Sexual Values and Behaviors Discrepancy Model: Practical Implications and Case Examples
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Step 1: Identification and Operationalization of Potential Sexual Issues
- Assess for issues
- Co-create Terms and Definitions
- Identify Appropriate Language
- What is the Problem and How is that a Problem?
  Current Belief, Behavior, Practice, and/or Value vs.
  Ideal Belief, Behavior, Practice, and/or Value

Step 2: Counselor’s Self-Assessment
Personal inventory post-session
- How did I feel about that in session?
- How do I feel about that now?
- What does that remind me of?
  Supervision and Consultation
  - Seek psychoeducation
  - Seek individual counseling
  - Refer the client to a certified sex therapist

Step 3: Reducing Discrepancies and Maintaining Safety
- Do counseling
- Identify unsafe practices
- Sexually transmitted infections
- Sexual violence
- Unplanned pregnancy
- Provide psychoeducation
- Recommend bibliotherapy

Professional Application to Counselors
- Per 2016 CACREP Guidelines: Counselors Promote and maintain healthy development and holistic wellness – including sexuality
- Expectation to work within boundaries of competence and do no harm. (ACA, 2014)

No current requirement for course in Human Sexuality based on CACREP guidelines.

Contemporary Issues
- Online dating (Ali & Bloom, 2018)
- Online sexual solicitation (Rice et al., 2015)
- Addiction to cybersex (Goldberg et al., 2008)
- Complications related to client pornography use (Bloom & Hagedorn, 2015)

Study Statistics
- 485 (63.6%) participants worked with clients (i.e. individuals, couples, or families) with issues related to pornography use in the last year.
- 552 (72.4%) participants reported that they did not assess clients for those issues
- 483 (63.4%) participants reported that they were confident or very confident in their ability to work with clients where pornography use was a component of therapy.
- 213 (27.9%) participants reported that their clinical training prepared them “well” or “very well” to work with clients with issues related to pornography use.

“We believe that confidence to treat issues related to sexuality might predict counselors’ comfort with working with clients, and we believe that counselors’ quality of training influences their confidence to treat issues of sexuality” (Bloom et al., 2016, p. 339).