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The institute for sex, intimacy and occupational therapy, LLC, program evaluation

BOSTON UNIVERSITY

SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

THE INSTITUTE FOR SEX, INTIMACY AND OCCUPATIONAL THERAPY, LLC, PROGRAM EVALUATION

by

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Earnest:

1. *Fervent, intent, purposeful, determined, industrious, ambitious, resolute, serious, sincere.*
2. *Having qualities of depth and firmness*
3. *Having a purpose and being steadily and soberly engaged in pursuing it*

Random House Unabridged Dictionary

DEDICATION

I would like to dedicate this work to my parents, Jim and Mary Anne. Thank you for fostering a sense of self-efficacy and altruism within me.

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Leanne Yinusa-Nyahkoon, who served as the academic mentor for this doctoral project. Thank you for your earnest dedication to this work and my scholarly development.

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THE INSTITUTE FOR SEX, INTIMACY AND

OCCUPATIONAL THERAPY, LLC, PROGRAM EVALUATION

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ABSTRACT

Sexuality and intimacy occupations are often considered valued life occupations by individuals and communities and can contribute to quality of life and relationship satisfaction (Diamond & Huebner, 2012; McGrath & Lynch, 2014; Sakellariou & Algado, 2006; Smith et al., 2011). Sexuality and intimacy occupations have the potential to play either enriching or detrimental roles in individuals lived experiences, which supports the notion that healthcare providers must be prepared to address these topics in practice (Collins et al., 2017; Deering et al., 2014; Diamond & Huebner, 2012; Espelage, Basile, Rue, & Hamburger, 2015; Papp, Erchull, Liss, Waaland-Kreutzer, & Godfrey, 2017; Smith et al., 2011). Despite the potentially powerful impact of sexuality and intimacy occupations on quality of life, there is a lackluster response to prioritize these occupations among occupational therapy (OT) clinicians and in OT curricula (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015). This doctoral project (1) identifies restrictive factors which enable OT professionals' hesitancy to include sexuality and intimacy into scholarly, academic, and clinical practices, (2) identifies solutions informed by dissemination and implementation sciences to dismantle institutional and clinician level restrictions and

enable clinical adoption, (3) analyzes available literature related to best practices in marketing, dissemination and implementation, and sexuality education for healthcare providers and (4) conducts a program evaluation of the Institute for Sex, Intimacy and Occupational Therapy^{LLC}. Summative and formative results suggest that ISIOT^{LLC} was successful in (1) generating enthusiasm for the brand and learning products, (2) conducting webinars which influenced clinical adoption, (3) building a coalition of advocates to promote institutional change, and (4) building credibility of the author as a subject matter expert on sexuality and intimacy within the OT profession. The project results will contribute to the profession by equipping OT professionals with a guide for including sexuality and intimacy into their academic or clinical practice. Enhancing clinical adoption of sexuality and intimacy into OT practice will improve the quality of life of the individuals, communities, and populations the profession serves.

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LIST OF ABBREVIATIONS

ACOTE.....American Council of Occupational Therapy Education

AOTA..... American Occupational Therapy Association

ESRC.....Educational Standards Review Committee

ISIOT^{LLC}..... Institute for Sex, Intimacy and Occupational Therapy, LLC

OT..... Occupational Therapy

GLOSSARY

Sexual activity: engagement in activities that result in sexual satisfaction

Social participation: associated with organized patterns of behavior that are characteristic and expected of an individual or an individual interacting with others within a given social system (adapted from Mosey, 1996, p. 340).

Social participation/Peer, friend: Activities at different levels of intimacy, including engaging in desired sexual activity.

CHAPTER ONE

Introduction

Sexuality and intimacy occupations are often considered valued life occupations by individuals and communities and can contribute to quality of life and relationship satisfaction (Diamond & Huebner, 2012; McGrath & Lynch, 2014; Sakellariou & Algado, 2006; Smith et al., 2011). Sexuality is one of the very few occupations which is relevant throughout lifespan (Whitney & Fox, 2017). Sexuality and intimacy occupations have the potential to play either enriching or detrimental roles in individuals lived experiences, which supports the notion that healthcare providers must be prepared to address these topics in practice (Collins et al., 2017; Deering et al., 2014; Diamond & Huebner, 2012; Espelage, Basile, Rue, & Hamburger, 2015; Papp, Erchull, Liss, Waaland-Kreutzer, & Godfrey, 2017; Smith et al., 2011). Despite the potentially powerful impact of sexuality and intimacy occupations on quality of life, there is a lackluster response to prioritize these occupations among occupational therapy (OT) clinicians and in OT curricula (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015).

Sociocultural norms, institutional limitations, and lack of competency and comfort are explanations provided in the literature for OT clinician hesitancy to address sexuality and intimacy occupations with OT clients (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015). Mitigating sociocultural norms, promoting institutional support, and enhancing clinician competency and comfort are the objectives which guide the approach made by the author to begin to

alleviate the lack of prioritization from the OT profession. The author seeks to achieve these objectives through the establishment of an education company that, in addition to education, values corporate social responsibility (CSR) through advocacy efforts.

The author established The Institute for Sex, Intimacy and Occupational Therapy, (ISIOT)^{LLC} to house the implementation and dissemination of her efforts to promote clinical adoption. ISIOT^{LLC} was started in August 2017 with a phone call to a stakeholder and encouragement from this doctoral student's academic mentor and formally established as a limited liability company in August 2018. This doctoral project serves as a summative and formative program evaluation for the company. Below are the tasks which informed development of ISIOT^{LLC}.

After a comprehensive review of evidence-based interventions for sexual activity and intimate social participation and sexuality education, the author will develop 8 hours of curriculum templates for educational events. The templates will be adaptable to in-person and webinar formats. The templates will also be adaptable to different groups of learners, for example OT students or OT clinicians at different settings and informed by site-specific needs assessments. To promote change at an institutional level, the author will develop a curriculum guide for OT professors directly linking learning activities with American Council for Occupational Therapy Education (ACOTE) Standards. The author's aim for the curriculum guide is to ease OT professors' translation and application of these topics into the curriculum.

The ISIOT^{LLC} conducts advocacy tasks to guide OT institutions to minimize the perpetuation of restrictive social cultural norms and begin to support and encourage OT

clinicians to prioritize sex and intimacy occupations as relevant to their clients' holistic rehabilitation and wellness. Related tasks include developing a plan to consult for OT clinicians and institutions, hosting an educational and Sex Positive Instagram account, submitting a manuscript on this topic for publication, providing free content for OT clinicians and professors, and creating a coalition of fellow OT students and clinicians to influence professional governing entities' policies, such as American Occupational Therapy Association (AOTA) and National Board for Certification in Occupational Therapy (NBCOT).

Within this dissertation OT students include entry-level occupational therapy students and entry-level occupational therapy assistant students. OT clinicians include both occupational therapists and occupational therapy assistants, emerging and experienced clinicians. OT professors include professors for entry-level masters, doctorate, bachelorette, and associate's programs. OT institutions include entities larger that the singular clinician, for example, OT clinics, community practice organizations, OT academia, AOTA and NBCOT. Unless otherwise specified, consider OT institutions as inclusive of all those examples. Learning events refer to the main product offered by ISIOT^{LLC} which includes both in-person events and webinar events, both with the capability of being tailored to the priority audience for that events.

CHAPTER TWO

Theoretical and Evidence Base to Support the Proposed Project

Overview of the Problem

Sexuality and intimacy are core aspects of human occupation. OT clinicians often acknowledge the importance of sexuality and intimacy occupations for their clients (Hattjar, Parker, & Lappa, 2008; Lohman, Kobrin, & Chang, 2017; Sakellariou & Algado, 2006). The *Occupational Therapy Practice Framework: Domain and Process* (3rd ed.) identifies sexual activity as an activity of daily living (ADL) and describes social participation as an instrumental activity of daily living (IADL) (American Occupational Therapy Association [AOTA], 2014). While OT clinicians and the OT profession recognizes the intersection of sexuality, intimacy, and human occupation, there is a hesitancy to address these occupations with clients (Conine, Christie, Hammond, & Smith, 1979; Dyer & das Nair, 2013; Jones, Weerakoon, & Pynor, 2005; Lohman, Cobrin, & Chang, 2017; Payne, Greer, & Corbin, 1988). Sociocultural norms, institutional limitations, and lack of competency and comfort are determinants which predispose, enable, and reinforce OT clinician hesitancy to address sexuality and intimacy occupations (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015).

Sociocultural norms.

Sociocultural norms often dictate that sexuality should be private and prioritized for young, heterosexual, and able-bodied males (Collins et al., 2017; McGrath &

Sakellariou, 2015; Sakellariou & Algado, 2006; Tepper, 2000). Sexual activity for solely pleasure purposes is often delegitimized in Western Culture and thus lacks a priority among other competing activities of daily living in rehabilitation (McGrath & Sakellariou, 2015). These determinants may predispose OT clinicians', professors', and students' discomfort and hesitancy to incorporate sexuality and intimacy occupations into their practice, curriculum, and learning experience.

Institutional limitations.

Institutional limitations include lack of time, prioritizing sexuality and intimacy interventions by leadership, understanding regarding the role of OT, and standardized instruction (Conine, Christie, Hammond, & Smith, 1979; Couldrick, 1999; Dyer & das Nair, 2013; Lohman, Kobrin, & Chang, 2017; McGrath & Sakellariou, 2015; Neistadt, 1986; Payne, Greer, & Corbin, 1988). Occupational therapy professionals cite ambiguity about whether they should include sexuality and intimacy occupations in their assessments and interventions, sometimes being cautious to do so for fear of judgement by their superiors (McGrath & Sakellariou, 2015). Despite the advocacy efforts detailed in this dissertation, the recently updated Accreditation Council for Occupational Therapy Education (ACOTE) Standards did not include adding sexual activity and intimate social participation educations standards for occupational therapy or occupational therapy assistant education (ACOTE, 2018). This poses a problem as professors build curriculum and prioritize a multitude of important topics to match the Standards.

In addition to a lack of educational standards, ambiguous professional definitions also reinforce the professional delegitimization of sexuality and intimacy occupations.

The *Occupational Therapy Practice Framework (OTPF): Domain and Process* (3rd ed.) identifies sexual activity as an activity of daily living (ADL) and defines it as "engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs" (AOTA, 2014, p. S21). This definition states that sexual activity is either satisfying or meets the needs of procreation or to sustain a relationship. This eliminates sexual activity that is not satisfying or even forced or coerced. Also, it perpetuates a sociocultural norm that sexual activity could be a requirement or a necessity for a relationship. It is possible that messaging regarding the duty of sex while in relationships can be restrictive to achieving fully satisfying sexual experiences.

Social participation engagement is noted to be characterized by "different levels of interaction and intimacy, including engaging in desired sexual activity" (American Occupational Therapy Association, 2014, p. S21). This definition does not clearly or holistically define human engagement in intimate social participation. Also, by using the adjective *desired* to characterize sexual activity, it implies the opposite, *undesired*, sexual activity is not relevant. Undesired sexual activity could include topics such as sexual assault, abstinence, limit setting, safety planning, and risk management. Clearly this is not the intent of the OT profession's scope of practice to eliminate these topics as potentially relevant to our clients. Pizzi and Reitz (2010) suggest a broad understanding of sexuality to include sex, identity and gender roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. However, the mention of intimacy within a definition of sexuality does not truly identify how managing intimate relationships is relevant to occupational therapy.

Competency and comfort.

OT students and clinicians' lack of competency and comfort that influences their willingness to address sexuality and intimacy with clients. OT clinicians commonly cite limited education related to sexuality and intimacy assessment and intervention as an explanation for their hesitancy (Conine, Christie, Hammond, & Smith, 1979; Jones, Weerakoon, & Pynor, 2005; Lohman, Kobrin, & Wen-Pin Chang, 2017). Personal beliefs and values are also moderating factors to students and clinicians comfort level with addressing sexuality and intimacy (West et al., 2012). OT learners require opportunities for self-reflection of these personal beliefs and values. OT learners can only then become aware of potential biases and assumptions which would interrupt the therapeutic relationship and then ultimately achieve a better a better relationship with their clients (Hattjar, 2017; West et al., 2012; Whitney & Fox, 2017).

Considering the insufficient presence in OT curriculum, OT clinicians might reasonably seek opportunities for continuing education on the topics of sexuality and intimacy (Jones, Weerakoon, & Pynor, 2005; Lohman, Kobrin, & Chang, 2017, Payne, Greer, & Corbin, 1988). Unfortunately, sexual and intimacy related education is underrepresented in continuing education opportunities approved by AOTA. From a review of education opportunities approved by AOTA for continuing education credits between 2001 and 2017, there were 42,163 total courses approved for CEU credit. Of those, 118 courses (.28%) listed "sexuality" as a keyword (AOTA, 2017). AOTA's two most common CEU topics addressing sexuality were primarily focused on human immunodeficiency virus and acquired immune deficiency syndrome (31 courses) and

aging (8 courses) (AOTA, 2017). Intimacy and intimate social participation are not used as keywords for the classification system.

Previous attempts to address the problem

Solid evidence of effective programing and intervention to address the hesitation of OT clinicians to address sexual and intimacy occupations is sparsely represented in the literature. The literature identified ranged from cohort studies to expert opinions, which were only included because higher level research did not exist. Consistent themes in the literature for OT pedagogy and professional development related to sexuality and intimacy was to include a reflective component (Eglseder & Webb, 2017; Stayton, 1998; Whitney & Fox, 2017), situated or experiential learning (Eglseder & Webb, 2017; Green, Hamarman, & McKee, 2015), exposure (Green, Hamarman, & McKee, 2015; Pillai-Friedman, Pollitt, & Castaldo, 2015; Stayton, 1998), and conducting a needs assessment (Colarossi, Dean, Balakumar, & Stevens, 2017; Eglseder & Webb, 2017; Gianotten, Bender, Post, & Höing, 2006).

Opportunities for learners to evaluate their attitudes related to sexuality and intimacy and how these perspectives and beliefs might impact the therapeutic relationship with their clients is a vital component of developing preparedness to address these topics with clients (Bruess, & Schroeder, 2013; Eglseder & Webb, 2017; Green, Hamarman, & McKee, 2015; Hattjar, 2017; Stayton, 1998; Whitney & Fox, 2017). Whitney and Fox (2017) found students reported a greater understanding of OT clinician's role and a comfort level with addressing sexuality post-injury or disability after participating in curriculum requiring self-reflection and creating intervention plans from case studies.

Eglseder and Webb (2017) details pedagogy informed by situated learning theory requiring learners to conduct an interview with spouse of individuals with a spinal cord injury. The author did not conduct formal outcome measures; however documented students reported increase in comfort and knowledge in sexuality (2017).

A relevant and effective mode for sexuality education for allied health professional students is the online platform (Green, Hamarman, & McKee, 2015; Weerakoon, Sitharthan, & Skowronski, 2008). Green, Hamarman, and McKee (2015) developed an online course which translated commonly used in-person methods for sexuality education: brainstorming, forced choices, demonstration, films/videos, and role play but did not report any participant outcomes. Weerakoon, Sitharthan, and Skowronski (2008) conducted data collection pre and post participation in an online sexuality course for health professionals and noted a significant increase in comfort level for 7 out of 10 hypothetical sexually relevant clinical situations ($p = 0.002 < > p= 0.024$). They developed a pre- and post-questionnaire to asses students anticipated level of comfort with sexually relevant clinical scenarios. Although internal consistency was alpha = 0.8947 indicating higher reliability, their response rate was low implying a possible response bias, limiting validity.

Sexuality and intimacy continuing education or training opportunities can alleviate the institutional barriers and lack of readiness of practicing professionals. Some practice settings have published effective outcome measures after hosting training opportunities for sexuality intervention which includes a site-specific needs assessment and multi-disciplinary providers from the same site (Colarossi, Dean, Balakumar, &

Stevens, 2017; Eglseder & Webb, 2017; Gianotten, Bender, Post, & Höing, 2006). This article highlights the benefit of institutionally supported learning events, which the author seeks to promote by offering tailored in-person events informed by the specific needs of that facility.

Gianotten, Bender, Post, & Höing (2006) gathered information on clinicians' needs by distributing a needs assessment questionnaire to rehabilitation staff working at the same hospital. Physicians, psychologists, social workers, nurses, physical therapists, speech therapist, and occupational therapists made up the rehabilitation staff. The needs assessment examined clinician's preparedness to address sexuality needs of clients and free response sections to elaborate on specific learning needs and goals of the clinicians. Informed by the challenges identified in the needs assessment, the authors then conducted sexuality trainings to a multi-disciplinary team requiring participants to engage in situated and experiential learning activities. Outcomes revealed a significant increase in knowledge recognizing problems, and communication skills ($p < 0.001$). Participants reported bringing the topic of sexuality up with their clients more often and a better understanding of professional roles.

Higgins, et al., (2012) had similar results with their one-day training on sexuality interventions for multi-disciplinary healthcare providers who worked at the same facility. This staff was made up of psychologists, nurses, care staff, physiotherapists, and occupational therapists. Using a mixed-methods design and pre and post-questionnaires and interviews, researchers found the training increased providers' knowledge ($p < 0.001$), skill development ($p < 0.001$), and comfort ($p = 0.01$) related to sexuality. While

the sample size was small, validity was enhanced by member checking by participants (Higgins et al., 2012). Additionally, Eglseder and Webb (2017) conducted a literature review of sexuality education for health care professionals and concluded that sexuality trainings for healthcare professionals should reflect a needs assessment and have opportunities for situated learning.

Colarossie, Dean, Balakumar, and Stevens (2017) sought to evaluate the effectiveness of sexuality training to enhance the capacity of community-based organizations to include sexual and reproductive health (SRH) education in their services. A needs assessment to identify barriers to discussing SRH with clients and established SRH program processes was completed by meeting with leadership, administrators, and direct service staff at the facility. Informed by the needs assessment, trainings were developed to enhance provider competency with addressing SRH with clients included opportunities for group discussion and role playing, didactics, values clarification, and marketing suggestions. Statistical significance ($p < .000$) was reached for an increase in organizational support, knowledge, attitudes, preparation and communication between baseline and 6–12 months post training, except for communication which showed no significant change from 6 to 12 months (2017). Outcome measurements also revealed there was an increase in organizational support for talking to clients about SRH, providing education materials, and making SRH referrals at both 6 months and 12 months.

Stayton (1998) and Philla-Friedman, Pollitt, Castaldo (2015) offer valuable insight regarding the importance of exposure when studying sexuality. Stayton (1998)

mentions this strategy is helpful for both professionals and students. Both explain that curriculum should include opportunities for learners to learn accurate information about sexuality, unlearn misinformation, and be exposed via videos and films, or self-directed research to enhance understanding about less mainstream ways of sexual expression, such as kink and other erotic variations. There is a heightened value on exposure versus instructional teaching so that the learner is able to form their own ideas without indoctrination or influence from the instruction (Pillai-Friedman, Pollitt, & Castaldo, 2015; Stayton, 1998). Pillai-Friedman, et al., (2015) make the case that exposure to sexually variant and explicit materials should be guided by an existentialist learning philosophy (2015). Existentialist learning philosophy values autonomy of the student and avoids indoctrination of certain ideologies. Methods of exposure include showing sexually explicit videos of various sexual activities, visual showing of sexual assistive devices, and hosting individuals of various sexual identities and cultures to educate students about their cultures and how their sexuality is meaningful to them. Including non-normative material is paramount to help develop an understanding of sexuality beyond normative constructs and to highlight the core values of cultures by contrast. The goal of exposure to sexually explicit material is not to pass judgement or push a certain agenda regarding sexual behaviors and material, but aide in awareness both of one's personal attitudes and beliefs regarding sexuality and intimacy and of the activities themselves (Pillai-Friedman, Pollitt, & Castaldo, 2015).

Conducting a needs assessment and developing curriculum with exposure, self-reflection, and situated and experiential learning components are strategies identified in

the literature to enhance relevancy and scientific soundness of sexuality and intimacy curriculum. Each of these components will inform the development of my program processes and curriculum templates and will be detailed more thoroughly in future chapters.

CHAPTER THREE

Description of Program

The author's doctoral program interventions are each informed by the available evidence, literature, and theory related to each desired outcome. The long-term desired outcomes of the below interventions are generalized as knowledge translation and clinical adoption. The actions detailed in this doctoral project are supported by learning, marketing, and implementation theories, occupational therapy models and literature, and sexuality education literature. The theories, models, and evidence are discussed after each intervention section.

The author acknowledges that problems are complex and systematic and widespread adoption of new behaviors often occurs when approaching intervention at multiple levels of the problem. The author is taking a two-pronged approach, using advocacy and education interventions, to ameliorate three causes identified in the literature as responsible for OT clinician hesitancy to address sex and intimacy occupations. The interventions include advocacy and education regarding the intersection of occupational therapy and sexuality and intimacy occupations, and guiding recommendations for the professionals at both clinical and institutional levels. The author's vision is that through these interventions, she can leverage widespread clinical adoption to enhance sexuality and intimacy assessment and intervention among OT clinicians.

Curriculum Templates

Curriculum templates were developed to reduce the potential influence and bias

from sociocultural norms and potential lack of comfort and competency related to sexuality and intimacy occupations. The author will develop 8 hours of curriculum templates representing 8 different topics adaptable to different modes of delivery, target audiences, and settings. Modes of delivery considered are in-person and webinar formats. The cohort variations considered in the development of the guides are learners including OT students, professors, and clinicians in different settings and academic programs. Each guide will include learning objectives, learning activities, relevant theory and evidence, and policy (See Appendix A, B, and C for examples of curriculum templates).

OT professors report that sexuality is overlooked in OT curriculum because OT professors lack knowledge of pedagogy methods related to sexuality, discomfort regarding discussing sexuality, and lack of space and relevancy in the curriculum (Lohman, Kobrin, & Chang, 2017). Furthermore, the author acknowledges the requirement of OT professors to prioritize educational content that fulfills ACOTE Standards. Exclusion of sexual activity and intimate social participation in the ACOTE Standards are enabling factors which sustain institutional limitations on the academic level. Specifically, for OT professors, the curriculum guides demonstrate the linkage between each learning activity and a relevant ACOTE standards. (See Appendix A, B, and C). The relevant ACOTE Standards and accompanying learning activity are also summarized in the Table 1.

Table 1
ACOTE Standards and Relevant Learning Activities

ACOTE Standards	Relevant Learning Activities
B.1.2 Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices: "Apply, analyze, and evaluate the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society to meet the needs of persons, groups, and populations".	Think of a theoretical client who differs from you either by culture, religion, socioeconomic status, sexual orientation, gender identity, race, age. Consider how their profile and experiences might be different. "Cause for Pause": consideration of reflections and reactions to different sexually relevant topics such as sex work, porn, casual sex, masturbation, erectile dysfunction, Kink
B.4.1 Therapeutic Use of Self: "one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interventions".	Sexual-being Occupational Profile: Consider the following questions and share what you are comfortable sharing: What does sexuality mean to me? Why do I engage in sexual activity? Why do I not engage in sexual activity? What are my sexual goals? What have I learned recently about sex? What are some difficulties I have related to being sexual? Am I curious about certain sexual behavioral? Am I curious about certain sexual behavior?
B.4.11 Assistive Technologies and Devices: "Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being."	Tool Use: At the beginning of the lecture, learners are provided with an assistive device. Prior to any orientation to the device from the learning facilitator, groups of 3–5 individuals discuss the features of the product, potential uses, and how client factors and performance skills would interact with the device. Creativity and brainstorming should be encouraged

B.4.18 Grade and Adapt Processes or Environments: “Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.”	Case study: Review the case study provided by the learning facilitator within a small group (about 3-5 people). Within your cohort identify the relevant client factors and performance skills related to the individual’s performance in a desired sexual or intimate occupation. Identify an assistive device that could assist with performance in the desired sexual or intimate occupation. Present your findings to the class and inform your facilitator of any areas of confusion or disagreement among your group.
B.4.3. Occupation-Based Interventions: "Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention."	Case study: Review the case study provided by the learning facilitator with your small group (about 3-5 people). Within your cohort identify the relevant client factors and performance skills related to the individual’s performance in sexual or intimate occupations. Identify occupation-based intervention strategies and outcome measures. Present your findings to the class and inform your facilitator of any areas of confusion or disagreement among your group.
B.6.1: Scholarship: OTR "Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions."; OTA "Locate and demonstrate understanding of professional literature... to make evidence-based practice decisions with the OT"	Scholarly Presentation: Identify a clinical question related to sexuality, locate scholarly and/or professional literature to report on evidence-based findings, link findings to an evidence-based practice decision regarding intervention focused on occupation. Prepare a 5-minute presentation using a method of your choice to report these findings to the class

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Curriculum content topics have been informed by anecdotal experience of the author, ACOTE Standards, emerging practice areas, feedback from participants, and marketing strategies. The 8 topics include: (1) Overview of sexual activity and intimate social participation throughout lifespan, (2) Guided self-reflection of sexual attitudes, beliefs, and values, (3) Assistive devices, (4) Individuals with intellectual disabilities, (5)

Children and adolescents, (6) Individuals with history of sexual trauma, (7) Post-partum and new parents, (8) Sexual cultural competency and variations in sexual activity.

Learning Events

ISIOT^{LLC} will offer learning events informed by the curriculum guides. The author will host a webinar 3-4 times a year and provide the webinar recordings online for viewing by customers at a time convenient to them. The author will advertise the availability of a site or cohort specific training hosted by the facility leadership or education coordinator, again either online or in-person. The opportunities for this advertisement will be on the website, Instagram account, and to customers inquiring about training options.

Prior to each learning event a survey will be provided to registrants and administrators to conduct a needs assessment and gather baseline data (see Appendix D). The needs assessment will inform the development of curricula for that site and the baseline data will be compared to post-learning event data to explore the potential relationship between the independent variable (learning event) and dependent variable (outcomes). Post-data will also be gathered via a survey to provide both formative and summative information (see Appendix D).

ISIOT^{LLC} hosted webinars on the following topics: topic 1 in August 2018, topic 2 in December 2018, and topic 3 in March 2019. ISIOT^{LLC} offered these three webinars for AOTA approved continuing education units and gathered formative and summative outcomes data to inform the program evaluation. Participants were recruited through networking and email and social media marketing. These methods are reviewed later in

this chapter.

Outcomes.

The short-term outcome of each learning event is that learners will report customer satisfaction and an increase in confidence and competency. Intermediate outcomes will be collected at 3 months and will seek to determine the degree of knowledge translation and clinical adoption. Long term outcomes will be repeated customers for future learning events.

Learning theories. .

The educational interventions are informed by Adult Learning Therapy, specifically facilitated learning model (Cohn, Coster, & Kramer, 2014; Lin, Murphy, & Robinson, 2010), experiential and situated learning (Eglseder & Webb, 2017; Green, Hamarman, & McKee, 2015; Kolb, 1984), and reflective learning (Taylor, 2008; Whitney & Fox, 2017). Facilitated learning assumes that knowledge is best translated in an environment where the instructor facilitates opportunities for learning, but the majority of responsibility is placed on the learner. The educational material presented by ISIOT^{LLC} recommend learning activities requiring students to research and prepare content prior to class. Class time will be spent reporting on content and engaging in dialogue, role play, application of skills, and case study application. Opportunities for self-reflection of personal values, beliefs, and attitudes will be structured into the curriculum.

Occupational therapy models and sexuality education.

Occupational therapy models often focus on understanding the intrinsic and extrinsic factors which impact occupational performance (Baum, Christiansen, & Bass,

2015; Law et al, 1996). It is well documented occupational therapy literature that self-reflection is critical to awareness and understanding of other's internal and external experiences and that this process enhances therapeutic use of self, the intentional relationship, preparedness to address sexuality, and cultural competency (Taylor, 2008; Whitney & Fox, 2017). Conveniently, emphasis on self-reflection and awareness of other experiences and perspectives is replicated in sexuality education pedagogy (Bruess, & Schroeder, 2013; West et al., 2012). The author posits that the ease of clinical adoption for many OT clinicians is perhaps perceived as more difficult than it truly is. OT clinicians already poses the necessary skills to successfully approach sexuality interventions so long as they feel comfortable discussing sexuality and intimacy related topics. Learning activities recommended by ISIOT^{LLC} facilitate a reflective process of self and others' sexual values and beliefs and discussion of the impact of environmental contexts on the development of those values and beliefs.

Institute for Sex, Intimacy and Occupational Therapy, LLC

ISIOT^{LLC} was developed in August 2017 and incorporated in August 2018 to house the educational and advocacy projects mentioned in this document and future projects. The mission of ISIOT^{LLC} is to provide access and options to those seeking information and training on the topics of sexuality and intimacy occupations and generate awareness of the advocacy and social responsibility engagements of this author. The main delivery method utilizes a website, www.sexintimacyot.com, as a storefront for information regarding education and consultation services, resources, and advocacy campaigns. The website encourages individuals to sign up to receive marketing emails

regarding upcoming educational events and to contact this author. The intent with the website is to be a source of information, gain brand recognition, gain credibility as a subject matter expert, and an advocate for the promotion of OT clinicians' roles related to sexuality and intimacy occupations.

SexIntimacyOT Instagram Account

Encouraged by marketing literature and two stakeholders, the author established a Sex- Positive Instagram account in January 2017. The advocacy intent was to create a community of OT clinicians and students who support the promotion of OT's role related to sexuality and intimacy occupations and offer free and applicable content to build clinical skills and sexual cultural competency. The marketing intent was to offer free and applicable content to generate enthusiasm for future learning events and drive the value of the product.

Sociocultural norms related to sexuality and intimacy can be restrictive to OT clinicians attempting a therapeutic relationship with clients (Collins et al., 2017; McGrath & Sakellariou, 2015; Sakellariou & Algado, 2006; Tepper, 2000). Additionally, exposure to sexuality variant images is helpful to understanding perceptions outside of one's own and building sexual cultural competency regarding the topic (Pillai-Friedman, Pollitt, & Castaldo, 2015; Stayton, 1998). The account provides exposure to sex-positive images and the author attempts to ensure representation of sexual diversity among demographics and topics.

An example of offering helpful content and representation is a post discussing the benefits of using gender neutral pronouns and a resource for further education

(SexintimacyOT, 2018). Examples include a post discussing sexuality as a lifelong occupation with an image of a naked couple who is bi-racial and elderly hugging (SexintimacyOT, 2018); and a post discussing female masturbation and communicating one's sexual desires and preferences with a sketch of a naked female whose hands are placed on her vulva (SexintimacyOT, 2017). Lastly, the author capitalized on the famous Mary Riley quote, "man, through use of his hands, as they are energized by mind and will, can influences the state of his own health," to provide applicable content and ease the application of OT language to sexual and intimate occupation (Reilly, 1962, p. 2; SexintimacyOT, 2017). (See appendix E).

Peer Reviewed Publication

The author and the academic mentor for this doctoral project are collaborating to mitigate institutional limitations and decreased comfort and competency by increasing exposure of ISIOT^{LLC}'s suggestions. The manuscript provides a literature review of the status of OT education on topics of sexuality and intimacy occupations and OT professors' and clinicians' practice behaviors regarding these topics. Their aims are to provide approachable and directly applicable guidance to OT leaders, professors, and clinicians through publication of a peer reviewed journal article. The authors will suggest ACOTE Standards which link to effective learning activities and encourage leadership within OT clinics to host sexuality trainings to stimulate change at institutional levels.

Professional Governing Entities

Occupational therapy National governing entities can be influential to clinical adoption. OT clinicians cite lack of clarity over the role, lack of educational standards,

and policies that do not prioritize sexuality as barriers to incorporating these topics into their practice (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; Lohman, Kobrin, & Chang, 2017; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015). The author of this doctoral project engaged in an advocacy campaign to build a coalition of support from OT students and clinicians to provide Letters to Comment to the ACOTE Educational Standards Review Council (ESRC) and AOTA Commission on Practice.

ACOTE Standards dictate how OT programs prioritize a multitude of topics covered in their curriculum. Within a condensed curriculum, OT programs must teach to the Standards to prepare their students to pass the national board exams and meet the professional standards for entry level therapists. ACOTE Standards do not explicitly list sexual activity or intimate social participation. From 2017-2018, the ACOTE Standards were under review by the Educational Standards Review Committee. This author created a Letter to Comment template advocating for explicit inclusion of sexual activity and intimate social participation in the Standards. This author generated enthusiasm from her social media followers and professional OT network and provided the Letter to Comment template to those who requested it (see appendix F). This author also provided a testimony at the ACOTE ESRC Hearing at AOTA National Conference in 2018.

The *Occupational Therapy Practice Framework (OTPF)*, (3rd ed.) is under review by the AOTA Commission on Practice. The author of this dissertation is proposing new definitions for both sexual activity and intimacy social participation using similar advocacy approaches noted above for the ACOTE Standards revision. The author proposes sexual activity is defined as "the broad possibilities of sexual expression and

sexual experiences engaged in with self or others, requiring communication skills and informed by preferences, context, habits, routines, and patterns. Sexual expression and experiences can result in a variety of outcomes such as fulfillment and affirmation, satisfaction, pleasure, attachment, relaxation, reproduction, assault, transmission of disease, remorse, and communication of one's gender, identity, beliefs, and values." The author proposes a separate section for "Intimate partners, sexual partners" and defined as, "social interactions with potential, current, and past intimate partners, requiring communication skills and emotional regulation skills, and informed by habits, routines, and patterns. Intimate partners may or may not engage in sexual activity." The author is using similar advocacy efforts to generate support such as promotional materials, social media, and professional network contacts. The author made available a Letter to Comment template with the proposed definitions for interested individuals to sign and send to the Commission on Practice (See appendix G).

Outcomes.

The desired outcomes for the advocacy tasks vary from concrete to abstract. The desired outcome of developing a manuscript is acceptance by a peer-reviewed journal. The outcomes of the advocacy campaign to influence policy and standardization is integration of the recommendations into the updated policy developed by the ESRC and the Commission on Practice. The intended outcomes of the website and Instagram account are exposure to content which increases confidence and competency, credibility as an expert and a leader, and customers.

Implementation theories.

Widespread clinical adoption of considering sexuality and intimate occupations as relevant to our clients and implementing sexuality and intimacy interventions is the ultimate aim of this author. The advocacy, and educational tasks of ISIOT^{LLC} aim to influence clinical adoption. These efforts are guided by Theory of Planned Behavior and Consolidated Framework for Implementation Research. Theory of Planned Behavior supports that behavior change is more likely to occur if the perceived level of adoption difficulty is low, the outcome is known and considered beneficial, and social reward is high (Fishbein & Ajzen, 1975). CFIR offers a guiding framework with constructs and implementation strategies for institutional level change. Relevant constructs to understand the determinants of implementation are complexity, change agents, and policies and incentives (2018). Evidence-based strategies for clinical adoption of sexuality and intimacy interventions are coalition building, changing accreditation standards, using mass media, and promoting adaptability (Powell, et al., 2015).

Within the advocacy and education tasks, the author strives to reduce clinician perception of complexity by linking standard OT skills such as therapeutic use of self, activity analysis, and client-center care with preparedness to address sexuality and intimacy. The author's intent is to empower the OT clinician to perceive that the level of difficulty of knowledge translation and practice change will likely be low considering the skills set already promoted within the OT profession. The author's marketing efforts are influenced by the concept of social reward. ISIOT^{LLC}'s website and marketing content

highlight the end-value to the user which is communicated as improved clinical skill which will impact the quality of life of their clients. The advocacy tasks detailed in this document are aimed at changing standards and policies and perception of institutional or peer-reviewed support for the implementation of sexuality and intimacy interventions with the aim of sustaining clinical adoption over time.

Barriers and challenges

In addition to the systemic barriers noted, there are logistical barriers to the implementation of the project as well. Resources and cost are necessary for acquiring and managing the necessary resources. Costs include the website platform subscription, webinar hosting platform, and AOTA Approved Provider Program application fees. Significant time was invested in designing educational and promotional materials with consistent brand recognition and engaging content. Also, interacting with potential customers or responding to inquiring students and clinicians required almost daily engagement.

Understanding the diversity and learning needs of the potential learners, customers, and change agents is challenging given the wide lens the author is considering as the priority populations. Anecdotally, the author has experiences with both overwhelming affirmation and support and complete disengagement and disregard from customers and institutional change agents related to the above-mentioned education and advocacy tasks. The author is astutely aware of the deeply personal and diverse meaning that sexuality has to individuals, which is also influenced by multiple factors such as

geographic locations, political affiliations, religions, previous experiences, and cultural messages. For example, it is nearly impossible to understand the factors preventing or enabling engagement with the learning events given the resources available to the author.

CHAPTER FOUR

Evaluation Plan

Education Tasks

Outcomes.

The program evaluation purpose is both descriptive and causative since both formative and summative information is desired. For formative results, qualitative data will be used to inform the content and modify the learning experience. For summative results, quantitative data will be used to determine the desired outcome of knowledge translation into practice. This data will also determine if there is a relationship between the independent (education event) and dependent variable (comfort, competency, and practice change). (See appendix H for Logic Model).

Below are examples of assessment questions used to explore the outcome measures (See appendix D for the full assessments used for Webinar 1 and Webinar 2):
Pre-course assessment:

1. Do you assess sexual and intimate occupations with your clients? Yes/sometimes/no
2. Rate your comfort level regarding addressing sex and intimacy with clients. 5-point Likert scale
3. Rate your competency addressing sex and intimacy with clients. 5-point Likert scale
4. What practice setting do you work in? open ended

Post-course assessment:

1. Would you recommend this course to a peer? Yes/No
2. What aspects of this course were most useful or valuable? open ended
3. How do you intend to use the knowledge and skills gained? open ended

3- month follow-up:

1. In the past 3 months, have you noticed an increase in the frequency or number of clients you discuss sexuality and intimacy occupations with? 5-point Likert scale
2. In the past 3 months, do you feel more competent discussing intervention skills related to sexual and intimacy occupations with your clients? 5-point Likert scale
3. In the past 3-months, how satisfied are you with your knowledge translation from the webinar to your OT practice? 5-point Likert scale

Evaluation design.

The ISIOT^{LLC} program evaluation aligns most closely with a mixed-methods quasi-experimental single group repeat measures design where each participant serves as his or her own control. The design is developed to provide summative information by discovering the relationship between the independent variable and the dependent variable. The intervention, or independent variable, is a learning event. The outcomes, or dependent variables, are perceptions of increased confidence and competency, and practice change. These outcomes will be measured by self-report with the most important indicator of change over time being the responses from the 3-month follow-up surveys. Performance monitoring design was influential to design development. The design is developed to provide formative information by identifying patterns among

customer satisfaction, learning experience, and repeat customers. Methods include gathering data via an emailed survey with open ended, Likert-scale, and yes/no questions survey sent to registrants and learning event participants. Data will be collected prior to the learning event, immediately following, and 3 months post.

Gathering Qualitative and Qualitative Data

Evaluation methods.

The design is a mixed-methods qualitative and quantitative survey to gather summative results and explore formative consumer perceptions. This information will aim to demonstrate the relationship between the independent and dependent variable as well as inform content and process improvement. Competency and comfort will be measured by participant perception using a Likert-scale over the three data point collections. Practice change will be measured by likelihood of knowledge translation at the post-course evaluation and an increase in either the number of clients or frequency of times participants address sexuality and intimacy occupations at the 3 months follow up.

For the author's first webinar, program evaluation surveys were emailed to every learner 1-day post webinar. For all future learning events, a pre-course survey will be provided at the time of registration for the learning event, a post-course evaluation the day after the event, and a follow-up post-course evaluation 3 months after the event. For future learning events, anyone who registers for the event meets inclusion criteria, however only responses completed from all three data points of entry will be included in analysis. Since this program is a business model, with the intent to maintain customers, the post-course evaluation and 3-month post course emails will only be sent once so not

to impose on the learners.

Data analysis and reporting.

Qualitative data from open-ended questions will be analyzed using hermeneutic methods. A thematic analysis will be used to identify patterns. Concepts in the responses will be coded into categories, then the categories will be analyzed for common themes. Qualitative results will be reported by stating each theme and using a quote to support each theme. Quantitative data from Likert-scale, ratings, and yes/no questions will be analyzed using descriptive statistics. Data will be reported using tables. Both qualitative and quantitative analysis will be done by the doctoral project author and that potential bias will be reported with the findings. The author will begin accepting Occupational Therapy Doctoral Capstone Students in Winter of 2020. Students will be tasked with analyzing data which will improve the analysis by eliminating the bias of the author.

Data management plan.

The survey will be available on Google Forms and the link to the survey will be provided in the email. Google Forms has storage capabilities of survey results. Data can be analyzed using Google Sheets, as well as downloaded and analyzed in Microsoft Excel. Excel has the capabilities to determine mean, standard deviations, and t-tests. Qualitative data will be color coded within a word document, and thematic analysis will be stored within a new word document. Both the author's computer and Google Docs account, which houses Google Forms and Sheets, are password protected. As the company grows and number of learners increases, the author will likely invest in a

platform which ensures more control over learner activity. For the present, names on the survey will be matched with the names of the participants to ensure no erroneous activity which would confabulate results. An example of erroneous learner activity would be a learner filling out multiple surveys at the same data collection point.

Evaluation results.

Demographics of interest to the author are repeat customers and occupation. Out of 84 registrants 26 (31%) were occupational therapy students, 48 (57%) were occupational therapists, and 9 (11%) were occupational therapy assistants. There were 15 repeat customers, 3 of those participated in all 3 webinars. Results are pooled from paid registrants, participants, and those who completed the post-course for webinar 1 and 2 and three-month evaluation for webinar 1. Results are of webinar 1 are summarized in Table 2 and results of webinar 2 are summarized in Table 3.

Table 2

Education Tasks Outcome Measure & Results for Webinar 1

Summative		
Post Course Evaluation of Clinical Adoption Outcomes	Themes	
Intent to use information	Start a conversation with clients and co-workers	
	Advocate for implementation	
What aspect was most helpful	Permission	
	Validation	
	Case examples	
	Broad scope of sexual activity	
3 Month Follow-up of Implementation	Results	
Increase in addressing sexuality and intimacy with clients since webinar	2 out of 2 respondents said "yes"	
Influence of webinar to increase	Somewhat Moderately	
Formative		
Learning Experience	Average (5-point Likert Scale)	Satisfaction (%)
Speaker was knowledgeable	4.88	97.50
Pertinent content	4.88	97.60
Well organized	4.75	95.00
Zoom was easy	4.62	94.40
Zoom was conducive to learning	4.69	93.74
Easy registration	4.7624	95.25
Good customer service	4.7624	95.25
Overall satisfaction	4.75	95.00
Recommend to a peer	5	100

Table 3

Education Tasks Outcome Measure & Results for Webinar 2

Summative Clinical Adoption Outcomes	Average Pre	Average Post	Difference (%)
Participant competency	2.73	3.55	72.73
Participant comfort	3.36	3.55	27.27
Importance of discussing sex and intimacy with clients	4	4.18	36.36
Likely to translate knowledge and awareness gained from course into OT practice		4.64	

Formative Learning Experience	Average	Satisfaction (%)
Comfortable learning environment	4.64	92.73
Pertinent content	4.73	94.55
Well organized	4.64	92.73
Zoom was easy	4.82	96.36
Zoom was conducive to learning	4.64	92.73
Easy registration	4.82	96.36
Good customer service	4.82	96.36
Overall satisfaction	4.45	89.09
Recommend to a peer	5	100

Recommendation for Topics	Themes
	Case studies
	Cultural competency
	Cognitive dysfunction
	Non-normative

Most Valuable Aspects	Themes	Supporting Evidence

Disclosure and discussion of personal experiences	"what is normal for me as an individual may not be normal for someone else."
Self-reflection	"Open self-reflection in a sex positive platform."
Case examples	"practical clinical applications of the themes discussed."
	"practice problem solving their wording, resources, assumptions."

Discussion.

Formative outcomes measures demonstrate that participants for webinar 1 and 2 were overall satisfied with the learning event. The participants agreed the webinar platform, Zoom, was easy to use and conducive to learning. The participants also agreed the registration process was easy and the customer service was good. 100% of participants reported they would recommend the webinar to a peer. Webinar 2 required participants to consider and share their personal sexual values, beliefs, and attitudes. The participants reported agreeing or strongly agreeing that the facilitated learning environment was comfortable. Common themes included the use of case studies as effective in meeting learning goals, constructive feedback to have included more case studies, and case studies as suggested topics for future learning events.

In the post course evaluation for webinar 1, participants were asked how they intended to use the information. General themes included they would use the information to start a discussion with clients and co-workers and to advocate for implementation at

their facility. They were also asked to comment on aspects of the course that were most helpful. The concept of permission to discuss these topics with clients, validation that these topics are important, case examples, and the concept that sexual activity is inclusive of more than just penetrative sex. Only two individuals responded to the 3-month post follow-up. They both reported an increase in their implementation of assessment and intervention for sexuality and intimacy and attributed "some amount" and a "moderate amount" of that increase to influence from the webinar. Despite having a very small sample size, this program has already generated clinical adoption among participants.

Webinar 2 included a pre and posttest. Participants reported a group average increase in competency and comfort related to addressing sexuality and intimacy, as well as an increase in validation of importance of sexuality and intimacy to clients. For these three constructs the respondents demonstrated an increase within each of the responses, as no one responded "not at all" or "low" in the post-course evaluations for confidence, comfort, and importance. All participants reported they will either be very likely or extremely likely to translate the knowledge and awareness learned in the webinar into their clinical practice.

Participants were asked to identify which aspects of webinar 2 was most valuable. Most participants identified that the disclosure and discussion of their own reflections and bias was the most valuable. This suggests participants felt the sharing of these reflections and taking verbal ownership of the bias was valued more over self-reflection. This differs slightly from both what was predicted by the author and cited in the literature. In webinar 2, participants disclosed and took ownership of their values, beliefs, and bias, as

framed by “normal” centric to self, and learn from each other the variety of viewpoints that co-exist. Possible evidence of this is in one participant’s post-course reflection, “the idea that what is normal for me as an individual may not be normal for someone else.”

Advocacy Tasks

Outcomes.

Advocacy tasks evaluated in this doctoral project will produce a variety of desired outcomes which will each be determined differently. Certain outcomes are concrete and binary, such as acceptance by a peer-review journal and change in policy by the ESRC and Commission on Practice. The intended outcome of credibility, exposure, and customers are measured by number of potential customers, engagement of potential customers, and interest in promoting sexuality and intimacy in the occupational therapy profession.

(See appendix H for Logic Model)

Methods.

The methods for collecting outcomes data will vary, and when combined, may provide information on the effectiveness of advocacy tasks. Analytics will be the main source of methods used to determine outcomes. Social media followers and email subscribers can be easily recorded on various platforms, such as Instagram and Weebly, which hosts the ISIOT^{LLC} website. Weebly and Instagram also record analytics which inform customer or followers engagement with marketing emails and Instagram posts. Website activity and internet sources accessing the ISIOT^{LLC} website will also be

recorded. The areas of credibility, expertise, and leadership of the author in the areas of sexuality and intimacy will be determined by number of commitments for mentoring, consultation, collaboration opportunities. Advocacy tasks, which are binary, such as inclusion of sexuality and intimacy in ACOTE Standards will also be recorded.

Results.

Results are of advocacy tasks are summarized in Table 4.

Table 4
Advocacy Tasks Outcomes Measures & Results

Outcome Measure	Result	Date Range
Instagram @SexintimacyOT account		
Number of followers on Instagram	1053 Increased number of Followers when others mention my account in a student or guest lecture presentation 100 new Followers week of 2019 national conference	January 2017-April 2019
Engagement (Like or Comment) high and low	161 June 20, 2018 8 March 4th, 2017	January 2017-January 2019
Analysis of top 12 Posts	4 out of 12 - Author is photographed 5 out of 12 - Author is referring to a professional achievement 2 out of 12 - Author posted encouraging advocacy quotes or comments at a particularly politically charged time 2 out of 12 - Author posted about an individual with disabilities who is introduced as a friend of the author	January 2017-January 2019
www.sexintimacyOT.com website		
Website traffic	8,000 page views	June 2018-January 2019
Site activity	2 pages per visit Most commonly Home page and Contact page	June 2018-January 2019

Sources for website views	Google, Instagram, AOTA, Linda Loma University	January 2019
Subscribes/unsubscribes	335/0 50 new followers week of 2019 national conference	June 2018-April 2019
Sexual advances from a potential customer	1 via Contact page on website 2 via direct messaging on Instagram	June 2018-January 2019
Read rates for marketing emails	about 62%	August 2018-January 2019
Contacted for mentoring/customers	46 inquires/2 customer	June 2017-January 2019
Contacted to host a learning event by a university or hospital/customers	6 inquires/2 customers 2 customer (University of Southern California and Boston University)	June 2017-January 2019
Webinar customers	37	July 2018-December 2018
Expert opinion/collaboration requests	2 book chapters: AOTA Press: internal to profession and national audience Routledge: external to profession And international audience 3 Podcasts: 2 Occupational Therapy podcasts LGBTQ+ education for physician assistants AOTA Member Appreciation webinar 2 OTD Capstone students International collaboration: India, Norway, New Zealand, United Kingdom, Australia, Canada 5 AOTA Conference presentations accepted	August 2017-January 2019
Institutional peer-reviewed change		
ACOTE Standard update	Standards adopted in 2018 did not include sexuality and intimacy	2018

OTPF update	Per verbal communication with Commission on Practice (COP), 10 Letters were emailed within 1 week of launch. Representative from COP acknowledged the advocacy work of ISIOT in their 2019 AOTA national conference revision update session Representative from COP requested the author of this dissertation to provide consultation	
Manuscript submission	Submitted and rejected with comments Revised and re-submitted	May 2018 March 2018

Discussion.

The advocacy tasks evaluated in this doctoral project are aimed at changing standards and policies, perception of institutional or peer-reviewed support, establishing credibility of author as a subject matter expert within the occupational therapy profession, and offering exposure to both free and for cost content with the aim of sustaining clinical adoption over time. The ISIOT^{LLC} website, Instagram, and networking marketing served as the marketing platform. The author of this doctoral project and owner of ISIOT^{LLC} spent less than $100 on marketing in the first year of business. Despite low marketing costs, the ISIOT^{LLC} platform has managed to reach 8,000 website views, 172 subscribers, and 62% read rates on marketing emails. Website visitors viewed an average of two pages, mostly the home page and the contact page. The author used this knowledge to modify the home page to highlight the main marketing message and call to action.

The two most frequented pages were the home page and the contact page. The home page encouraging viewers to go to the contact page and hosts a link to take views

to that page. The intent is then for potential customers to provide their emails. While viewers seem to be funneled appropriately by the links on the website to the contact page, 8,000 website views resulting in 172 subscribers seems small. The author used this information to develop a clearer message to entreat the visitors to want to stay informed of future learning activities and offer their emails on the contact page. The author gathered that Instagram content posted on Tuesdays with noted images from table 2 resulted in a higher engagement from followers. The impact of the free content posted on Instagram to influence practice change is difficult to determine.

The evidence of international interest, interest from healthcare professionals outside of occupational therapy, and interest regarding specific emerging topics, such as sexual assault, suggests a broad scope of exposure and credibility. Additionally, these factors demonstrate a growing support for the distinct value of occupational therapy related to these topics. Monetizing on this credibility and exposure continues to develop.

The website offers consultation and to provide learning events hosted by facilities. The author highlighted these services often in email and in-person interactions. There was a high number of requests for expert opinion, collaboration, and mentorship. Unpaid commitments such as collaboration and expert opinion were high. The benefit to these engagements are marketing exposure, peer-reviewed publications, and professional development. Paid engagements for mentoring or hosting a learning event were low. The author had one request for consultation and one request to provide a learning event between June 2018 and January 2019. When the author was able to get feedback for reasons the services were ultimately declined, limited funds were cited as the reason.

The author opened both webinars for 25 participants, which was satisfied for the August webinar (25 participants) but not for the December (14 participants). December events such as Winter Holidays and the end of the semester for those in academia, could have potentially contributed to this lower attendance numbers. In addition, the topic of self-reflection of personal sexual values and beliefs lack approachability by some potential customers. The author will continue to use this data to inform program improvement largely through tailoring a stronger marketing message to increase customers, as well as, build a coalition for advocacy tasks related to institutional change and policy.

CHAPTER FIVE – Funding Plan

Funding Plan Introduction

This funding plan chapter addresses four main funding costs and sources of income: (1) operating costs, (2) marketing costs, (3) implementation costs, and (4) dissemination costs. Operating costs include the resources required to operate the Institute for Sex, Intimacy and Occupational Therapy, LLC (ISIOT). Marketing costs include the necessary expenses related to building awareness of the brand and enthusiasm over the products and social responsibility. Dissemination costs include the expenses associated with disseminating content related to the importance of sexuality and intimacy occupations, how to provide assessment and intervention, and recommendations for institutional changes to influence implementation which is achieved through teaching, publishing, consulting, and presenting. The budget presented will represent three years. The first year is representative of the cash flow associated with Year 1 of business for ISIOT^{LLC}. Years 2 and 3 are representative of the projected costs and income. Funding sources are presented after the budget and dissemination costs are elaborated on in Chapter 6.

Budget

Operational Costs.

Operational costs include the costs associated with daily maintenance of the company and website: technology support, cost of small business marketing consultant, and the authors time. A major source of cost preservation was the collaboration with an

individual who was beginning to start her own business in small business marketing consultation. This individual was compelled to offer her services for free since ISIOT^{LLC} would be her first customer. The author gifted the small business marketing consultant with gift cards in appreciation.

Technology support includes the technology services and subscriptions required to have a website, market ISIOT^{LLC}'s services, and host webinars. The author maintains an annual subscription to a website hosting company, the rights to the website and email domain name, webinar hosting company, and marketing emails platform. In Year 2 and 3 of business, the author will be required to upgrade the website subscription in order to support the goal of hosting recorded webinars. The subscription will incorporate membership and memory capabilities required to host recordings, and ecommerce related to financial transactions. Lastly, standard business expenses such as liability insurance and obtaining and maintaining a Limited Liability Corporation are incurred annually.

Table 5.1
Operational Budget Year 1

Resource	**Cost**	**Actual Cost to Author**
Weebly website hosting	$152.64	$152.64
Weebly email domain	$51	$51
Weebly Promote Emails	$408	$408
Zoom account for hosting webinars	$179.88	$179.88
Small business marketing consultant	50/hour x 80 hours = $4,000	$0
Amazon gift cards for small business marketing consultant	100 x 3 gift cards = $300	$300
Operational management time	~ 4 hours a week = 208 hours	$0
Professional liability insurance	$463	$463
Accountant	$250	$0
Limited Liability Company application	$220	$220
Total:	-$6,016.52 208 hours	-$2,016.52

Table 5.2.
Operational Budget Years 2 and 3

Resource	**Cost**	**Actual Cost Year 2**	**Actual Cost Year 3**
Weebly website	$300	$300	$300
Weebly email domain	$51	$51	$51
Weebly Promote Emails	$408	$408	$408
Zoom account for hosting webinars	$179.88	$179.88	$179.88
Small business marketing consultation	50/hour x 20 hours = $1,000	$0	$0
Amazon gift cards for small business marketing consultant	$100 x 2 gift cards = $200	$200	$200
Accountant	$250	$0	$0
Limited Liability Company renewal and biannual report filling	$300 every two years	$0	$300
Management time	~ 2 hours a week = 104 hours		
Professional insurance	$463	$463	$463
Total:	-$1,851.88 104 hours	-$1,601.88	-$1,901.88

Marketing Costs.

Marketing costs are representative of the both dollar and time expense of creating and hosting marketing material. The marketing material is used to generate enthusiasm for the education product, establish brand recognition, and gain customers. Brand recognition includes using a consistent font and color throughout all marketing materials and the website. Additionally, marketing materials and the website host images from the same illustrator of the author's book, "Sex and Intimacy for Wounded Veterans: A Guide to Embracing Change," to promote brand recognition (2015). The marketing material is also used to build a coalition of individuals who are enthused and interested in the advocacy tasks which promote professional and institutional support for the implementation of sexuality and intimacy clinical adoption. Due to the pro-bono services of the small business marketing consultant and a plethora of free services available on the internet, marketing monetary costs are minimal while time cost is high.

Table 5.3.
Marketing Budget Year 1

Resource	**Cost**
Instagram	$0
Design software: Canva and Google Docs	$0
Business cards from Moo.com	$58
Illustrations for website	$350
Printing promotional material at Kinkos	$25
Marketing time	~ 2 hours a week = 104 hours
Total:	-$433 104 hours

Table 5.4.
Marketing Budget Year 2 and 3

Resource	Cost	Actual Cost Year 2	Actual Cost Year 3
Instagram	$0	$0	$0
Design software: Canva and Google Docs	$0	$0	$0
Marketing time	~ 2 hours a week = 104 hours		
Total:	104 hours	$0	$0

Implementation Cash Flow.

The implementation costs associated with ISIOT^{LLC} also result in the main source of income, which is from webinar customers. The highest expense associated with the implementation budget for Year 1 was $975 for the AOTA Approved Provide Single Course applications. Another significant implementation expense is time allocated to development of content for the webinars (3 hours on content development/1 hour webinar) and communicating with potential customers via email or phone. With the income from implementation, it is the author's goal to cover overhead costs with income in Year 1 and report a significant increase in profit for Year 2 & 3. The author will apply to the National Institute of Health's (NIH) Training Institute for Dissemination and Implementation Research in Health 2019 ("Training Institute for Dissemination," 2019). The aim of this training is to enhance implementation skills and advance likelihood of receiving a National Institutes of Health (NIH) funding award discussed in funding section.

Table 5.5.
Implementation Cash Flow Year 1

Resource	**Cost**	**Income**
3 AOTA Approved Provider Single Course Application	$975	
Webinar 1*	Content development x 3 hours	$625
Webinar 2	Content development x 3 hours	$350
Webinar 3	Content development x 3 hours	Projected - $625
Webinar 4	Content development x 3 hours	Projected - $625
1 Consultation customer	Free consultation x 10 hours	$30
Hired by 2 entities to facilitate a learning event	Content development x 0 hours	$500
Total:	-$975 22 hours	Confirmed income – $1505 Projected income - $2,755

* Webinars are offered for $25

Table 5.6.
Implementation Cash Flow Year 2 and 3

Resource	**Cost**	**Customer Goal**	**Income over 2 Years**
Training Institute for Dissemination and Implementation Research in Health 2019	16 hours (2 days off work)		
AOTA Approved Provider Program Full Status application	$650 initial application fee $475 annual fee = $1,600 combined total for year 2 and 3		
8 Live webinars*	Content development x 15 hours	25 participants per webinar	$5,000
12 Recorded webinars*	Content development x 0 hours	50 purchases per webinar	$15,000

Hired by 6 (3 per year) entities to facilitate a learning event	~ 3 hours per event x 6 = 18 hours	James Madison University and University of Southern California are repeat customers.	Projected > $500
Advocacy Tasks	~ 3 hours a week = 156 hours/year		
Total:	-$1,600 197 hours		$20,500

* Webinars are offered for $25

Table 5.7.
Dissemination Cash Flow Year 1-3 (See Table 6.1 and 6.2 in Chapter 6 for full details)

Costs Year 1	**Income Year 1**	**Costs Year 2-3**	**Income Year 2-3**
$3,389.74 82 hours	$500	$6,000 64 hours	$10,000

Table 5.8.
Total Cash Flow Year 1-3

Costs Year 1	**Income Year 1**	**Costs Year 2-3**	**Income Year 2-3**
$6,813 8 hours/week	$3,255	$9,501.88 8 hours/week	$30,100

Funding Sources

Institutional limitations and organizational culture are two identified factors which create clinician hesitancy to address sexuality and intimacy in clinical practice. Effective dissemination and implementation of evidence-based interventions is an important component to expanding the availability and utilization of quality health services. This dissemination and implementation plan is associated with significant expense. Table 5.10 contains a review of funding sources applicable to the ISIOT^{LLC} objectives and outcomes.

Table 5.9.
Funding Sources

Robert Wood Johnson Clinical Scholars	This program offers training, executive consultation and mentoring, and $35,000 annually in support of the recipient's leadership project. The Clinical Scholars Leadership program is three-years.
Training Institute for Dissemination and Implementation Research in Health 2019	This is a fully funded training opportunity with the Office of Behavioral and Social Sciences Research to participate in their training institute focused on teaching strategies for dissemination and implementation across health care, public health, and community settings.
Mary J. Bridle First Research Award	Awards $750 and mentorship for scholarly manuscript writing to a Pi Theta Epsilon member. Recipients of the award will also be accepted to publish in Occupational Therapy Journal of Research.
Small Business Association of District of Columbia	Offers free business and marketing consultation to small business registered in the District of Columbia.
The Dudley Allen Sargent Research Fund Faculty/Post-doctoral Competition	This award supports various areas of research by faculty or post-doctoral members of Sargent College. This is available to the author so long as affiliation with Boston University is maintained.
Dissemination and Implementation Research in Health (R03): https://grants.nih.gov/grants/guide/pa-files/PAR-10-039.html 1. Eunice Kennedy Shriver National Institute of Child Health and Human Development 2. Office of Behavioral and Social Sciences Research	These awards seek to support individuals who are developing strategies for dissemination and implementation of evidence-based health behavior change interventions, evidence-based prevention, early detection, diagnostic, treatment and management, and quality of life improvement into public health, clinical practice, and community settings.

American Occupational Therapy Foundation Intervention Research Grant Program	This program funds the development of new and/or novel ideas which support people's participation in meaningful activities and advance the profession. This program is targeted towards individuals whose research experience in the developing stages and likely would not qualify for larger funding sources.

Conclusion

The start-up expenses associated with ISIOT^{LLC} are significant compared to the income generated in Year 1 of business. The aim of the author is to generate a significant profit in Year 2 and 3 of business through passive income. The primary product to generate passive income are the recorded webinars offered for continuing education units. The author can consider seeking funding sources to off-set costs associated with operations and content development, however ownership of content will be paramount to consideration of accepting funding. The author will also seek funded opportunities to continue to develop dissemination and implementation skills to promote the services offered by ISIOT^{LLC}, establish customers, generate profit. Through funding and training opportunities ISIOT^{LLC} will ultimately influence clinical adoption among occupational therapy professionals and quality of life for occupational therapy clients.

CHAPTER SIX – Dissemination Plan

Program Description

This doctoral project is a program evaluation of the Institute for Sex, Intimacy and Occupational Therapy^{LLC} (ISIOT) which was developed by the author to implement professional goals related to sexuality and intimacy assessment and intervention. The project included developing effective and evidence-based trainings for occupational therapy professionals and advocacy efforts related to enabling occupational therapy professionals to include sexuality and intimacy into their practice. Summative and formative results from two trainings demonstrate customer satisfaction, effectiveness of the trainings, and evidence of influencing implementation. The advocacy efforts offer fewer concrete outcomes. However, there is evidence of these efforts having an impact on the growing enthusiasm for sexuality and intimacy topics among occupational therapy professionals.

The author sought opportunities to disseminate information. Additionally, when expert opinions were requested, the author capitalized on these opportunities to disseminate applicable content to occupational therapy professionals. The author completed two textbooks chapters, three podcasts, one manuscript, five AOTA National Conference podium presentations, and multiple blog or article posts for occupational therapy related websites. Contributions are known to serve both marketing benefit and support the social responsibility efforts of ISIOT^{LLC}.

Dissemination Goals

The immediate goals of dissemination plan are customers for ISIOT^{LLC} and

enthusiasm for advocacy efforts. Advocacy efforts will change depending on opportunities. Examples of advocacy include petitioning policy change and encouraging occupational therapy professionals in leadership positions to offer support for implementation of sexuality and intimacy into curriculum and practice. The long-term goals of the dissemination plan are policy change and an increase in clinical adoption of sexuality and intimacy assessment and intervention into practice among the profession, and specifically among customers.

Target Audiences

This doctoral project details that clinical adoption is enabled by training and institutional support. Dissemination efforts are aimed towards occupational therapy leaders and clinicians. Trainings will help reduce the clinicians' perceptions of complexity towards sexuality and intimacy topics while enhancing translatable knowledge into their practice. Key messages for occupational therapy clinicians are:

- Occupational therapy professionals are perfectly situated to address sexuality and intimacy
- Use ISIOT^{LLC}'s webinars as a guide to become a sex and intimacy champion for your clients.
- ISIOT^{LLC} webinars can help you increase your competency and confidence.

Occupational therapy leaders are the target audience for the advocacy efforts. Depending on their setting, they are called to action to support policy change, host and fund trainings at their facilities, and develop inclusive curriculum. Key messages for occupational therapy leaders are:

- Implementation is multifactorial and institutional support of opinion leaders and standardization in education is paramount.
- Occupational therapy professors can use ISIOT^{LLC}'s Curriculum Guides to integrate sexuality and intimacy learning activities which meet current Accreditation Council for Occupational Therapy Education (ACOTE) Standards into OT curriculum.
- Having an ACOTE Standard is the only way to ensure standardized and inclusive curriculum for sexual and intimacy.
- Clinicians are looking for permission from their supervisors to address sexuality and intimacy with their clients
- A third of the webinar participants were students who paid to learn without need for continuing education credits.

Dissemination Tools

Marketing.

Marketing efforts will aim to disseminate educational content and build a coalition for advocacy. All printed products include the author's and ISIOT^{LLC}'s name and when possible are consistent with ISIOT^{LLC}'s brand design to boost recognition. The marketing efforts are informed by a marketing framework, building a story brand, developed by Donald Miller and theory of planned behavior (Fishbein & Ajzen, 1975; & Miller, 2017). The framework suggests marketing messages should incorporate a narrative and position the customer as the lead character of that narrative. The theory suggests making clear what the end gain will be for the customer. This has informed

website improvements and Instagram content and messages. The marketing message is that customers can use the webinars as a guide to become a "sex and intimacy champion for their clients" and "improve their competence and confidence."

The author conducted a marketing campaign for the 2019 AOTA national conference to promote and facilitate constructive discussions related to sexuality and intimacy occupations among conference attendees. The author gave out 200 stickers which stated, "Hello, my name is: _____, and I talk about sex and intimacy," also included was the brand's website. See appendix I for an image of the sticker. The stickers frame the wearer as the main character and as someone who is willing to brave a commonly avoided discussion with colleges. The dialogue increased enthusiasm for the brand, gave people an opportunity to professionally use sexual and intimate language, and aided in implementation.

Conferences.

During the 2019 AOTA National Conference the author participated in four presentations which represented broad implications for dissemination and implementation: (1) sexuality within the concept motherhood, (2) Military Health, (3) a student session, and (4) a Conversation that Matters focused on sexuality and intimacy pedagogy. The aim of these conference engagements is both implementation and dissemination. The Conversation that Matters aim was to disseminate the curriculum guides and generate a discussion related to how to change curriculum to support clinical adoption. The author invited an occupational therapy leader to co-facilitate this session. Dr. Twylla Kirchen's was the director at one occupational therapy Master degree

program and is now the founding director of an occupational therapy Doctoral program. She is also affiliated with ACOTE. Inclusion of Dr. Kirchen as a valuable stakeholder promotes evidence of institutional support for the advocacy efforts of ISIOT^{LLC} and implementation. The Conversation that Matters was attended by 10 occupational therapy professors and 20 occupational therapy students. At least one professional contact was made with a potential for hire to conduct a learning event for an occupational therapy program at a community college.

Curriculum guides.

Curriculum guides are a vehicle for dissemination. The curriculum guides offer directly applicable content which easily accessible for professors. The author will develop a curriculum guide to partner each webinar topic. The curriculum guides will be disseminated at conferences and on the ISIOT^{LLC} website for free download. The aim of the curriculum guides is to help reduce perception of complexity related to integrating sexuality and intimacy into curriculum by offering learning activities associated with current ACOTE Standards.

Children's book.

The author plans on developing a children's book to be used by occupational therapy practitioners, other healthcare professionals, educators, and parents. The aim of disseminating a children's book is to promote the role of occupational therapy in sexual development of pediatric clients. The children's book will serve as a guide to both children and adults to facilitate healthy sexual development among pediatric clients. Anecdotally, the author notes a common perception that pediatric occupational therapy

practitioners do not have to consider sexuality and intimacy. The dissemination of a children's book will continue to broaden the scope of implementation for the occupational therapy profession. The co-author of the children's book will be, Dr. Karen Jacobs, a key stakeholder and leader in the occupational therapy profession.

Elective course for occupational therapy programs.

The author proposes to develop a distance learning course to be offered as an elective for an occupational therapy Master's or Doctorate programs. The courses will be a compilation of the content developed for the 12 webinars, curriculum guide learning activities, and effective learning methodology identified in this doctoral project. Dissemination of content through an elective course will bolster the comprehensive development of entry level clinicians. Learning outcomes of the course will aim to develop students who maintain sexual cultural competency and are prepared to implement sexuality and intimacy interventions. The author will seek funding opportunities to assist with the resources needed for curriculum development.

Dissemination Budget

Dissemination cost are associated with influencing implementation of clinical adoption at multiple levels within the occupational therapy profession. As noted in this doctoral project the disabling factors causing occupational therapy professionals to hesitate addressing sexual and intimacy occupations is multi-factorial and involves restrictions at the institutional and clinician levels. The dissemination costs are affiliated with a plan to promote the role of occupational therapy for sexuality and intimacy. Strategies include peer-reviewed sources, occupational therapy literature, occupational

therapy policy, professional conferences, and similar platforms within other healthcare professions. It is the author's intent to attend AOTA National conferences and two other conferences focusing on dissemination and implementation and distance learning in Year 2 and 3. The author plans to translate the webinars into an elective course for an occupational therapy program. This conversion will include developing learning activities and evaluations of competency and will take approximately two hours per one hour of content to develop. Table 6.1 and 6.2 summarize actual and expected dissemination expenses and income.

Table 6.1.
Dissemination Cash Flow Year 1

Resource	**Cost**	**Income**
2 Book chapters	30 hours	$500
2 Podcasts	2 hours	$0
2 Professional conferences	$3,300	$0
1 Manuscript	50 hours	$0
200 Stickers	$89.74	$0
Total:	$3,389.74 82 hours	$500

Table 6.2.
Dissemination Cash Flow Year 2 and 3

Resource	**Cost Year 2**	**Cost Year 3**	**Income**
2 Conferences	$3,500	$3,500	
Children's Book	$2,500 40 hours		
Elective course	24 hours		$10,000
Total:	$6,000 64 hours		$10,000

Conclusion

The author developed the Institute for Sex, Intimacy and Occupational Therapy (ISIOT^{LLC}) to counter the barriers to implementation of sexuality and intimacy assessment and intervention in occupational therapy practice. Effective and evidence-based educational content was developed to train occupational therapy professionals. Advocacy efforts were conducted to enhance perception of opinion leader support and institutional permission. The author's dissemination strategies include marketing, scholarly contributions through writing and presentations, and curriculum guides for occupational therapy professors. These dissemination methods will aim to influence clinical adoption by generating institutional support among professional leaders and facilitating knowledge translation to occupational therapy clinicians.

CHAPTER SEVEN - Conclusion

Aim and Relevancy to AOTA Vision 2015

The AOTA Vision 2025 advocates for the occupational therapy profession to maximize the "health, well-being, and quality of life for all people, populations, and communities" (American Occupational therapy Association, 2017, p. 7103420010p1). The Institute for Sex, Intimacy and Occupational Therapy (ISIOT) ^{LLC} seeks to champion this vision. Sexuality and intimacy interventions and curriculum have long been underrepresented by the profession, yet positive engagement in sexual and intimate occupations are contributors to health, well-being, and quality of life. Building a coalition of competent and confident occupational therapy professionals will enhance widespread clinical adoption of sexuality and intimacy assessment and intervention. The aim of ISIOT^{LLC} was to disseminate knowledge to occupational therapy professionals to equip them with the confidence and competency to include sexuality and intimacy topics into their clinical or academic practice.

Program Evaluation

A program evaluation revealed ISIOT^{LLC} positive summative and formative evaluations for the company's first year of business. The author was effective in generating a customer base through marketing and quality webinars. Customers reported satisfaction with the learning events and a high likelihood of referring the company to a peer. Summative results revealed there is some initial evidence of participation in webinars positively influencing clinical adoption. Webinar participants summarized the impact on her clinical practice by identifying the new understanding they had of sex

positive attitudes, safety, consent, and being aware of one's own biases. Advocacy efforts and other dissemination efforts such as scholarly contributions were effective in building a coalition of occupational therapists who are committed to affirm and advocate for clients as sexual beings. This coalition may also serve as customers.

Professional Contribution

ISIOT^{LLC} offers education products that fill a gap in clinical practice and curriculum. Sexuality and intimacy occupations are meaningful to occupational therapy clients, however clinicians to not feel competent to address these topics. This deficit has been documented since 1970. Managing intimate relationships and sexual activity can often be perceived as sensitive, personal, and private, yet occupational therapy professionals have perfectly suited skills to incorporate these topics into their intervention. The education products offered by ISIOT^{LLC} provide a guide to occupational therapy clinicians and professors which reduce the perception of complexity and offer applicable strategies, ultimately boasting competency and confidence.

Advancement of Clinical Practice

Occupational therapy professionals boost the holistic nature of their frameworks and theories. The lack of inclusivity to sexuality and intimacy considerations challenges the holistic nature of the profession. Furthermore, occupational therapy professionals strive to implement intervention which is reflective and respectful of individuals occupational profile. Sexuality is a deeply personal construct which is often influenced by culture. The educational products offered by ISIOT^{LLC} build on already existing occupational therapy skills such as therapeutic use of self, activity analysis, and

understanding of occupation. The educational products provide a guide to understanding individuals as sexual beings within the context of their culture without the bias of our own personal constructs of sexuality. Lastly, these products help occupational therapy professionals broaden the aperture of domains to apply sexuality and intimacy interventions. ISIOT^{LLC} frames sexuality and intimacy broadly, promoting the reach of occupational therapists to work with individuals, communities, and populations in both rehabilitation and wellness.

Implementation of Innovation

While the importance of sexuality and intimacy to the human experience is not new, widespread clinical adoption of sexuality and intimacy considerations is emerging within the occupational therapy profession. As noted in this doctoral project, the gap in practice as been documented since the 1970s, there is not an agreed upon standard for education, and continuing professional education is lacking. The development of educational products was informed by sparse existing evidence and implementation and dissemination was enabled by the deliberate disregard of restrictive sociocultural norms by the author.

The author's efforts are guided by dissemination and implementation of innovation science as she acknowledges the barriers to new innovations. The author is astutely aware that having an innovative product is not nearly enough to result in widespread implementation. After all, if consideration of sexuality and intimacy was so easily common place these topics would have been integrated into the occupational therapy profession since its inception. Perhaps the true innovation of the author of this

doctoral project is her efforts taken to mitigate the disabling factors at both the clinician and institutional level, focus on decreasing complexity of clinical adoption, and promotion of occupational therapists as already perfectly situated to offer relevant sexuality and intimacy interventions.

Impact on Wellbeing of Individuals, Communities, and Populations

Constructs of sexuality and healthy intimate relationships are rapidly changing but the implications of sexuality and intimacy on quality of life consistently remains powerful and meaningful. Inclusivity, toxic masculinity, the feminization of intimacy, pleasure, culture, reproduction, trust, love, vulnerability, and ownership may be factors enabling or disabling satisfying performance in sexual and intimate occupations. Sexuality and intimacy interventions are the sexual rights of our clients and can promote empowerment and quality of life. Occupational therapy professionals can utilize the learning products to implement up to date and relevant interventions and assessment that acknowledge the influence of sexual activity and intimate relationships to quality of life. Through intervention inclusive of acknowledging humans as sexual and intimate beings, occupational therapy professionals can be a catalyst to enhancing the health, safety, and advancement of individuals, communities, and populations.

APPENDICES

Appendix A

THE INSTITUTE FOR SEX, INTIMACY, & OCCUPATIONAL THERAPY, LLC

KATHRYN ELLIS, MOT, OTR/L

CURRICULUM GUIDE

SEXUAL ACTIVITY AND INTIMATE SOCIAL PARTICIPATION THROUGHOUT LIFESPAN

Learning Objectives:

Report an increase comfort with addressing sexual activity and intimate social participation.

Identify specific client factors and performance skills that could affect sexual activity and intimate social participation throughout lifespan.

Utilize specific intervention strategies to address sexuality and intimacy for clients in their level two fieldwork placements.

Translate information from the course into their professional goals focusing on advocacy, education, and intervention for sex and intimacy occupations

Learning Activities:

Scholarly Presentation: Identify a clinical question related to sexuality. Locate scholarly and/or professional literature to report on evidence-based findings. Then link findings to an evidence-based practice decision regarding intervention focused on occupation. Prepare a 5 minute presentation using a method of your choice to report these findings to the class

Case study: Review the case study provided by the learning facilitator with your small group (about 3-5 people). Within your cohort identify the relevant client factors and performance skills related to the individuals performance in sexual or intimate occupations. Identify occupation-based intervention strategies and outcome measures aimed at helping the individual meet his or her performance goals. Present your findings to the class and inform your facilitator of any areas of confusion or disagreement among your group.

Target Audience:

OTs, OTAs, OT students, OTA students

Facilitator Considerations:

Facilitator should walk around the room or access different video conferencing rooms to stimulate conversation, address confusion, and facilitate negotiation of different viewpoints.

Consider seeking AOTA Approved Provider Approval to offer "scholarly presentations" as a forum for participants of a webinar to present their findings for two additional continuing education credit hours.

ACOTE Standards:

B.6.1: Scholarship: OTR "Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions."; OTA "Locate and demonstrate understanding of professional literature... to make evidence-based practice decisions with the OT"

B.4.3. Occupation-Based Interventions: "Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention."

Supporting theory and evidence:

Cohn, E. S., Coster, W. J., & Kramer, J. M. (2014). Conference Proceedings—Facilitated learning model to teach habits of evidence-based reasoning across an integrated master of science in occupational therapy curriculum. American Journal of Occupational Therapy, 68, S73–S82. http://dx.doi.org/10.5014/ajot.2014.685S05

Lin, S. H., Murphy, S. L., & Robinson, J. C. (2010). Facilitating evidence-based practice: Process, strategies, and resources. American Journal of Occupational Therapy, 64, 164–171. http://dx.doi.org/10.5014/ajot.64.1.164

Knowles, M. (1984). Andragogy in action: Applying modern principles of adult education. San Francisco: Jossey-Bass.

Appendix B

THE INSTITUTE FOR SEX, INTIMACY, & OCCUPATIONAL THERAPY, LLC

KATHRYN ELLIS, MOT, OTR/L

CURRICULUM GUIDE

FACILITATED SELF-REFLECTION OF SEXUAL ATTITUDES, VALUES, AND BELIEFS

Learning Objectives

Identify three personal sexuality beliefs that could influence the therapeutic relationship with their occupational therapy clients.

Report an increase in comfort with addressing the topics of sexual activity and intimate social participation with their clients.

Identify commonly held beliefs or values related to sexuality for three cultures.

Become aware of their own professional boundary regarding addressing sexuality with clients

Learning Activities

Participants should self-reflect and share these reflections

Direct and indirect messages about sex learned as a child

"Cause for Pause": Your own reactions to different sexually relevant topics such as sex work, porn, casual sex, masturbation, erectile dysfunction, Kink, and others

Sexual-being Occupational Profile: Consider the following questions and share what you are comfortable sharing: What does sexuality mean to me? Why do I engage in sexual activity? Why do I not engage in sexual activity? What are my sexual goals? What have I learned recently about sex? What are some difficulties I have related to being sexual? Am I curious about certain sexual behavior?

Think of a theoretical client who differs from you either by culture, religion, socioeconomic status, sexual orientation, gender identity, race, age, or other potentially relevant factors. Consider how their profile and experiences might be different and share this with the group.

Target Audience:

OTs, OTAs, OT students, OTA students, OT professors

Facilitator Considerations:

Create group rules to ensure a safe learning and sharing environment

Review connection between self-awareness as a critical aspect of cultural competency and therapeutic use of self

Encourage self-compassion and self-care with reflection. Enhancing self-awareness related to sexuality is often a challenging process

ACOTE Standards:

B.4.1 Therapeutic Use of Self: "one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interventions".

B.1.2 Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices: "Apply, analyze, and evaluate the role of sociocultural, socioeconomic, diversity factors, and lifestyle choices in contemporary society to meet the needs of persons, groups, and populations".

Supporting theory and evidence:

Stuart, R. B. (2004). Twelve practical suggestions for achieving multicultural competence. Professional Psychology: Research and Practice, 35, 3–9.

Whitney, R. V., & Fox, W. W. (2017). Using reflective learning opportunities to reveal and transform knowledge, attitudes, beliefs, and skills related to the occupation of sexual engagement impaired by disability. Open Journal of Occupational Therapy, 5(2), 1–12. https://doi.org/10.15453/2168-6408.1246

Appendix C

THE INSTITUTE FOR SEX, INTIMACY, & OCCUPATIONAL THERAPY, LLC

KATHRYN ELLIS, MOT, OTR/L

CURRICULUM GUIDE
ASSISTIVE DEVICES FOR SEXUAL ACTIVITY

Learning Objectives:

Identify 3 assistive devices for sexual activity that could be relevant to an occupational therapy client and their intervention

Demonstrate competency with educating clients on 3 assistive devices that enable participation in sexual activity

Identify 3 possible performance skills needed to meet activity demands of desired sexual activity and explain how those skills might be enhanced by an assistive device.

Learning Activities:

Tool Use: At the beginning of the lecture, learners are provided with an assistive device. Prior to any orientation to the device from the learning facilitator, groups of 3-5 individuals discuss the features of the product, potential uses, and how client factors and performance skills could affect clients' perception and use of the device. Creativity and brainstorming should be encouraged.

Case study: Learners review the case study provided by the learning facilitator within a small group (about 3-5 people). Within their cohort, learners should identify the relevant client factors and performance skills related to individuals' performance in a desired sexual or intimate occupation. They should brainstorm to identify an assistive device that could assist with performance in the desired sexual or intimate occupation. Groups should present findings to the class and inform the facilitator of any areas of confusion or disagreement among your group. Learners are not limited to choosing devices discussed in the lecture and are encouraged to consider other devices or technology.

Target Audience:

OTs, OTAs, OT students, OTA students

Facilitator Considerations:

Facilitator should walk around the room or access different video conferencing rooms to stimulate conversation, address confusion, and facilitate negotiation of different view-points.

Facilitators should consider acquiring a variety of assistive devices to allow learners to engage in kinesthetic learning. Learner can be encouraged to hold, touch, view, and orient to the devices within a learning environment. Virtual learning facilitators should be sure to have images available when live viewing of the devices is not possible. Learners can be encouraged to acquire their own devices for experiential learning through personal exploration and use of a device.

ACOTE Standards:

B.4.18 Grade and Adapt Processes or Environments: “Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.”

B.4.11 Assistive Technologies and Devices: “Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.”

Supporting theory and evidence:

Cohn, E. S., Coster, W. J., & Kramer, J. M. (2014). Conference Proceedings—Facilitated learning model to teach habits of evidence-based reasoning across an integrated master of science in occupational therapy curriculum. American Journal of Occupational Therapy, 68, S73–S82. http://dx.doi.org/10.5014/ajot.2014.685S05

Knowles, M. (1984). Andragogy in action: Applying modern principles of adult education. San Francisco: Jossey-Bass.

Appendix D

Webinar 1 post course assessment

August 8th, 2018 CEU event evaluation

Occupational Therapy Best Practice for addressing sexual activity and intimate social participation throughout lifespan

* Required

1. **Last, First Name** *

2. **Are you an OTR, COTA, or OT student** *
Check all that apply.
- [ ] OTR
- [ ] COTA
- [ ] OT Student
- [ ] Other: _____

3. **How long have you been practicing in the OT profession** *
Check all that apply.
- [ ] 0-5 years
- [ ] 5-10 years
- [ ] 10-15 years
- [ ] 15 +

4. **What practice setting do you work in and with what population?** *

5.

Do you feel the following objectives were met? *

Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Report an increase comfort with addressing sexual activity and intimate social participation with their clients	⬭	⬭	⬭	⬭	⬭
Identify specific client factors and performance skills which affect sexual activity and intimate social participation throughout lifespan	⬭	⬭	⬭	⬭	⬭
Utilize specific intervention strategies for clients in their domain of practice for sex and intimacy interventions	⬭	⬭	⬭	⬭	⬭
Translate information from the course into practice at their facility focusing on advocacy, education, and intervention for sex and intimacy occupations	⬭	⬭	⬭	⬭	⬭

6.

Evaluation of speaker *

Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The speaker was knowledgeable regarding the content	⬭	⬭	⬭	⬭	⬭
The speaker's style of presentation was effective	⬭	⬭	⬭	⬭	⬭

7.

Evaluation of course *

Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The content was pertinent to the target audience	⬭	⬭	⬭	⬭	⬭
Content was presented at a level appropriate for the target audience	⬭	⬭	⬭	⬭	⬭
Evidence was used to support the content	⬭	⬭	⬭	⬭	⬭
This activity increased my competency (ability to apply knowledge, skills, and judgment in practice)	⬭	⬭	⬭	⬭	⬭
This activity increased my comfort level regarding this topic	⬭	⬭	⬭	⬭	⬭
The course content was well organized	⬭	⬭	⬭	⬭	⬭
The Zoom platform was easy to use	⬭	⬭	⬭	⬭	⬭
The Zoom platform was conducive for learning	⬭	⬭	⬭	⬭	⬭
The registration process was easy	⬭	⬭	⬭	⬭	⬭
The customer service was good	⬭	⬭	⬭	⬭	⬭

8.

How would you rate this education activity overall? Select one. 5= excellent, 1=poor *

Mark only one oval.

1	2	3	4	5
⬭	⬭	⬭	⬭	⬭

9.

What aspects of this course were most useful or valuable?

_____

_____

_____

_____

_____

10. **How do you intend to use the knowledge and skills gained? ***

11. **What other sexuality and intimacy topics would you be interested in? ***

12. **Your thoughts and feedback on how to improve the program ***

13. **Would you recommend this course to a peer ***

Mark only one oval.

- ◯ Yes
- ◯ No

Webinar 1 three-month follow-up

"Occupational therapy best practice for addressing sexual activity and intimate social participation throughout lifespan" program evaluation 3 month follow-up

Hi there webinar participants! Three months ago, you participated in the Institute for Sex, Intimacy and Occupational Therapy's very first webinar. As part of program evaluation and quality improvement, we would like to gather a little more information to let us know if the learning event was effective in meeting the intended outcomes.

This information will be used for program evaluation and quality improvement purposes ONLY and information will be stored anonymously. This should take you about 3 minutes to complete.

Your feedback will enable The Institute for Sex, Intimacy and Occupational Therapy to continue to provide you and your fellow learners with quality education services. We thank you in advance for your time and considerations.

* Required

1. **Last, First Name** *

_____

2. **In the past 3 months, have you noticed an increase in the frequency or number of clients you discuss sexuality and intimacy occupations with?** *
Check all that apply.

- [ ] No
- [ ] Somewhat
- [ ] Yes
- [ ] Other: _____

3. **Was participation in this webinar influential to the noted increase in frequency or number of clients you discussed sexuality and intimacy occupations with?** *
Check all that apply.

- [ ] Not at all influential
- [ ] Slightly influential
- [ ] Somewhat influential
- [ ] Moderately influential
- [ ] Extremely influential

The following questions explore the connection between the learning objectives and implementation.

4. **In the past 3 months, are you more comfortable addressing sexual and intimate occupations with your clients?** *

Check all that apply.

- [ ] Not at all more comfortable
- [ ] Slightly more comfortable
- [ ] Somewhat more comfortable
- [ ] Moderately more comfortable
- [ ] Extremely more comfortable

5. **In the past 3 months, have you considered client factors and performance skills more often when discussing sexual and intimate occupations with your clients?** *

Check all that apply.

- [ ] Not at all
- [ ] Rarely
- [ ] Sometimes
- [ ] Often
- [ ] Always

6. **In the past 3 months, do you feel more competent discussing intervention skills related to sexual and intimacy occupations with your clients?** *

Check all that apply.

- [ ] Not at all more competent
- [ ] Slightly more competent
- [ ] Somewhat more competent
- [ ] Moderately more competent
- [ ] Extremely more competent

7. **In the past 3 months, how satisfied are you with your knowledge translation from the webinar to your OT practice?** *

Check all that apply.

- [ ] Not at all satisfied
- [ ] Slightly satisfied
- [ ] Somewhat satisfied
- [ ] Moderately satisfied
- [ ] Extremely satisfied

8. **What aspects from the course have you found to be most useful over the last 3 months?** *

Webinar 2 Needs Assessment

- Name
- OTA, OTR, student, other (with fill in the blank)
- Phone number
- Email
- Practice area (fill in the blank)

The following information is gathered to inform the development of a relevant and applicable learning event for the learners. This information will also be used for program evaluation and quality assurance purposes which will help The Institute for Sex, Intimacy and Occupational Therapy continue to provide quality education services. This information will be stored anonymously.

- Do you address sexual and intimate occupations with your clients?
    - Never
    - Rarely
    - Sometimes
    - Often
    - Always
- Rate your comfort level regarding addressing sex and intimacy with clients.
    - Not comfortable
    - Slightly comfortable
    - Somewhat comfortable
    - Moderately comfortable
    - Extremely comfortable
- How important is discussing sexual and intimate occupations in your practice?
    - Low importance
    - Slightly important
    - Somewhat important
    - Moderately important
    - Very important
- What are you hoping to learn regarding sexual attitudes, beliefs, and values from this learning event? (open ended)

December 5th, 2018 Institute for Sex, Intimacy and Occupational Therapy LLC Webinar

Guided self-reflection of sexual attitudes, beliefs, and values for occupational therapists

* Required

1. **Last, First Name** *

_____

2. **Are you an OT, OTA, or OT student** *
Check all that apply.

- [ ] OT
- [ ] OTA
- [ ] OT Student
- [ ] OTA Student
- [ ] Other: _____

3. **How long have you been practicing in the OT profession** *
Check all that apply.

- [ ] 0-5 years
- [ ] 5-10 years
- [ ] 10-15 years
- [ ] 15 +

4. **What practice setting do you work in and with what population?** *

_____

_____

_____

_____

_____

5. **Do you feel the following objectives were met?** *
Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Identify three personal sexuality beliefs which could influence the therapeutic relationship with their occupational therapy clients					
Report an increase comfort with addressing sexual activity and intimate social participation with their clients					
Identify three commonly held beliefs or values for different cultures related to sexuality					

6. **Evaluation of speaker** *
Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The speaker was knowledgeable regarding the content					
The speaker's style of presentation was effective					

7. **Evaluation of course** *
Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The content was pertinent to the target audience					
Content was presented at a level appropriate for the target audience					
Evidence was used to support the content					
This activity increased my competency (ability to apply knowledge, skills, and judgment in practice)					
This activity increased my comfort level regarding this topic					
The course content was well organized					
The Zoom platform was easy to use					
The Zoom platform was conducive for learning					
The registration process was easy					
The customer service was good					

8. **How would you rate this education activity overall? Select one. 5= excellent, 1=poor** *
Mark only one oval.

1	2	3	4	5
◯	◯	◯	◯	◯

9. **What aspects of this course were most useful or valuable?**

10. **How do you intend to use the knowledge and skills gained?** *

11. **What other sexuality and intimacy topics would you be interested in?** *

12. **Your thoughts and feedback on how to improve the program** *

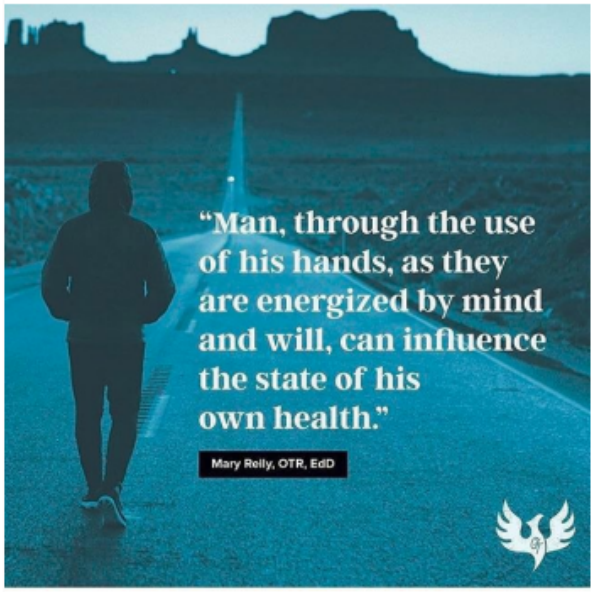
13. **Would you recommend this course to a peer** *
Mark only one oval.

- ◯ Yes
- ◯ No

Appendix E


sexintimacyot • Following
sexintimacyot #NoShameInYourMasturbation Game Whilst having a (sex) chit chat with one of my gal pals recently, she explained her lived experience with masturbation. She commented she didn't realize the awareness masturbation provided to what she liked, how she liked it, and how she orgasmed. She felt it was empowering and thought she should have been taught that in her adolescence. Many women feel masturbation was never taught to them as a girl or teenager, but for males it was much more accepted. Add
36 likes
JUNE 16, 2017


sexintimacyot • Following
sexintimacyot Sex and intimacy occupations are one of the very few occupations humans do from birth to death. So it really has no age limit. There is evidence of fetuses doing genital self-stimulation in the womb and individuals can desire physical closeness and affection during end of life care. As OT we should not only view this as normal, but facilitate healthy engagement and sex positive messaging for our clients. Sexuality takes on different forms through lifespan. For children and adolescents it might be understanding
96 likes
JUNE 6
Add a comment...

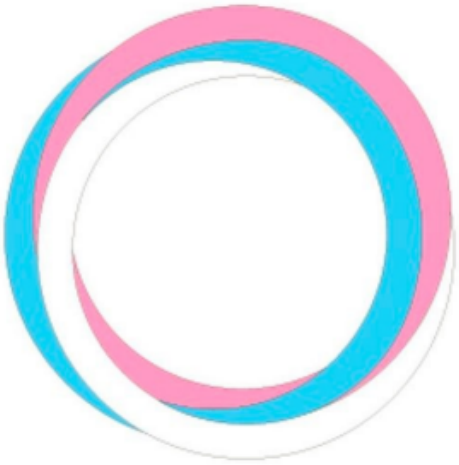


sexintimacyot • Following

sexintimacyot One of our most influential OTs, Mary Reily knew what was up! 😉😘😋 Touch, brain, and motivation = one heck of a good time. What if that was the only three things people felt they needed to be a sexual partner or to receive sexual pleasure? 🤔 Not the perfect body, not a penis a certain size, not drugs or approval from sources that don't matter, not a random piece of nonverbal communication assumed to mean consent, not even another person necessarily?? We know that the largest sex organ is skin and the

38 likes

AUGUST 14, 2017



sexintimacyot • Following

sexintimacyot Here's a great resource on navigating the switch to asking people what pronouns they use. "Don't assume, just ask!" What a great message for both gender questions and sexuality concepts. What I love about this is the concept of not assuming. I appreciate that we're breaking out of relying on implicitly 🤦‍♀️🤦‍♀️(terrible idea) and just being more explicit about our respect, needs, desires, questions, intentions and curiosities. Using the correct pronouns can be very meaningful for our clients and demonstrates

19 likes

OCTOBER 18

Appendix F

Kathryn Ellis
5112 Connecticut Ave, NW
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kathryn.m.ellis@gmail.com

Accreditation Council for Occupational Therapy Education
Educational Standards Review Council
4720 Montgomery Lane
Bethesda, MD 20814

Educational Standards Review Council,

I am an occupational therapist working in the inpatient acute care and outpatient behavioral health settings at Walter Reed National Military Medical Center at Bethesda. I am an Associate Professor of Physical Medicine and Rehabilitation at the Uniformed Services University of Health Science School of Medicine. I have researched, advocated for, lectured on, and implemented into my practice sexuality and intimate social participation interventions since I became an occupational therapist in 2011. I am the author of *Sex and Intimacy for Wounded Veterans: A Guide to embracing change* and the subject matter expert for sexuality and intimacy within the occupational therapy profession.

Occupational therapists and occupational therapy assistants are uniquely situated to address sexual activity and intimate social participation because of our broad understanding of the physical, emotional, and cognitive factors influencing occupational participation and performance. My post-academic training and confidence has enabled me to train multidisciplinary providers at Walter Weed National Military Medical Center

on how to address this topic with clients. Based on this education, providers will refer clients directly to me to provide intervention and education on a variety of sexuality and intimate social participation concerns. Clients are overwhelmingly grateful to discuss these topics, often stating, "providers don't bring this up and I was so pleased to know of an occupational therapy program addressing it."

While I am not the only occupational therapist providing intervention on this meaningful occupation, the implementation across the profession is sparse, the demand for effective and comprehensive training is high, and the impact on our clients immense. Occupational therapy practitioners will be more willing to address the sexual activity and intimate social participation needs of our clients if they feel competent and confident in their skills.

In a study to explore occupational therapy practitioners' comfort level with addressing sexuality in the rehabilitation setting, they identified sociocultural norms and lack of competence and confidence as key barriers (McGrath & Lynch, 2014). They cite knowledge gap, concerns regarding the therapist's safety, fear of causing offense or anger, perceived lack of relevance and importance of sexuality for people with disability, institutional practices and policies that do not prioritize sexuality, personal beliefs and attitudes, and lack of clarity regarding professional roles as reasons for lack of intervention and academic education (2014).

Hattjar, Parker, and Lappa (2008), explored possible rationales for OT practitioners not addressing sexuality and intimacy needs. They identified the lack of presence in curricula infers this area of occupation is not important or maybe even inappropriate to

address. They also support the notion that a lack of knowledge and discomfort around the topic causes uneasiness about how to address it.

Occupational therapy education does not often include learning opportunities focused on this activity of daily living (sexual activity) and instrumental activity of daily living (intimate social participation) (OTPF, 2014). In a study to assess students' comfort level during clinical interactions with sexual implications, more than half of occupational therapy students reported they would not be comfortable and that their education program did not adequately prepare them for such interactions (Jones et al., 2005). This study draws a direct relationship between comfort and how adequately the topic was covered.

Most recently, in a study of 51 professors in occupational therapy Master of Science in Occupational Therapy programs, the educators most felt the topic was "valuable, however, overlooked" and an average of 3.48 hours was spent on the topic throughout the academic program (Lohman et al., 2017).

Similarly, many past studies have called for more standardized instruction, more time, and more consistent curricula on sexuality an intimacy topics, stating the impact will increase confidence and competency empowering occupational therapy practitioners to address the topics (Conine et al., 1979; Couldrick, 1999; Payne et al., 1988).

A lack of competency addressing sexual activity and intimate social participation guides OT practitioners' to hesitate prioritizing this occupation in their interventions (Jones et al., 2005; Mc Grath & Sakellariou, 2015). Health, wellbeing, and participation in life are contingent on optimization of independence in all areas of meaningful occupation and valued life roles. Sexuality and intimate relationships is often considered

a valued life occupation and role by individuals and communities (Sakellariou & Algado, 2006). Optimizing independence in the occupations of sexual activity and intimate social participation contribute to an increase in quality of life, psychological adjustment, positive self worth, positive self-efficacy, and self-advocacy for all peoples and communities across lifespan (Diamond & Huebner, 2012; Kiecolt-Glaser & Wilson, 2017; Laumann et al., 2006; Viejo, Ortega-Ruiz, & Sánchez, 2015).

While addressing sexual activity and intimate social participation can enhance quality of life, lack of addressing this topic can have negative implications for our patients. In a qualitative study to investigate attitudes and perceptions around sexuality and disability, focus groups were conducted with health care providers, individuals with visible disabilities, individuals with invisible disabilities, and the general public (Esmail, Darry, Walter, & Knupp, 2010). The authors found that individuals with disability are viewed as asexual and not offered opportunities to enhance performance these areas of occupation. Neglect of this topic is internalized by individuals and "may negatively impact confidence, desire and ability to find a partner while distorting one's overall sexual self-concept" (2010). The silence leads to more harm than good.

I presented at the American Occupational Therapy Association's (AOTA) annual conference for the past three years on the topic of sexuality and intimate social participation interventions. The number one reflection from my participants is overwhelming gratitude for the information secondary to never learning about it in school. Commonly I hear either, "sex and intimacy were never discussed," or "my professors said 'it will be important for your clients,' but that's all they said about it."

The current Accreditation Council for Occupational Therapy Education (ACOTE) Standards do not include sexual activity and intimate social participation training in occupational therapy education. There is currently no requisite in the ACOTE Standard requiring specific instruction and demonstration of competency for graduates of occupational therapy programs and occupational therapy assistant programs. In order to ensure confident and competent occupational therapy practitioners prepared to address the sexual activity and intimate social participation intervention needs of our clients, this important topic must be included explicitly in a Standard for education to train our students.

The ACOTE Standards include the terms *activities of daily living* and *instrumental activities of daily living* which per the AOTA Occupational Therapy Practice Framework, includes sexual activity and intimate social participation (ACOTE, 2016; & AOTA, 2014). This wording is simply not enough, as noted in the research, and adequate education continues to be lacking. Feeding is an activity of daily living and is explicitly mentioned. The Standards explicitly states, "Evaluate and provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors" (ACOTE, 2016, p.32.). For occupational therapy assistants (OTA) the wording is similar except instead of "evaluation and provide management" it states "provide interventions (2016, p.32)."

Please include evaluation, management, and interventions for sexual activity and intimate social participation specifically into the new ACOTE Standards. I recommend verbiage similar to the wording for "feeding." Appropriate verbiage is: "Evaluate, manage, and provide intervention to address physical, cognitive, and psychosocial limitations to participation in sexuality activity and intimate social participation throughout lifespan for clients, communities, and populations."

Including sexual activity and intimate social participation in an ACOTE Standard will ensure a competent and confident workforce equipped with skills appropriate for the demand. Most human service professionals do not address these topics. This creates an opportunity for competent and confident occupational therapy practitioners to increase our profession's impact and increase our referrals. An increase in occupational therapy practitioners addressing sexuality and intimate social participation will provide truly holistic care for our clients, mitigate the risks associated with unhealthy sexuality and intimate social participation, promote sexual and intimate health and wellness, and ultimately improve quality of life for the clients, communities, and populations we serve. Thank you for your dedication to our profession and thank you for your time and consideration of this request.

Respectfully,

Kathryn Ellis
Occupational Therapist Registered/Licensed
Doctoral Student, Post Professional Occupational Therapy, Boston University
Walter Reed National Military Medical Center at Bethesda
Associate Professor of Physical Medicine and Rehabilitation, Uniformed Services University of Health Science, School of Medicine

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Appendix G

Kathryn Ellis
Washington, DC 20008
302-547-5744
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Commission on Practice
4720 Montgomery Lane
Bethesda, MD 20814

Commission on Practice,

Occupational Therapy (OT) clinicians cite ambiguity of professional roles and definitions as an enabling factor influencing the widespread professional hesitancy to address the sexuality and intimacy concerns of clients (Dyer & das Nair, 2013; Hattjar, Parker, & Lappa, 2008; Hyland & McGrath, 2013; Jones, Weerakoon, & Pynor, 2005; McGrath & Sakellariou, 2015). The ambiguity adds to perception of limited importance of sexual and intimate occupations. *Occupational therapy practitioners will be more willing to address sexual activity and intimate social participation with clients if they have a clearer understanding of professional definitions. OT professionals deserve better professional guidance to offer our distinct value in addressing sexuality and intimacy occupations.*

The *Occupational Therapy Practice Framework (OTPF): Domain and Process* (3rd ed.) identifies sexual activity as an activity of daily living (ADL) and defines it as "engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs" and describes social participation with peers or friends as "engaging in activities at different levels of interaction and intimacy, including engaging in desired sexual activity" (American Occupational therapy Association [AOTA], 2014). These definitions are vague and are not representative of the broad scope of human sexuality, nor do they envelop the broad and distinct value of the OT clinician addressing human occupation.

The narrow scope of the current definitions not only poses an issue for the language guiding OT's professional role, but the narrow view perpetuates harmful restrictions to the lived experiences of sexual beings. By using the adjective *desired* to characterize sexual activity, it implies the opposite, *undesired,* is not relevant to individuals as sexual beings. This excludes undesired activity such as rape, coercion, manipulation, exploitation, and bullying as potentially relevant to an individual's lived sexual experience. Additionally, identifying sexual activity as meeting a relational need perpetuates a sociocultural norm that sexual activity could be a requirement or necessity for a relationship – or that a relationship is necessary to experience sexual activity. OT professional guidance should be sensitive to the possibility that messaging regarding the duty of sex while in relationships can be restrictive to achieving fully satisfying sexual experiences. This criterion is misleading, not reflective of current progress in sociocultural climate, non-inclusive, and does not promote trauma-informed care.

I am asking the Commission on Practice to consider the proposed definition for sexual activity, "the broad possibilities of sexual expression and sexual experiences engaged in with self or others, requiring communication skills and informed by preferences, context, habits, routines, and patterns. Sexual expression and experiences can result in a variety of outcomes such as fulfillment and affirmation, satisfaction, pleasure, attachment, relaxation, reproduction, assault, transmission of disease, remorse, and communication of one's gender, identity, beliefs, and values."

I propose the Commission on Practice considers a separate section under social participation for "Intimate Partners" defined as, "social interactions with potential, current, and past intimate partners, requiring communication skills and emotional regulation skills, and informed by habits, routines, and patterns. Intimate partners may or may not engage in sexual activity." I recommend the elimination of "including engaging in desired sexual activity," from the "peer, friend" definition.

These definitions can offer a Sex-Positive, current, culturally relevant, holistic, and trauma-informed guide for OT professors, students, and clinicians. These definitions more-effectively capture the broad spectrum of human sexuality and intimacy potential and acknowledge the variety of sexual and intimate experiences possible for an occupational being. The Commission on Practice can consider updating these definitions to provide needed institutional support, leveraging a widespread clinical movement toward implementation of sexuality and intimate interventions within the OT profession.

Thank you for your dedication to our profession and thank you for your time and consideration of this request.
Respectfully,

Kathryn Ellis
Occupational Therapist Registered/Licensed
Founder of The Institute for Sex, Intimacy and Occupational Therapy, LLC
Co-Author of "Sex and Intimacy for Wounded Veterans: A Guide to Embracing Change"
Doctoral Student, Post Professional Occupational Therapy, Boston University
Associate Professor of Physical Medicine and Rehabilitation, Uniformed Services University of Health Science, School of Medicine

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Jones, M. K., Weerakoon, P., & Pynor, R. A. (2005). Survey of occupational therapy students' attitudes towards sexual issues in clinical practice. *Occupational Therapy International*, *12*(2), 95–106.

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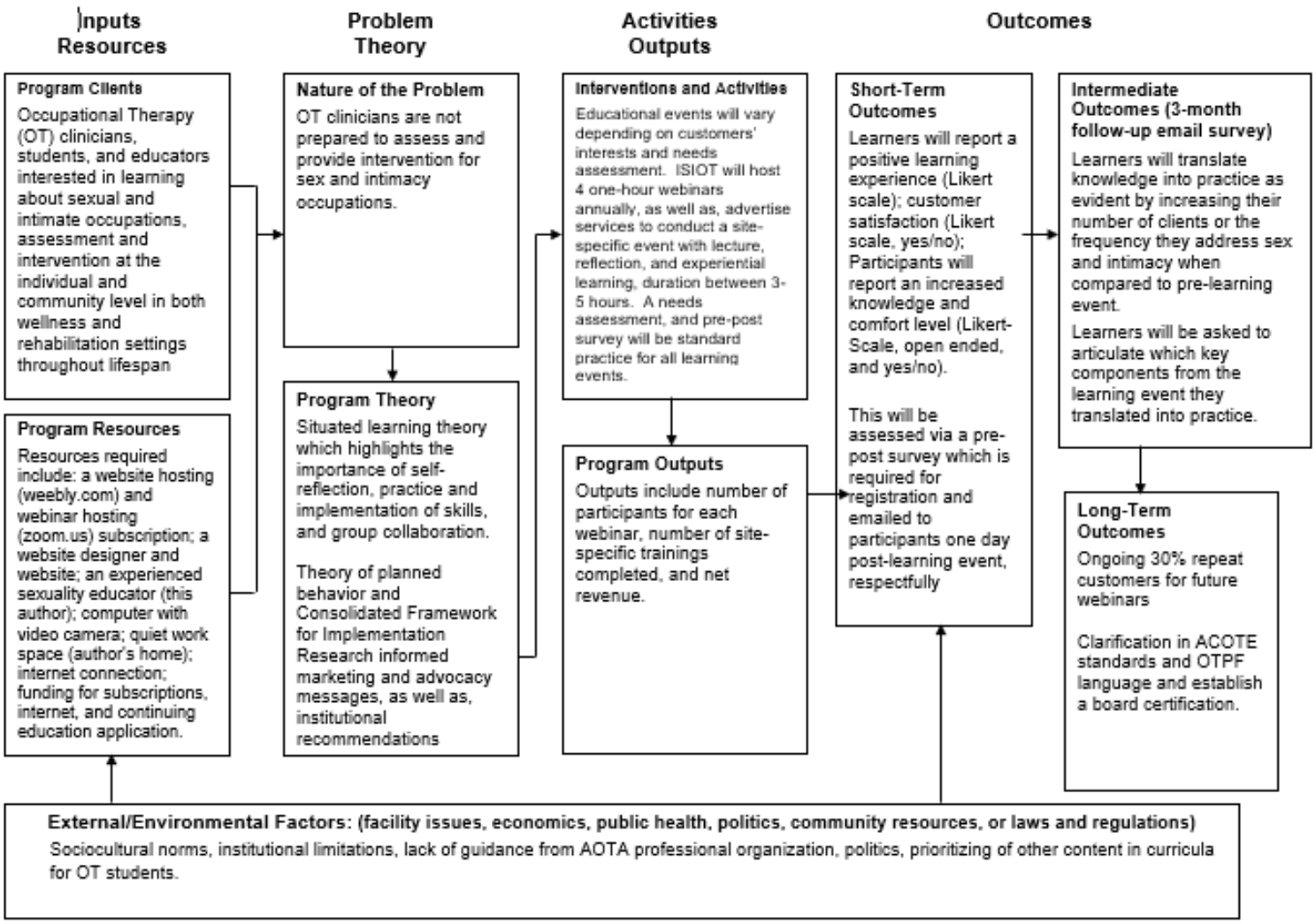
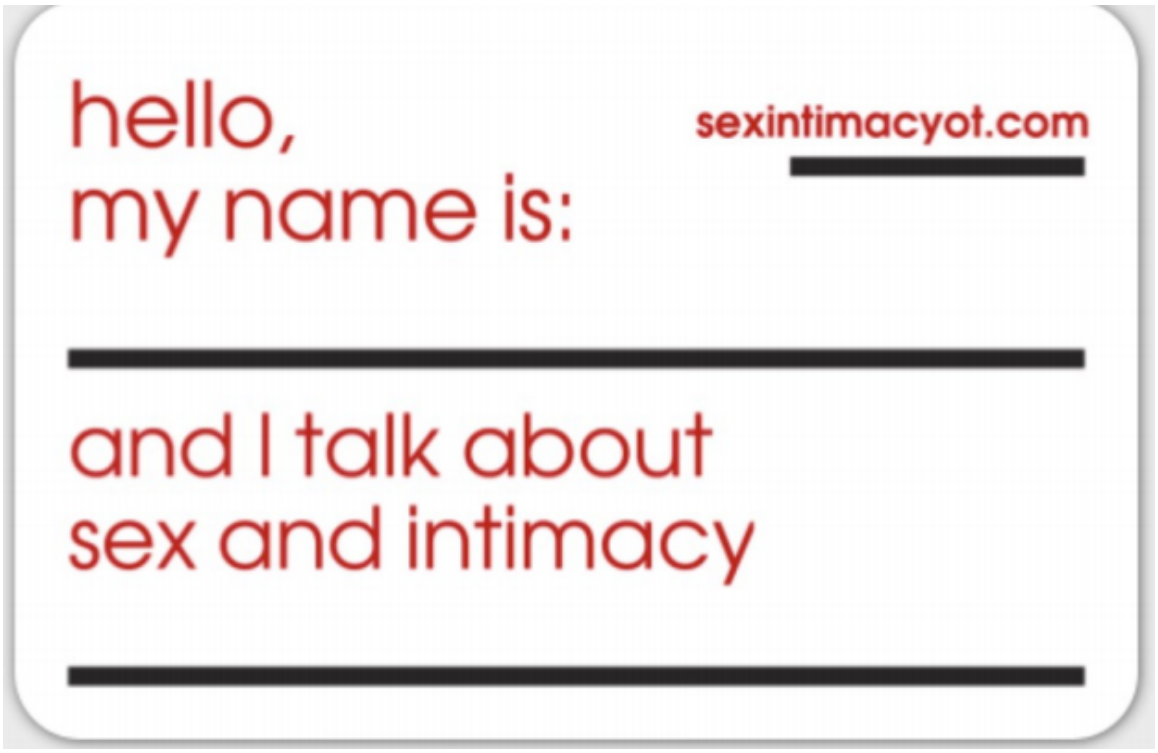
Appendix H

Program Title: Institute for Sex, Intimacy & Occupational Therapy (ISIOT) Logic Model



Appendix I


hello,
my name is:
sexintimacyot.com
and I talk about
sex and intimacy

Introduction

Sexuality and intimacy occupations are often considered valued life occupations by individuals and communities and can contribute to quality of life and relationship satisfaction (Diamond & Huebner, 2012; McGrath & Lynch, 2014; Sakellariou & Algado, 2006; Smith et al., 2011). Sexuality and intimacy occupations have the potential to play either enriching or detrimental roles in individuals lived experiences, which supports the notion that healthcare providers must be prepared to address these topics in practice (Collins et al., 2017; Deering et al., 2014; Diamond & Huebner, 2012; Espelage, Basile, Rue, & Hamburger, 2015; Papp, Erchull, Liss, Waaland-Kreutzer, & Godfrey, 2017; Smith et al., 2011). Despite the potentially powerful impact of sexuality and intimacy occupations on quality of life, there is a lackluster response to prioritize these occupations among occupational therapy (OT) clinicians and in OT curricula (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015). The purpose of this doctoral project is to understand the influences and factors which precede this lack of prioritization within the profession and evaluate the success of the efforts to dismantle these factors.

Sociocultural norms, institutional limitations, and lack of competency and comfort are explanations provided in the literature for OT clinician hesitancy to address sexuality and intimacy occupations with OT clients (Dyer & Nair, 2013; Hattjar, Parker, & Lappa, 2008; McGrath & Lynch, 2014; McGrath & Sakellariou, 2015). Mitigating sociocultural norms, promoting institutional support, and enhancing clinician competency and comfort are the objectives which guide the approach made by the author of this

doctoral project to begin to alleviate the lack of prioritization from the OT profession. The author seeks to achieve these objectives through the establishment of a company that (1) provides sexuality and intimacy-based education for occupational therapy professionals, (2) promotes a construct of sexuality and intimacy which counters sociocultural norms, and (3) advocates for institutional change to support inclusion of sexuality and intimacy into curriculum and clinical practice.

Project Overview

The author established The Institute for Sex, Intimacy and Occupational Therapy ^{LLC} (ISIOT) to house the implementation and dissemination of her educational and advocacy projects. ISIOT^{LLC} was started in August 2017 and established as a Limited Liability Company (LLC) in August 2018. ISIOT^{LLC} provides education and consultation services which serve as a guide for occupational therapy professionals to advance their readiness to address sexuality and intimacy in their clinical or academic practice. The ISIOT^{LLC} website, Instagram, and networking marketing serve as the marketing platform.

The author conducted a comprehensive review of evidence-based interventions for sexual activity and intimate social participation and best practices for sexuality education to inform the development of educational webinars and consultation skills. The author conducted three live educational webinars between August and March. ISIOT^{LLC} was approved by the American Occupational Therapy Association (AOTA) Approved Provider Program (APP) to offer continuing education units for each of the

webinars.

The author is guided by the value of social responsibility and advocacy as a dissemination and implementation strategy to promote clinical adoption. ISIOT^{LLC} engages in advocacy tasks aimed at: (1) changing standards and policies, (2) enhancing perception of institutional or peer-reviewed support, (3) establishing credibility of author as a subject matter expert within the occupational therapy profession, and (4) offering exposure to both free and for cost content with the aim of sustaining clinical adoption over time. Related tasks include: (1) hosting an educational and Sex Positive Instagram account, (2) submitting manuscripts on this topic for publication, (3) providing free content for OT clinicians and professors, and (4) creating a coalition of fellow OT students and clinicians to influence professional governing entities' policies, such as American Occupational Therapy Association (AOTA) and National Board for Certification in Occupational Therapy (NBCOT). This doctoral project serves as a summative and formative program evaluation for the company.

Key Findings

Education Services

Formative outcomes measures demonstrate that webinar participants were overall satisfied with the learning event and that they intended to translate knowledge into their clinical practice. The participants reported agreeing or strongly agreeing that the facilitated learning environment was comfortable and the learning platform was easy to

use. All participants (100%) from the webinars reported they would recommend the webinars to a peer.

Webinar 1, "Sexual Activity and Intimate Social Participation throughout Lifespan," included a post-test and a three month follow up. General themes related to how they would translate knowledge into their practice included they would use the information to start a discussion with clients and co-workers and advocate for implementation at their facility. They were also asked to comment on aspects of the course that were most helpful. Emerging themes included the concept of permission to discuss these topics with clients, validation that these topics are important, case examples, and the concept that sexual activity is inclusive of more than just penetrative sex. Only two individuals responded to a three-month post follow-up for webinar 1. They both reported an increase in their implementation of assessment and intervention for sexuality and intimacy and attributed some of that increase to influence from the webinar. Despite having a very small sample size, this program has already generated clinical adoption among participants.

Webinar 2, "Guided Self-reflection of Sexual Attitudes, Values, and Beliefs," included a pre, posttest, and three-month follow-up (three-month follow-up not included in this executive summary). Participants reported a group average increase in competency and comfort related to addressing sexuality and intimacy, as well as an increase in validation of importance of sexuality and intimacy to clients. Most participants identified that the disclosure and discussion of their own and others' reflections and bias was the most valuable. Participant feedback highlighting the impact

of the webinar 2 is noted below:

"The idea that what is normal for me as an individual may not be normal for someone else."

"I learned about sex positive attitude, safety, consent, and being aware of my own biases. I also feel more comfortable addressing sex as an ADL and the need for it to be brought up for all individuals."

The author also offers consultation services through the ISIOT^{LLC} website. From August 2018 to March 2018, the author has had 20 customers demonstrate interest and four confirmed and paid customers.

Social Responsibility Services

The author conducted an advocacy Call to Action among the occupational therapy profession to petition the American Council on Occupational Therapy Education Educational Standards Review Committee (ERSC) to include sexuality and intimacy in the 2018 Standards update. This advocacy campaign did not result in the ESRC making this requested update. Despite this, the topics of sexuality and intimacy continue to generate awareness and attention. The evidence of international interest, interest from healthcare professionals outside of occupational therapy, and interest regarding specific emerging topics, such as sexual assault and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Related Communities (LGBTQI+), suggests a broad scope of exposure and credibility. Unpaid commitments such as collaboration and request for expert opinion were high. These factors demonstrate a growing support for the distinct

value of occupational therapy related to sexuality and intimacy topics and the growing credibility of the author. The benefit to many of these engagements are marketing exposure, dissemination, and growing and advancing this emerging field of occupational therapy.

Marketing and Business Operations

The author of this doctoral project and owner of ISIOT^{LLC} spent less than $100 on marketing in the first year of business. Despite low marketing costs, the ISIOT^{LLC} platform has managed to reach 8,000 website views, 900 Instagram followers, 200 email subscribers, 62% read rates on marketing emails, four paid customers for consultation, and 84 paid webinar customers. Major costs associated with the company are related to AOTA APP applications for single courses and full status. Major time resources are allocated to operational support of the company through website management, customer services, and webinar content development. Targets of opportunity for dissemination and implementation are professional conferences, scholarly engagements, marketing campaigns, and a children's book.

Conclusion

A program evaluation revealed ISIOT^{LLC} positive summative and formative evaluations for the company's initial year of business. The author was effective in generating a customer base through marketing and quality webinars. Customers reported satisfaction with the learning events and a high likelihood of referring the company to a peer. Summative results revealed there is some initial evidence of participation in

webinars positively influencing clinical adoption. Webinar participants are likely to translate knowledge into practice. Advocacy efforts and other dissemination efforts such as scholarly contributions were effective in building a coalition of occupational therapists who are committed to affirm and advocate for clients as sexual beings. This coalition may also serve as customers.

The author's efforts were guided by dissemination and implementation of innovation science as she acknowledges the barriers to new innovations. The author is astutely aware that having an innovative product is not nearly enough to result in widespread implementation. After all, if consideration of sexuality and intimacy was so easily common place these topics would have been integrated into the occupational therapy profession since its inception. The innovation of the author of this doctoral project is her efforts taken to mitigate the disabling factors at both the clinician and institutional level and focus on decreasing complexity of clinical adoption.

Constructs of sexuality and healthy intimate relationships are rapidly changing, but the implications of sexuality and intimacy on quality of life consistently remains powerful and meaningful. Factors of sexuality and intimacy, including inclusivity, toxic masculinity, the feminization of intimacy, pleasure, culture, reproduction, trust, love, vulnerability, and ownership may enable or disable satisfying performance in sexual and intimate occupations. Sexuality and intimacy interventions are the sexual rights of our clients and can promote empowerment and quality of life. Occupational therapy professionals can utilize the learning products to implement up to date and relevant interventions and assessment that acknowledge the influence of sexual activity and

intimate relationships to quality of life. Through intervention inclusive of acknowledging humans as sexual and intimate beings, occupational therapy professionals can be a catalyst to enhancing the health, safety, and advancement of individuals, communities, and populations.

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INSTITUTE FOR SEX, INTIMACY & OCCUPATIONAL THERAPY, LLC

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Sexuality and intimacy occupations are not often addressed by occupational therapy professionals

- Sexuality and intimacy occupations are meaningful to many occupational therapy (OT) clients
- Sexuality and intimacy occupations have the potential to play either enriching or detrimental roles in individuals' lived experiences
- Barriers for occupational therapy professionals include: (1) restrictive cultural norms, (2) occupational therapy professional doctrine, norms, and educational standards policy which reflect restrictive cultural norms, and (3) clinician and professor lack of confidence and competency to implement clinical and educational practices inclusive of sexuality and intimacy

SOLUTION - The Institute for Sex, Intimacy and Occupational Therapy (ISIOT), LLC

- Established in 2017, LLC established in 2018
- Informed by evidence-based literature that combines marketing theory and dissemination and implementation science for sexuality education and distance learning to address occupational therapy professional limitations, dismantle restrictive sociocultural norms, and enhance professional competency and confidence.
- Promotes Sex-Positivity, inclusivity, and sexuality and intimacy health and wellness
- Advocates for institutional change to support inclusion of sexuality and intimacy into curriculum and clinical practice
- Education services include continuing education webinars, curriculum guides, consultation, continuing education live events, scholarly and peer-reviewed publications, and professional conference lectures
- Advocacy services include Call to Action campaigns to modify professional policy and doctrine to be more inclusive of sexuality and intimacy, free social media content for stakeholders, and other Corporate Social Responsibility engagements
- Stakeholders Include OT leadership, change agents, professors, clinicians, and students
- The virtual storefront can be located at www.sexintimacyot.com

DOCTORAL PROJECT - Program Evaluation

- ISIOT conducted three live continuing education webinars, was hired to conduct three site specific events, and presented five times at American Occupational Therapy Association (AOTA) national conference
- 100% of webinar participants reported they would recommend the webinar to a peer and were overall satisfied with the learning experience
- 100% of webinar participants reported they would be "likely" or "extremely likely" to translate knowledge into practice
- Large social media following of over 1,000 potential customers, including 100 paid customers, of which 18% were repeat customers
- National and international collaboration efforts, including book chapters, Podcasts, peer-reviewed manuscripts, and research studies

Implications for Occupational Therapy Practice

- ISIOT offers educational and advocacy services which fills a gap in clinical practice and curriculum which has been documented since the 1970s.
- OT professionals can utilize the educational services to implement current and evidence-based interventions and assessment that acknowledge the influence of sexual activity and intimate relationships to quality of life.
- Through intervention inclusive of acknowledging humans as sexual and intimate beings, OT professionals can be a catalyst to enhancing the health, safety, and advancement of individuals, communities, and populations.

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