AN EDUCATIONAL TOOLKIT FOR ADDRESSING WOMEN'S SEXUAL HEALTH AND ACTIVITY: PREPARATION FOR OCCUPATIONAL THERAPISTS

By

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Abstract

Despite being an activity of daily living within the scope of Occupational Therapy, issues and concerns related to sexual health are infrequently addressed within practice. This gap is especially prevalent as it relates to women's sexual health and sexual activity specifically. This capstone project evaluated Occupational Therapists' level of knowledge and comfort when discussing sexual activity and women's sexual health. It measured the effectiveness of creating an online educational toolkit to increase knowledge and confidence. The project used a quality improvement approach with pre-and post-test surveys to determine the effectiveness of the educational toolkit to enhance knowledge and confidence in addressing sexual activity and women's sexual health. The results show that the target population showed mixed levels of confidence and knowledge related to sexual health issues and reported that they rarely initiate conversations on the topics. As a result, the topic needs to be addressed more frequently. Additionally, the pre-and post-survey results measured a slight improvement in knowledge and confidence levels. Finally, the post-survey group gave positive feedback on the effectiveness and accessibility of the online toolkit, reporting that it was helpful in facilitating patient discussions. This capstone project demonstrated the need for novel approaches to facilitate conversations on sexual activity and women's health. The educational toolkit successfully increased knowledge, comfort, and facilitated conversations and could serve as one potential approach to this goal. Ultimately, more studies are needed on topics specifically related to women's sexual health and activity.

Keywords: women's sexual health, sexuality, sexual activity, communication, education, occupational therapy, toolkit

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Dedication

My heartfelt gratitude goes out to my husband, family, and friends for their unwavering support throughout my journey of becoming an occupational therapist. Their love, encouragement, and guidance have been invaluable to me in overcoming the challenges that come with pursuing a dream. Their constant motivation and reminders that hard work and determination can make anything possible have driven my success.

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Section 1: Prepare Occupational Therapist when Addressing Women's Sexual Health

The World Health Organization (WHO, 2006) defines sexual health as "a state of physical, emotional, mental, and social well-being in relation to sexuality … For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled." Due to the broad nature and scope of sexual activity, the treatment of issues related to the subject within a healthcare setting spans several professions and areas of expertise. However, there are significant barriers and social stigmas associated with discussing topics of sexual health within the Occupational Therapy (OT) profession, especially as it relates to women's sexual health (Kingsberg et al., 2019).

The occupational therapy framework (OTPF) addresses sexual activity as an activity of daily living (ADL) and includes intimate partners within the social engagement category (American Occupational Therapy Association [AOTA], 2020). OTs strive to be a holistic healthcare profession, assisting individuals in meaningful daily pursuits, including self-care, social participation, sexual activity, and relationships (Hattjar, 2017). OTs play a central role in addressing interpersonal concerns, acknowledging sexual activity as an ADL, and offering comprehensive interventions, task adaptation, and partner involvement (McGrath & Sakellariou, 2016). However, research of the literature highlights that the sensitive subject of sexual health and sexuality remains challenging for OT to address regularly. Current research shows these challenges contribute to the decreased understanding of the subject, stemming from insufficient knowledge and curriculum, and lead to discomfort in open communication, making OTs unprepared to address these context topics.

According to Hattjar (2012), within rehabilitation settings, OTs struggle with time constraints due to productivity demands, leading to inconsistencies and discomfort when bringing up the topic and related issues of concern. Today, there is a need to help OTs address these barriers and facilitate more conversations about this ADL. This capstone project evaluates the current state of discussions around sexual activity within the OT setting. It proposes a novel educational toolkit for OTs to raise knowledge and comfort on the topics of sexual activity and women's sexual health.

Proposed Solution

The proposed solution to address these issues related to the treatment of sexual activity as an ADL was to develop an educational toolkit explicitly designed for OT practitioners within inpatient rehabilitation settings. This toolkit's primary objective was to expand the knowledge base and enhance the awareness of OTs when addressing matters of sexuality within their practice. This toolkit sought to promote more informed, comfortable, and productive conversations surrounding sexual health, ultimately promoting holistic client-centered care. This project relates to OT by enhancing OT practitioners' skills in occupational knowledge, preparedness, and comfort.

First, this study aimed to increase OT practitioners' preparedness, understanding, and confidence in discussing sensitive sexual health topics, resulting in more thorough and patient-centered therapy. This project emphasized evidence-based and client-centered care to help OT professionals grow and empower OTs to flourish as healthcare providers by giving them the tools and knowledge to handle women's sexual health. Finally, this study leveraged novel instructional methods, such as providing an online toolkit, to increase OT practitioners' core knowledge and integrate it into their regular practices Improving OTs' knowledge and abilities in

sexual activity and women's sexual health can ultimately help improve their patients' well-being by better addressing all relevant ADLs during interactions.

Significance for Profession

This proposal sought to investigate whether an educational toolkit could enhance the readiness of OTs to address women's sexual health within occupational services. By focusing on education and navigating sensitive issues such as women's sexual health, this study sought to improve OT readiness. The initiative sought to enhance education and comprehension of OT roles, facilitating effective communication and professional approaches in inpatient rehabilitation settings and education (Hwang et al., 2023). The development of a tailored educational toolkit for OTs was a proactive measure toward augmenting their knowledge base and overall preparedness while fostering collaboration among multidisciplinary teams (Pieters et al., 2018). Ultimately, this project aimed to elevate the quality of care provided by OTs, promoting a more comprehensive and patient-centered approach to holistic well-being.

Furthermore, this project aligned with the (AOTA, 2020) and the American Occupational Therapy Foundation (AOTF) research priorities. Specifically, it mapped the AOTF's focus on technology to improve outcomes and treatments in OT and on studying novel approaches to practice areas and the delivery of services by considering different strategies for addressing the ADL of sexual activity (AOTF, 2022). The goal was to evaluate the effectiveness of delivering the content to OTs via the toolkit as a medium and making it accessible over the internet. The current perceived gap in OT comfort levels when discussing issues of sexual activity and women's health, despite its significance as an ADL, suggests a need for alternative approaches and delivery of content beyond what is available today.

Section 2: Statement of Problem

OT currently faces a lack of adequate education, resources, and standardized approaches to address women's sexuality within rehabilitation settings effectively. This gap in knowledge and training limits their ability to provide comprehensive care. It hinders the implementation of appropriate interventions, resulting in a less holistic approach to therapy for their clients.

PIO Question

Will the development of an educational toolkit enhance the readiness of occupational therapists when it comes to addressing women's sexual health within the scope of occupational services?

Operational Definitions

Sexuality Activity

According to the Occupational Therapy Practice Framework: Domain and Process (OTPF-4; American et al. Association [AOTA], 2020), sexuality can be defined as engaging in a diverse range of sexual expressions and experiences, alone or with others. This can include activities such as hugging, kissing, foreplay, masturbation, oral sex, and intercourse. Sexual activity is considered an essential daily living activity, vital to one's overall well-being, social interaction, and survival. OT interventions can be utilized to address sexual activity and support individuals in meeting their relational or reproductive needs.

Women's Sexuality

For this study, "women's sexuality" referred to the multifaceted aspects of sexual health,

including physical, emotional, and psychological dimensions specific to women's experiences and needs. This encompassed topics such as sexual function, reproductive health, body image, intimacy, and sexual expression. Measurement of women's sexuality may involve validated scales or questionnaires that assess various components, such as sexual satisfaction, body image perception, and communication comfort (Pujols et al., 2010).

Occupational Therapy's Role in Addressing Women's Sexuality

The involvement of OT in addressing women's sexuality encompasses a range of strategies and interventions that promote a holistic approach to therapy. This includes fostering open and supportive discussions about sexual health, addressing client concerns, and providing education and resources in a nonjudgmental environment (Hattjaret al., 2008). OTs can play an active role in integrating sexual health considerations into their therapeutic interventions to enhance the overall well-being of their clients. Measuring of an OT's role may involve qualitative assessments of therapists' communication skills, documentation analysis, and client feedback on the therapist's approach to addressing sexual health concerns. OTs must enhance their role in providing these individuals with the education and resources to maintain healthy sexual relationships and take into consideration the strengths and limitations of everyone (Richards, n.d.).

Additionally, OTs working with disabled individuals, especially women, should address their clients' needs and desires. McGrath and Sakellariou's research (2016) suggests that therapists integrate sexuality-related questions into assessments and interventions to promote inclusivity and overall well-being. OTs should use holistic approaches, and incorporating sexuality into therapy is essential. Therefore, OTs can create a safe environment for diverse sexual orientations by adopting a client-centered approach (McGrath & Sakellariou, 2016).

Perceived Problem

There is limited literature, education, and resources to prepare occupational practitioners in inpatient rehabilitation settings when addressing women's sexuality, limiting the skills and knowledge needed for treatment and application in everyday practice and taking into consideration the topics that can often be overlooked. Additionally, this topic can be considered a sensitive topic, adding to ongoing barriers to communication.

Significance of Occupational Therapy

OT professionals often feel less equipped to address issues related to sexuality within their practice due to a lack of education, competencies, and available resources. This can lead to gaps in knowledge and create barriers to effective communication, making it difficult for them to address this vital topic. Additionally, cultural beliefs and discomfort in communication within treatment sessions can further hinder OTs' ability to engage with this topic. Unfortunately, sexuality as an ADL is often excluded from daily practice due to perceptions of stigma and negative attitudes toward sexuality. However, it is crucial to recognize that sexual health is a vital aspect of rehabilitation and prioritizing it in rehabilitation settings is essential.

OTs must be "experts with knowledge and skills" to assess the client's sexuality, and "education and publicity" should be actively conducted to raise awareness of sexual health for clients. To deal with clients' sexuality, OT should be prioritized under the recognition that sexual health is one of the goals of rehabilitation (Pieters et al., 2018). Therefore, there is a pressing need for OTs to overcome these societal barriers, provide education, and foster open communication to better address sexuality, including women's sexual health, and enhance holistic care in their practice (Hattjar, B. 2017; Hwang et al., 2023). In summary, the literature indicates the need for OTs to address women's sexual health better, given its often neglected

status. Overcoming barriers, providing education, and fostering open communication are crucial for improving the role of OT in this aspect of holistic care.

Anticipated Outcomes

The expected outcomes for this capstone were developing an educational toolkit for OT practitioners that can be easily accessed and implemented in everyday practice and help to bridge the current gap in literature and OT engagement initiating, as well as comfortability with conversations on sexuality and treatment. Furthermore, this project sought to improve education within inpatient rehabilitation settings and consider time constraints of productivity and the fact that sexual health is not always prioritized as an ADL in everyday practice. By promoting effective communication and professional approaches, this capstone project aimed to facilitate a better understanding of the impact of different diagnoses, medical conditions, sexuality, and implications to identify and overcome common barriers and achieve better outcomes for patient-centered care.

Need for Project

While sexual activity is defined as an ADL by the AOTA, existing literature and work carried out through this capstone demonstrates that the topic is often neglected within inpatient facilities. The OTPF requires holistic treatment of all occupations and adaptations relevant to patients, and thus, there is a need to find ways to better address this ADL better. Furthermore, as part of the capstone project, a needs assessment was conducted, which, combined with the pre-survey results, demonstrated that topics of sexual activity and women's sexual health are often neglected within the target population of OTs. The creation and adoption of novel approaches to educating and facilitating conversations on sexual activity are necessary to provide more hospital care and improve patient outcomes by addressing a frequently neglected ADL. The educational

toolkit and program produced by this project is proposed as one such novel approach that is currently missing.

Section 3: Literature Review

The primary objective of this literature review was to explore the importance of OTs in acquiring knowledge and skills when addressing women's sexual health and the barriers faced while addressing sexual activity as an ADL in everyday practice. These sections emphasize the need for improved education, training, and communication strategies. The main section discusses how OTs can address sexual health across medical conditions and treatments by addressing physical, emotional, physiological, and social barriers. Additionally, a lack of knowledge, stigma, time constraints, and societal norms can make addressing these topics and preparedness challenging for OTs. However, the literature demonstrates a need for more research in this area, particularly concerning women-specific concerns and the scope of OT practice.

Lack of Education on Sexual Health and Disabilities

Current research on addressing sexual health and sexuality is limited due to insufficient education, resources, and standardized methods. Mainly, OT views on addressing sexuality with disabilities or chronic conditions is a prevalent issue and results in decreased outcomes in rehabilitation. A descriptive qualitative study by Hwang et al. (2023) identified factors influencing the consideration of clients' sexuality in clinical practice, including a lack of professional competency and rehabilitation services. Additionally, environmental, therapist-related, and client-related factors were outlined, emphasizing the importance of recognizing sexual health as a goal of rehabilitation and the need for enhanced competency among OTs. The study argued that OTs should be equipped for problem-solving, adapting to challenges, enhancing body image, self-esteem, communication, and relationship abilities for cultivating effective coping mechanisms and facilitating self-reliance in daily tasks.

The study offered valuable insights into the determinants that influence the impact of sexuality in OT practice. Addressing sexuality-related concerns is a crucial aspect of rehabilitation, and several factors need to be considered, such as the absence of assessment tools, guidance, a multidisciplinary team approach, and a reimbursement system (Hwang et al., 2023). The study highlighted the need for OTs to incorporate relevant curricula and raise awareness to ensure that clients view them as contributors to their sexual well-being during their rehabilitation journey. However, it is essential to note that comprehensive healthcare requires both OT and client education and awareness. While the study provided adequate data on influencing factors in sexuality in OT practice, the qualitative methodology might be limited by generalizability. Participants might not have represented the entirety of OTs due to potential biases in their interest and experience in dealing with clients' sexuality in clinical practice.

Similarly, the study by McGrath and Sakellariou (2016) researched the recognition of disabled individuals' sexual rights and the lack of attention paid by the OT role to address issues of sexuality in their practice. This research attributed this oversight to societal discourses shaping perceptions about sexuality and disability, as well as professional values prioritizing certain occupations over others. This article underlined the need to incorporate questions about sexuality into their assessments and interventions to recognize aspects of sexuality in human experience and well-being. It proposed adopting a rights-based approach, advocating for the recognition of sexual rights among disabled individuals, promoting sexual diversity, and integrating discussions about sexuality into routine assessments and interventions conducted by OTs.

Additionally, the study by McGrath and Sakellariou (2016) shed light on various factors contributing to OTs' lack of attention to sexuality issues during the rehabilitation process. These included therapists' lack of knowledge and understanding about sexuality, underestimation of its

importance, safety concerns, organizing other aspects of rehabilitation, personal beliefs and attitudes, and uncertainty about professional roles. Importantly, these challenges were not limited to OTs but were widespread among healthcare professionals, highlighting the need for collective efforts and shared learning in this area.

Furthermore, the authors highlighted the need for OTs to challenge prevailing societal norms that often limit discussions on sexuality to an idealized heterosexual, non-disabled model. The article promoted therapists to become advocates for the sexual rights of their clients and to adopt more inclusive, client-centered approaches in addressing sexuality within their practice, educational endeavors, and research initiatives. The study emphasizes the use of the PLISSIT model as it provides education to help address values and beliefs among OTs, as well as implement training and preparedness for client-centered practice. It also noted that rehabilitation centers, being focused on short-term care and promoting functional independence and ADLs, might underemphasize sexual health within their settings, making it a low priority in everyday practice (McGrath & Sakellariou, 2016).

Prioritization and Productivity

Considered a primary objective of rehabilitation, the prioritization of sexual health within rehabilitation settings is crucial. OTs are required to possess a high level of expertise and proficiency to address the sexual needs of their clients effectively. Additionally, it is vital to actively engage in educational initiatives and enhance awareness regarding sexual health among clients. To help address the sexual orientation of clients, OT needs to prioritize organizational readiness and acknowledge that sexual well-being constitutes a crucial aspect of the rehabilitation objectives. Furthermore, it is essential to develop a relevant curriculum for OTs

and foster understanding among clients on the role of OTs in enhancing sexual activity (McGrath & Sakellariou, 2016).

According to Hwang et al. (2023), there is a lack of understanding and knowledge among OTs when it comes to the topic of women's sexual health and sexuality, as well as open communication, resulting in uneasiness when dealing with this context. In the field of OT, there is a noticeable gap in understanding and addressing women's sexual health and education on sexual knowledge. Many OTs lack the necessary education and training, leading to a tendency to overlook sexuality as an ADL, especially in rehabilitation settings. The research highlights that an emphasis on productivity and shorter hospital stays has led to the neglect of sexuality as a daily priority in OT practice. This oversight impacts the holistic care and well-being of clients, as sexuality is a fundamental aspect of human life.

Due to productivity and time constraints and a lack of readiness training for effective treatments and interventions, OTs are unprepared to confront sexual health and sexuality. Thus, OTs may lack the knowledge and abilities to address these vital client well-being issues (Hwang et al., 2023). Moreover, there is uneasiness with communication in these circumstances, specifically regarding how to start and respond when clients raise these topics. (Hattjar, B. 2017; Hwang et al., 2023). As a result, OT experts generally avoid addressing sexuality in their practice despite the necessity for intervention (McGrath & Sakellariou, 2016). The issue for OT is that sexuality can be linked to ADLs as self-care and is sensitive to discussion (McGrath & Sakellariou, 2016).

Research shows that OTs are unprepared to address women's sexuality due to a lack of education on preparedness, competencies, time constraints due to productivity, and discomfort with communication, particularly how to initiate and respond to client inquiries.

Women's Health and Sexual Concerns

Sexuality in a professional setting has been under-researched in the literature, partially due to its sensitive nature. When it comes to specific disabilities, such as those affecting women's health, addressing these issues can be even more challenging. This is especially true for OTs, who may find it difficult to address women's sexual health within the constraints of rehabilitation settings and limited time (Hattjar, 2012). Unfortunately, these challenges can lead to a lack of understanding and discomfort in open communication among OTs, leaving them unprepared to address these important topics (Hwang et al., 2023).

Furthermore, specific women may encounter common obstacles, including diminished sexual function, reproductive health issues, concerns about body image, difficulties with intimacy and sexual expression, as well as physical disabilities or chronic conditions such as post-stroke effects, spinal cord injuries, limb loss, incontinence of bowel and bladder movements. These challenges can significantly impact women's physical appearance and perceived body image, affecting social desires and satisfaction (Grenier-Genest et al., 2017). Similarly, Hwang et al. (2023) addressed these barriers of psychological factors of disability or chronic conditions that can have a significant impact on an individual's self-esteem, body image, and overall emotional well-being. These factors can affect their sexual self-confidence and desire to engage in sexual activities.

While both OT and health promotion nursing encounter obstacles like communication barriers, reduced knowledge, and discomfort when discussing intimacy and sexuality, OT is better equipped to address personal, environmental, and social factors that hinder the treatment of women's health and concerns. This enables OT to have a deeper understanding and provide more effective care. Obstacles to achieving the best possible sexual health results include societal

discrimination, insufficient knowledge about sexual health conditions and treatments, inadequate training and resources for healthcare professionals, and challenges related to cost, insurance coverage, and regulatory policy aspects.

Many women refrain from discussing their sexual health with healthcare professionals because of negative societal attitudes, apprehension of being criticized, and limited knowledge about the treatment options that are accessible. OT can enhance women's sexual function, reproductive health, body image, intimacy, and sexual expression. OTs can enhance their understanding of sexual health by engaging in ongoing education, pursuing professional growth opportunities, and collaborating with fellow healthcare practitioners. (Kingsberg et al., 2019).

Additionally, the study found strong social stigmas remained around female sexuality in Western culture and, as a result, women often avoided discussing the topic in health settings. They concluded that stigmas could be diminished by establishing a secure and impartial setting for clients to address their concerns regarding sexual health openly. Increasing evidence emphasizes the significance of practical communication abilities and expertise in OT, specifically when dealing with women's health concerns. Additional training is required to address the recognition of sexuality as a component of OT, including the barriers and facilitators that OTs encounter when discussing sexuality with their clients (Kingsberg et al., 2019).

The Need for Multidisciplinary Teams

The research articles on addressing sexual health show a common goal among professionals in the field, which is to acknowledge and address sexuality in multidisciplinary and clinical practices. Pieters et al. (2018) conducted a study to measure the impact of an educational program that aims to create a professional environment where sexual health problems can be discussed, prevented, and treated. The program effectively improved the staff's knowledge,

conversation skills, and comfort in addressing sexual problems. These results highlighted the significance of addressing sexuality and intimacy as essential aspects of quality of life in rehabilitation medicine. The study also showed that professionals in rehabilitation settings may have knowledge of sexuality physiology but lack the practical skills and comfort in addressing sexual health concerns with patients. Similarly, Hwang et al. (2023) discussed factors related to the need for a multidisciplinary team approach and reimbursement system to address sexual health-related concerns and the importance of creating a nonjudgmental environment for clients to feel comfortable discussing their concerns.

Cultural Beliefs, Stigma, and Attitudes

Addressing gender and sexuality within the context of OT practice demands the integration of professional education and interventions. As highlighted by Leite and Lopes (2022), research exploring the needs and support for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other dissident gender and sexuality (LGBTQIA) populations is limited. The profession encounters challenges in recognizing diverse sexualities, partly due to prevailing cultural beliefs, stigma, and attitudes toward sexuality, leading to the exclusion of sexuality-related discussions from OT practice (Leite & Lopes, 2022). Moreover, OTs face various barriers that hinder the exploration of sexual-related concerns. Factors such as embarrassment or discomfort, perceived lack of knowledge and skill, a sense of incompetence, ambiguity regarding professional roles and boundaries, the perception that sexuality is irrelevant for individuals with disabilities, and attitudes rooted in specific cultural beliefs contribute to the reluctance in addressing these issues (Hwang et al., 2023).

Short-term rehabilitation facilities address people suffering from debilitating injuries, diseases, surgeries, and chronic medical disorders, not sexual health. New illnesses,

comorbidities, and chronic illnesses make sexual health and dysfunction a neglected issue (Montejo, 2022). Despite being a vital ADL, sexuality is often disregarded in rehabilitative settings and not a priority in daily treatment (McGrath & Sakellariou, 2016). Additionally, preparation is lacking within this setting.

Potential Solutions

In these environments, OTs struggle with education, treatment effectiveness, productivity, and time constraints. Creating an accessible online educational toolkit can potentially help target occupational practitioners in rehabilitation settings, prepare them for diverse diagnoses and conditions, improve sexual health awareness and treatments, and improve communication skills. This toolkit should increase trust through open communication and teach OTs to more frequently consider sexual health as an ADL in rehabilitation.

As rehabilitation centers are short-term care and focused on promoting functional independence and daily living activities, the topic of sexual health can be underemphasized within these settings and not a priority in everyday practice (McGrath & Sakellariou, 2016). Similarly, Montejo's research (2022) emphasizes these new challenges, highlighting the lack of attention to different sexualities, sexual dysfunction, and their intersection with disability or illness within this context. The research shed light on the under-addressed sexual concerns linked to chronic illness, sexual health, and sexual dysfunction.

A proposed solution was to create an accessible online educational toolkit for OT practitioners in rehabilitation settings. This toolkit addressed diverse diagnoses, conditions, and treatment strategies, enhancing practitioners' awareness and communication skills. By better understanding sexual health as an essential component of ADL, this initiative aspired to support

the confidence and knowledge of OTs, ultimately enhancing patient care and overall well-being (Hwang et al., 2023; Vaona et al., 2018).

Conclusions from the Literature

The lack of education, time contracts, and productivity rehabilitation settings leaves OTs unprepared to address sexuality and sexual concerns, resulting in decreased communication skills and other challenges, as evidenced by recent research (Hwang et al., 2023; McGrath & Sakellariou, 2016). The consequences of this unpreparedness extend beyond individual patient care, impacting disability and chronic disease rehabilitation outcomes. Notably, neglecting women's sexual health compromises the holistic nature of OT, affecting the physical, emotional, psychological, and quality-of-life needs related to sexual activity (Grenier-Genest et al., 2017; Hattjar, 2017; Hwang et al., 2023; McGrath & Sakellariou, 2016).

Furthermore, cultural beliefs, stigma, and attitudes toward sexuality often act as barriers, preventing the field of OT from adequately acknowledging diverse sexualities (Kingsberg et al., 2019; Leite & Lopes, 2022). Recognizing the need to acknowledge sexual activity as an ADL, the literature suggested that online learning can be a valuable tool, offering OTs increased access, flexibility, and knowledge that directly contributes to enhanced patient outcomes and improved skills in providing services related to sexuality (Hwang et al., 2023; Vaona et al., 2018). In summary, the existing literature emphasized the urgency for OT to better address women's sexual health, stressing the often-neglected status of this crucial aspect in the field. Overcoming barriers, providing education, and fostering open communication are deemed crucial steps for enhancing the role of OTs in ensuring holistic care for their female clients.

Section 4: Statement of Purpose

The purpose of this capstone project was to answer the question: "Will the development of an educational toolkit increase OT readiness when addressing women's sexual health and occupational services?" The objectives of this study were to educate OTs about women's sexual health, increase OT confidence and knowledge when dealing with sexuality, and create an easy-to-use online toolkit for OTs. Additionally, the study aimed to improve OTs knowledge and preparedness when dealing with women's sexuality by developing an online educational toolkit that can be used in daily practice. Finally, this study hypothesized that developing an educational toolkit tailored for OTs will enhance their understanding and readiness to address women's sexual health concerns. To test this hypothesis, an education toolkit and educational modules were created and evaluated for effectiveness in improving OT knowledge and confidence levels regarding sexual activity and women's sexual health.

Objectives for Project

The objectives of this project were to improve occupational practitioners' knowledge and confidence when addressing sexuality and women's sexual-related health within the inpatient rehabilitation facility. The project focused on creating and evaluating the effectiveness of an educational toolkit to assist OTs with knowledge gaps and comfort levels, facilitate more conversations on the topics within the practice, and improve patient outcomes by better addressing this ADL.

The first objective was to study and examine the resources needed to implement projects based on sexuality and women's sexual health targeted for OTs. The study was carried out through literature review, surveys, a needs assessment, listening to podcasts on the topic, and attending continuing education courses.

The second objective was to apply those resources and knowledge through educational sessions with occupational practitioners and in the creation of an educational toolkit. The educational sessions were conducted in-person during the workday at the inpatient facility, while the toolkit was made available online and shared through a QR code.

The third and final objective was to analyze data related to the effectiveness and perceived value of the educational sessions and toolkit. Several factors were used to measure effectiveness, including change in OT confidence and comfort, perceived usefulness in addressing specific barriers, and intended use of the toolkit. The analysis of these results will influence future OT practice and research as OTs seek to facilitate conversations on sexual health and activity, as well as to evaluate different approaches to education on these topics

Section 5: Theoretical Framework

The theoretical frameworks used to guide this study and the creation of the educational toolkit were the PLISSIT model, the BETTER model, and the occupational adaptation (OA) model. This capstone experience emphasized how OTs can engage and increase their communication skills and knowledge to provide holistic care for all patients. The project emphasized women's health, an area significantly neglected within the existing literature for OT and treatment.

PLISSIT Model

The PLISSIT model emphasizes engagement in OT communication and knowledge to provide holistic care for all patients and holds a central role in OTs approach to addressing intimacy and sexuality. This model involves developing training programs that delve into clients' sexual values and beliefs, imparting knowledge about the scope of OTs involvement in sexual occupations and raising awareness of interventions to support clients in areas of sexual concern. The PLISSIT model is structured around four levels: Permission (P), Limited Information (LI), Specific Suggestions (SS), and Intensive Therapy (IT). It provides a systematic framework for addressing sexuality and intimacy with clients, offering guidance on obtaining permission to discuss these concerns, providing general information, giving tailored suggestions, and referring clients to specialized therapists as necessary (Krantz et al., 2016; McGrath & Lynch, 2014). However, it is important to note that the PLISSIT model focuses on facilitating the discussion rather than solving the challenges associated with sexuality and intimacy. Once permission is granted, clients are expected to initiate the conversation and share known deficits in occupational performance. Therefore, this model emphasizes a collaborative and client-centered approach that uses clinical reasoning and narrative throughout the therapeutic relationship (Taylor, 2006).

BETTER Model

In certain circumstances, occupational practitioners may find some aspects of the PLISSIT model are not applicable. In these cases, the BETTER model (Bring up, Explain, Tell, Time, Educate, Record) was leveraged as an additional model for this project as it offers suitability based on the practitioner's comfort level and preference in addressing sexual matters. The BETTER model emphasizes the importance of timely discussions surrounding sexual issues and recognizes the significance of sexual well-being as a crucial component of overall quality of life (Mick et al., 2003). Therapists are encouraged to engage in conversations regarding sexuality proactively, elucidate relevant concepts, carefully consider the timing of addressing these discussions, offer educational resources that might affect their sexual functions, and diligently maintain comprehensive documentation (Hattjar, 2012).

Occupational Adaptation (OA) Model

The occupational adaptation (OA) model promotes a holistic treatment of patients with their direct involvement in planning to incorporate their personal desires and goals within the OT program (George-Paschal, 2016). The aim is to provide direction and active participation among individuals in OT programs, specifically in relation to the exploration of sexuality and the obstacles encountered in pursuing personal development and acquiring essential skills. OT can customize interventions that promote personal development and simultaneously address issues about sexuality. To embrace the OA model, OTs need to acknowledge sexual health and activity is not only an ADL but, for many patients, part of a holistic treatment of occupational and adaptational goals. Discussion and treatment of issues related to sexual activity cannot be held back by OT comfort or desires when treating patients under the OA model.

The project goal and targeted population of occupational practitioners, assessment, and how to bring up sexual health or sexuality and increase professional communication are all connected to these theoretical frameworks. These models can help OTs address sexual concerns and values, creating a supportive environment for clients to grow and improve.

The educational toolkit provides examples of conversation starters, how to facilitate conversations, and practical recommendations using the direction provided by the PLISSIT and BETTER models. These models were directed toward women's health to uncover any underlying physical, emotional, or sexual-related concerns, such as problems with desire, arousal, or pain. Specifically, the PLISSIT model influenced guidance on how both practitioners and female patients can better discuss topics of sexual health. With that in mind, there remains a social stigma around women and sexuality in Western culture. As a result, women often avoid or are embarrassed to discuss their sexual health with providers (Kingsberg, 2019). Utilizing these models to guide discussions and treatment can help normalize the topic of sexuality within OT and provide benefits in improving patient outcomes through more holistic treatment of occupations most important to the patient.

Section 6: Methodology

This section discusses the proposed study design to address the research question, "Will the development of an educational toolkit enhance the readiness of OTs when addressing women's sexual health within the scope of occupational services?" The initial sections explain the methods employed for data collection, participant sampling, selection criteria, and procedures implemented to ensure the reliability of the study for future researchers. The following sections detail the effectiveness and suitability of the educational toolkit. Finally, this section covers the procedures for data management, and the analysis concludes with a reflection on the limitations and assumptions, offering insight for future studies by the researcher.

Agency Description

The capstone project took place at an inpatient hospital in Las Vegas, which specializes in rehabilitating individuals with various conditions such as stroke, brain injury, spinal cord injury, orthopedic injury, neurological conditions, amputation, and other disabling conditions. The facility's diverse environment provided a unique opportunity to examine how OTs approached discussion topics related to sexuality within the rehabilitation setting.

Target Population and Recruitment

The target population for this study was OTs working in an inpatient setting. The online toolkit was also made available to occupational therapy assistants, other staff members, and clients if the OT decided to provide information. OTs were invited to participate in the modules through in-service meetings, emails, and handouts. Part of the project was to highlight the importance of OT services for addressing women's health and topics of sexuality and implementing communication strategies. The recruitment strategy involved conducting in-service training sessions focusing on the toolkit's content at convenient times to encourage

attendance. Flyers, personalized invitations, and promotional materials which were distributed to highlight the module's benefits and importance. Participants who volunteered with verbal consent were assured that pre-and post-surveys would be anonymous, ensuring their privacy. Despite aiming to involve 20 OTs, including per diem participants, the study only obtained 12 participants.

Study Design

Quality Improvement Approach

To ensure the efficacy of the proposed educational toolkit, a quality improvement initiative was chosen, which adopted a pre-test and post-test study design (See Appendix A). This design was appropriate as it facilitated ongoing assessment and refinement, ensuring the study's validity and relevance. Incorporating both mixed open-ended questions and multiple-choice formats ensured a variety in data collection. The quality improvement project employed pre-and post-tests to evaluate surveys and gauge participants' confidence levels in acquired knowledge from modules and education. Critically, this assessment process-maintained anonymity and relied on voluntary participation from OT, fostering candid and unbiased responses.

Project Design

Aligned with the objectives to evaluate the impact of the educational toolkit on OTs preparedness to address sexuality and women's sexual health, the project embraced a quality improvement framework. This holistic approach entailed the development of an accessible online educational toolkit for OTs, emphasizing their pivotal role in addressing sexuality within inpatient rehabilitation. The modules drew insights from feedback surveys provided by teaching OTs, aiming to enhance sexual health awareness, equip OTs with diverse skills, and highlight the

significance of sexuality in routine therapeutic interventions. Furthermore, the educational modules were intentionally designed to encompass various aspects of sexuality, including individual features, comfort levels, education, and communication. This strategy ensured an iterative process of continuous improvement, contributing to the ongoing advancement of knowledge and practices in OT (see Appendix B).

Procedures and Methods

The completed capstone project was a fourteen-week experience that began in January and ended in April. The experience started with observations and a needs assessment, which then led to the development and implementation of an educational toolkit. The learning objectives for the capstone experience were divided into four goals. The first goal was to acquire knowledge, educational skills, and competency within the rehabilitation center setting. This involved conducting a comprehensive needs assessment involving OT practitioners and the patient population. It also included designing a toolkit over an eight-week period with input from mentors and through compiling educational resources to enhance its content.

The second goal was to apply knowledge through educational sessions with OT practitioners. This included preparing and educating OTs on sexual health and communication skills, providing informative handouts, and in-service teaching of educational modules. It also involved developing pre-and post-surveys for measurable feedback and knowledge gained to help with the reliability of results.

The third goal was to complete an educational toolkit and incorporate feedback. This included utilizing pre- and post-survey measurements to determine the quality improvement feedback questionnaire, discussing improvements with mentors, and modifying the toolkit based on received feedback.

The fourth goal was to analyze the data, modify the content, and demonstrate the efficacy of educational toolkits. This included data analysis, finalizing toolkit accessibility, and presenting findings effectively.

Data Management and Analysis

To evaluate the education toolkit's efficacy, all data was collected via anonymous surveys administered before and after the project for participant feedback. Unique identifiers were requested to enter their four-digit birth month and day code to match participants to pre- and post-surveys. Additionally, the questionnaire surveys were offered through paper forms and a linkable QR code connecting Qualtrics, which ensured the privacy of IP addresses and location services were not traced to participating responses. Pre- and post-surveys included open-ended questions, multiple-choice items, and Likert scale questions, allowing practitioners to provide suggestions while maintaining a qualitative aspect. The surveys were reviewed with faculty and capstone mentors, ensuring the validity of the questionnaires.

Qualtrics was utilized through the University of Nevada, Las Vegas website for data collection analysis. To measure the effectiveness of qualitative and quantitative questions from pre- and post-surveys of the toolkit's effectiveness**,** data was collected b**y** determining the central averages and frequency of distribution by Qualtrics. Additionally, data was securely stored in Microsoft Excel, ensuring the audience's trust in the process and the accuracy of the results. Furthermore, the educational toolkit was developed using the efficient and user-friendly Canva website to help create a high-quality toolkit and increase accessibility.

Section 7: Ethical and Legal Considerations

Considering the stigmas and issues of comfort related to discussing sexual health and activity, concerns about anonymity guided much of the interactions with both OTs and patients. As Sexual Activity is an ADL and expected of OTs to address, anonymity was necessary to collect honest feedback from the survey population and during the needs assessment to not reflect on the participants. Many patients interviewed declined to participate for cultural or religious reasons, and their desire for privacy was taken seriously. To enforce these privacy protections, respondents were not required to enter any identifiable information and were asked to provide their responses independently over the internet into Qualtrics without the researcher present. To minimize legal and privacy concerns, no personal identifiable information or protected health information was gathered. Verbal consent was gained for all participants interviewed.

Section 8: Results

Demographics

This section reports the project results to determine the toolkit's effectiveness in assisting OTs in addressing women's sexual health. It begins with the demographics and results of a pre-survey, which was introduced at the beginning of the capstone experience prior to the introduction of the toolkit. The pre-survey sought to measure the sample's confidence in their knowledge of issues related to women's sexual health and activity, as well as their comfort in discussing topics of sexuality with patients. These results also served as a baseline to measure any improvement following the toolkit's introduction. Finally, the pre-survey asked the sample to report on how often patients were initiating conservations on the topic of sexual health and activity. The next section of the results focuses on the post-survey that sought to measure improvements in confidence, self-assessment of their knowledge, and feedback on the toolkit.

From the inpatient Hospital in Las Vegas, Nevada, there were ten OTs, one occupational assistant, and one occupational student, for a total of 12 participants representing the sample size for both the pre-survey and post-survey samples. Table 1 indicates the participants' current roles and participation.

Table 1

Demographic Characteristics of Sample (N = 12).

Current Role	Pre-Survey	Post-Survey
OT	10 (83.33%)	10 (83.33%)
OTA	1 (8.33%)	1 (8.33%)
OTS	1 (8.33%)	1 (8.33%)
Total	12	12

Note. Occupational therapists (OT), occupational therapy assistants (OTA), and occupational therapy students (OTS).

OT and Patient Communication

From the pre-survey response, 50% of respondents reported that they did not feel uncomfortable when discussing the topics of sexual health or sexuality. Similarly, 60% of respondents reported they did not have any difficulties initiating conversations or communication about sexual health or sexuality with patients. In response to the open-ended question on how they currently approach conversations on sensitive topics such as sexual activity, shown in Table 2, the two most common responses reflected that either they rarely discussed the topic (41.67%) or did so only when initiated by the patient (41.67%). Table 3 assesses how often patients-initiated conversations on sexual health and activity using a 6-point Likert scale, resulting in a mean response of 2.14 (SD .71, Median 2, Mode 2).

Table 2

Responses to the Question, "How do you currently approach discussing sensitive topics, such as sexual health, with your patients?"

Answer	Frequency	Percent
Only discusses if a patient brings it up	5	41.67%
Rarely discusses with patients	5	41.67%
Other	2	16.67%
Total	12	100%

Note. Open-ended responses were grouped by hand based on the researcher's interpretation.

Impacts of Educational Toolkit

Two questions were asked during the pre-and post-survey groups to measure quantitative improvement following the introduction of the toolkit. The first question measured confidence and level of knowledge in treating sexual activity and intimacy, and the second asked participants to rate their current knowledge about women's sexual health.

Using a 5-point Likert scale, the results showed an increase in the mean response value for each question. For the question on confidence and level of sexual health knowledge related to treating sexual activity and intimacy, the pre-survey measured a mean value of 2.42 (SD = .76) while the post-survey measured a mean value of 2.67 (SD = .94). When participants rated their current knowledge about women's sexual health, there was an increase from the pre-survey (M = 3.17, SD = .9) to the post-survey (M = 3.33, SD = 1.11). These results are shown in Table 3.

Table 3

Responses to Questions Asked Before and After Accessing the Toolkit

Question	Before Mean(SD)	Median	N	After Mean(SD)	Median	N
How would you describe your confidence and level of sexual knowledge when it comes to treating (different conditions/diagnoses) sexual activity and intimacy?[a]	2.42 (.76)	2	12	2.67 (.94)	2.5	12
What is your current knowledge about women's sexual health (e.g., sexual function, reproductive health, body image, intimacy, and psychological factors)?[a]	3.17(0.90)	3	12	3.33 (1.11)	3.5	12
How often do patients in inpatient or rehabilitation settings initiate discussions about sexuality?[bc]	2.17(0.71)	2	12			12

Note. Before and After samples are unpaired due to nonresponses on identifying value.

[a]Items were coded using a 5-point Likert scale

[b]Items were coded using a 6-point Likert scale

[c]Question was asked in the pre-survey only

Additionally, the pre-and post-surveys both asked questions regarding difficulties and barriers related to patients' concerns about sexuality-related problems. The pre-survey measured the difficulties or barriers the sample had encountered, while the post-survey asked which areas could be addressed by the toolkit. In the pre-survey, "Limited Knowledge or Lack of Resources" was the most common response (28.57%), with "Challenges in effectively communicating and approaching the subject" (23.81%) and "Stigma, sensitivity, diversity, or gender aspects" (23.81%) tied for second most common. In the post-survey group, the toolkit was rated as best helping with "Challenges in effectively communicating and approaching the subject" (30.77%)

and "Limited Knowledge or Lack of Resources" (30.77%). "Stigma, sensitivity, diversity, or gender aspects" was the least common response at 15.38%.

Toolkit Feedback

The post-survey group was asked four questions, using a 5-point Likert scale that measured their feedback on the effectiveness of the toolkit in addressing sexual health and usefulness in their roles. Among the four questions, the highest mean score was to whether having the toolkit available online increased the likelihood of its use (M = 4.42, SD = 0.49). The second highest was when asked if the toolkit helps with initiating conversations or overcoming communication barriers when addressing sexual health or sexuality (M = 4.27, SD = .90). These results are shown in Table 4.

Table 4

Sample Feedback on Toolkit

Question	Mean	SD	Median	N
Do you feel more comfortable discussing the topics of sexual health or sexuality with patients after reading the toolkit?[a]	4.09	0.54	4	12
Does this toolkit help with initiating conversations or overcoming communication barriers about addressing sexual health or sexuality?[a]	4.27	0.90	5	12
Please rate the effectiveness of the approaches or strategies presented in the toolkit[a]	4.09	0.70	4	11
Does having the toolkit available online make it more or less likely for you to use it?[a]	4.42	0.49	4	12

In looking further to measure the effectiveness of the toolkit through the survey, respondents were asked to select in which scenarios they would be most likely to use the toolkit through a multiple-choice question. The most popular answers were "To Initiate Conversations with a Patient" (50%) and "When Planning Treatment for a Patient" (25%). The least common answer was "To Refresh on Personal Knowledge" (8.33%). None of the respondents provided alternative uses through the "Other" response.

Section 9: Discussion

This project set out to test if the development of an educational toolkit will enhance the readiness of OTs when it comes to addressing women's sexual health. To answer this question, the project measured OTs current confidence and comfort levels while discussing sexual activity and issues related to women's sexual health. It also evaluated how often OTs were discussing these topics with patients and sought to measure any improvements in confidence and knowledge related to the topics. Finally, the study gathered feedback on the usefulness of the toolkit as a novel method of delivering the content and how it could be leveraged within the OT practice.

The sample groups were surveyed at the beginning of the capstone experience and following the toolkit's introduction. Each group consisted of 12 individuals from the same inpatient healthcare facility and was primarily composed of OTs. Both samples also received one response from an OTA and an occupational student. The toolkit was intended for OTs. However, OTAs may also be involved in discussions around sexual health and activity and may have different gaps in comfort and knowledge. Further research could focus on issues beyond the OT role; however, for the research question, having a sample of primarily OTs provided the most insight into their needs and potential gaps.

The first phase of the project looked at collecting information on how OTs within the inpatient facility rated their comfort and knowledge on the relevant topics, as well as insights into how frequently these topics were discussed with patients. Within the sample tested at the beginning of the capstone experience, 50% of respondents reported they do not feel uncomfortable or experience difficulties in initiating conversations around sexual health and sexuality, yet patients rarely initiate these conversations. This reported gap highlights how tools

that can facilitate these discussions may be more impactful than strategies strictly focused on OT comfort and knowledge on the topic**.**

The same survey also showed that limited knowledge or lack of resources on the subject was their most substantial barrier in addressing patients' concerns about sexuality-related problems. These results also suggest that the most effective way to initiate more conversations on sexual health and activity is to focus on providing additional knowledge and resources rather than just assessing comfort levels.

Furthermore, the pre-survey assessment revealed that 14.29% of respondents cited time constraints (e.g., productivity, priority of other ADLs) as a barrier to addressing patients' sexual concerns and sexual-related issues. These findings are consistent with those of Montejo (2022) and McGrath and Sakellariou (2016), who noted that sexual activity is often overlooked in short-term rehabilitation settings and given lower priority due to new illnesses and focus on other ADLs. When asked about their approach to discussing sexual activity with patients, 41.67% of OTs surveyed indicated that they rarely introduce the subject. In comparison, another 41.67% stated that they only address it when the patient initiates the conversation.

These results suggest that OTs frequently rely on patients to initiate conversations regarding sexual health and activity, and consequently, the topic is often neglected in the inpatient setting. Regardless of how OTs self-assess their knowledge and comfort levels on the topics, there is a need for additional tools and resources to facilitate conversations better.

One goal of this study was to measure pre- and post-survey results to assess the effectiveness of the toolkit and educational modules in creating improvements in OT confidence in discussing sexuality and knowledge regarding issues related to women's sexual health. From the results, the post-survey measured a mean score increase of .25 compared to the pre-survey

group when asked about confidence and level of knowledge in treating different conditions related to sexual activity and intimacy, and an increase in the mean score of .16 when asked about current knowledge related to women's sexual health. However, due to the low sample size and inability to pair the samples due to survey nonresponse on linking variables, the generalizability of these results is limited, and further study would be required to further demonstrate the improvement with a higher degree of confidence. With that in mind, these results do match with what was found in Pieters (2016), where creating a training program around care related to sexual health problems and their discussion resulted in measured increases in comfort levels, knowledge, and frequency of approach.

The response from OTs regarding the toolkit's effectiveness was not just positive but overwhelmingly positive. The mean response fell between "very helpful" and "extremely helpful," indicating acceptance of the toolkit's value. Furthermore, 50% of respondents expressed their intention to use the toolkit to initiate conversations with a patient. While the toolkit might help strengthen OTs' skills and knowledge, the primary benefit may be further sharing the toolkit with patients to help bridge the communication gap between patients and OTs.

According to the survey results, planning patient treatments is the second most common application of the toolkit among OTs, as reported by 25% of respondents. This observation holds significance as 50% of the individuals surveyed expressed "somewhat inadequate" or "neither adequate nor inadequate" in their confidence in addressing sexual health and activity-related concerns. The content within the toolkit, which directly addresses treatment plans for specific issues, can serve as a valuable resource for OTs and help bridge this knowledge gap.

Within the sample that was introduced to the toolkit, their self-assessment for confidence in treating specific issues in sexual health and activity scored lowest with a mean response

between "somewhat inadequate" and "neither adequate nor inadequate." This highlights the importance of the diagnosis-specific topics within the toolkit, as well as additional training on specific issues instead of solely focusing on comfort in discussing the broader topic.

As part of this study, the toolkit was made available online and shared with OTs and staff with a QR code. The intention was to test whether the form of delivery and e-learning would benefit or hinder the overall outcomes. After the post-survey, participants recorded a mean score of 4.42 out of 5, indicating a high likelihood of using the toolkit online. These results support the conclusions of Hwang et al. (2023) that online and non-face-to-face methods of content delivery benefit accessibility, flexibility, and knowledge, resulting in better outcomes. However, future research could better examine these results by comparing online access against a control group that receives physical access only.

One of the major findings from Leite & Lopes (2022) was on the impact of stigma, cultural beliefs, and attitudes regarding sexuality, which prevented OTs from acknowledging differences and issues in sexuality. Similarly, this research saw 23.81% of respondents marking stigma, sensitivity, diversity, or gender aspects as a common difficulty or barrier when addressing patients' concerns about sexuality-related problems. However, only 15.38% of the post-survey group identified the toolkit was helpful in addressing these topics as their primary selection. For the toolkit and educational modules to be most effective in facilitating OT-patient discussion around sexual health and sexual activity, further research is needed to study how existing stigmas can be better navigated. Finally, the post-survey group identified that the toolkit was helpful when addressing challenges in effectively communicating and approaching the subject, suggesting a potential outcome of increasing conversations without directly addressing the stigmas that exist.

Feedback on the toolkit maps closely to the theoretical frameworks discussed as well, specifically the PLISSIT model and the BETTER model. The PLISSIT model has a central focus on approaches to initiate and facilitate conversations, which, based on these results, is the biggest barrier to addressing issues of sexual health and activity in the inpatient setting. In consideration of the BETTER model, the toolkit created in this study serves as a valuable educational resource that OTs may choose to provide directly to patients or leverage for their own continuing education.

The original focus of this capstone project was to highlight issues and gaps in research specific to women's sexual health and activity. Throughout the capstone experience, it became evident that addressing all genders and sexuality as an ADL was more relevant for the target population of OT. Furthermore, considering the literature review discussed, the significant lack of research specific to women as it relates to sexual health and activity did not justify treating it as a separate issue from treatment of all genders. Further research is needed on issues impacting women, specifically within the scope of practice of OT.

The project mapped to AOTF and AOTA research agendas, specifically in "Novel Practice Areas and Approaches to Service Delivery" (AOTF, 2022). The results showed that the toolkit was moderately successful in enhancing the sample's confidence and knowledge regarding the topics of sexual activity and issues related to women's sexual health. The project also highlighted that these topics are rarely addressed within the inpatient facility and frequently only as initiated by the patients. This underscores the need for novel approaches, such as the toolkit, to help facilitate increased discussion around this ADL. Responses from the post-survey indicate that OTs feel the decision to make the toolkit accessible online will improve the

likelihood of its usage, suggesting a benefit to modern content delivery that is also accessible outside of a typical healthcare setting.

Section 10: Limitations

The primary limitations of this project were the sample size, inability to pair pre- and post-survey results, and lack of quantitative assessment of OT skills. The number of OTs employed by the facility directly influenced the total addressable population and sample size. This capstone project did not use a pilot study or randomization of sampling. Convenience sampling bias may have occurred as it was based on location and accessibility. This can make replicating and generalizing results difficult and does not represent the total population.

Future research could measure assessments and feedback across larger populations and facilities to control for variables outside this study's scope. The sample bias introduced by the incentivization of the target population potentially interfered with generating a lack of randomization of the sample. Because this project was focused on a narrow population, participants were incentivized to complete the survey in exchange for a gift card as a financial reward to maximize participation. This could have skewed the results and is an area that future research should aim to address.

This project set out to measure quality improvement between a pre-and post-survey sample and measuring improvement through the course of the project required pairing of the pre- and post-survey samples to measure improvements in comfort and knowledge levels. The surveys requested unique responses to generate a linking variable to produce the paired samples, but because the response to these questions was not mandatory for submission, nonresponses resulted in the inability to pair the pre- and post-survey results. Future research needs to require responses on the linking variables to ensure statistical validity of the pre-and post-survey analysis.

Finally, the project sought to measure improvements in OT knowledge regarding topics of sexual activity and issues specifically related to women's sexual health but only measured these topics through OT self-assessment of ability. To obtain more objective results, future research may benefit from practical assessments that grade responses on accuracy and competency as opposed to asking OTs to measure their own knowledge levels. Considering that sexual health and activity is an ADL, OTs may be biased and unwilling to rate an expected competency as below satisfactory.

Section 11: Conclusion

This project and educational toolkit were created to address the gap in OT literature and help increase OTs engagement and preparedness in dealing with sexual health and sexuality. The primary objective of this study was to address the challenges OTs face in addressing sexuality as an ADL in their everyday practice. The project acknowledges that sexual health is an integral part of sexuality, which is often overlooked in OT practice. The goal was to promote effective communication and professional approaches in dealing with sexual health issues while also considering the diverse impact of different diagnoses within inpatient hospital settings. The primary outcome was to design an accessible educational toolkit and resources tailored explicitly for OTs to help them address sexual health issues and confidently promote client-centered interventions. Ultimately, this project sought to increase recognition of sexuality as a primary priority within everyday OT practice as an ADL.

The sexual health and activity toolkit produced from this study was rated highly by OTs in its usefulness and regarding the knowledge it provided. Furthermore, there was a slight improvement in reported knowledge and comfort levels through the pre-and post-survey analysis. Considering the small sample size and other limitations discussed, future research should take a more thorough analysis to determine how significant of an impact the toolkit can provide in enabling OTs and how it compares against other potential approaches.

From the results of the study, it is clear there is an immediate need to provide OTs with tools to facilitate conversations around sexual health and activity within the inpatient facility. Regardless of how OTs rate their current knowledge and comfort levels around this ADL, the majority report that they are relying on patients to initiate conversations on the subject, and consequently, it is rarely being addressed. Based on OT feedback, the toolkit can serve as one

approach to facilitate these conversations, and future research should test a wide variety of approaches with this end goal in mind.

Implications for Education, Research, and Practice

While the capstone project focused on women's sexual health and activity as an ADL, several contributing factors may fall beyond the scope of OTs and require further education on gender-specific care. Although women's sexual health concerns might be directly applied in the scope of practice, there is a pressing need for more research that includes all aspects of physiological and emotional health, especially among those with disabilities and chronic conditions, and even more so across a lifespan. This is necessary to ensure that quality care is provided to all individuals.

Collaboration with other healthcare professionals is essential for comprehensive care in women's sexual health. OTs must stay informed about current research and best practices to effectively address their client's needs. This project is highly relevant to OT as it enhances practitioners' occupational knowledge, preparedness, and comfort skills. The study emphasizes the need for more relevant curricula and awareness to ensure clients recognize the role of OTs in enhancing sexual activity. Promoting continuous education in sexual health is essential for OTs to serve their clients effectively. Additionally, collaboration with other healthcare professionals and organizations specializing in sexual health can further support OTs providing for their clients through education and awareness initiatives, which are also essential for comprehensive healthcare.

Within inpatient facilities, the results of this project suggest the benefit of introducing novel methods of educating OTs and facilitating patient conversations as a resource to provide more holistic treatment. The toolkit and its method of delivery are just one potential approach to

this goal. OT practices should assess what approaches work best for their needs and how their target population prefers to engage with that content. Educational institutions should similarly assess how this approach can produce better results when preparing OT students to facilitate conversations regarding this ADL in their future practice.

Appendix A

Pre-Test Survey Questions

1. How do you currently approach discussing sensitive topics, such as sexual health, with your patients?

2. Do you feel uncomfortable when discussing the topics of sexual health or sexuality with patients? If so, can you please explain?

3. Do you have any difficulties initiating conversations or communication about sexual health or sex?

4. Are there specific areas related to sexual health where you feel additional training would be beneficial?

5. What communication barriers do you anticipate when addressing sexual health issues, and how do you plan to overcome them?

6. When addressing patients' concerns about sexuality-related problems, have you encountered any of the following difficulties or barriers?

7. What skills, knowledge, or resources do occupational therapists need to address

8. How would you describe your confidence and level of sexual knowledge when it comes to treating (different conditions/diagnoses) sexual activity and intimacy?

9. What is your current knowledge about women's sexual health (e.g., sexual function, reproductive health, body image, intimacy, and psychological factors)?

10. How often do patients in inpatient or rehabilitation settings initiate discussions about sexuality?

Post-Test Survey Questions

1. Do you feel more comfortable discussing the topics of sexual health or sexuality with patients after reading the toolkit?

2. Does this toolkit help with initiating conversations or overcoming communication barriers about addressing sexual health or sexuality?

3. What potential difficulties or barriers in addressing patients' concerns about sexuality-related problems do you feel the toolkit could help with?

4. How would you describe your confidence and level of sexual knowledge when it comes to treating (different conditions/diagnoses) sexual activity and intimacy?

5. What is your current knowledge about women's sexual health (e.g., sexual function, reproductive health, body image, intimacy, and psychological factors)?

6. Please rate the effectiveness of the approaches or strategies presented in the toolkit:

7. In which scenarios would you be likely to use this toolkit?

8. Does having the toolkit available online make it more or less likely for you to use it?

9. Are there specific areas related to sexual health where you still feel additional training is needed after reading the toolkit?

10. Do you have any questions, concerns, or other comments?

Appendix B

Completion of Toolkit

An Educational Toolkit for Occupational Therapists

Sexual Health & Sexuality

As part of the requirements for the Doctorate Program in Occupational Therapy at the University of Nevada, Las Vegas.

Written by: Brittan Wright OTD/S

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Acknowledgment

Welcome to this educational toolkit, which equips occupational therapists (OTs) to address sexual health and sexuality in hospital settings. The main goals are to raise awareness and prepare OTs with the knowledge and communication skills to treat sexuality as a daily activity.

Presently, OT practices face challenges from a lack of adequate education, resources, and standardized approaches to addressing sexuality. This deficit contributes to decreased understanding, knowledge gaps, and discomfort in open communication among OTs, leaving them unprepared to handle these essential topics (Hwang et al., 2023).

While acknowledgment of all genders' sexual health is critical, my original goal was to make a toolkit that OTs could use in addressing women's sexual health and well-being specifically. In my research, I discovered a significant gap in the existing literature as it relates to the sexual health and well-being of women. Despite OT's role in supporting women's health and holistic well-being, the integration of sexuality into OT practice is frequently neglected, especially as it relates to women-specific concerns. More research is needed to fill this gap.

The first section describes OT roles, emphasizes open communication, describes theoretical models to improve intervention methods, and lays the groundwork for a deeper understanding. The main section discusses how OTs can address sexual health and intimacy across medical conditions and treatments. In the final section, they will find resources for chronic illness, sexual health, and sexual dysfunction.

In conclusion, the outlined toolkit seeks to fill the gap in OT education and resources to make practitioners more informed and prepared. The expected benefits include OT professional growth and improved patient outcomes through holistic therapy. I hope this toolkit offers resources to help clients engage in their sexual activity journey. I appreciate you reviewing this toolkit and hope it inspires you to discuss sexual activity with your clients today!

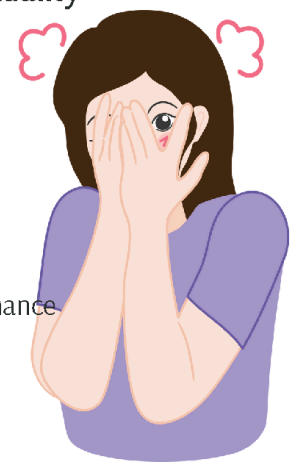
Sexual Activity is often the Most Neglected ADL...

Why do we avoid discussing the topic of sexuality?

Common obstacles and barriers

- It can be a sensitive and uncomfortable subject.
- How to initiate conversations and communicate effectively.
- Addressing stigma, cultural beliefs, gender, and sexual identity.
- Challenges with limited resources: literature, knowledge, training, and standardized tools.
- Time constraints to consider and reimbursement issues.
- Low priority among activities of daily living.

The consequences of ignoring clients' needs and sexuality



- Reduced quality of life
- Lowered life satisfaction and support
- Increased levels of depression and anxiety
- Lower self-esteem and negative body image
- Restricted access to resources and healthcare education
- Reduced engagement in sexual activity
- Decreased satisfaction in gender-related roles and performance
- Lowered self-efficacy in pursuit of new relationships
- Increased risk for sexually transmitted infections
- Poorer outcomes in rehabilitation

(Ellis & Ungco, 2023; Hwang et al., 2023; Mohammed, 2017)

5

Polishing Your Vocab Gems...

From the OTPF

Sexual activity (ADL):

- OTPF: Engaging in the broad possibilities for sexual expression and experiences with self or others (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse)
- Engaging in sexual activities is viewed not only for satisfaction but also for reproductive needs (AOTA, 2023).
- Sexual activity is now recognized in health management, highlighting the importance of an intimate partner within the social participation category (OTPF-4).

What is SEXUALITY?

Sexuality:

- It encompasses gender, sexual orientation, intimacy, eroticism, and the physical act of sex (WHO, 2006).
- It's also a state of mind, reflecting self-perception, connections with others, and expression (AOTA, 2013).

Intimacy:

- Consider occupation and intimate relationships, a person's ability to initiate and maintain close relationships, including giving and receiving affection and interaction.
- Under social participation (OTPF-4)
- Successfully interacts in the role as an intimate partner

Sexuality & intimacy:

- They're part of ADL (sexual activity) and are directly linked to quality of life and overall well-being (Anderson et al., 2007).

6

Expand Your Vocabulary Further

Sexual health:

- It is a state of physical, emotional, mental, and social well-being about sexuality; it goes beyond the mere absence of disease, dysfunction, or intimacy issues (WHO, 2006).
- It refers to a person's ability to develop, manage, and maintain routines (Ellis & Ungco, 2023).

Sexual function:

- It Is "being able to engage in sexual activity and experience sexual pleasure and satisfaction when desired." (American Sexual Health Association, n.d.)

Sexual identity:

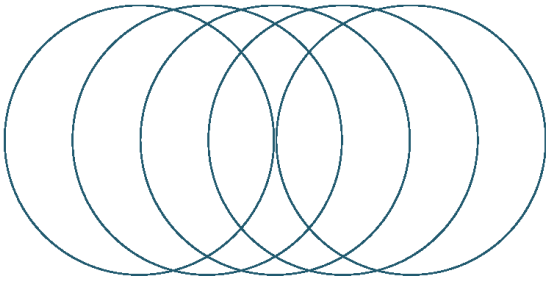
- This refers to an individual's exploration and understanding of self as a sexual being. This can encompass a range of dimensions, including sexual orientation (heterosexual, homosexual, bisexual, or pansexual).

Sexual expression:

- This refers to communicating and acting on sexual desires and needs.

What is OTs Role in Sexual Health?

- Education on sexual knowledge
- Adaptation & modification
- Effective communication skills
- Therapeutic use of self
- Implementation of holistic approaches



8

When is the RIGHT time to start Integrating sexual Activity into Practice?

At Evaluation!

Implementing sexuality into practice should start from the initial evaluation stage to ensure a comprehensive understanding of clients' needs and goals.

By incorporating sexuality into routine evaluations, OTs can better tailor interventions to address this important aspect of overall well-being.

Integrating sexual activity as a meaningful occupation into OT practice can enhance client-centered care, empower informed decision-making, and improve quality of life. Creating a supportive environment involves enhancing communication skills and self-awareness.

(MacRae, 2013; Mohammed, 2017))

Conversation Starters for Addressing Sexual Activity as an ADL!

"Do you have any questions related to sexuality and intimacy? And if so, would you like to address them in our intervention plan?"

"After facing a condition, many individuals may be hesitant about resuming normal activities, such as sexual activity. Have you had any concerns or worries in that area?"

"Engaging in sex and intimacy is often a meaningful activity for people. Do you have any questions?"

"Many people with (insert diagnosis or medical intervention) have questions about sex and intimacy. Do you?"

"Just know this is an okay topic to discuss and let me know if you have any questions."

(Institute for Sex, Intimacy & Occupational Therapy, n.d.)
https://www.sexintimacyot.com

10

Ways to Incorporate Sexuality into Your Practice

Theoretical Models

The PLISSIT, BETTER, and Occupational Adaptation (OA) models guide the project's development and implementation, emphasizing OT communication and knowledge to provide comprehensive patient care.

PLISSIT Model

Standard approaches for addressing sexual topics encompass open communication and providing personalized intervention recommendations.

BETTER Model

Highlights the importance of timing and considers sexual functioningas a quality-of-life issue. Encourages open communication to initiate discussions, clarify concepts, provide education, and maintain detailed records.

Occupational Adaptation Model

Provides OTs with guidance in assessing how personal, environmental, and occupational factors interact to address sexuality concerns and adaptation.

PLISSIT Model

4 DIFFERENT LEVELS:

- **PERMISSION (P)**
  - Providing a safe and comfortable environment for the client for them to bring up sexual health concerns. Give them " permission to talk about subject"
  - Example:
    - To start a discussion regarding (ADLs), incorporating sexuality in the evaluation can lead to discovering intervention at an appropriate level

- **LIMITED INFORMATION (LI)**
  - General information about clients' concerns and impact on sexuality and sexual function.
  - Example:
    - Use open-ended questions
    - Provide educational handouts
    - Clarify any misinformation

- **SPECIFIC SUGGESTION (SS)**
  - Provide recommendations that will help with the client's specific issue(s) with sexual functioning.
  - Example:
    - Alternative posting for comfortable sex
    - Offer Intimacy assessments
    - Interventions like energy conservation, positioning, environmental changes, assistive technology, and body image

- **INTENSIVE THERAPY (IT)**
  - Referrals outside of the scope
  - Sexual health specialists, sex therapists, psychosexual counselor
  - Example:
    - OTs use role-playing with adaptive equipment to improve communication and independence with partner

(Annon, 1976; Mohammed, 2017; Taylor & Davis, 2007)

Using the PLISSIT Model in Practice & Conversation Starters

Discussing sexuality in the ADL assessment can help guide interventions. Examples of conversation starters:

- **PERMISSION:**
  - "In occupational therapy, our aim is to improve your safety and independence in daily activities such as bathing, dressing, using the toilet, grooming, and sexual activity."
  - "It's okay to talk about your sexual health here. Is there anything you'd like to discuss or share?"
  - "Individuals with (diagnosis) often go through changes in their sexuality and intimacy. Please feel comfortable sharing any questions or concerns on this topic, and we can address them together."

- **LIMITED INFORMATION:**
  - "What do you already know about how (health condition or medication) can affect your sexual health?"

- **SPECIFIC SUGGESTIONS:**
  - "I want you to know that as part of your rehabilitation, I am here if you have any questions regarding how this may impact your sexuality. If you need more specific information or any handouts on the matter, please feel free to inform me.
  - "Do you have any questions at this moment?"

- **INTENSIVE THERAPY:**
  - "Considering the complexity of your situation, I recommend we involve (specialist) in our discussions to ensure you receive the best possible support."

(Hattjar, 2012; Taylor & Davis, 2007)

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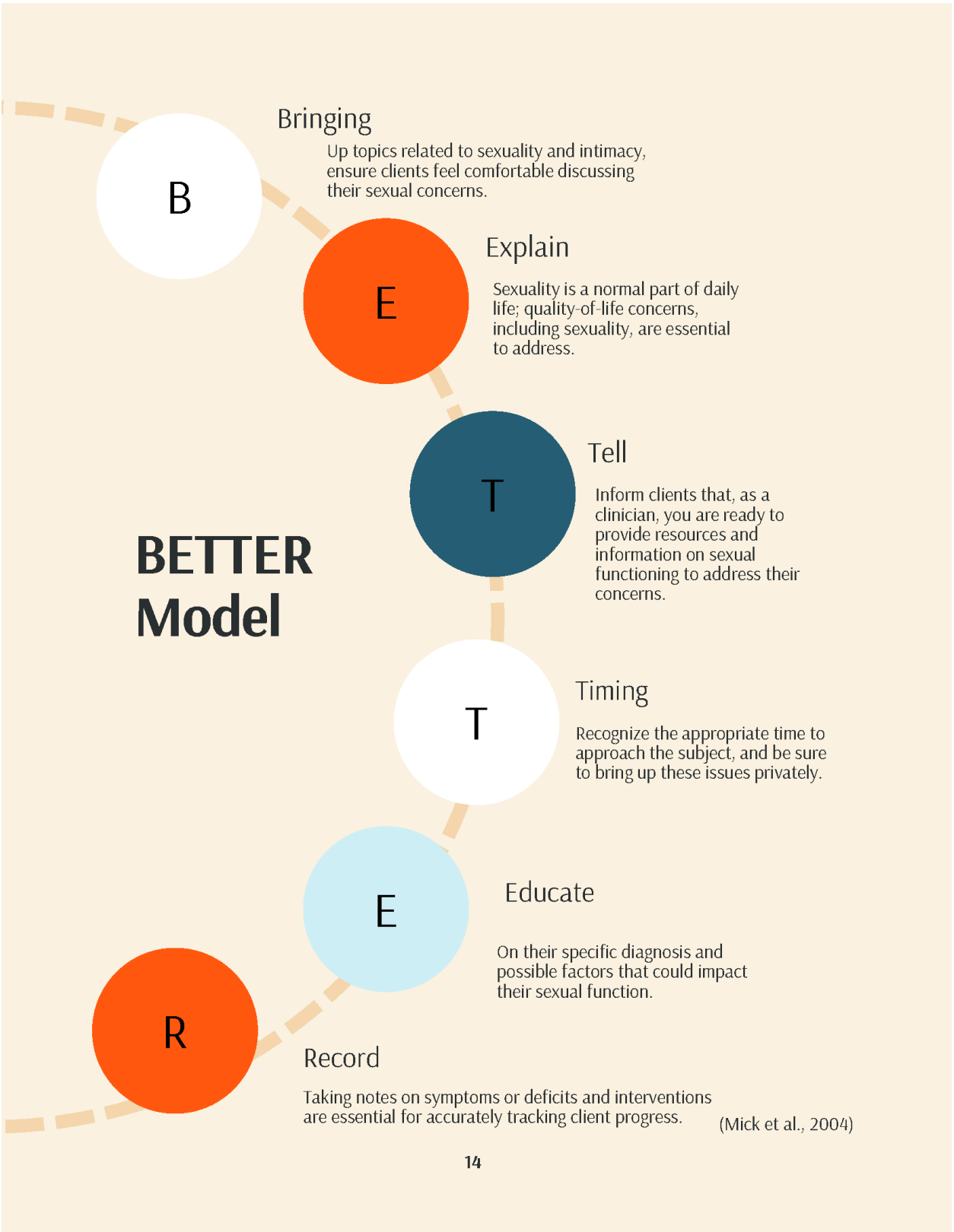
BETTER Model
B
Bringing
Up topics related to sexuality and intimacy, ensure clients feel comfortable discussing their sexual concerns.
E
Explain
Sexuality is a normal part of daily life; quality-of-life concerns, including sexuality, are essential to address.
T
Tell
Inform clients that, as a clinician, you are ready to provide resources and information on sexual functioning to address their concerns.
T
Timing
Recognize the appropriate time to approach the subject, and be sure to bring up these issues privately.
E
Educate
On their specific diagnosis and possible factors that could impact their sexual function.
R
Record
Taking notes on symptoms or deficits and interventions are essential for accurately tracking client progress.
(Mick et al., 2004)
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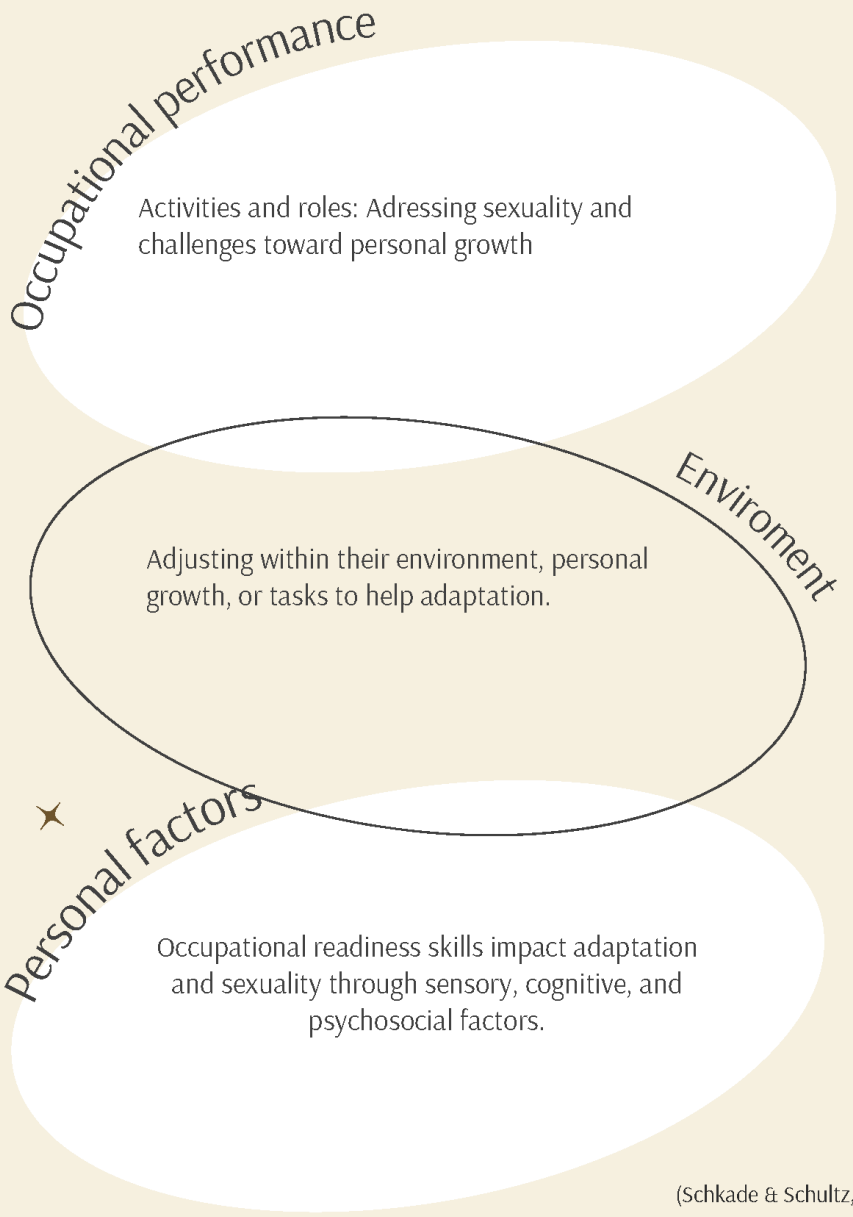
Occupational Adaptation (OA) Model for OTs



(Schkade & Schultz, 1992)

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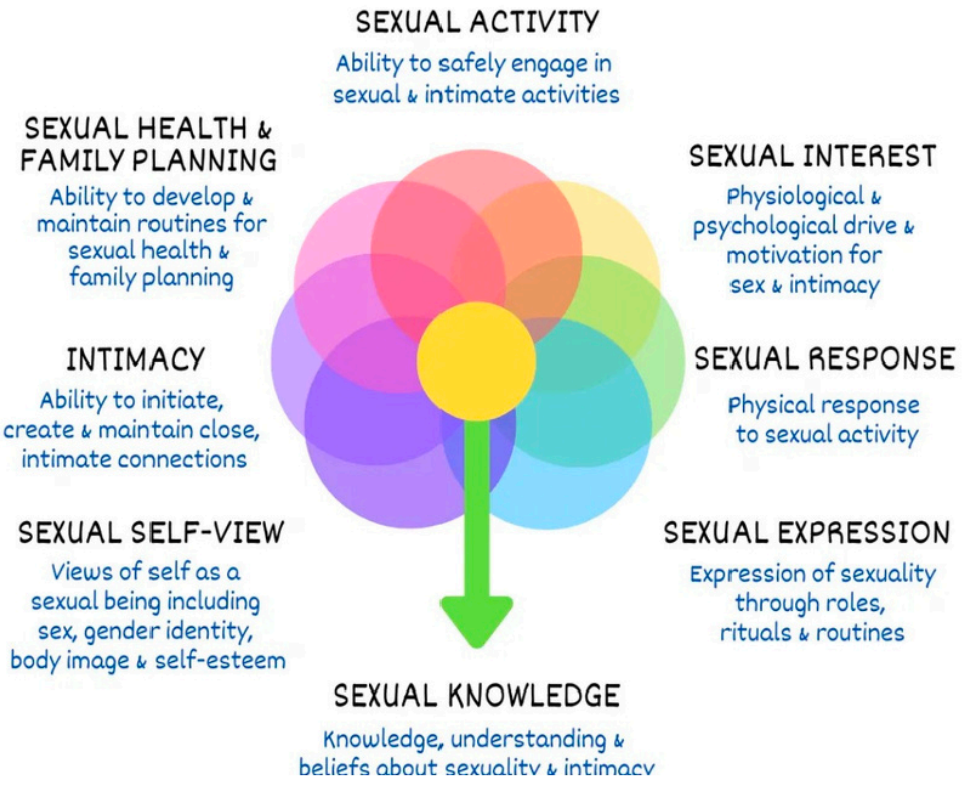
SEXUAL REHABILITATION FRAMEWORK:

OT Sexual Assessment Framework:

Sexuality and intimacy extend beyond mere sexual activity, utilizing the OT Sexual Assessment Framework can also help as a valuable guide.



For more information & resources:

OT Sexual Assessment Framework guide

(Walker & Hutchinson, 2020))

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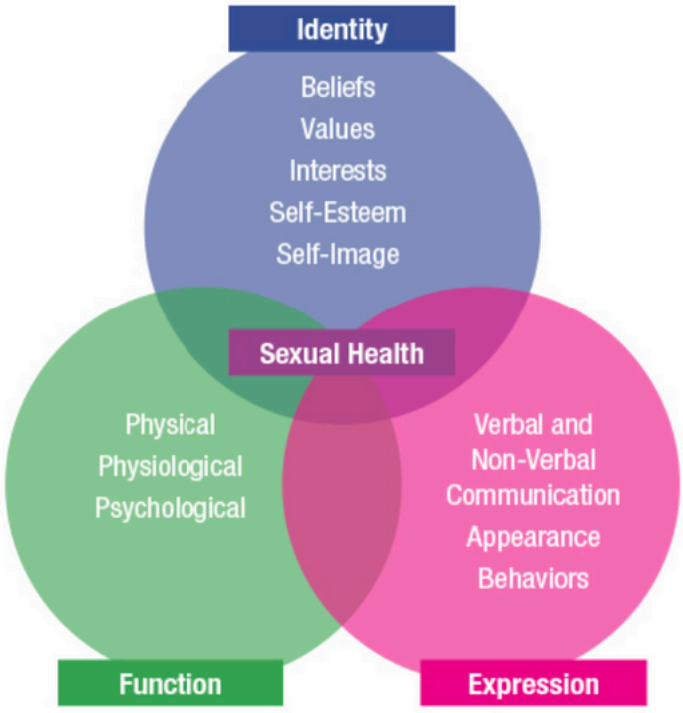
Components of Sexual Health

- The Sexual Rehabilitation Framework (SRF) is utilized for identifying sexual areas that need attention and for categorizing the severity of sexual issues, according to the priorities of the person with the disability or chronic illness. This framework is applicable for any acute or chronic illness/condition/surgery or disability. In its simplest form, the SRF can be utilized as a checklist that covers the different areas of sexuality and notes how one area can affect another area.

- The SRF is contextualized within the 3 principles of sexual rehabilitation:
  - 1. Maximize the remaining capacities of the total body before relying on medications or aids (learning new body maps, breathing, visualization methods, mindfulness exercises)
  - 2. Adapt to residual limitations by utilizing specialized therapies (use of vibrators, mobility devices, training aids, vacuum device aids)
  - 3. Stay open to rehabilitative efforts and new forms of sexual stimulation, with a positive and optimistic outlook

Figure 1. Components of Sexual Health



17 (Walker & Hutchinson, 2020)

Three Standard Interventions Approaches for Addressing Sexuality

Health promotion, remediation, and modification strategies aimed at addressing sexual issues align with the **PLISSIT** intervention model (Mohammed, 2017). The goal is to improve client sexual interactions and satisfaction.

1. Health Promotion:

Creating a supportive environment and resources for safe and healthy sexual practices.

Examples:

- Initiatives for safe sex practices among teenagers.
- Offer programs that encourage safe sex, including condom use, in assisted living facilities.
- Highlighting OTs as sexuality resources.

2. Remediation:

Restoring skills hindering sexual well-being, covering physical, cognitive, emotional, or social aspects.

Examples:

- Increasing strength and range of motion (ROM)
- We are focusing on endurance for improved sexual participation. Suggest
- Help improve communication skills with a partner and reduce anxiety.

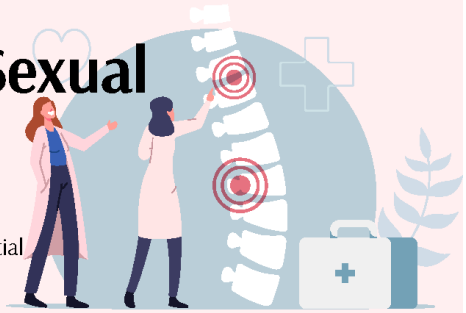
3. Modification:

It is altering the environment or routine to facilitate sexual activity and satisfaction.

Examples:

- Suggest lubrication for vaginal dryness.
- Incorporating positioning devices for safety and independence.
- Using energy conservation techniques for chronic fatigue.
- Providing information on personal pleasure devices.
- Adapting positions for limitations.

Quick guide to SCI-related Sexual Dysfunction



Sexual activity may be difficult for SCI patients. By informing of potential complications, OTs can improve the experience and confidence.

	Challenges	Education & Support
Bowel and Bladder	Loss of bowel and bladder function	Educate that nerves (S2, S3, S4) are responsible for sexual responses and are involved in bladder and bowel emptying. Acknowledge the potential for accidents during sexual activity due to the shared nerve involvement. Emptying catheters and ostomies beforehand, as well as accessible locations like a shower for easy cleanup, can enhance comfort during sexual activity.
Circulation & Autonomic Dysreflexia	Sudden increase in blood pressure and decreased respiratory capacity can impact participation	Educating about body awareness, changing positions, and taking breaks can help them adapt and enjoy sex safely.
Skin Integrity	Risk of pressure wounds increased pressure, shearing, and friction on bony areas	Encourage skin checks after sexual activity involving high friction, including redness, and irritation.
Sensation	Loss of sensation or decreased sensitivity can impact the ability to orgasm and find pleasure in erogenous zones.	Light touch and pinprick sensation within the T11-L2 dermatomes help predict those persons with SCI who are capable of psychogenic arousal. Dermatome levels with intact sensation may become extra receptive to sexual touch and register as highly sexually arousing in the brain.
Motor Control & Mobility	Restrictions affecting safety with positioning and movements, increased risk of fractures due to changes in bone density, and impaired mobility impacting positions, toy use, and engagement.	Providing positioning and techniques. Suggest a wide range of sexual activities that require less effort or cause less friction. Consider satin sheets for smoother movements and reduced friction.
Self-esteem	Impact on feelings of self-worth, attractiveness, sexuality, sensuality, and capability of intimacy.	Encourage positive body image and comfort. Help to develop a healthy life balance by engaging in meaningful activities.

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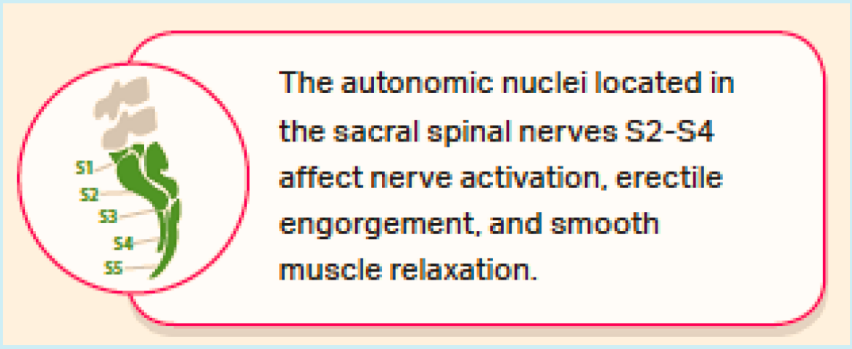
(Ellis & Ungco, 2023)

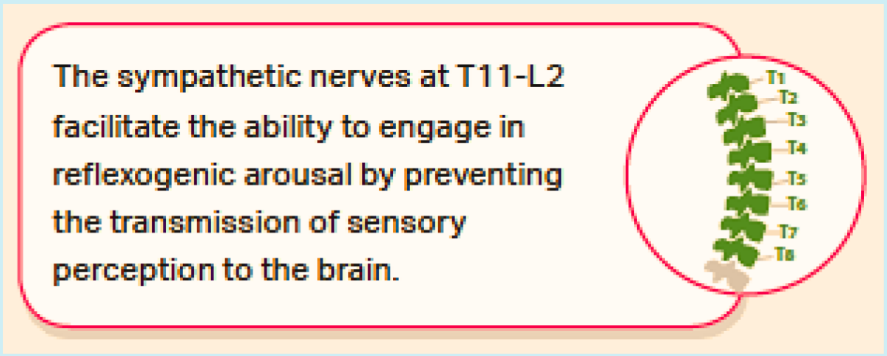
A Brief Overview!

Exploring Dermatome levels can assist SCI patients in pinpointing areas with altered sensations for sexually arousing.

Reflexive arousal: Controlled by touch



Psychogenic arousal: Sensation Loss



(Hattjar, 2012; Krassioukov & Elliott, 2017)

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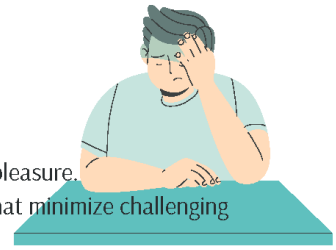
Stroke & Sexual Activity

Sexuality changes for stroke and partners post-stroke is an essential but often overlooked aspect of recovery. Additionally, they struggle with communication with their partner, body image, and resuming intimacy (McGrath et al., 2019).



Challenges & OT Support

- **Physical Changes:**
  - Paralysis, weakness, and altered sensations can affect mobility and pleasure.
    - Support: Seeking a neuropsychologist can help with strategies that minimize challenging
  - Limited hand function:
  - OTs can provide guidance and recommendations to suggest assistive devices
    - Universal cuff + vibrator

- **Cognitive Changes:**
  - Memory and attention can affect concentration and nonverbal communication or potentially impact emotional connection during intimate moments.
  - Support: Focus on other domains, such as positive aspects of physiological and emotional well-being and desires

- **Fatigue:**
  - Physical and mental fatigue can hinder engagement in sexual activity
  - Support: Planning intimate moments during times of lower fatigue, such as rest breaks or adjusting medication schedules, can be helpful

- **Incontinence:**
  - Bladder and bowel problems can cause anxiety and affect self-esteem.
  - Support: Go to the bathroom before sexual activity and avoid alcohol and caffeine, as they can increase the feeling of needing to go to the bathroom

- **Emotional Responses:**
  - Depression and anxiety post-stroke may reduce interest in sex
  - Support: Communicate feelings and concerns with partners friends and healthcare professionals

- **Negative Body Image:**
  - Possible scars or physical changes may impact self-esteem and hinder intimacy.
  - Support: Open communication, counseling, and building emotional connection with a partner can help address these concerns

(Ellis & Ungco, 2023)

Stroke: Modifications for Sexual Positioning & More

Positioning & Safety

Lying on Your Side:

- Explore both strong and weak sides for comfort.
- On Your Strong Side: Use pillows under your weak arm and leg for added comfort.
- On Your Weak Side: Lie on your shoulder blade, supporting your shoulder and arm with extra pillows.

One Partner on Top - Lying on Your Back:

- Enhance comfort by placing pillows under your lower back, knees, and weak arm.

Wedge - Lying on Your Stomach:

- Manage arm pain by positioning your weak arm straight against your body.
- Turn your head to your preferred side.
- Use a pillow under your hips or consider a wedge for additional support.

Being the Top Partner:

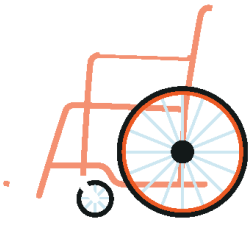
- It requires a strong trunk; attempt it only if you feel strong.
- Use pillows strategically for comfort, and consider a sling if arm movement is limited to prevent shoulder injury.

Sitting in Chair or Locked Wheelchair:

- Chair or locked wheelchair options against a wall for stability.
- Remove armrests or use a wheelchair without them for more flexibility.
- Enhance comfort by removing the lap tray and using a sling for additional support.

The Simple Things

After a stroke, kissing challenges like drooling and dysphagia may occur due to weakened mouth muscles. To address this, keep a tissue handy and position the person with dysphagia higher than their partner for stability and control.



(Hattjar, 2012)

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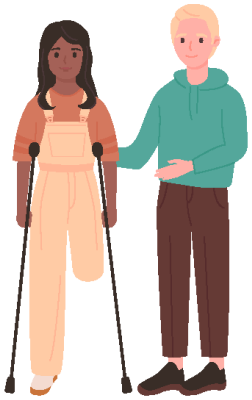
Amputations and Sexual Health

After amputation, individuals may experience physical, emotional, and psychological impacts. OT's can assist by educating on functional independence, recommending assistive devices, techniques, and adaptations.



Physical Challenges:

- Residual limb pain and desensitization
- Fatigue
- Sexual dysfunction

Emotional and Psychological Impact:

- Anxiety
- Depression
- Negative body image, self-esteem, self-concept
    - Lack of interest in sexual activity

Suggestions and Education:

- **Sexual Adaptive Devices:**
    - Recommend assistive devices for enhanced intimate activities, including:
        - Bluetooth operators or hands-free devices can conserve energy and assist those with limited hand movement.
        - Monitor irritated skin after device use
    - Provide guidance on positioning tools, such as pillow and wedges for safety, and modifications.
- **Mobility:**
    - Improve strength, flexibility, and overall bodily function through rehabilitation exercises addressing mobility, balance, and comfort for intimate activities.
    - Suggest taking a warm shower with a partner before engaging in sexual activity to warm up and increase the range of motion in the affected area.
    - Check with post-surgery weight-bearing precautions.
- **Psychological Support:**
    - Address challenges with body image, depression, and sexual dysfunction.
    - Suggest counseling and support groups.
    - Promote confidence, trust, and communication in relationships.
    - Discuss needs, interests, and desires for sexual activity.

Recommendations on Positioning & Safety for Total Hip Replacement

OTs can provide education on the following:

Total Hip Replacement (THR)

Concerns:

- Caution is advised for sexual activity post total hip replacement (THR) due to dislocation risk.

Recommended Positions:

- A supine position is suggested for women; men can generally maintain pre-THR positions.
- Standing with a woman bent at the waist and a man approaching from behind is considered safe.

Postoperative Timeline:

- Precautions are advised for 1–3 months post-THR, as 75% of dislocations occur during this period. With the safe resumption of supine sexual activity between 1-2 months.
- There are no significant limitations after three months, except for extreme positions.

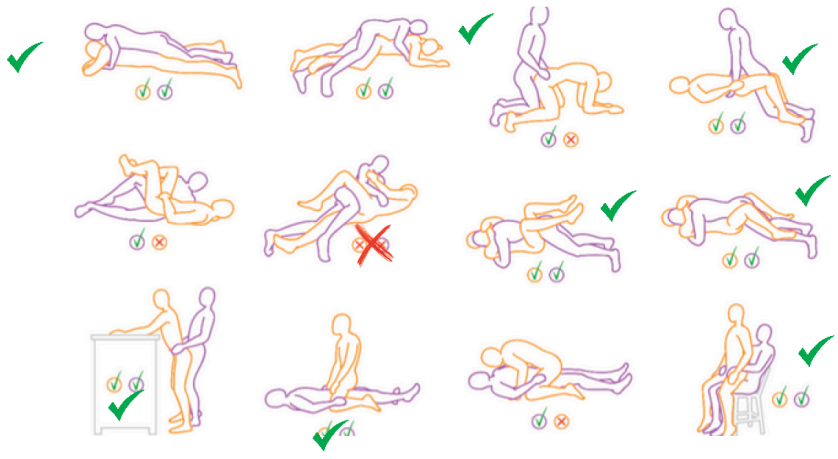
Caution Against Lateral Decubitus Positions:

- Lateral decubitus positions are not recommended immediately postoperatively due to dislocation risk.

Stabilization Precaution:

- Lower leg stabilization is necessary but may be uncomfortable during intercourse.

Postoperative Do's & Don'ts



For full visual handout:

total-hip-and-knee-replacement and safe positioning

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Safe Positioning and Sexual Activity After Hip or Knee Replacement

Total Hip Arthroplasty (THA)

Dislocation Risk:

- Certain sexual positions may risk complications, particularly hip dislocation post-hip replacement (1-2% occurrence).

Safety Focus:

- Resuming sexual activity after hip replacement should prioritize safety, avoiding positions that increase dislocation likelihood.
- Impact of Extreme Flexing:
  - Implants may contact the pelvis during extreme hip flexing, potentially causing dislocation.

Positions to Avoid:

- Kneeling with a partner behind,
- Kneeling on top
- Side-lying face-to-face

Partner's Position:

- Generally, the partner with the hip replacement should be positioned on the bottom to avoid extreme hip flexing

Safety Recommendation:

- Proceed slowly, stopping if pain or uncertainty arises during sexual activity.

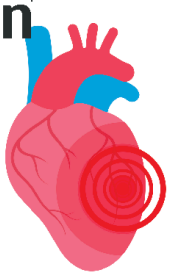
Resources, visual aid, and handouts:

(Hutchinson, 2020)

sex-after-joint-replacement

total-hip-and-knee-replacement and safe positioning (American Association of Hip and Knee Surgeons, 2018)

Endurance for Cardiac Consideration



1. Optimal Environment:
   - Encourage a comfortable or cool space for sexual activities to enhance the overall experience.
2. Energy-Efficient Positions:
   - Suggest positions requiring less energy expenditure to accommodate cardiovascular conditions.
3. Graded Progression of Intimacy:
   - Support a gradual approach to intimacy for both physical and emotional readiness.
4. Supplemental Oxygen Use:
   - Recommend supplemental oxygen during sexual activity if prescribed, ensuring respiratory support
5. Customization of recommendations:
   - Tailor recommendations considering heart rate, endurance, sternal precautions, hip precautions, and individual health factors.
   - Addressing questions about timeframes and permitted activities. if you've had surgery, wait until you're healed (usually 6-8 weeks). Don't put any weight your chest.
   - Avoid sex after eating a large meal, drinking alcohol or when you're tired.
6. Considerations for Resumption:
   - Advisers should consider age, functional capacity (MET), and exercise risk when recommending resumption, with a moderate level of sexual activity (3-6 MET) generally considered safe. Evaluate sexual activity safety through exercise testing (cycle ergometer, treadmill) under conditions equivalent to 5-6 MET.
7. Holistic Approach:
   - Involvement of partners and engage in communication and medication management for comprehensive support

(Ellis& Ungco, 2023)

Review of Endurance for Cardiac & MET Levels

Comparing Sexual Activity & Recommendations:

Activity	MET Level
Sexual intercourse	3-5 METS (Orgasm 5 METs)
Light house work	2-4 METs
Light gardening	3-5 METs
Walking a mile in approx. 20minutes on level ground.	3-4 METs
Walking a mile in approx. 15minutes on level ground	5.0 METs

More resources:

METS & Stroke high risk, low risk and strategies

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Assistive Technology & Devices

OTs can recommend and teach assistive devices and adaptive techniques to enhance the quality of life for individuals facing challenges in intimate activities.

Challenges:

Limited Range of Motion

- Motor skills: Difficulty in controlling movements.
- Fatigue: Physical exhaustion during activities.
- Spasms: Involuntary muscle contractions.

Environmental Changes:

- Consideration of the physical surroundings and its impact on intimate activities

Assistive Devices and Recommendation:

- Hands-Free Flexible Stand:
  - Use straps with a device to hold a vibrator for improved accessibility.
- Adapted Cushions:
  - Customize cushions for better support during sexual activities.
- Caregiver Support:
  - Engage caregivers in device setup and maintenance.
  - Assist caregivers with device usage and positioning.
- Communication and Assistance:
  - Encourage clients to seek help with setup and cleanup, similar to daily tasks.
- Virtual equipment and Online Dating:
  - Harness technology like social media and online dating sites to connect people.
  - Improve accessibility through virtual platforms.
- Occupational Therapist Awareness:
  - Stay informed about current technology, software, and websites related to assistive devices.

For more resources:
Refer to assistive devices in handouts or just click!

(Ellis & Ungco, 2023)

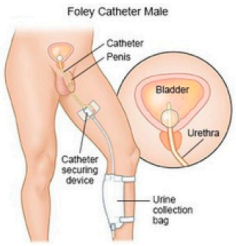
Bowel, Bladder & Catheter Techniques for Sexual Activity

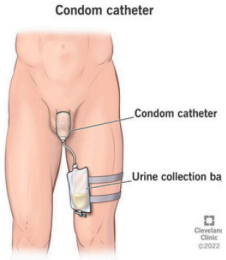
Bowel and Bladder Strategies:

- **Encourage enrolment in a bowel and bladder program:**
  - Can help individuals develop a routine that may positively influence their overall well-being, including sexual experiences.
- **Empty the bladder before sexual activity:**
  - Minimize potential disruptions and discomfort.
  - Consider using a condom over a catheter and position yourself in ways thatreduce pressure on the bladder.
- **Impact of Bowel and Bladder Disturbances:**
  - Discuss what contributes to anxiety, distress, and fear of having an accident or being incontinent. It acknowledges the emotional and psychological aspects of these challenges.

Catheter Techniques:

- **Indwelling Urethral Catheters:**
  - Consider removing the catheter before engaging in sexual activity or securing it in place with tape.
  - For women: If you choose to keep it in place, tape the catheter away from the abdominal or hip area to ensure proper urine drainage.
- **Alternative Methods:**
  - For men: Fold the catheter beside the penis, cover it with a condom catheter, and ensure adequate drainage for urine.
- **Taping Down Catheters:**
  - It is recommended to secure both urethral and suprapubic catheters to prevent tugging or pulling during sexual activity.
  - Suprapubic catheters are often preferred due to reduced urethral trauma and increased compatibility with sexual activity.
- **Managing Catheter Accessories:**
  - Explore options like removing leg bags or using catheter valves or clamps.
  - Empty attached leg bags to prevent urine spillage during sexual activity.





(Ellis & Ungco, 2023; Hattjar, 2012)

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Pelvic Floor & Incontinence

Pelvic floor dysfunction can lead to issues like urinary and fecal incontinence, constipation, pain, and sexual challenges. OTs play a vital role in addressing these concerns through preparatory activities, environmental and behavioral strategies, and education.

Challenges:

- Constipation, straining, and pain with bowel movements
- Urinary and fecal incontinence
- Unexplained pain in the lower back, pelvis, genitals, or rectum
- Pelvic muscle spasms
- Frequent need to urinate
- Painful intercourse for women

OTs Role and Support:

- Preparatory activities: manual therapies, biofeedback, exercises
- Environmental strategies: toilet adjustments, adaptive clothing, bathroom modifications
- Behavioral strategies: relaxation, pain management, mindfulness, scheduling bathroom breaks
- Education: lifestyle changes, hygiene practices, nutritional considerations, pelvic floor exercises

Exercises and Techniques:

- Kegel exercises
- Self-regulation techniques
- Yoga for pelvic floor flexibility and strength
- Progressive muscle relaxation
- Behavioral modification
- Mindfulness education
- Environmental modifications

Diaphragmatic Breathing:

- A technique involving deep, slow breaths engaging the diaphragm to promote relaxation and improve pelvic floor function.

Resources Exercise:

Pelvic Floor Exercise

Restore your core and relax pelvic floor

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Women's Health, Sexuality & Intimacy

Explore how OTs supports the enhancement of sexual health, intimacy, and overall well-being, particularly for women dealing with chronic conditions or disabilities.

OTs Role and Support:

Foundations of Sexual Health Education:

- Conduct sessions on anatomy, function, and reproductive health.

Overcoming Challenges:

- Pelvic Health and Sexual Dysfunction:
  - Customized exercises
    - Teach muscle tension alleviation techniques such as Breathing techniques.
    - Recommend adaptive positions and strategies.

Enhancing Intimacy:

- Offer communication and stress management.
- Facilitate open dialogues on desires and preferences.

Body Image and Psychosocial Factors:

- Address emotional factors impacting sexual activities and sexual expression.
- Explore trauma's impact on body image, such as scarring disfigurement, deformity, and loss of function.
- Suggest: QOL & Body Image Questionnaire

Reproductive Health:

- Address challenges tied to chronic conditions.
- OT can support women in understanding and managing reproductive health issues, such as menstrual health, fertility, and contraception.

Stigma and Communication:

- Create a supportive environment and open communication to tackle social stigma.

(Refer to other pages for more detail) *

Extra Resources:

OT's Role in Reproductive Health Promotion and Sexual Health

(Connell et al., 2014; Walker et al., 2020)

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Gender and Sexual Orientation

Societal taboos, cultural norms, and individual perspectives can sometimes impede the recognition of sexual diversity.

- Overcoming Obstacles and Support:
  - Recognize challenges related to sexual and gender diversity in all healthcare settings.
  - Support LGBTQIA populations by addressing their specific needs in terms of sexual identities and gender roles.
  - Understand gender identity as it pertains to an individual's self-perception.
  - Embrace different aspects of sexuality, including intimacy, reproduction, pleasure, sexual orientation, and diverse gender roles.
  - Provide support to individuals coping with chronic illnesses or disabilities in managing their sexual health concerns.
  - Collaborate with other healthcare professionals to address the varied needs of individuals.

Resources:

The Rainbow OT
Handouts: The Rainbow OT
LGBTQIA+ Affirmative Care: Upholding Professional Responsibilities
Glossary of terms

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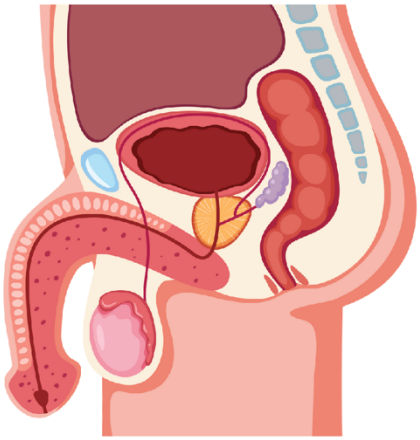
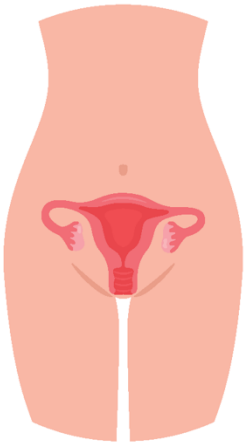


Anatomy Review



33

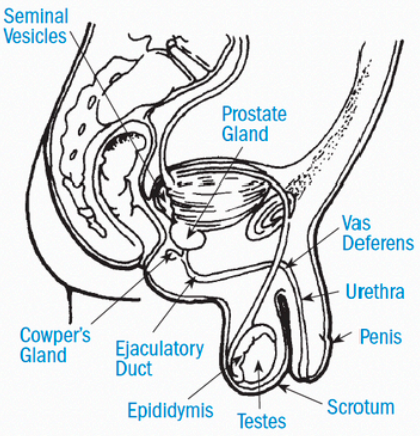
Keeping up with your Studies

It's important for OTs to provide education on the reproductive system, anatomy, sexuality, and their impact on chronic conditions, disabilities, and sexual dysfunction. This knowledge can help with future assistance with family planning, fertility treatments, sexual health, and reproductive disorders.

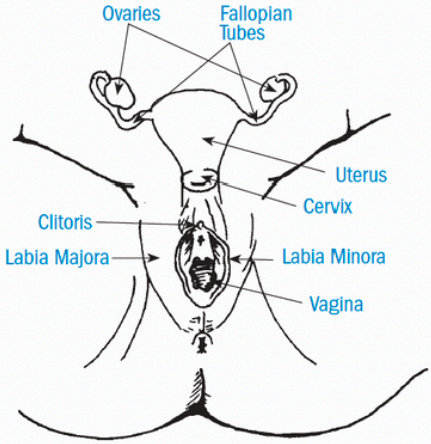
In males, reproductive process includes the testes, epididymis, vas deferens, prostate gland, seminal vesicles, and penis.

In females, the reproductive process involves understanding the ovaries, fallopian tubes, uterus, cervix, vagina, and external genitalia.

[Figure 1.f.1] The Male Sex Organs



[Figure 1.f.2] The Female Sex Organs



Issues about fertility (conception): Include the ability to have an adequate erection, ejaculate during sexual activity, have a normal hormonal milieu, and carry a pregnancy to term with any expected complications.

(Hammond, 2000)

34

Common Sex Challenges and Impact on Sexual Functions

Sexual function can affect both men and women in different ways. For example, a spinal cord injury can have a significant impact on the sexual functions of the body, including libido, fertility, lubrication, and the ability to have an erection or ejaculate.

It is essential to education and support as sexuality plays a significant role in one's identity, self-image, and relationships.

Libido:

Potential to impact sexual desire or libido. Any alterations in nerve function can disrupt the signals involved in sexual arousal.

Fertility:

Depending on the level and extent of the injury, fertility can be impacted. Mobility issues may also affect the ability to engage in reproductive activities.

Lubrication:

Disrupt normal physiological responses, leading to challenges in natural lubrication, which may impact comfort during sexual activity.

Erectile Dysfunction:

The ability to have an erection or ejaculate may be compromised due to changes in nerve function or blood flow associated with the injury.

(Ellis & Ungco, 2023)

35

Medications and Sexual Activity

OTs can educate clients about the possible side effects of medications tailored to their conditions and sexual activity

Enable Patient to Perform

Muscle relaxants or antispastic antispasticity medications may be necessary for some clients to treat pain during sexual activity

- Cerebral palsy
- Spinal cord injuries

Medications that Address Sexual Dysfunction:

- Men: Hormone creams, sildenafil (Viagra), vardenafil (Levitra), tadalafil (Cialis).
- Women: Flibanserin (Addyi) and bremelanotide (Vyleesi) for hypoactive sexual desire disorder (Cleveland Clinic, 2021).

Erectile Dysfunction Coronary Artery Disease and Hypertension:

- Medications such as Sildenafil, Tadalafil, and Vardenafil (Levitra) are commonly used to treat erectile dysfunction.
- These medications work by enhancing blood flow to the genital area, facilitating the ability to achieve and sustain an erection.

Interaction with Nitrates:

- Individuals taking medications for heart conditions, such as nitrates (e.g., nitroglycerine tablets, patches, or sprays), need to be cautious with erectile dysfunction medications.
- Combining medications like Viagra, Cialis, or Levitra with nitrates can lead to a dangerous drop in blood pressure, posing a serious health risk.

Decreasing your desire to have sex and difficulty achieving erection

- According to Alexander (2018), medications such as narcotics, anti-depressants, anti-spasticity drugs, blood pressure medications, and bladder medications might hinder sexual activity.
  - Stroke

Please consult the provider before discontinuing or changing any medication.

(Ellis & Ungco, 2023)

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Spinal Cord Case Study:

A 30-year-old woman named Carmen, who recently got married, had a skiing accident related to T3 SCI, which has left her worried about her ability to be intimate with her partner.

How should the OT handle patient issues?

In a few words, can you give an example of how to initiate a conversation?

Suggested answer

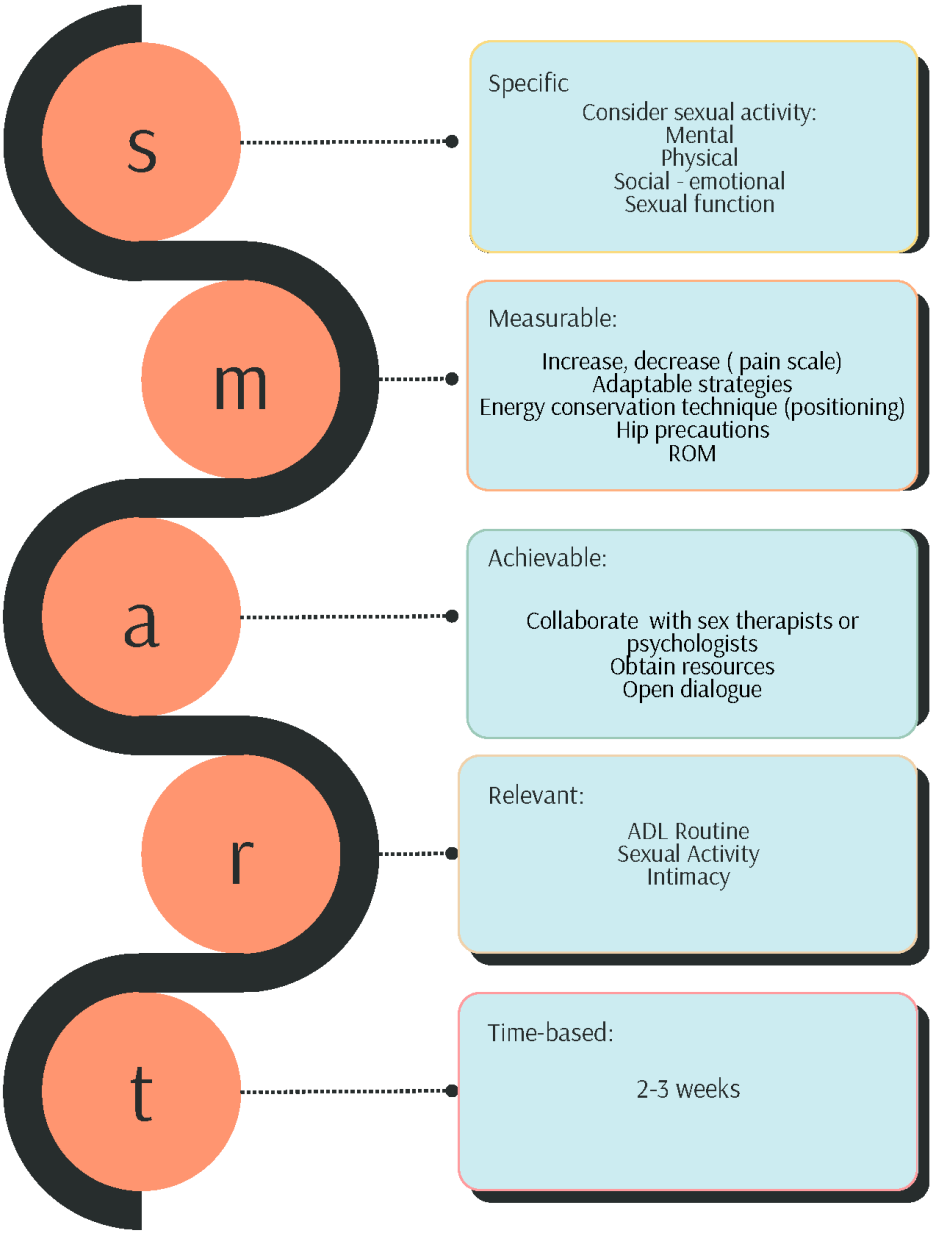
- "It is natural to continue to have physical, emotional, and sexual needs after an SCI."
- "As an OT, sexual activity is an important ADL and meaningful occupation, can you tell me more about your concerns?"

    - OTs should validate patients' concerns as it is an essential ADL: sexual activity and meaningful occupation.
    - Use open communication and intervention strategies with the PLISSIT or BETTER Model to help guide you.
    - With new disabilities and chronic illnesses, patients may worry about re-engaging in sexual activity, which can impact their quality of life and self-esteem, research shows.
    - OT can educate about adaptive sexual devices, environmental changes, and energy conservation techniques to boost confidence and help with intimacy.
    - For more information, refer to the Models.

(Claton, 2016; Mohammed, 2017; Taylor & Davis, 2007)

Examples of Goals

This centers on addressing clients' concerns related to sexuality and making necessary modifications.



More resources for documentation:
Blog: On documentation and billing

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Extra Resources of OT's

Podcast that covers sexuality education:

- OT After Dark
- Sex with Emily
- The Hook Up

Websites:

- Products product recommendations quickly and securely with patients
- Sexuality: The Most Overlooked ADL - myotspot.com
- Institute for Sex, Intimacy and Occupational Therapy, LLC
- The Rainbow OT
- Sex is an ADL
- Sex med and OTs

App for providers sharing products:

- Direct App

CEU Courses:

- American Association of Sexuality Educators, Counsellors and Therapists (AASECT)
- Institute for Sex, Intimacy and Occupational Therapy, LLC

Books:

- Sexuality and Occupational Therapy: Strategies for Persons With Disabilities
- Sexuality and Intimacy: An Occupational Therapy Perspective and Sex and Intimacy for Wounded Veterans: A Guide to Embracing Change.
- Hattjar, B. (2012). Sexuality and occupational therapy: Strategies for persons with disabilities. Bethesda, MD: AOTA Press, American Occupational Therapy Association, Inc.
- Karp, G. (2006). Disability & the art of kissing. Life on Wheels Press.
- Sex and Intimacy for Wounded Veterans: A Guide to Embracing Change

Journals that cover sexuality education, resources, intervention, and research:

- American Journal of Occupational Therapy
- American Journal of Sexuality Education
- Canadian Journal of Occupational Therapy
- Journal of Psychology & Sexuality
- Journal of Sexual Education and Therapy
- Journal of Sexuality and Disability

Handouts and Websites

Assistive Devices to Facilitate Sexual Activity:

- Condom application aide: https://wingmancondoms.com/
- Adaptive sex toys: https://www.sportsheets.com/collections/disability
- Positioning wedges: https://www.especialneeds.com/shop/special-needs-seating-positioning/positioning-aids/positioning-therapy-wedges.html
- Babeland
- Dame

Facebook:

- Sex Love And OT

Guided Mindfulness Meditation :

- Guided Imagery & Mindfulness Exercise: Body Image pdf
- Meditation for Erectile Dysfunction and Sexual Health Challenges

Pelvic Floor Exercise:

- Pelvic Floor Exercises
- How to Relax Pelvic Floor Muscles, Techniques and Exercises
- Downloadable Pelvic Floor exercises
- Pelvic Floor Anatomy

Safe Sex Positions:

- **Knees and Hip:**
  - Sex | Hip and Knee Care
  - Sexual Activity After Joint Replacement
  - Sex Positions for Disabilities: A Comprehensive Guide

Sex Therapist Referral:

- https://www.aasect.org/referral-directory

Handouts and Websites

Care Burden:

- Family Caregivers Guide To Intimacy

Amputee:

- Dealing With Sex and Intimacy After an Amputation
- Grief after Amputation

LGBTQIA & and BIPOC :

- LGBTQIA Resources for Healthcare Providers, Clients, and Families:
- Glossary of terms
- OT goes beyond binary.

Neurodegenerative disorders

- Questions on Sex, Intimacy and Parkinson's Disease | APDA
- Intimacy and Sexuality in MS PDFIntimacy and Multiple Sclerosis

Spinal Cord Injury

- Vital Role of OTs in Addressing Sex & Intimacy after SCI
- Sexual Health After Spinal Cord Injury: An Introduction
- Sex, Love and Intimacy After Spinal Cord Injury
- Fertility following spinal cord injury
- Sexuality and Reproductive Health in Adults with Spinal Cord Injury

Sex and Heart Disease

- www.heart.org

Stroke:

- METS & Stroke high risk, low risk and strategies
- Sex and relationships
- Sex-after-stroke

Sexual Expression and Activity

- Institute for Sex, Intimacy and Occupational Therapy

Strategies for Persons with Disabilities

- Sexuality and Occupational Therapy: Strategies for Persons with Disabilities

Assessment Tools and Questionnaires!

These assessments can be tailored to fit the clients needs:

Multidimensional Sexuality Questionnaire

- 61-question assessment utilizing a Likert response includes questions regarding sexual esteem, sexual preoccupation, internal sexual control, sexual consciousness, sexual motivation, sexual anxiety, sexual assertiveness, sexual depression, external sexual control, sexual monitoring, fear of sex, and sexual satisfaction.

Trueblood Sexual Attitudes Questionnaire

- Measures the change in attitude regarding the most common topics covered in a human sexuality college course. The questionnaire contains 80 questions, which are placed in five major subscale topics: Autoerotocism, heterosexuality, homosexuality, sexual variations, commercial sex.

Occupational Performance Inventory of Sexuality and Intimacy (OPISI):

- Comprehensively screen, assess and measure performance related to the complex occupational nature of sexuality and intimacy.

The Canadian Occupational Performance Measure (COPM)

- A client-reported, occupation-based measure that allows the client to highlight concerns or interests they have in sexual activity or sexuality. The client can give the therapist "permission" to address sex in therapy based on their response.

Incontinence

- Incontinence Impact Questionnaire
- Incontinence Quality of Life Scale
- International Consultation on Incontinence Questionnaire

Body image:

- Body image: body-self relations questionnaire (MBSRQ®)
  - 45-item questionnaire from which four factors emerge: (1) subjective importance of corporality (SIC; (2) physical-oriented behaviors (FOB); (3) self-assessed physical attractiveness (SAPA); and (4) caring for one's external appearance (COEA).
- Self-esteem: Rosenberg self-esteem questionnaire (RSE)
  - The 10-item self-report questionnaire that assesses overall personal self-esteem on a summary scale
- Body Esteem Scale (BES).
  - A 35-item instrument that measures self-esteem in relation to body parts and functions.
- Female Sexual Functioning Index (FSFI)
  - 19-item questionnaire that analyzes desire, arousal, lubrication, orgasm, satisfaction, and pain.

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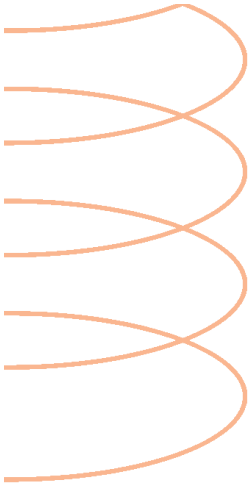
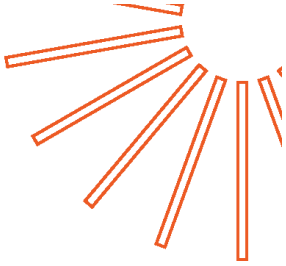
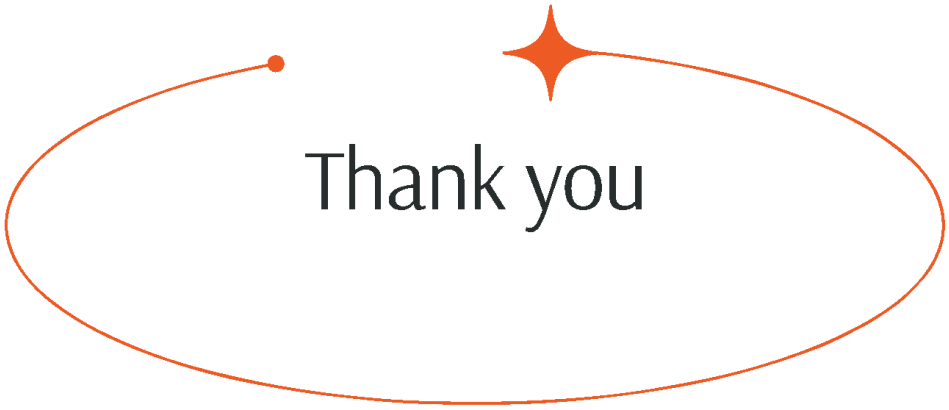
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Curriculum Vitae

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Education

University of Nevada, Las Vegas Estimated Graduation Spring, 2024
Occupational Therapy Doctorate

Capstone title: Prepare Occupational Therapist and Addressing Women's Sexual Health
Adviser: Christian Bustanoby, OTD, OTR/L and Mason Standley OTR/L

University of Nevada, Reno Graduated, Fall 2013
BS in Biology

Research Experience Summer, 2013
Undergraduate research lab assistant for analyzed data for white blood cells of tortoises to determine cortisone levels.

Studied Aboard and Language Experience
Completed Upper-level-Biology and Spanish courses in San Jose, Costa Rica, Summer, in 2011

Clinical Experience

Level II
Encompass Health of Desert Canyon - Las Vegas, NV Summer, 2023

- Inpatient rehabilitation focuses on a mix of pediatrics and adults.
- Focused on treating patients with CVAs, TBIs, SCIs, joint replacements, amputations, and other multiple medical diagnoses.
- Conducted evaluations and assessments that focused on self-care management, utilizing adequate equipment and compensatory strategies, as well as therapeutic exercises, over the 12-week period.

Mesa View Physical Therapy- Mesquite, NV Summer, 2021

- An outpatient setting focusing on hand therapy, upper extremity rehabilitation, and home health.
- Providing OT skills, assessment, treatments, and evaluations for caseloads of up to 10 patients a day to help regain ability in everyday activities and mobility.
- Conducted MMT, ROM, modalities services, strength training, therapeutic exercises, and tailored occupational handouts

Level 1
The Garden Foundation October 2023

- Community-based

Rider Mobility January, 2022

- Assistive technology for wheelchair mobility

Thrive Therapies November, 2021

- Pediatric outpatient clinic

Orthopedic Motions Inc.
January, 2021

- Pediatric outpatient for prosthetics, orthotics, and helmets

Professional Experience

Great Basin Physical Therapy - Minden, NV Summer, 2017
Physical Therapy Aide

- Performed therapy procedures and protocols assigned by the physical therapist to enhance a patient's rehabilitation.
- Instructed patients exercises by measuring mobility, tracking time, distance, and stretching techniques.
- Assisted patients by applying heat packs, paraffin dips, and electrical stimuli during therapy.

Spirit Beach Cantina- British Columbia, Canada 2012 - Present
Manager & Co-Owner

- Managed business finances, including paying vendors and suppliers for products and services rendered.
- Trained and supervised employees in conducting day-to-day operations, risk management strategies, and general customer service.
- Managed advisement platforms and operating procedures through social media and marketing

Professional Affiliations

Nevada Occupational Therapy Association 2020 - present

American Occupational Therapy Association 2020 - present
Multiple Sclerosis Society Member 2020 - present

Honors and Awards:

Undergraduate: 2006- 2008
Millennium Scholarship
Gosnell Memorial Award 2011

Graduate: 2021 - 2022
HEERF

Institutional Service

University of Nevada, Las Vegas
- SOTA - Social Activities Chair 2021
- Interprofessional Professionalism Collaboration Event (IPC) 2021

University of Nevada, Reno
- Historian - Peace Action Care Treasurer 2010
- Treasurer - Eye of The Dark Club 2011