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## Sexual Activity and Intimacy within Occupational Therapy Practice

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# Addressing Sexual Activity within Occupational Therapy Practice

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## BACKGROUND

Since its inception, the purpose of the occupational therapy profession has been to help individuals regain function following traumatic or chronic loss of function, or changes in personal context resulting in decreased engagement in chosen occupations (Payne et al., 1988). Activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are areas of function that occupational therapy practitioners address; they include self-care, work, leisure, sports, and even sexual activity (American Occupational Therapy Association, 2020). Sexual activity is a vital part of the human experience, and connected to self-actualization, self-worth, and self-expression (Maslow, 1943; Ventriglio & Bhugra, 2019). Unfortunately, the ability to engage in sexual expression as an occupation can often be affected by the presence of disability, trauma, or life changes related to one's context. Sexual activity and intimacy is an ADL that is directly linked to quality of life and overall well-being in individuals regardless of the presence of disability (Anderson et al., 2007). Following the onset of disability individuals often receive minimal or no education on how to continue with sexual expression and intimacy. This can lead to higher rates of negative symptoms such as anxiety and depression (Hess & Hough, 2012). Occupational therapists have a unique scope of practice that can address sexuality during rehabilitation, however, they often do not do so due to lack of direct education and training on the topic (Egsleider & Webb, 2018; Payne et al., 1988).

## Problem Statement

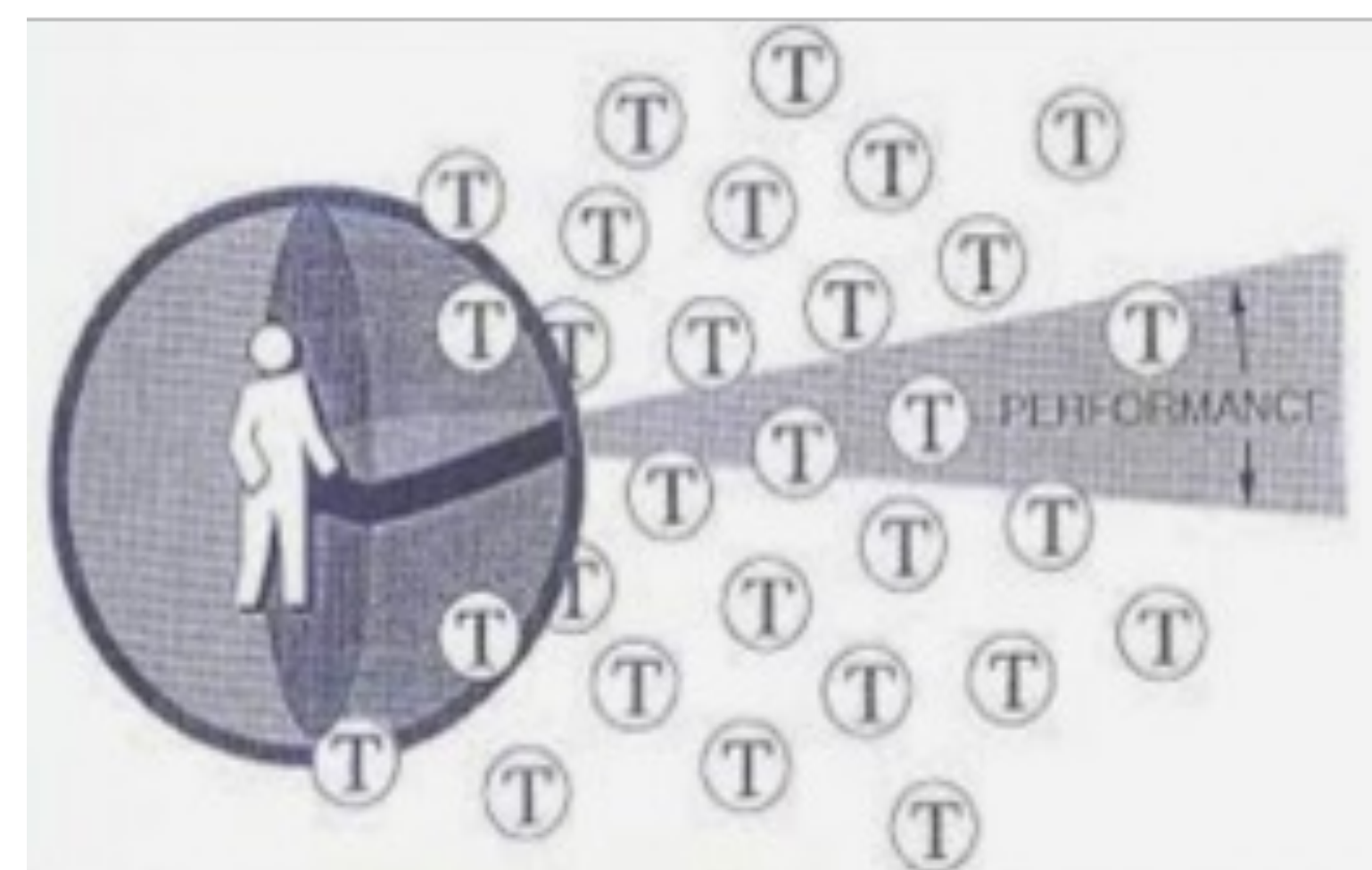
Lack of education on intervention for practitioners related to sexuality and intimacy following the onset of life changes or long-term physical disabilities (LTPD).

## Purpose

Create educational and advocacy resources for primary stakeholders on occupational needs related to sexuality and intimacy.

## Methods

This project utilized semi-structured interviews, literature review, and shadowing of multidisciplinary team and specialties as the primary methods to assess the occupational needs of the population and learn more about potential gaps in addressing sexuality and intimacy that exist within the practice setting.



### Needs Assessment

- Direct Observation
- Semi structured interview utilizing COPM.
- Interdisciplinary interview
- Specialty OT interviews

### Process

- Phase 1: Needs assessment
- Phase 1a: additional research
- Phase 2: Product development
- Phase 3: Product implementation
- Phase 3a: additional research
- Phase 4: Product evaluation

### Theoretical framework

- EHP
- EX-PLISSIT Model
- CMOP-E
- MOHO

### Participants and Setting

- Outpatient, cash-based clinic
- Physical therapists, physiatrist, and clients

## Project

### Needs Assessment

- 1.FMC and UE retraining
- 2.Vision rehabilitation
- 3.Cognitive retraining for ADL/IADL performance
- 4.Sexuality and intimacy education
- 5.Return to occupation

### Product Development

- 1.Patient educational brochure
- 2.Patient screening
- 3.Clinician educational resource
- 4.Clinician continued education list
- 5."When to refer" handout

## Implications for Future OT Practice

### Strengths

- Addressing sexuality and intimacy in emerging setting
- Client base open to discussion about sex and intimacy
- Ability to advocate for OT in various settings

### Limitations and Barriers

- Differences in practitioners' values and beliefs on sex and intimacy.
- Differences in practitioner understanding what OTs role is outside of a strictly biomechanical frame of reference.
- Lack of referral base for sexuality and intimacy specific concerns.
- Clinician understanding of how to address sexuality specific concerns within billing and treatment time.

### Next Steps

- Continued education and advocacy for OT in addressing intimacy in every setting
- Continued discussion about sexuality and intimacy with clients.

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