



CORE CLINICAL COMPETENCIES FOR WORKING WITH KINK-INVOLVED INDIVIDUALS

Elemental Kink Readiness to Advanced Kink Proficiencies For Medical and Mental Health Providers

PUBLISHED SEPTEMBER 2021

**The Alternative Sexualities Health Research Alliance –
TASHRA**

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TASHRA'S ELEMENTAL KINK READINESS TO ADVANCED KINK PROFICIENCIES

Citation:

TASHRA. (2021). *Elemental Kink Readiness to Advanced Kink Proficiencies for Medical and Mental Health Professionals*. Retrieved from <https://www.tashra.org>

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Purpose

Cultural and Professional Context for Developing these Core Competencies

TASHRA's framework for clinical training starts with the assumption that clinicians should approach kink-identified people (people who have built a sexual/erotic identity around their kink interests and activities, including lifestyle and relationships) in the same manner they would approach any distinct culture or subculture that has minority status or is marginalized by mainstream culture. The approach we take towards elemental clinical readiness for kinky clients is rooted in leading cultural humility approaches in the healthcare field (Buchanan et al., 2020; Lekas et al., 2020; Tervalon & Murray-Garcia, 1998; Tormala et al., 2018).

Process of Developing these Core Competencies

Is kink a subculture, or a collection of subcultures? Yes, there are sexual subcultures that include a "story of origin", an established code of behavior, a way to pass down a system of shared meanings, and resources and encouragement for

individuals to develop a sexual identity. Kink communities exist across several nations while exhibiting distinct characteristics in each place. Kink communities have organizations that help to preserve and celebrate its history. Kink communities have developed a lengthy discourse on the nature of consent and how kink is consensual and not abusive. Kink communities have created avenues for education and mentoring on best practices and safety when engaging in risky behavior. Kink communities have events (local, national, and international), social organizations, educational organizations, literature, art, and organizations for social justice.

We recognize that the kink subculture does not comprise all people who engage in kinky behavior or have kink interests, and that like any subculture there are dynamics that prevent all interested people from gaining access to the life of the subculture. However, given the existence of these factors, it is quite appropriate for clinicians to approach working with kinky people from the framework of cultural competency and cultural humility.

Elemental Kink Readiness to Advanced Kink Proficiencies for Medical and Mental Health Providers

Competencies

Domains of Competency

Core Concepts

Self-Monitoring & Awareness

Interdisciplinary Collaboration & Ethics

Clinical Skills

Levels of Competency

Level 0.5 Sex Positive Provider

Level 1 Elemental Kink Readiness

Level 2 Intermediate Kink Proficiency

Level 3 Innovative Kink Specialist

Core Concepts

CORE CONCEPTS	
Level 0.5	Sex Positive Provider
0.1	<p>Clinicians understand the principles of sex positivity and work to implement this mindset in their work with patients / client's sexuality.</p> <p>Definitions:</p> <ul style="list-style-type: none"> • “<u>Sexuality</u>, a central aspect of being human, throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a) • “<u>Sex Positivity</u>” means having open and nonjudgmental attitudes about sexuality and sexual expression (Donaghue, 2015) including features such as: <ul style="list-style-type: none"> ○ They understand the importance of both emotional and physiological safer sex (International Society for Sexual Medicine). ○ They encourage freedom and liberation in adult consensual sexuality (Donaghue, 2015)
0.2	<p>Clinicians understand <u>consent</u> and <u>reproductive justice</u> as philosophical frameworks for treatment. Clinicians can explain these concepts to others such as staff, patients, and clients.</p>

0.3	Clinicians know about sexual diversity (ex. sexual orientation, gender diversity, relationship diversity, and alternative sexualities) and understand why it matters for the health and wellbeing of individuals, families, communities, and larger societal systems.
0.4	Clinicians need to understand what sexual health is. Here " sexual health " is being defined as "characterized by autonomy, mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness. The person exhibiting responsible sexual behavior does not intend to cause harm, and refrains from exploitation, harassment, manipulation and discrimination." Pan American Health Organization, WHO and WAS (2000).
Level 1	Elemental Kink Readiness Clinician
1.1	<p>"Clinicians understand that <u>kink is used as an umbrella term for a wide range of consensual erotic or intimate behaviors, fantasies, relationships, and identities</u>" (Moser et al., 2019). Clinicians need to understand that some people enjoy:</p> <ul style="list-style-type: none"> • Power differences and exchanges • Fetishes • Exchange of pain or intense sensation • Relationship Diversity • Altered states of consciousness <p>These may or may not be sexual activities for individuals.</p>
1.2	"Clinicians understand that kink fantasies, interests, behaviors, relationships and/or identities, by themselves, do not indicate the presence of psychopathology, a mental disorder or the inability of individuals to control their behavior" (Moser et al., 2019)
1.3	"Clinicians understand that kink is not necessarily a response to trauma, including abuse" (Moser et al., 2019)
1.4	"Clinicians understand the centrality of consent and how it is managed in kink interactions and power-exchange relationships" (Moser et al., 2019)
1.5	"Clinicians do not assume that kink involvement has a negative effect on parenting" (Moser et al., 2019).

1.6	<i>"Clinicians recognize how stigma, discrimination, and violence directed at people involved in kink can affect their health and well-being" (Moser et al., 2019).</i>
1.7	<i>"Clinicians understand that there is a wide variety of family structures among kink-identified individuals" (Moser et al., 2019).</i>
1.8	<i>Clinicians know why different identities are considered "alternative" and how these identities impact people's lives, access to healthcare, stigma experiences, relationships, societal experiences, etc.</i>
Level 2	Intermediate Kink Proficient Clinician
2.1	<i>"Clinicians recognize that kink intersects with other identities in ways that may shape how kink is expressed and experienced" (Moser et al., 2019). Clinicians understand that these identities may be fluid for some people.</i>
2.2	<i>"Clinicians understand that kink may sometimes facilitate the exploration and expression of a range of gender, relationship, and sexuality interests and identities" (Moser et al., 2019). Clinicians understand that gender, relationship orientation, sexual orientation, and kink interests and identities may be fluid to different degrees for some people.</i>
2.3	<i>"Clinicians understand that kink interests may be recognized at any age" (Moser et al., 2019) and may change in the intensity of interest, the centrality of the interests to a person's sense of self, the centrality to a person's community belongingness, and the kinds of interest.</i>
2.4	<i>"Clinicians understand that distress about kink may reflect internalized stigma, oppression, and negativity rather than evidence of a disorder" (Moser et al., 2019).</i>
2.5	<i>Clinicians have advanced knowledge about advanced concepts in kink such as power exchanges, play with pain, use of fetishes, play with attire (furry, pup, leather, latex, etc.), common kink tools, community terminology for specific scenes and practices, etc. Clinicians understand that each may have their own distinguishing culture and practices.</i>
Level 3	Innovative Kink Specialist

3.1	"Clinicians understand that kink experiences can lead to healing, personal growth, and empowerment" (Moser et al., 2019).
3.2	Clinicians consider how developmental and generational differences can influence kink behaviors and identities.

Self-Monitoring and Awareness

#	SELF MONITORING AND AWARENESS
LEVEL 0.5	Sex Positive Provider (free training)
0.5	Clinicians need to understand <u>cultural humility</u> (Tervalon & Murray-Garcia, 1998) and how to apply it in clinical practice.
0.6	Clinicians need to have an awareness of their bias pertaining to sexuality.
0.7	Clinicians are open to learning more about sex and sexual activity. They try to understand human bodies and all of the physical, emotional, and psychological aspects involved with intimacy. If they have questions about sex, they feel comfortable asking. (International Society for Sexual Medicine).
0.8	Clinicians consider sex to be a healthy part of life that should be enjoyed. For sex positive people, sex can be discussed without shame or awkwardness. It is not a taboo subject. (International Society for Sexual Medicine).
Level 1	Elemental Kink Readiness Clinician
1.09	Clinicians will be aware of their professional competence and scope of practice when working with patients / clients who are exploring kink or who are kink-identified, and will consult, obtain supervision, and/or refer as appropriate to best serve their patients / clients

1.10	<i>Clinicians do not assume that a patient's presenting problem(s) (e.g. diagnosis, symptoms) are a result of their kink practices.</i>
1.11	<i>Clinicians understand that reparative or conversion therapies are unethical and in some states is illegal. Similarly, clinicians avoid attempts to eradicate consensual kink behaviors and identities.</i>
1.12	<i>Clinicians avoid shaming clients / patients when their kink behaviors or activities result in injuries.</i>
1.13	<i>Clinicians should evaluate their own biases, values, attitudes, and feelings about kink in general and address how those can affect their interactions with clients / patients on an ongoing basis.</i>
1.14	<i>Clinicians should evaluate how their own biases can affect their interactions with patients / clients on an ongoing basis.</i>
1.15	<i>Clinicians work to evaluate the impact of biases on assessment and diagnosis, which can lead to inequality in their provision of care.</i>
1.16	<i>Clinicians notice when they experience negative or difficult responses to their patient's kink behaviors and are able to self-regulate in the moment in order to limit harm through judgement (implicit or explicit).</i>
1.17	<i>Clinicians remain professionally impartial in their responses to patients when the clinician's bias, projections, or other challenging reactions are elicited in discussions of kink.</i>
Level 2	Intermediate Kink Proficient Clinician
2.6	<i>Clinicians should be able to quickly identify feelings of disgust, fear or anger when confronted by reports of kink behavior.</i>
2.8	<i>Clinicians need to understand <u>Postcolonial Feminism</u> as a helpful philosophical framework to accommodate cultural humility.</i> <i>This involves being conscious of intersectionality, interacting systems of oppression that silence or disempower people, and tendencies to simplify images and understandings of whole groups of people.</i>

2.9	Clinicians understand that societal and internal stereotypes about kink may affect the patient's / client's presentation in treatment and the process of therapy move to other section.
Level 3	Innovative Kink Specialist
3.3	Clinicians are confident in what is in and outside their scopes of knowledge and practice.
3.4	Clinicians have clear strategies for lifelong learning about and monitoring of their reactions to clients / patients.
3.5	Clinicians are able to recognize that their internal responses and experiences to the patient's / client's "voice" frame the case conceptualization, modalities used and treatment process.
3.6	Clinicians listen for their inner conflicts and tensions without getting stuck in reactivity to the client's / patient's communications (perspectives, affect, identities, etc.).
3.7	Clinicians have a critical awareness of and are able to analyze the flow of power between a kinky client / patient and a treating clinician.
3.8	Clinicians are aware of and listen for the ways that clients / patients are silenced (e.g. by power dynamics, SES, internalized stigma, intersecting marginalized identities, etc.).
3.9	Clinicians have an overall awareness of changing terminologies and societal standards/behaviors and maintain an awareness and openness for change based on the negative impact that outdated terminology and standards have on our patients / clients.

Interdisciplinary Collaboration and Ethics

#	INTERDISCIPLINARY COLLABORATION AND ETHICS
Level 0.5	Sex Positive Provider (free training)
0.9	<i>Clinicians understand the core practices of professional collaboration regarding health and sexuality.</i>
Level 1	Elemental Kink Readiness Clinician
1.18	<i>Clinicians familiarize themselves with local and national kink communities such as TASHRA, NCSF, CARAS, etc. and take steps to stay informed about kink related topics.</i>
1.19	<i>Clinicians familiarize themselves with local providers who are also kink-competent through resources such as the Kink Aware Professionals (KAP) list on NCSF's website. Clinicians use these providers for consultation as needed in their provision of care.</i>
1.20	<i>Clinicians take steps to collaborate with other professionals treating your clients / patients. If these professionals are not kink-competent, clinicians take steps to provide brief-education to increase their competence.</i>
1.21	<i>In collaborating with other providers, clinicians are aware of intersecting identities and take steps to assist in the care of these different identities and potential invisibility of some patients / clients due to intersecting identities.</i>
1.22	<i>When collaborating with other providers, clinicians are aware of the different scopes of practice of different providers and seek to understand the different treatment concerns from other providers and their different scopes of practice.</i>

1.23	<i>When making referrals, clinicians refer to kink-competent professionals when able. If no kink-competent professionals are available, then clinicians take steps to provide brief-education to increase these provider's competence by providing brief kink education.</i>
1.24	<i>Clinicians support the development of professional, interdisciplinary education (both medical and psychological health) and training on kink-related issues.</i>
1.25	<i>Clinicians are also able to understand how societal stigmas have impacted/can impact their provision of care.</i>
1.26	<i>Clinicians understand the legal risks in kink and BDSM and take advocacy steps for their' patients' wellbeing in their clinical practice and documentation.</i>
1.27	<i>Clinicians remain informed about the current scientific literature about kink and avoid misuse or misrepresentation of findings and methods.</i>
Level 2	Intermediate Kink Proficient Clinician
2.10	<i>"Clinicians support social change to reduce stigma regarding kink" (Moser et al., 2019) at both national and local levels.</i>
2.11	<i>Clinicians collaboratively advocate with multiple different disciplines to at different levels and events to help destigmatize kink.</i>
2.12	<i>Clinicians make reasonable efforts to familiarize themselves with health, educational, and community resources relevant to clients / patients who are exploring kink or who have a kink identity, including sexuality and gender resources.</i>
2.13	<i>Clinicians advocate for kink-positive legislation. Clinicians may refer to kink-advocacy organizations such as TASHRA or NCSF for information about call-to-actions for relevant legislation.</i>
2.14	<i>Clinicians are able to attend and self-regulate prior and post attending in-vivo kink events with exposure to kink variety such as impact, restraint, role-play, furry, etc. Activities.</i>
2.15	<i>Clinicians address bias in colleagues as a part of advocacy on behalf of kinky patients / clients.</i>

2.16	Clinicians understand the historical context of kink including the historical pathologization and criminalization of kink by clinicians, researchers, and the legal system.
2.17	Clinicians apply current research to treatment interventions in their practice with kinky clients / patients.
Level 3	Innovative Kink Specialist
3.10	Clinicians collaboratively develop, evaluate, and implement novel clinical interventions and techniques based upon the evolving kink scientific literature and theory.
3.11	Clinicians provide advanced education and training on kink-related issues for kink communities. Clinicians may want to reference the KECC standards if they go on to teach about kink. (https://www.thekecc.org/index.html).

Clinical Skills

CLINICAL SKILLS

#	(Assessment, diagnoses, treatment planning, case conceptualization)
Level 0.5	Sex Positive Provider (free training)
0.10	<p>Clinicians normalize the variations of sexual interest, desire, urges, attraction, arousal, function, capacity, and satisfaction.</p> <ul style="list-style-type: none"> • Sexual <u>Interest</u> here means sexual cognition (awareness, attention) • Sexual <u>Desire</u> here means “wanting something sexual to happen” • Sexual <u>Urges</u> here means having spontaneous sexual thoughts or feelings from within • Sexual <u>Attraction</u> here means sexually responsive to something or someone

	<ul style="list-style-type: none"> • <i>Sexual Arousal</i> here means the physiological sexual response associated with sexual stimuli (ex. <i>Erection</i> or <i>vulvar lubrication</i>). • <i>Sexual Function</i> here means a person's expected physiological sexual response (ex. "Does my body do what it is "supposed" to do). • <i>Sexual Capacity</i> here means the extent and degree of sexual experience a person can experience sensation or pleasure (ex. "how much can my body do") • <i>Sexual Satisfaction</i> here means a person's subjective feeling of contentment with their sexuality
0.11	<i>Clinicians understand that sexual interest, desire, urges, attraction, arousal, function, capacity, and satisfaction may change across the lifespan.</i>
Level 1	Elemental Kink Readiness Clinician
1.28	<i>Clinicians can identify kinky sexual interest, desire, urges, attraction, arousal, function, capacity, and satisfaction.</i>
1.29	<i>Clinicians can provide an affirming, normalizing framework for assessing clients / patients and their needs.</i>
1.30	<i>Clinicians have the ability to assess intimate partner violence in the context of consensual kink/BDSM relationships.</i>
1.31	<i>Clinicians have the ability to discuss the mental and physical health implications of the patient / client's kinky behavior</i>
1.32	<i>Clinicians have the ability to assess when a patient's / client's kinky or sexual activities place them at potential legal risk.</i>
1.33	<i>Clinicians have the ability to distinguish between age play and minor attraction / pedophilia.</i>
1.34	<i>Clinicians have the ability to identify processes of coming out as kinky and assess the client's / patient's current coming out status.</i>
1.35	<i>Clinicians demonstrate skills in connecting clients and patients to kink and sexuality community resources, both social and educational.</i>
1.36	<i>Clinicians have a basic ability to apply a family systems theory to extra-dyadic relationship dynamics.</i>

Level 2	Intermediate Kink Proficient Clinician
2.18	Clinicians can determine the differences between bruises, marks, and injuries caused by consent violations from those caused by consensual kink.
2.19	Clinicians have the ability to identify the difference between x-drop and clinical depression or anxiety disorders.
2.20	Clinicians have examined their own bias and taken steps to manage these with humility.
2.21	Clinicians understand that individuals can find personal growth through kink activities.
2.22	Clinicians have skills to address consent violations and abuse (IPV / DV) in both relationships and at the community level.
2.23	Clinicians can guide kink-involved people through low-risk pregnancy and perinatal care.
2.24	Clinicians can guide kink-involved people through expected changes with aging.
2.25	Clinicians discern the differences between consensual "edge play" and coercive or non-consensual kink.
2.26	Clinicians should be aware of the limitations of contemporary assessment and treatment tools that may pathologize aspects of kink and result in misdiagnosis and iatrogenic outcomes.
2.27	Clinicians ensure that their assessment and treatment tools are kink-informed. If they are not, clinicians should take steps to "translate" these documents accordingly.
2.28	Clinicians know how to critically evaluate a patient's / client's prior diagnosis, treatment, and conceptualization to discern any impact of past clinician biases.
2.29	Clinicians are skilled in assessing, diagnosing, and planning treatment in cases involving extra-dyadic relationship dynamics.
2.30	Clinicians have paperwork and processes in place for treating extra-dyadic kink relationships.

2.31	<i>Clinicians understand what the “dark triad” are and how they or similar psychological features may manifest in kink activity for a minority of kinky individuals.</i>
Level 3	Innovative Kink Specialist
3.12	<i>Clinicians discern when it is appropriate to suggest kink activity, which patients have prior disclosed benefiting from, for patient therapeutic benefit. Clinicians appropriately document the intervention and response.</i>
3.13	<i>Clinicians also discern when it is appropriate to suggest novel kink activity (ex. “Trauma” or “shadow” play) for potential patient therapeutic benefit. Clinicians appropriately document the intervention and response.</i>
3.14	<i>Clinicians collaboratively work with relevant medical specialists to assist kink-involved people with complex medical conditions and / or comorbidities (e.g. pregnancy, chronic illness/disabilities).</i>
3.15	<i>Clinicians can critically engage with and explore the depths of the traits of personality disorders and psychopathy that a minority of kinky individuals may consciously or unconsciously manifest in kink.</i>

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Resources for Clinicians from the KinkGuidelines.com

Websites

The Network / La Red

<http://tnlr.org/en/>

National Coalition for Sexual Freedom (NCSF)

<http://www.ncsfreedom.org>

The Alternative Sexualities Health Research Alliance (TASHRA)

<https://www.tashra.org>

Community-Academic Consortium for Research on Alternative Sexualities (CARAS)

<https://www.carasresearch.org>

Kink Knowledgeable

<http://training.kinkknowledgeable.com>

Diverse Sexualities Research and Education Institute

<https://dsrei.org>

Multiplicity of the Erotic Conference (MOTE)

<https://www.mote-con.org>

Kink Aware Professionals (KAP)

<http://www.ncsfreedom.org/key-programs/kink-aware-professionals-59776>

Books

Kleinplatz, P.J. and Moser, C. (2006). *Sadomasochism: Power Pleasures*. Binghamton, NY: Harrington Park Press.

Langdridge, D. and Barker, M. (2007). *Safe, Sane And Consensual: Contemporary Perspectives On Sadomasochism*. New York: Palgrave Macmillan.

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Core Competencies Development Team

Richard A. Sprott, PhD

Richard Sprott received his Ph.D. in Developmental Psychology from UC Berkeley in 1994. His early work was on social and language development in early childhood. He is currently directing research projects focused on identity development and health/well-being in people who express alternative sexualities and non-traditional relationships, with a special emphasis on kink/BDSM sexuality, and polyamory or consensual non-monogamy. He is also co-chair of the Children, Youth and Families Committee of the Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44). All of these efforts highlight the ways in which stigma, prejudice, minority dynamics, health, language, identity development and community development all intersect and affect each other. Richard currently teaches courses in the Department of Human Development and Women's Studies at California State University, East Bay and graduate level courses at various universities in the Bay Area, including UC Berkeley, the California Institute of Integral Studies, and Holy Names University.

Anna Randall, DHS, LCSW, MPH

Anna Randall (she/her/hers) is Co-Founder & Exec. Dir. of TASHRA - The Alternative Sexualities Health Research Alliance (tashra.org), a national nonprofit sexuality research and clinical training organization. In 2009, she earned her Doctorate in Human Sexuality and Masters in Public Health from the Institute for the Advanced Study of Human Sexuality, and earned her Masters in Social Work from Boston University in 1988. Dr. Randall is a published researcher on the lived-experiences of kink-involved (BDSM & fetish) individuals, a sex therapist & adjunct faculty at Widener Univ. Her work focuses on the emergence of kink as an area of clinical and research specialty and she is the Co-Principal Investigator on the International Kink Health Study 2021, she's on the leadership team forming the Clinical Practice Guidelines for Working with People with Kink Interests, and is a founder of the MOTE Conference. She is a licensed clinical social worker with a specialty in sex therapy with individuals, couples, and other relational configurations. She leads case consultation groups focusing in on clinical practice with diverse sexuality, mentors educators, therapists and those looking to get involved in kink as a focus of professional interest.

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Kaylie Engel, BA

Kaylie Engel attended Lewis & Clark College for her undergraduate degree in International Affairs and Ethnic Studies with an academic focus on global reproductive health and justice. Engel's thesis focused on how U.S. foreign policy affected abortion and other reproductive health policies abroad. Kaylie is currently located in Chicago, IL. Since graduating, Engel has been working as a sex educator. From volunteering at the Center for Positive Sexuality, she began interning with TASHRA and inevitably became their Communications Coordinator. Engel also works with the William A. Percy foundation helping to create content for and build an educational website for parents of LGBTQ+ children. Engel is passionate about reproductive justice and culturally competent sex education. Engel is also a multi-disciplinary artist who works with textiles, print making, and photography.

Erik Wert, DO, MPH, FACOI, AAHIVS

Erik Wert (He/His/Him) received his Bachelors in Science from Union College, Schenectady NY with a majoring in biology, with a minor in chemistry. He then attended medical school at Michigan State College of Osteopathic Medicine (MSUCOM) graduating in 2000. He completed his medical internship and Internal Medicine Residency at Ingham Regional Medical Center/McLaren Greater Lansing in 2005. Dr. Wert is also Board Certified in Internal Medicine, and is a Fellow in the College of Internal Medicine. Once he graduated from his residency he has practice Internal Medicine in Lansing, MI since 2005. His focus has been preventive healthcare and sexual health care. He subsequently returned and obtained his Masters in Public Health from Michigan State University College of Human Medicine in 2016. Dr. Wert speaks at both State and Local levels on Health Inequalities faced by diverse patient population. He provides primary care, HIV care and HIV prevention to a large BDSM/Kink community. He is a member of the Sexual Medicine Society of North America, and is also a Kink Aware Professional through the National Coalition for Sexual Freedom. Dr. Wert lectures on multiple topics relative to healthcare and healthcare disparities at various state and local events. He has also served as a guest lecture on BDSM/Kink at various organizations. Dr. Wert serves as an Assistant Clinical Professor of Medicine at MSUCOM. Dr. Wert obtained his certification in HIV medicine from the American Academy of HIV Medicine (AAHIVM) in 2020. He is also assisting the AAHIVM in re-writing their modules on how to take a sexual history and focusing on educating providers on BDSM/Kink. Dr. Wert also serves CARAS community-based IRB Committee.

Stephen Ratcliff, MA, LPCC, NCC, CST

Steve Ratcliff (he, him pronouns) is a licensed mental health counselor and AASECT certified sex therapist in private practice in Albuquerque, New Mexico who specializes in treating LGBTQ+, Kinky, and Consensually Nonmonogamous (CNM) clients. Steve also has been an avid teacher, presenting continuing education seminars at conferences, local universities, and clinical agencies since 2010. Steve joined the directors board of NCSF in March 2021. Steve completed his Bachelor of Arts in Religious Studies in 2006 and his Master of Arts in Clinical Psychology in 2009. In 2018, Steve began doctoral studies in Clinical Psychology. Steve's doctoral studies are focusing on gender, sexual, and relationship diversity (GSRD). In 2020, Steve began participating with the international Kink Health Survey research team lead by Dr. Sprott and Dr. Randall. Starting in 2022, Steve plans to conduct his dissertation study examining attachment patterns in consensually nonmonogamous people. Steve's research interests include various topics in the gender, sexual, and relationship diversity (GSRD) populations.

Zita L. Nickeson, M.Ed., LMHC, LCPC, CST, CSE

Zita Nickeson is a Licensed Mental Health Counselor in WA, ID, MT, WY and CO. She is a Certified Sex Therapist, Certified Sex Educator, Kink Knowledgeable Professional and Ethnic Minority Mental Health Specialist (WA specific). Additionally, Zita is currently a Doctoral Candidate in Human Sexuality/Psychology, completing her dissertation work around BIPOC and Interracial Relationship Experiences within Kink.

Carrie Jameson, LCPC

Carrie Jameson welcomes people of all orientations, identities, and relationships, including heterosexual, LGBTQIA, POC, fetish, kink and alternative relationships (such as consensual non-monogamy, swinging, and polyamory) and those who are working through issues related to sexuality. Ms. Jameson also helps people who have survived traumas, either recent or past. Traumatic experiences can affect relationships, moods (being anxious, irritable or angry, feeling sad or fearful), and daily living including eating, sleeping and self-care. Therapy can help you access the power that comes with healing trauma, find peace and meaning, as well as enrich your relationships. Life may feel like uncharted waters, if you are not sure of where you are, where you are going, or even where you want to be. Underlying these experiences may be feelings of not

belonging, being broken, not worthy (of success, love, peace), or fear of being abandoned or left. Together we can explore what belonging and/or self-worth means and the kind of life you want to be living. Therapy can heal wounds, create more rewarding relationships (with self and others), help you to accept yourself, while appreciating that you are a constantly changing being.