David Ribner
Sponsor: AASECT Israel
Contact: Nachshon Carmi
More info: Leshem1969@gmail.com
AASECT approved for 1 CE credit

LGBTIQKOSAP: Sexual and Gender Diversity in an Era of Internet Communications
Date: January 17, 2013
Location: Smyrna, GA
Presenter: Elisabeth Sheff, William Stayton
Contact: Erika Pluhar
More info: (404) 869-0040, erikapluhar@yahoo.com
AASECT CE Credits Pending

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.drsallyvalentine.com
AASECT approved for 12 CE credits

Sexual Dilemmas in Couples Therapy
Date: January 10, 17, 24, 2013
Location: Teleseminar
Presenter: Tammy Nelson, Marty Klein
More info: (203) 438-3007, http://www.drtammynelson.com/live_teleclasses
AASECT approved for 3 CE credits

Clinical Sexology Weeklong Intensive
Date: January 14-18, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com
AASECT approved for 40 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

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Continuing Education Opportunities

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Amazing SAR Experience
Date: January 18-20, 2013
Location: Culver City, CA
Presenter: Patti Britton
Sponsor: www.theissr.com
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com
AASECT approved for 15 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

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

Sex Therapy Postgraduate Training Institute of New York: 2013-2014
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

Writing Sex for Success
Date: June 5, 2013
Location: Miami, FL
Presenter: Patti Britton, Gina Ogden
Contact: Patti Britton
More info: (323) 791-7801, drpattixox@gmail.com, www.drpattibritton.com
AASECT approved for 9 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, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.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, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com
AASECT approved for 15 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, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.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, drpattixox@gmail.com, www.drpattibritton.com, www.theissr.com
AASECT approved for 15 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

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A Note From your Development Committee Chair

I don't like to ask people for donations, just as much as I don't like it when people ask me for donations. So as the Chair of the AASECT Development Committee, I am not going to ask you for donations. Instead, I am going to tell you what AASECT has been doing with donated monies and I am going to give you some ideas, in case you decide to give some to AASECT.

Donated money helps AASECT support its mission of promoting sexual health and developing and advancing the fields of sexual therapy, counseling, education, and research. More specifically, donated money helps AASECT to continue to offer certification of sexuality professionals, promote the highest standards of training and certification in the field of human sexuality, foster research in sexuality, advocate for sexual health, provide scholarships to students in the sexuality professions, offer referrals to the general public, and maintain our staff.

Membership fees, certification fees, and (sometimes) income from the conference, only go so far. Anyone who has ever run a business knows how expenses tend to pile up, especially when you run an organization such as AASECT, which is always in the throes of several new projects to benefit its members and the public.

Several AASECT members, including the Development Committee members Neil Cannon and Linda Weiner, have been contributing to AASECT's financial growth for a while. Here is how we do it in my neck of the woods – the Washington, DC Metropolitan Area – for the last several years, Chris Kraft and I have put together educational events every other month or so for our local members and guests. We ask someone to give a presentation for one to three hours on a sexually related topic. We get the presentation approved by AASECT in advance so we can offer AASECT CEs. We ask someone to host (usually at someone's house). We get everyone to bring food to share, and we have a "party." We network, eat, learn new things, earn AASECT CEs, and we raise money for AASECT. We don't charge for these event, but ask everyone to donate $30 for AASECT. We don't turn away anyone who doesn't want to give anything and often people actually give more than $30. We usually have an average of 10 attendees and we often raise around $400 for AASECT at each event. I highly encourage you to do the same in your corner of the world. There are only benefits to doing this, and anyone can organize such events. If you want me to walk you through this, I'm more than happy to do so.

Active AASECT "communities" not only raise money through such events but also create less membership attrition and attract new members. For instance, in Colorado, where Neil Cannon has been organizing luncheons and workshops on a regular basis, membership has almost doubled in the past four years, from 26 to about 45. Twenty new members are worth about $6000 per year just in membership dues.

AASECT is a not-for-profit organization, and contributions to AASECT are tax-deductible. Making a "legacy gift" by naming AASECT as a beneficiary of your retirement plan, IRA, life insurance policy, or bank or brokerage account is another way to contribute. Such a gift will help ensure the future of AASECT and sexual health in general. These gifts can be easy to implement, and giving retirement funds can be a tax-wise strategy for many donors. Of course, a certain amount of money or a percentage of your estate can also be bequeathed to AASECT in your will or living trust.

I know many of us love AASECT and are very passionate about the work we do. If you wish to take the opportunity to assist AASECT, I hope you find the information outlined above valuable.

With best wishes for the holiday season and for a successful new year,

Hani Miletski, Ph.D., MSW
Chair, Development Committee

