



**Professional Issue Forum Report on
Sexuality from an Occupational Perspective: Then, Now and
Tomorrow
CAOT Virtual 2020**

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) conference. PIFs address priority health and social issues, as well as emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts, and participants are invited to contribute their perspectives. The discussion leads to recommendations for CAOT, individual occupational therapists, and stakeholders to act to advance occupational therapy practice and the profession's presence in these areas.

This Professional Issue Forum (PIF) explored barriers faced by Canadian occupational therapists in addressing sexuality through education, research, and clinical practice perspectives to help build OTs capacities to address and advocate for users' needs. This PIF was organized and coordinated by Josée Séguin, director of knowledge translation programs at CAOT, Michelle Leclerc, Occupational Therapist and Chair of the CAOT Sexuality Network and Louis-Pierre Auger, PhD candidate and panelist. This forum was held on May 17, 2021, during the CAOT Virtual Conference 2021 through the PheedLoop platform. There were short presentations on education, research, and clinical perspective on sexuality by three panelists/experts in the field, along with two pre-recorded additional guest speakers. Throughout the forum, stakeholders' perspectives were collected via Mentimeter (an online survey platform).

Eighty-seven stakeholders attended the forum, including the three panelists, two CAOT representatives, the moderator and 81 attendees. Participants that attended this PIF included occupational therapists, student occupational therapists, people with lived experience and other stakeholders virtual from across Canada. This report provides an expanded summary of the presentation and analysis of data collected from participants.

Introduction

The World Health Organization (2015) defines sexuality as "a central aspect of a person's life, which includes biological sex, gender identity and role, sexual orientation, eroticism, pleasure, intimacy and reproduction" (p. 5). Sexuality is a continuously evolving concept throughout a person's life, including one's feelings, behaviours, and expression of self. Further, sexuality influences overall health, such that impeding sexual expression can be harmful to one's self-image, relationships, and mental well-being (Young et al., 2019).

While Occupational Therapists are proficient in enabling meaningful, intimate occupations, sexuality continues to be overlooked within rehabilitation. The topic of sexuality in occupational therapy was determined a priority, as sexuality and sexual activities are activities of daily living (AOTA, 2014) that many occupational therapists do not address within their practice (Haboubi & Lincoln, 2003; Hyland & Mc Grath, 2013). Many barriers influence the inclusion of sexuality in occupational

therapy practice or research, resulting in few opportunities for users to address sexuality in occupational therapy, leading to reduced sexual functioning and the overall quality of life of the users.

Objectives

The objectives of this PIF were to:

- Raise awareness on the contribution of occupational therapists in sexual rehabilitation and discuss concrete ways to include it in daily practice.
- Determine and obtain a better understanding of the barriers that affect practices by occupational therapists; and
- Identify and exchange ways to support clinicians in addressing sexuality in their daily practice.
- To collect perspectives on areas addressed in education opportunities that are specifically tailored for OTs wanting to include sexuality in their practice, such as education topics and teaching methods.

Panel Presentations

The first presenter, Dr. Paulette Guitard, Ph.D., OT, is a full professor in the Occupational Therapy Program in the School of Rehabilitation Sciences at the University of Ottawa and fellow and former President of the Canadian Association of Occupational Therapists.

To begin her presentation, Dr. Guitard exposed the ‘elephant in the room’: healthcare professionals receiving questions regarding sexuality, but due to feeling ill-equipped to answer, or that sexuality does not fall within their practice scope, many of these questions remained unanswered. Dr. Guitard proposed that this is due to the narrow normative definition of sexuality in healthcare, such that sexuality is related only to sexual activity or sex and the lack of information or training around sexuality. A broader definition of sexuality is then introduced that encompasses the feelings and behaviours that allow sexual expression. Using this definition, Dr. Guitard outlined how sexuality should and needs to be addressed by OT. Sexuality is one of life’s meaningful occupations, which is also a basic physiological need, that is just as important as other activities of daily living. Lastly, Dr. Guitard stated that sexuality should be an integral part of OT’s rehabilitation as sexuality is proven to be a significant health determinant, leading to negative consequences if not addressed.

Dr. Guitard then shared her personal experience of addressing sexuality within her OT practise and how she was very uncomfortable due to her lack of knowledge. She noted that previous studies show that OTs are uncomfortable with addressing sexuality in their practice (McAlhoan, 1996) and related this back to the fact that sexuality is not addressed within educational programs. Dr. Guitard was surprised to see that these barriers still exist and that little progress has been made, OTs are still not comfortable addressing sexuality and the majority rarely do so, due to the lack of resources on sexuality within OT, unclarity around the role of OT and sexuality.

To address how educators can begin to address sexuality within education, Dr. Guitard stated that a curriculum review is needed to ensure that every OT views sexuality as a main area of intervention—

discovering the pathological mechanisms of how a disability or any condition may impact sexuality physiologically, physically, and psychologically. Identifying and understanding these symptoms can allow further insight into sexual function, such as the significant psychological impact on sexuality (i.e. low self-efficacy or self-esteem). Through increasing the awareness that any condition may impact sexuality, OTs can view their role as crucial in this area. Once OTs are more informed and have an in-depth understanding, they will have increased confidence in their ability to answer clients' questions on sexuality. Also critical to note, Dr. Guitard stated that OTs must approach this subject matter with caution once a rapport is built with the client. Approaching sexuality from a respectful and mindful view of the client's values and beliefs will allow a discussion.

OTs can help clients feel good about themselves, learn to accept their new self, identity, and image, and increase self-confidence. OTs can help clients perform occupations related to personal life such as bladder and bowel care, applying makeup, dressing. Improve interpersonal relationships communicate with partners, emotional expression and facilitate parenthood by adapting the environment, decrease symptoms, exploring alternative positions or assistive devices and planning.

Referring to the elephant in the room, Dr. Guitard discussed how using basic occupational therapy skills, assessments, identifying the issues, and intervening can help enable healthy sexual expression. Focusing on the Now, Dr. Guitard stated that OT curriculum should clarify the roles and responsibilities of healthcare professionals at a minimum. Using the PLISSIT (Annon, 1976) model, OTs can create a space for clients to discuss sexuality within a practice.

- P: Permission –giving and receiving permission, recognizing sexual needs of clients values their questions and decreases obstacles (i.e. anxiety) validating communication
- LI: Limited information – providing info on subjects such as anatomy, physiology, side effects of medications that may affect sexuality
- SS: Specific suggestions – sexuality becomes part of the formal intervention plan, emphasis on the client, requires skills
- IT: Intensive therapy – requires special expertise, outside OT realm

Occupational therapists need to talk openly about sexuality with clients, answer questions and help resolve issues just like any other occupation. Providing permission for clients to approach subject matters that ensures clients' questions are addressed. Depending on the comfort level of the OT, referring out may be necessary if you are uncomfortable to discuss. However, as OTs we all have a responsibility to listen to our client's, create a safe space to discuss sex, and ensure questions are answered Dr Guitard ended with the key takeaway that "No matter the disease, disability, or handicap, healthy sexual expression is always possible."

Meera Kot

Dr Kot is a psychiatrist and her cultural background in from East Asia. During her contribution, Dr Kot explained the challenges related to sexual development and sexual education as an East Asian woman in Canada. Moreover, she addressed the inclusion of sexuality in her medical practice and suggested

ideas and strategies to promote the delivery of health services related to sexuality in an interdisciplinary fashion.

The second panelist was Dr. Shaniff Esmail. He is a professor and associate chair of the occupational therapy department at the University of Alberta. His discussion focused on sexuality from an occupational perspective.

Sexual health is a “state of physical, emotional, mental, and social well-being about sexuality” (WHO, 2006). However, as we live within a society shaped by an umbrella of reproductive bias regarding sexuality, the socio-cultural barriers that arise are more disabling than the impairment itself. Society and healthcare professionals view sexuality as an expression of love and pleasure is not recognized for individuals with disabilities (Tepper, 2000).

Dr Esmail provided a brief overview on the history of research perspectives on sexuality and disability. The medical perspective largely simplified sexuality to the physical function only and harm reduction, with a negative sex- attitude (Sakellariou, 2006). As a means of resistance, the Social model of disability was developed. This model views disability as a direct result of social structures that function to exclude certain people from accessing employment, social resources and positive identities (Galvin, 2005) . The focus is on the public’s response to individuals’ disabilities and society's inability to remove these social and environmental barriers (Siminski, 2003). Further to this, Dr. Esmail discusses that within the literature there is very limited discussion on disability and sexuality.

Occupational therapists and healthcare professionals should apply the fundamental assumption that all persons are sexual. The person with a disability has the right to all information about sexuality. They have the right to develop relationships with others and expression of affection and sexuality. Dr. Esmail discussed healthy sexual expression. Beyond the physical, healthy sexual expression also includes emotional and social communication/connection. Occupational therapists can refer to the CERTS Model to understand how to foster CERTS Model (developed by Wendy Maltz)

Consent – freely chose to engage in sexual activity

Equality – sense of power is equal with your partner

Respect – positive regard for self and partner

Trust – trust partner on both physical and emotional levels

Safety – you feel secure and safe within the sexual setting this (McKinley Health Center, 2009).

Promoting healthy sexuality results in positive changes in sexual expression and identity, improved social behaviours, and appropriate expression of needs (Kempton, 1978) and acknowledging that sexual health and sexuality are healthy and “normal” parts of adult development regardless of disability. Research shows that sex education will decrease the harm that can arise from not promoting healthy sexual expression. Unhealthy and abusive forms of sexuality may arise if healthy sexuality is not promoted. Further, restricting sexual expression or the inability to develop healthy sexuality can worsen mental disorders and other forms of negative behaviours and at risk for sexual abuse, exploitation, STIs and unplanned pregnancies. (Evans & Conine, 1985)

Dr. Esmail discussed facilitating healthy sexual expression as we are all sexual. Occupational therapists should use a strengths-based approach rather than a deficit-based approach uniquely tailored to everyone as we are all sexual beings—acknowledging that sexuality is a human right for all regardless of age, gender, orientation, or disability. Occupational therapists and society must broadly address the development of healthy sexuality for individuals within their practices. Failing to address healthy sexuality, especially for individuals with a disability, further perpetuates negative attitudes, stigma and mistaken assumptions while silencing the individual’s sexual expression. Research and occupational therapists must use a holistic approach, rather than focusing solely on harm reduction and function and incorporating the positive aspects of sexuality and sexual expression.

Nadine Harrison-Boyd, a recently retired Occupational Therapist from Newfoundland and Labrador, shared her personal experiences with chronic pain and sexual dysfunction following childbirth. She explained the challenges she faced while navigating a health care system with few supports, how she became her own champion, and how occupational therapists are best fit to support women’s health issues.

Mr. Louis-Pierre Auger is a doctoral student in rehabilitation sciences from the University of Montreal. He presented sexuality from a clinical perspective.

To begin, Mr. Auger introduced the definition of sexuality according to the Occupational Therapy Sexual Assessment Framework (Walker et al., 2020), acknowledging that sexual response and sexual activities only are parts of what makes up sexuality. Viewing the framework provided an overview of where sexual dysfunction and sexual difficulties lie within the Human Development Model: Disability Creation Process (HDM-DCP) (Fougeyrollas, 2010). Mr Auger suggested a four-step process of integrating sexuality into the occupational therapy practice that includes: having a conversation about sexuality, completing an occupational therapy assessment regarding sexuality, intervention planning and application within occupational therapy, and further, providing a referral to intensive therapies, if necessary.

When starting a conversation with a client around sexuality, Mr. Auger noted that it is essential to keep in mind the therapeutic relationship. As discussed by the previous presenters, it is essential to establish and maintain a therapeutic relationship. Confidentiality and respecting information that the client shares will create a safe environment while enhancing the therapeutic relationship. To continue into an assessment from occupational therapy for sexuality, Mr. Auger suggested using a semi-structured interview, using for example the Sexuality Interview Guide (Auger et al., 2021). He also proposed to ask questions such as “How important to you is sexuality at this time in your life?” when applicable.

Analyzing the assessment results will help provide a broader picture of the different impacts that the client is experiencing. Mr. Auger discussed the direct impacts, such as the impact of the condition on bodily structures and responses and the indirect impacts, such as symptoms that influence sexuality such as motor or cognitive difficulties, pain, etc. Further, the importance of the psychosocial impacts is discussed in detail. Conditions such as depression and anxiety can impact body image and communicate or connect with others, which can impact relationships (Foley & Iverson, 1992). The occupational therapist should understand that these direct, indirect and psychosocial impacts will influence the individual’s sexuality and sexual expression.

Based on the occupational therapy assessment and analysis on how the health condition impacts the individual's sexuality, it is then time to determine if occupational therapy is relevant. The occupational therapist can then provide suggestions for interventions aiming the person (e.g. energy conservation techniques, education), the occupation (e.g. tas adaptation) or the environment (e.g. assistive devices such as cushions, grab bars, sex toys) according to the classification of OT intervention (McColl et Law, 2013). If the occupational therapist determines that they may not be well suited for the client's needs, they should refer the client. There are numerous opportunities for interdisciplinary collaboration regarding sexuality, as it is a multi-faceted complex subject. Occupational therapists may also consider an interdisciplinary approach when addressing sexuality in practice. Mr. Auger noted that it is up to occupational therapists and health care professionals to begin simply by talking about sexuality and making it part of our everyday practice.

Panelist's slide found on page 11 of this PDF.

Results

Participants were able to express their opinions through an interactive application (Mentimeter) throughout the presentation. See Appendix A for a complete list of the questions that were provided. Throughout the following section, participants' results, and ideas will be synthesized as a preliminary step to a more detailed input analysis.

The word cloud below displays the most popular terms and ideas expressed by participants when asked for their definition of sexuality.



Figure One: Word cloud responses to “What does the word "Sexuality" mean to you?”

Statement	Average (n=29)
1. I feel knowledgeable enough to address sexuality with my patients/clients in OT	5.6
2. I feel that I have the tools and skills to address sexuality with my patients/clients in OT	4.8
3. I know what the role of the OT is regarding sexuality.	6.1

Figure Two: Participants' responses to the given sliding scale when asked to rank their position on a scale of one to ten from strongly disagree to strongly agree.

Participants were asked to reflect on where they have received the most education or training addressing sexuality within OT. University programs were the most common response, followed by one's own research and readings and professional development opportunities (workshops, conferences etc.).

When asked about addressing sexuality or sexual dysfunction within a session, most participants ranked themselves as comfortable enough or totally comfortable. However, many of the participants reported that they have rarely or never have initiated a discussion with a client throughout their career. Participants also reported feeling most uncomfortable addressing healthy sexual expression with individuals with intellectual disabilities, children and LGBTQ2+ clients.

The round table discussions had stakeholder reflect and share three reflection questions relating to 1) barriers experienced in including sexuality in their practice, teachings, or research, 2) possible avenues for occupational therapists to progress our role in addressing sexuality, and 3) recommended actions to improve Canadian occupational therapists' capacities to address sexuality in their practice, teachings, and research.

Discussions focused on cultural and institutional factors, such as the provider comfort levels, assessment report templates lacking in questions regarding sexual functioning, and a lack of education and resources about sexuality as the main barriers to including sexuality within their practice. Additionally, another theme was understanding the role of occupational therapy in addressing sexuality within different work environments (i.e. schools versus clinical practice).

Following the PIF, participants were asked to again rank their scores on the Menti poll.

Statement	Average (n=29)
1. I feel knowledgeable enough to address sexuality with my patients/clients in OT	7.4
2. I feel that I have the tools and skills to address sexuality with my patients/clients in OT	7.1
3. I know what the role of the OT is regarding sexuality.	8

Next Steps

The Sexuality and Occupational Therapy Practice Network will use results from the forum and this summary report towards advocacy efforts for increasing the level of education on sexuality in Occupational Therapy and Occupational Therapy Assistant programs across Canada. This includes advocating for increasing research opportunities regarding sexuality and sexual functioning. Further, increasing professional development opportunities for practicing occupational therapists to increase their capabilities in applying evidence-based practices relating to sexuality. Finally, the sexuality network will present an official request to the CAOT for the creation of a role paper regarding sexuality and occupational therapy since it showed to be an important need among occupational therapists and students.

Conclusion

Occupational therapists are highly equipped to enable meaningful occupations that include sexuality, sexual expression and sexual activities, although few actually do so in their practice. The PLISSIT model creates an easy to follow guidelines on addressing sexuality within one's practice. All humans are sexual beings regardless of age, gender, race, or disability and Occupational therapists must enable healthy sexual expression as a primary goal when addressing sexuality in occupational therapy. Occupational therapists can begin to address sexuality within their practice by creating the space to talk about it! The inclusion of sexuality within occupational therapy practices will meaningfully impact an individual's quality of life.

Appendix

Mentimeter Questions

1. What does the word "Sexuality" mean to you? (Word Cloud)
2. Scale questions
 - I feel knowledgeable enough to address sexuality with my patients/clients in OT
 - I feel that I have the tools and skills to address sexuality with my patients/clients in OT
 - I know what the role of the OT is, regarding sexuality
3. Where have you received the most education or training in addressing sexuality in OT? (Rank the options that apply to you)
4. How would you feel if a patient/client asked questions about sexuality or sexual dysfunction in session?
5. Throughout your career, how often have you initiated a discussion on sexuality or sexual functioning with a patient/client in OT?
6. Which group do you feel most uncomfortable addressing healthy sexual expression with?
7. Do you have any tools in your own OT tool kit relating to assessing or providing interventions for sexuality or sexual functioning?
8. After today's professional issue forum:Scales
9. In professional development opportunities regarding sexuality and Occupational Therapy, what would you be seeking to obtain?
10. Please provide 2-5 words on how we, as Canadian OTs, can make positive change in our role in addressing sexuality.

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Sexuality from an Occupational Perspective: Then, Now, and Tomorrow

CAOT Professional Issue Forum

May 17th, 2021

Panelists:

Dr. Paulette Guitard, PhD., OT Reg. (Ont.)

Dr. Shaniff Esmail, PhD., MSc. OT

Mr. Louis-Pierre Auger, MOT., MSc.

Guest Speakers:

Ms. Meera Kot

Mrs. Nadine Harrison-Boyd, B. Sc. OT

Moderator:

Ms. Michelle Leclerc, MSc. OT

About our Panelists



Forum Outline

- Forum Objectives
- 15-Minute Presentation per Panelist
- MentiMeter Questions → www.menti.com
- Round Table Discussions in Small Groups
- Group Discussion
- Next Steps
- Summary and Conclusion

Forum Objectives

- Raise awareness;
- Identify concrete ways to include sexuality into daily practice;
- Determine the barriers that affect practicing occupational therapists;
- Identify ways to support clinicians; and
- Collect perspectives on areas addressed in training opportunities.

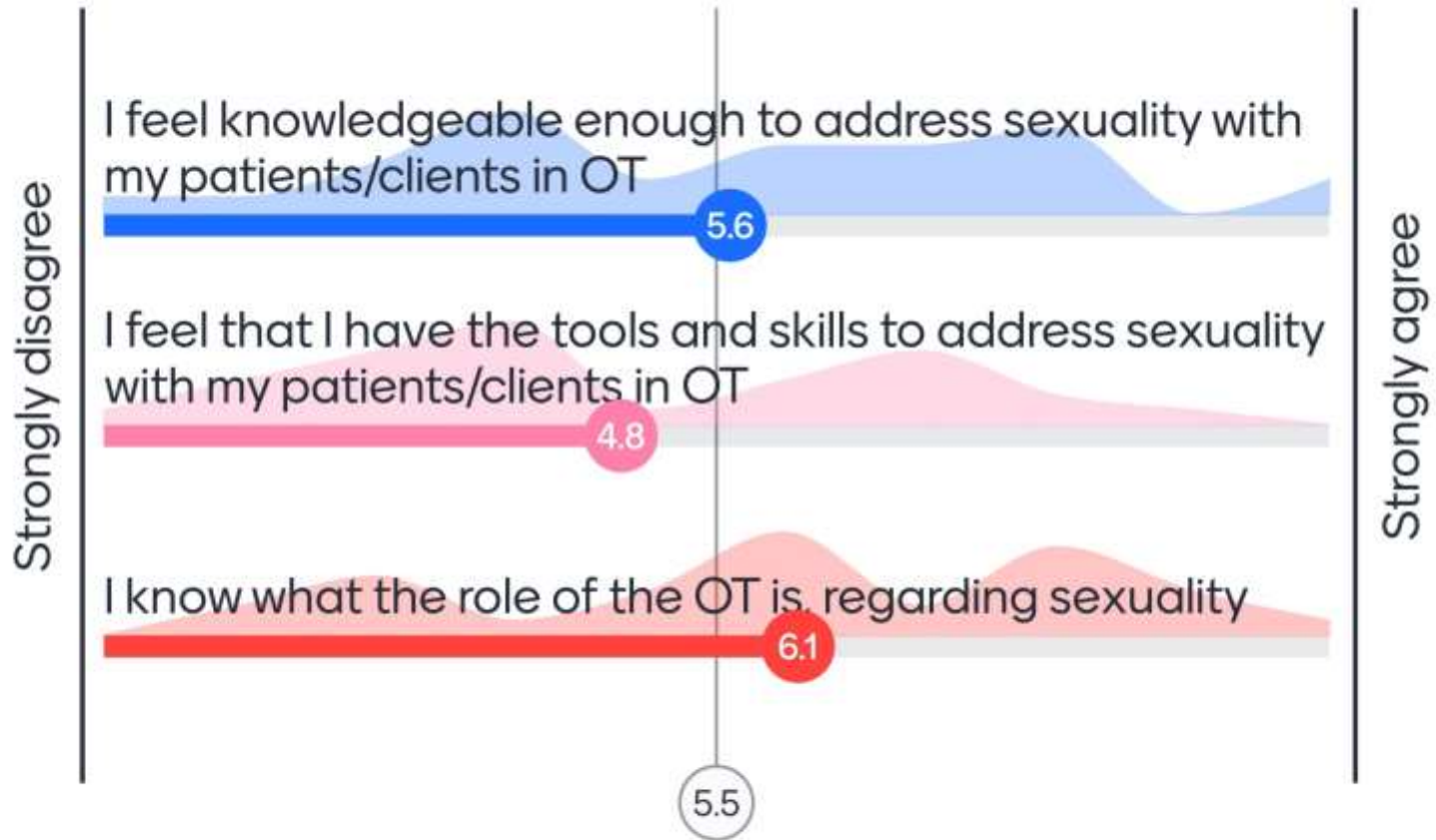
www.menti.com

Code: 1674 4941

What does the word "Sexuality" mean to you?

Mentimeter





Sexuality from an *Educational* Perspective: Then, Now, and Tomorrow



uOttawa

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Occupational Therapy Program

School of Rehabilitation Sciences

Faculty of Health Sciences

Sexuality from an *Educational* Perspective

Learning Objectives

- Exposing the situation
 - Definition
 - Link between Sexuality and OT
- Educational Perspective
 - Then
 - Now
 - Future
- Q & A





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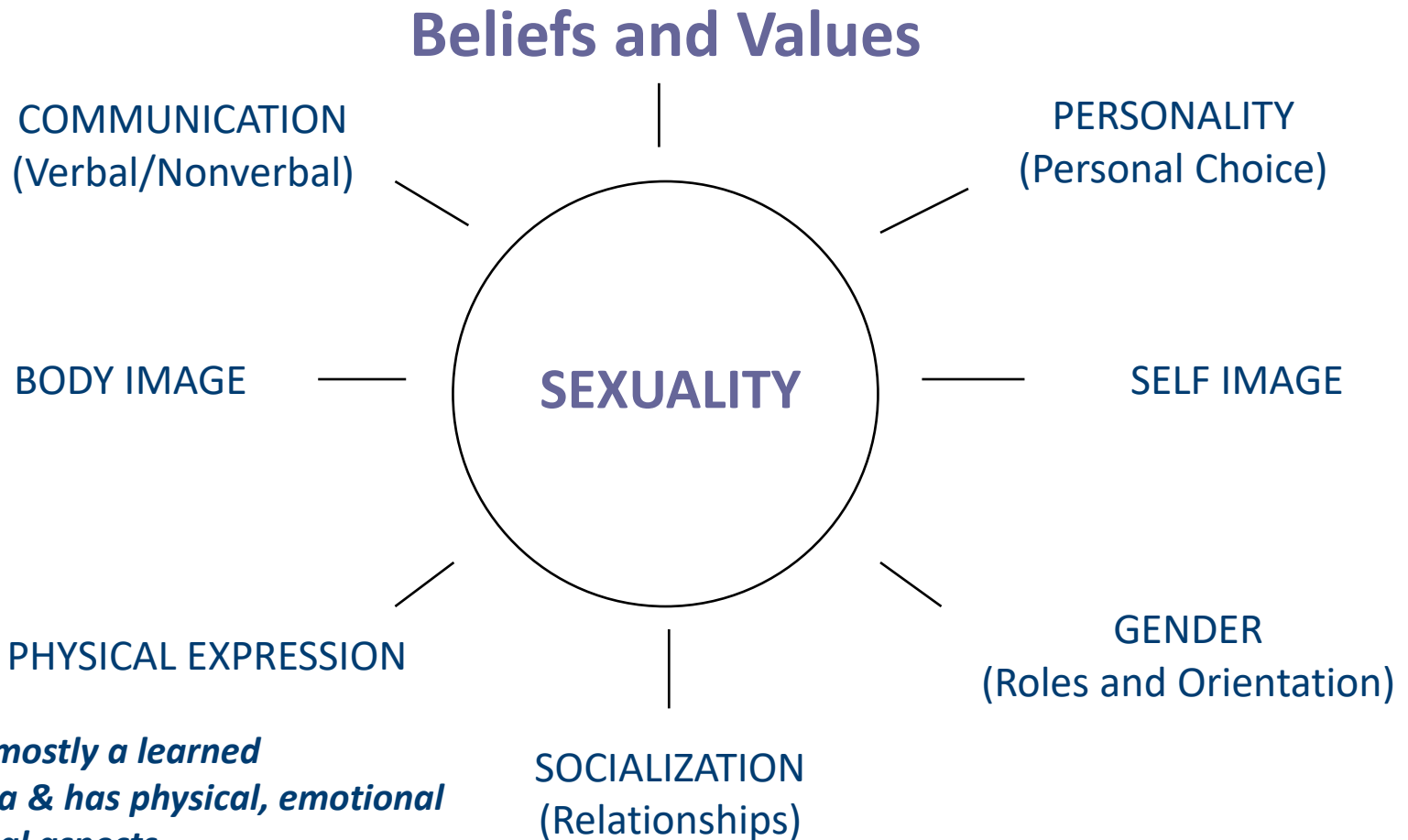
Sexuality and Health Care

- Many health care professionals received questions regarding sexuality
- Most feel ill-equipped to answer
- Many believe it is not their role to approach sexuality with their clients
 - Narrow definition of sexuality
 - Little information during training

(McAlohan, 1996; Conine, Christie, Hammond, & Smith-Minton, 1980; Novak & Mitchell, 1988),

Sexuality:

The whole person including sexual thoughts, experiences, learnings, ideas, values and imaginings



Sexuality: mostly a learned phenomena & has physical, emotional and spiritual aspects

Sexuality and Occupational Therapy

Sexuality is a

- Meaningful occupation
- Basic physiological need (Mazlow, 1997)
- Significant health determinant that influences one's quality of life (Beckwith & Yau, 2013; New, 2019)

Sexuality and Occupational Therapy: Then and Now

Most OTs are not comfortable approaching sexuality
(McALohan, 1996)

- **Role unclear**
- **Lack of knowledge and ability**
- **Lack of resources and paucity of tools**
- **Work contexts**
- **Lack of time**

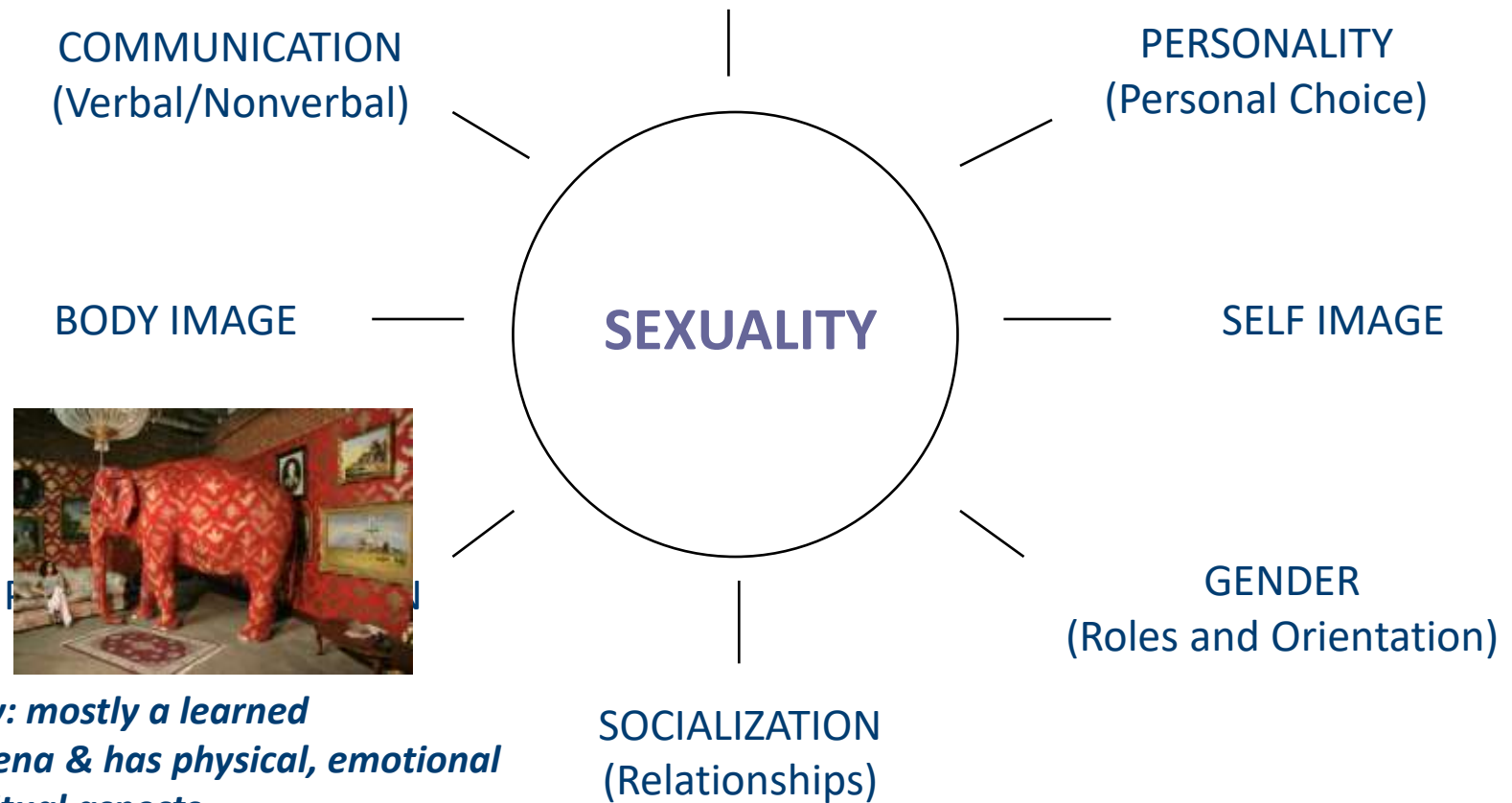
Sexuality and OT Education: The Future is Now!

- Providing specific information
 - How the condition may impact sexuality
 - Physiological repercussions
 - Physical symptoms
 - Psychological repercussions
 - How to approach the subject with clients
 - OT's specific contribution

Sexuality:

The whole person including sexual thoughts, experiences, learnings, ideas, values and imaginings

Beliefs and Values



Sexuality: mostly a learned phenomena & has physical, emotional and spiritual aspects

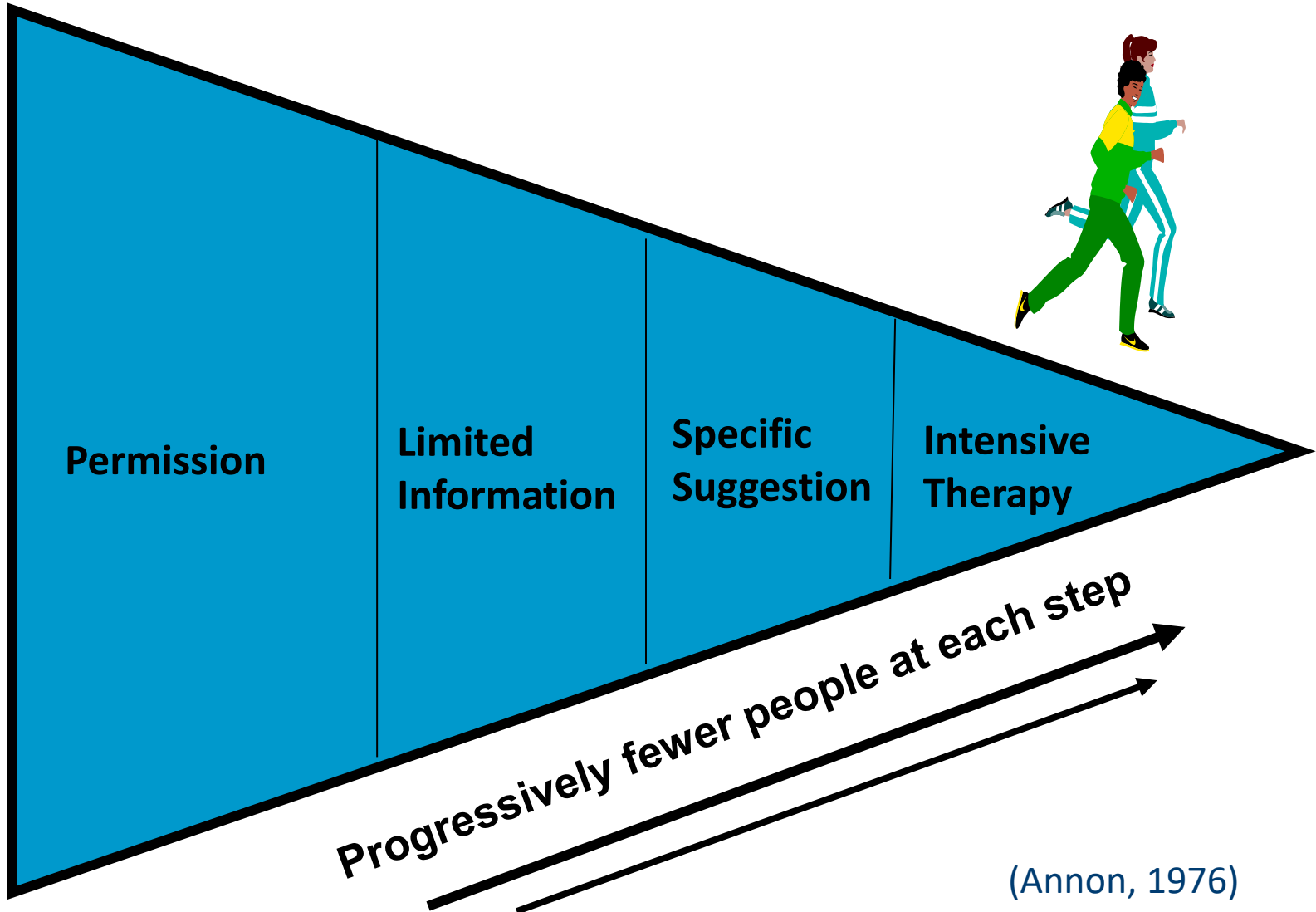
Sexuality and OT Education: The Future is Now!

- Clarifying the responsibilities of team all members
 - Models such as **PLISSIT** (Annon, 1976)
 - **P**: Permission
 - **LI**: Limited information
 - **SS**: Specific suggestions
 - **IT**: Intensive therapy

Sexuality and OT Education: The Future is Now!

- Clarifying the responsibilities of team all members
 - Models such as PLISSIT (Annon, 1976)
 - **P: Permission**
 - **LI: Limited information**
 - **SS: Specific suggestions**
 - **IT: Intensive therapy**

P-LI-SS-IT Model



(Annon, 1976)

Sexuality and OT Education: The Future is Now!

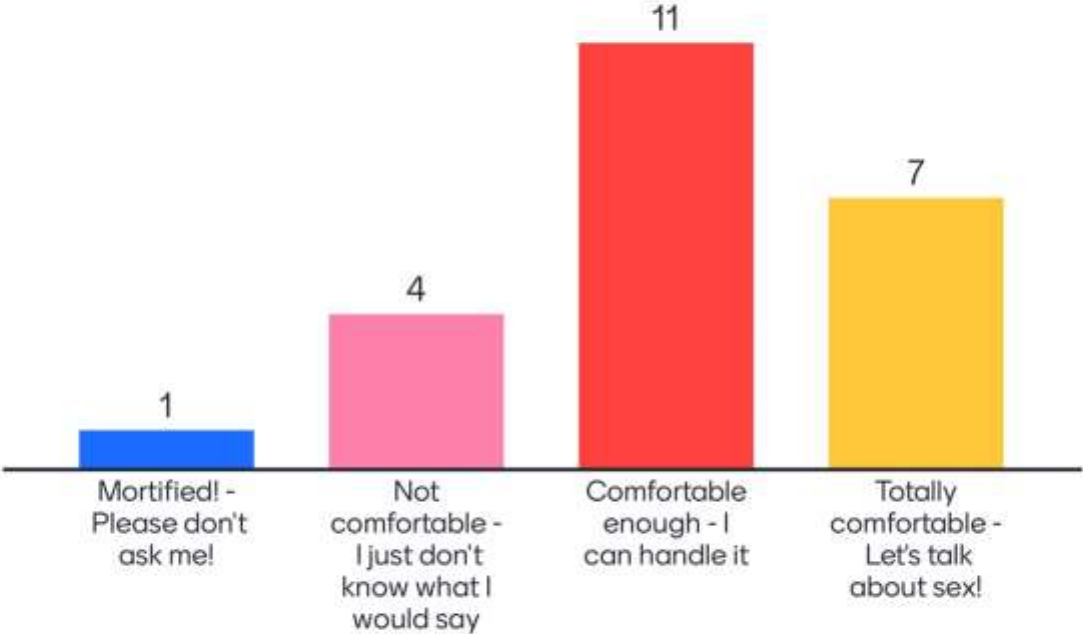
Take home message:

- No matter the disease, disability, or handicap, healthy sexual expression is always possible
 - Must meet the needs of clients and their partners
 - different than before

Where have you received the most education or training in addressing sexuality in OT? (Rank the options that apply to you)



How would you feel if a patient/client asked questions about sexuality or sexual dysfunction in session?



Guest Speaker

Ms. Meera Kot

Sexuality from an *Occupational* Perspective: Then, Now, and Tomorrow



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Faculty of Rehabilitation Medicine

Sexuality from an *Occupational* Perspective

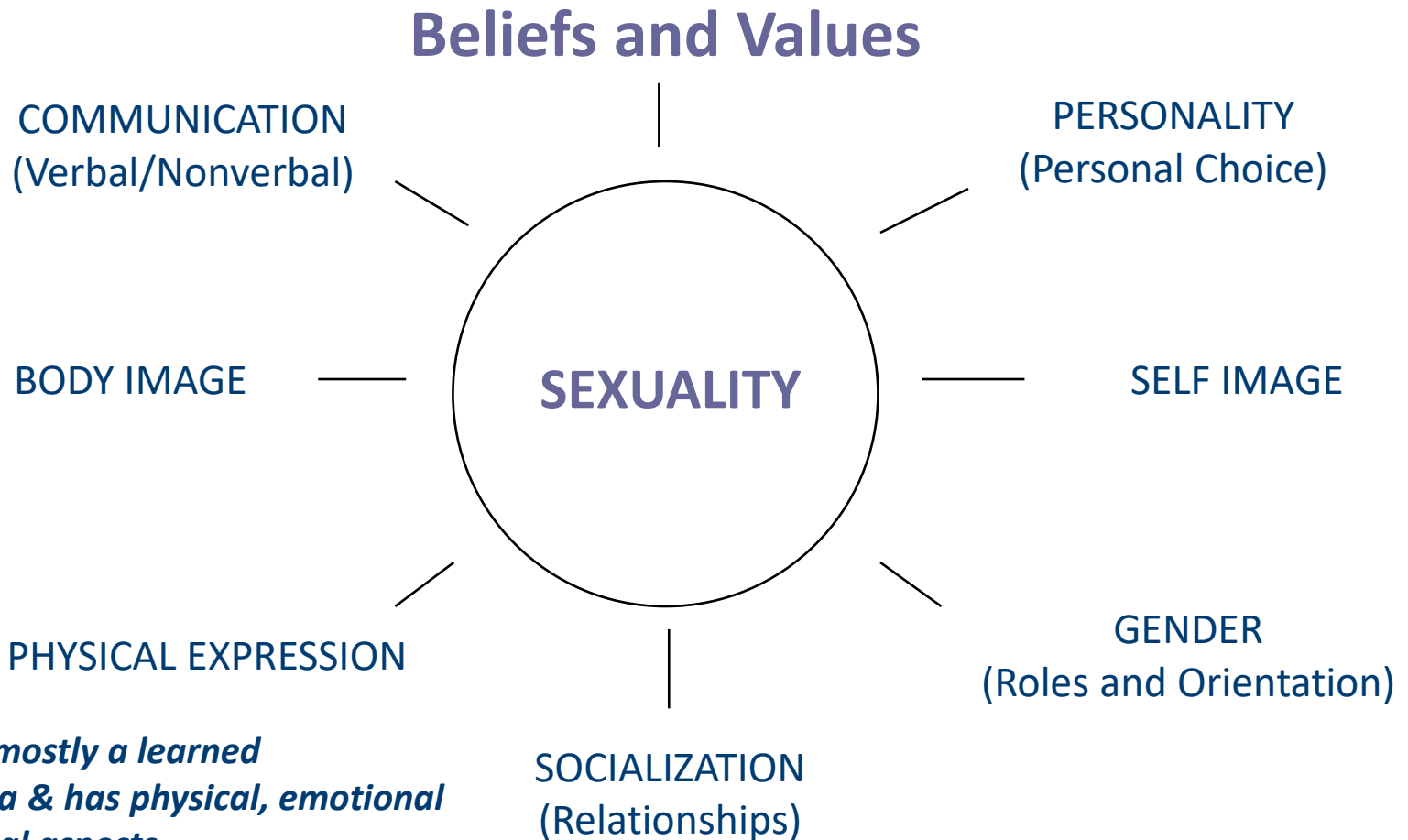
Learning Objectives

- Definitions
- Asexuality and Stigmatization
- Research – Sexuality and Disability
- Healthy Sexual Expression
- Promoting Health Sexual Expression
- Q & A



Sexuality:

The whole person including sexual thoughts, experiences, learnings, ideas, values and imaginings



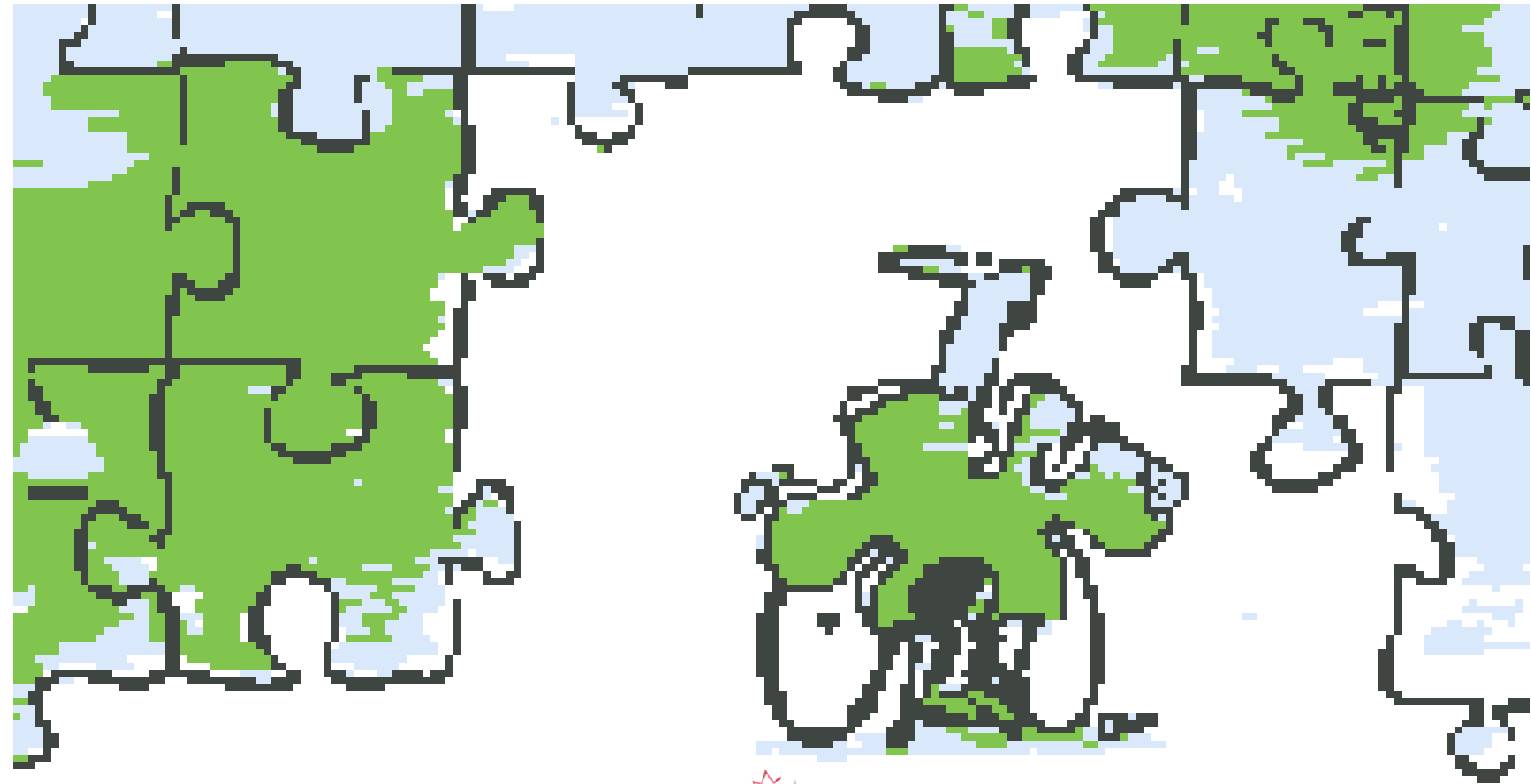
Sexuality: mostly a learned phenomena & has physical, emotional and spiritual aspects

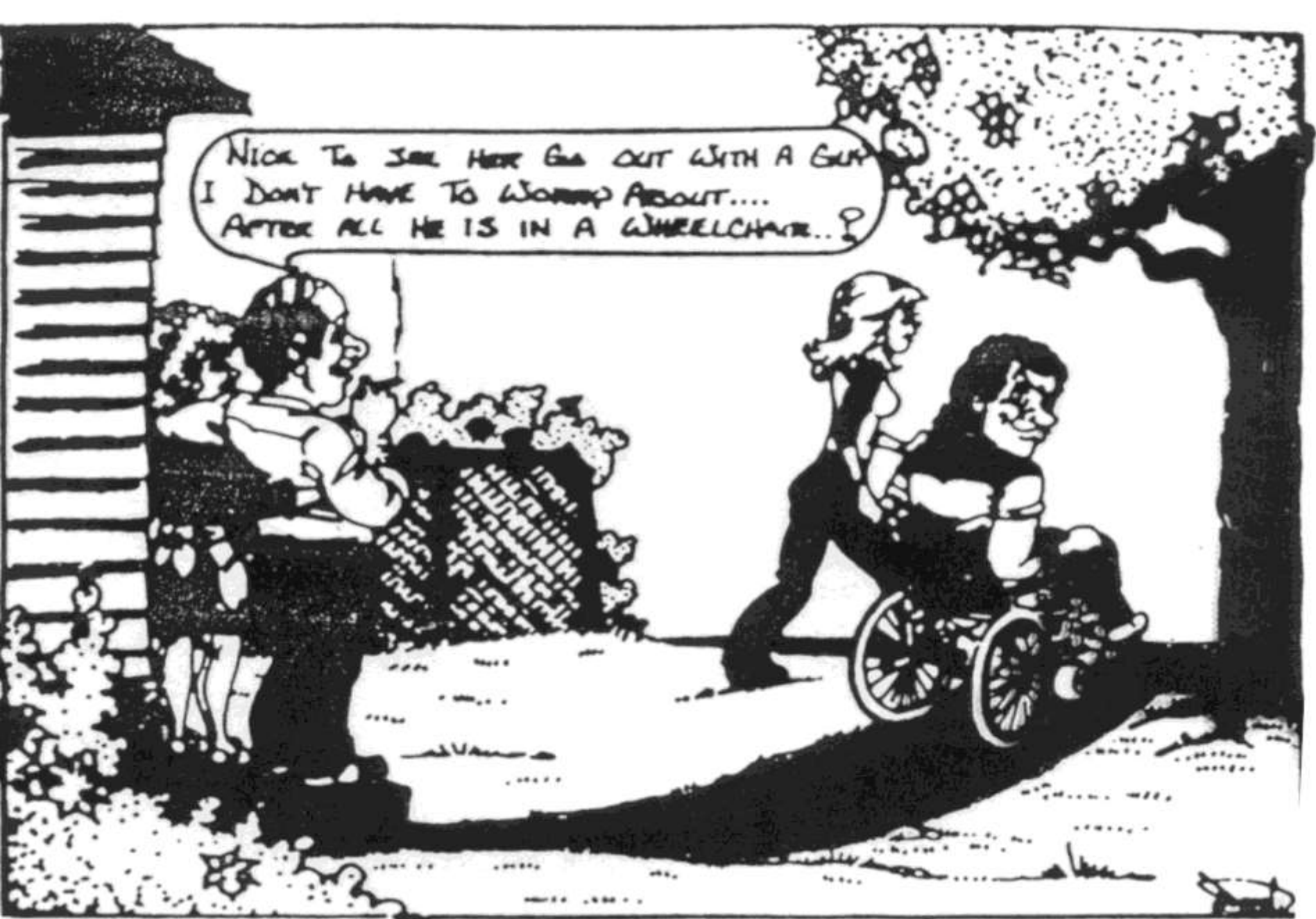
Sexual Health

A state of physical, emotional, mental and social well-being in relation to sexuality.
(WHO, 2002)



Impairment – Disability - Handicap





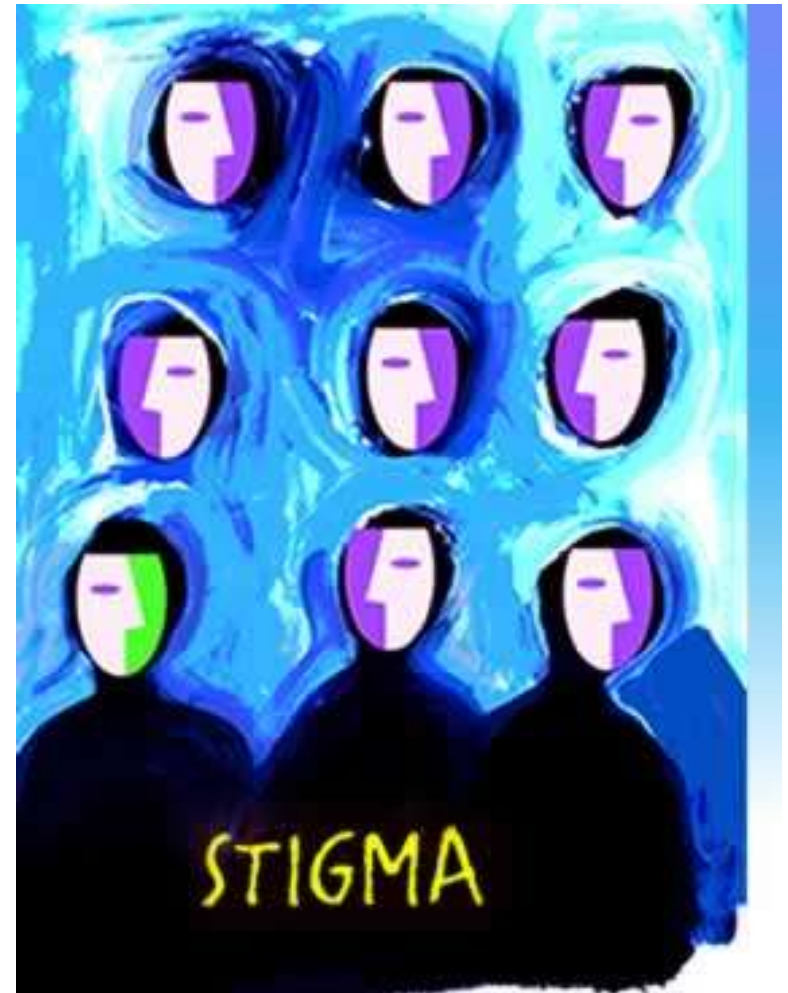
We live under an Attitudinal Umbrella



of Reproductive Bias
regarding sexuality

Asexuality and Stigmatization

- Socio-cultural barriers may be **more disabling** than the impairment itself.
- Sexuality as an expression of love and pleasure is **not recognized** for individuals with disabilities (Tepper, 2000)
- Evidence suggests that people with disabilities **internalize** the notions of asexuality (Thornton, 1981)



Historical Research Perspectives on Sexuality & Disability

- Focused from a medical perspective - sexuality reduced to physical function only (Skellariou, 2006)
- Medical Model has focused on harm reduction, prevention and control of sexuality; not a sex-positive view
- Social resistance (re: disability) to the development of relationships and sexuality (Hahn, 1981)



Social Model of Disability: A Change in Approach

- Developed by the **Union of the Physically Impaired Against Segregation** 1976
- **'Disability'** = the result of a social structure which functions to exclude certain people from accessing employment, social resources and positive identities (Galvin, 2005)
- **Focus:** public's response to individuals with disabilities and the inability of society to remove environmental and social barriers (Siminski, 2003)

Research - Sexuality & Disability

Very limited literature on Disability and Sexuality:

Separation of cognitive and physical disability.

Reality of what is available

Physical

- Focus on function/response
- Anatomy, physiology
- Fix the problem
- Very little promoting healthy expression in relation to disability

Intellectual/Cognitive

- Programs focused on harm reduction
- +++ programs on dealing with ISB (Inappropriate Sexual Behaviours)
- Very little promoting healthy expression in relation to disability

Basic Assumptions About Sexuality and Persons with a Disability

1. All persons, regardless of disability, are sexual persons
2. The person with a disability has the right to all information about sexuality that they can understand; including the right to full range of sexual expression
3. The person with a disability has the right to develop relationships with others and to express affection and sexuality in the same ways that are acceptable to others

What is Healthy Sexual Expression?

What are some elements you feel should be included in the description of healthy sexual expression ?



Healthy Sex Vs Harmful Sex

Healthy Sex

Sex is a choice

Sex is a natural drive

Sex is nurturing, healing

Sex is an expression of love

Sex is sharing with someone, part of who I am

Sex requires communication

Sex is private

Sex is respectful

Sex is honest

Sex is mutual

Sex is intimate

Sex is responsible

Sex is safe

Sex has boundaries

Sex is empowering

Sex enhances who you really are

Sex reflects your values

Sex enhances self esteem

Sexual Abuse and Addiction

Sex is an obligation

Sex is addictive

Sex is hurtful

Sex is a condition of love or devoid of love

Sex is “doing to” someone

Sex is void of communication

Sex is secretive

Sex is exploitative

Sex is deceitful

Sex benefits one person

Sex is emotionally distant

Sex is irresponsible

Sex is unsafe

Sex has no limits

Sex is power over someone

Sex requires a double life

Sex compromises your values

Sex feels shameful

(McKinley Health Center, 2009)

What is Healthy Sexual Expression?

- Involves recognizing and celebrating that everyone is sexual
- Emotional and social communication/connection – not just physical
- CERTS Model (developed by Wendy Maltz)
 - **C**onsent – freely chose to engage in sexual activity
 - **E**quality – sense of power is equal with your partner
 - **R**espect – positive regard for self and partner
 - **T**rust – trust partner on both physical and emotional levels
 - **S**afety – you feel secure and safe within the sexual setting

(McKinley Health Center, 2009)

Importance of Promoting Healthy Sexuality

- Family members and service providers often view sexuality as a source of risk
 - Do not acknowledge that sexuality is a healthy and normal part of adult development
 - Caregivers were found to be against providing sex education, believing it would create desire for sexual relationships
(Heyman & Huckle, 1995)
- **Sex education resulted in:**
 - Positive changes in sexual expression and identity
 - Appropriate expression of needs
 - Improved social behaviours
 - **No adverse effects**, e.g. promiscuous sexual behaviour or unwanted pregnancy
(Kempton, 1978)

Importance of Promoting Healthy Sexuality

- Otherwise unhealthy and abusive forms of sexuality may prevail.
- The inability to develop healthy sexuality can lead to or worsen mental disorders such as anxiety, depression, and adjustment disorders, as well as impaired self-esteem.
- Restricting sexual expression can lead to other forms of “acting out”
- Can put individuals at risk for sexual abuse and exploitation, HIV and other STIs, and unplanned and unwanted pregnancies.

(Evans & Conine, 1985)

Facilitating Healthy Sexual Expression

We Are All Sexual

- Strength-based approach rather than a deficit-based approach
- Tailor specifically to each individual
- Acceptance and honesty – don't sugar coat
- Sexuality is more than physical expression
 - Coping with urges
 - Coping with loneliness
 - Clubs, exercise, healthy occupations and activities
 - Model healthy sexual expression

Summary

- Sexuality is a human right that is important to all individuals regardless of age, gender, orientation, or developmental level.
- To broadly address the development of healthy sexuality for individuals with disability, the issue needs to be normalized, not ignored or avoided; which means involving parents, staff, researchers and professionals.
- Research must focus on positive aspects not just function and harm reduction.

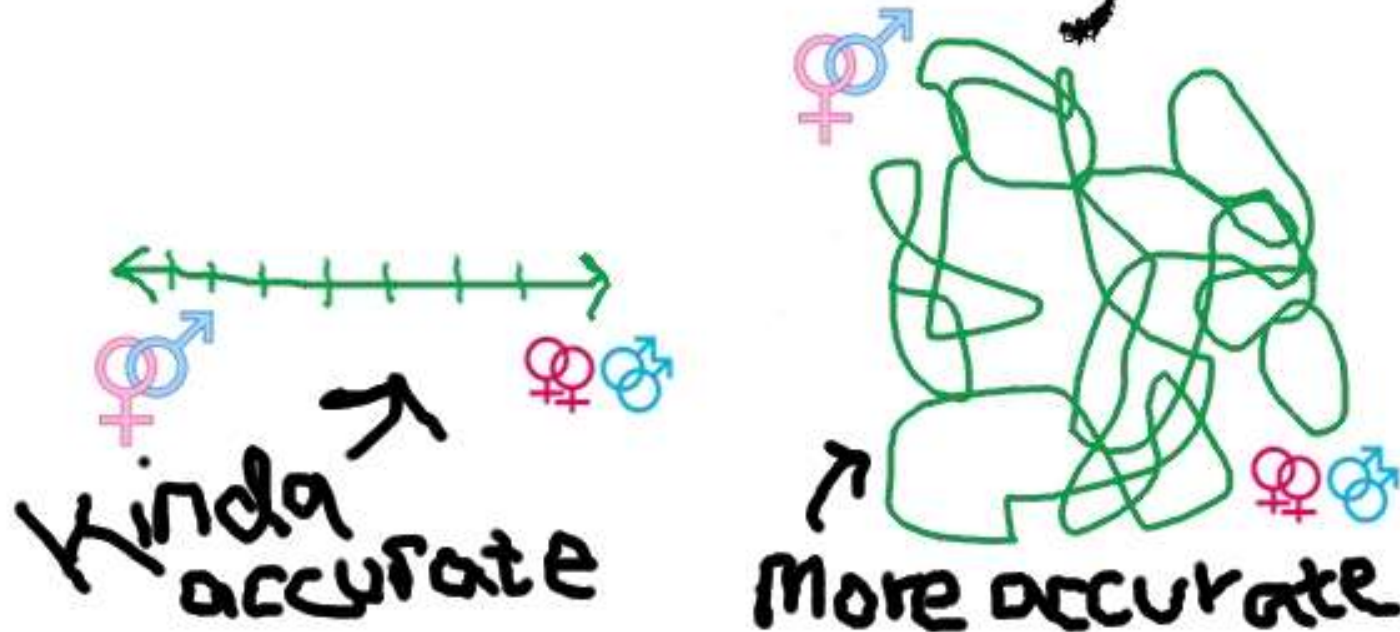
Strategies for Practice & Research



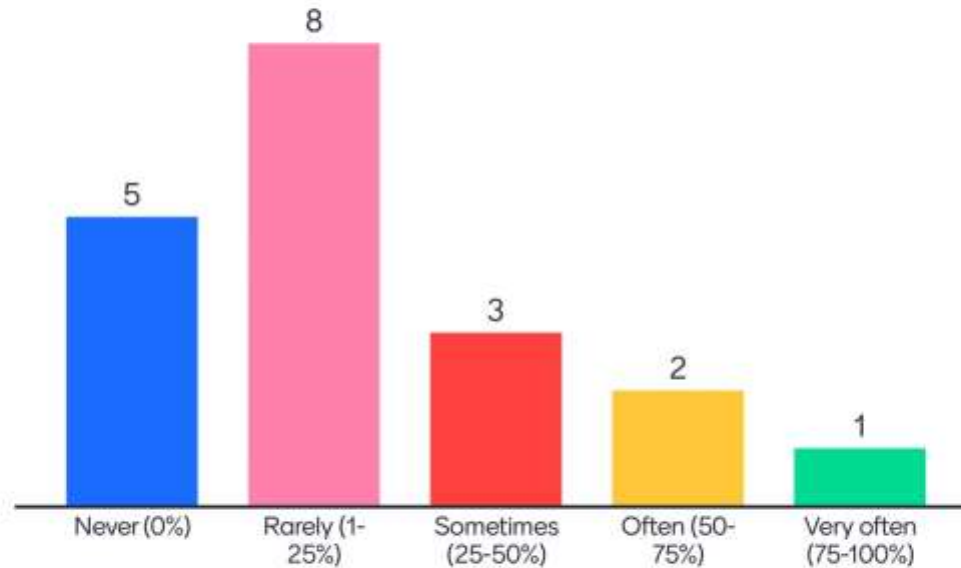
Copyright 1986, John Caldwell.

Thank you

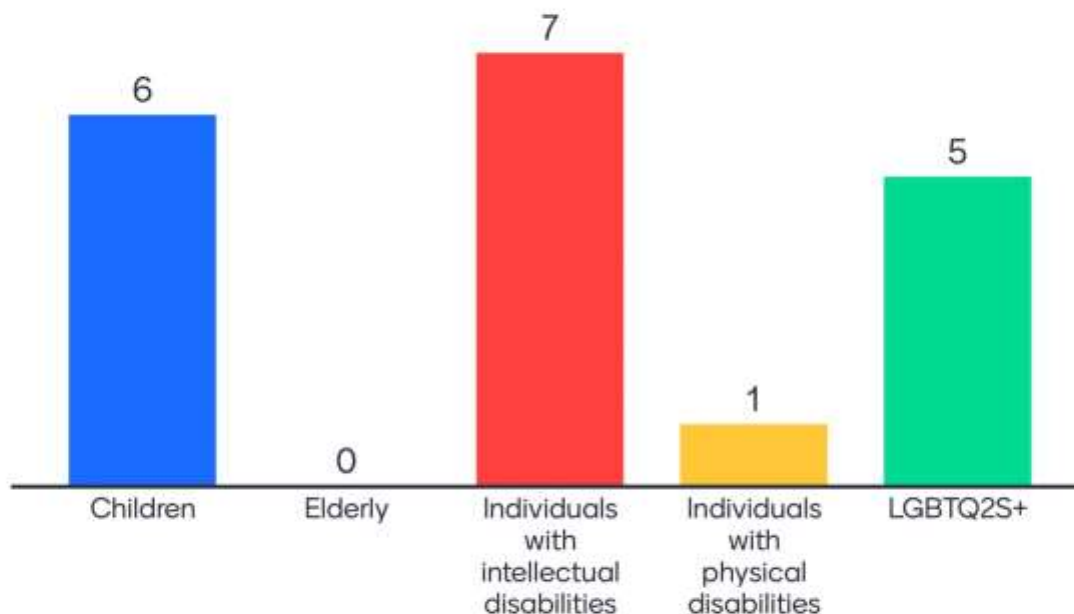
Sexual Identity



Throughout your career, how often have you initiated a discussion on sexuality or sexual functioning with a patient/client in OT?



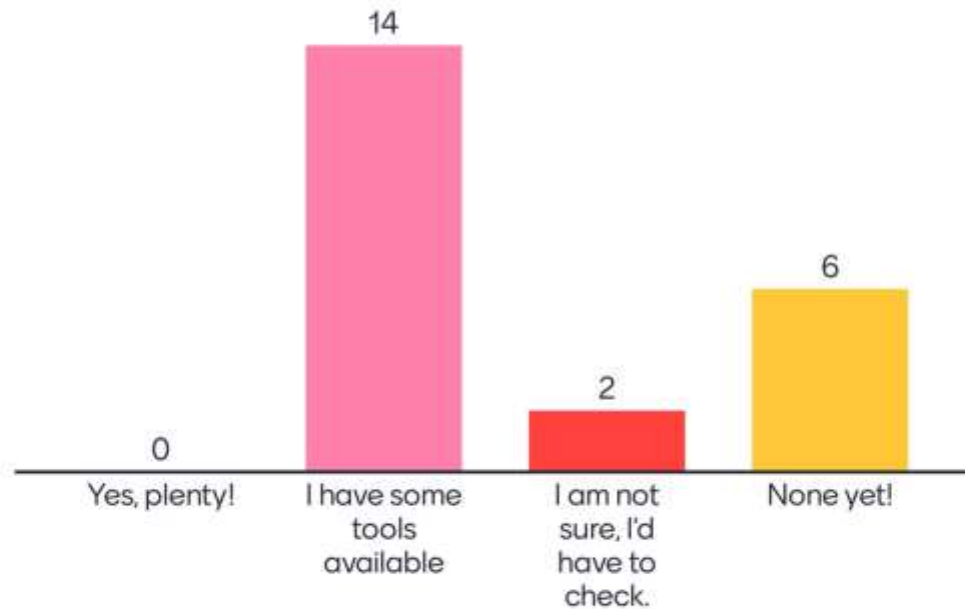
Which group do you feel most uncomfortable addressing healthy sexual expression with?



Guest Speaker

Mrs. Nadine Harrison-Boyd

Do you have any tools in your own OT tool kit relating to assessing or providing interventions for sexuality or sexual functioning?



Sexuality from a *Clinical* Perspective: Integrating the Subject in Occupational Therapy Practice

École de réadaptation
Faculté de médecine

Université 
de Montréal

Louis-Pierre Auger, M. Erg., M. Sc.

louis-pierre.auger@umontreal.ca

Doctoral student in rehabilitation sciences, under the supervision of Annie Rochette, PhD., and Johanne Filiatrault, Ph.D.

Sexuality from a *Clinical* Perspective

Learning Objectives

- Position sexuality in relation to social participation.
- Describe how health conditions can influence sexuality.
- Identify certain methods to assess and intervene regarding sexual difficulties in occupational therapy.

An Epiphany!



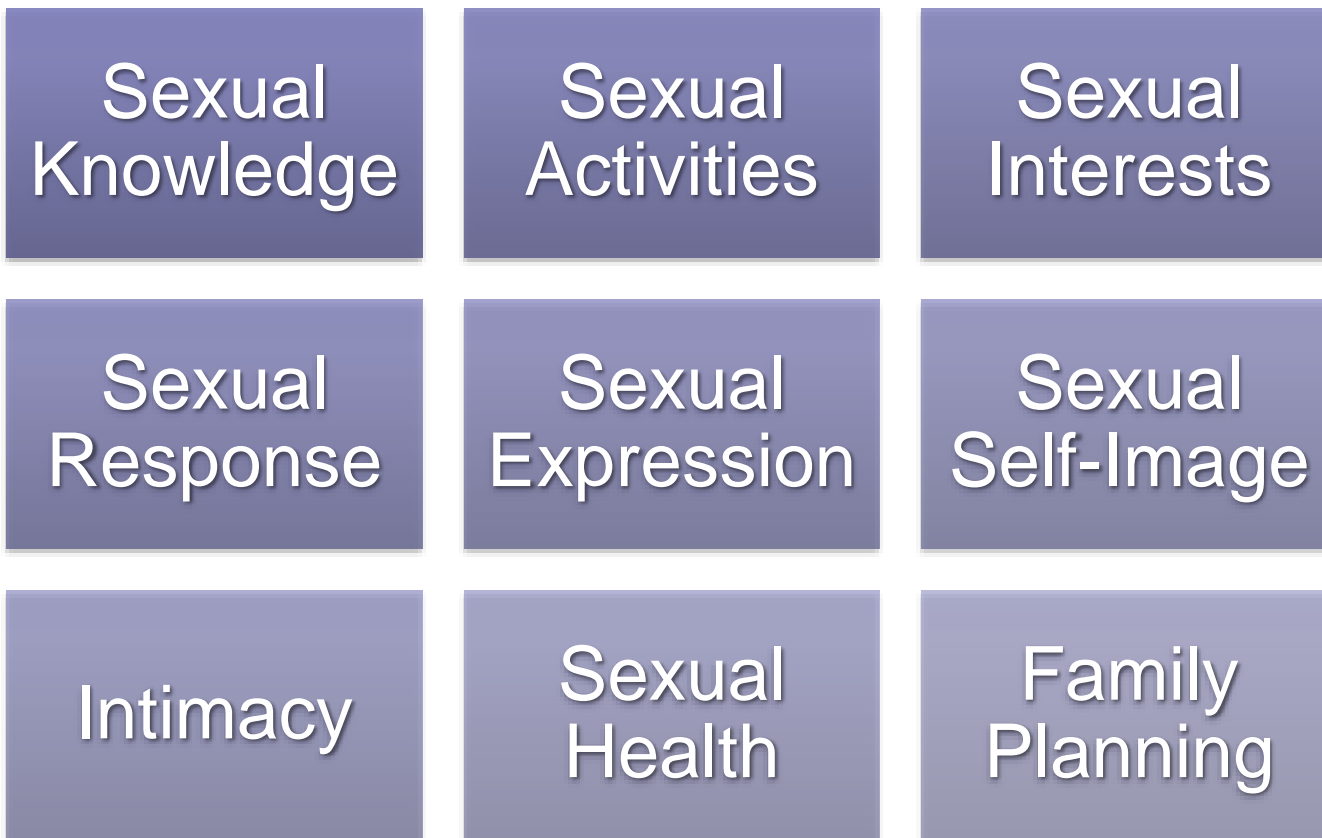
What is sexuality?

According to the scientific literature



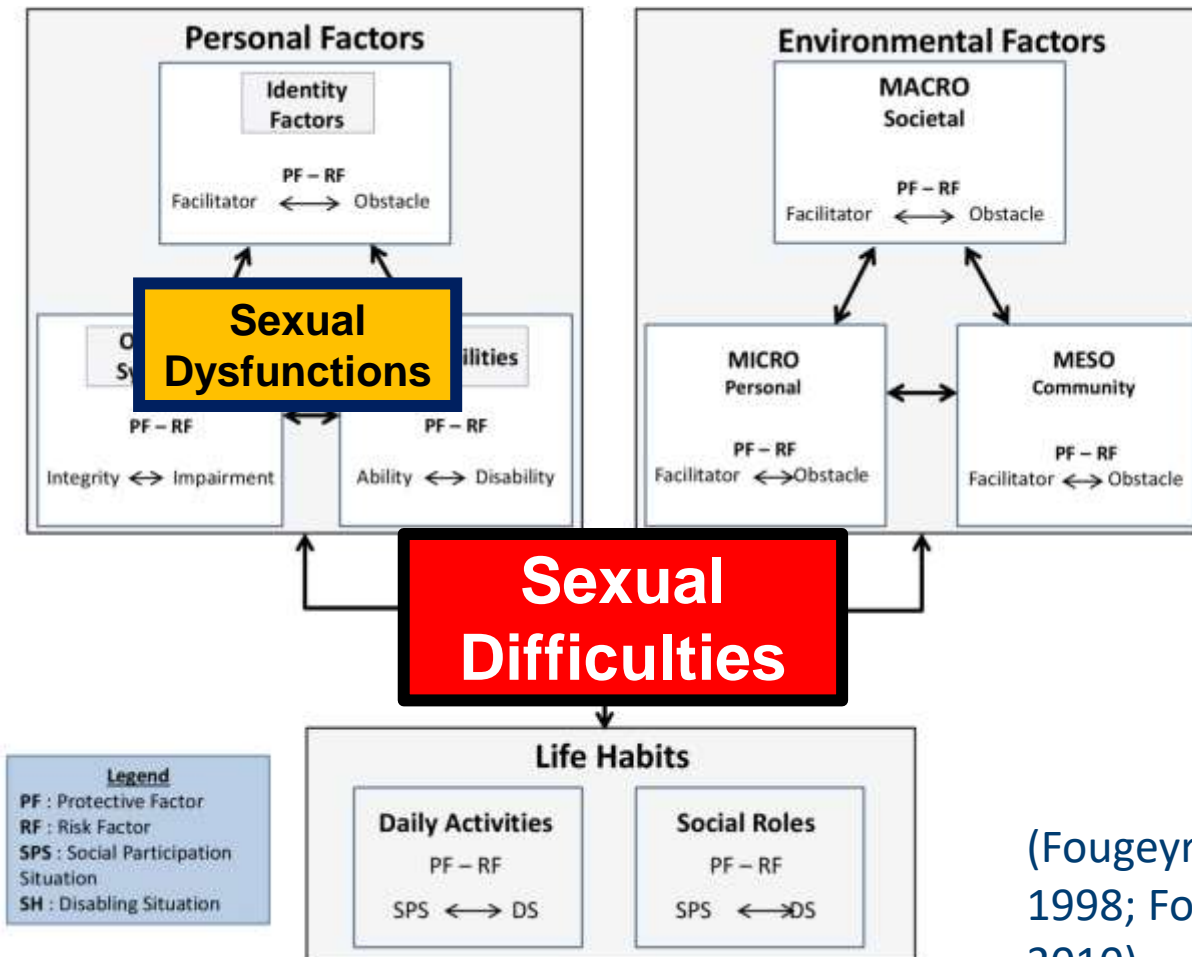
What is sexuality?

According to the *Occupational Therapy Sexual Assessment Framework* :



(Walker et al., 2020)

Human Development Model: Disability Creation Process (HDM-DCP)



(Fougeyrollas et al., 1998; Fougeyrollas, 2010)

And then?

Integrating Sexuality Into Occupational Therapy Practice: A Process

Having a
conversation
about
sexuality

OT assessment
regarding
sexuality

OT
intervention
plan and
application

Referral if
needed

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needed

Keep in mind:

- Therapeutic relationship
- Confidentiality
- All information shared is appreciated

Integrating Sexuality Into Occupational Therapy Practice: A Process

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Suggested methods:

- Unstructured interview
- Semi-structured interview using the Sexuality Interview Guide (SIG)
- Self-Reported Quality of Life questionnaire with items relating to sexuality
- Offer a pamphlet about sexuality and the health condition

The Sexuality Interview Guide (SIG)

Sexuality Interview Guide (SIG)

1. In your own words, ask the person's permission to discuss sexuality with him/her.

- Agree Disagree (stop here)

2. Normalize the presence of worries related to sexuality for patients who have had a stroke. *"You know, a stroke is likely to impact a person's sexuality. In fact, around 50% of people who have had a stroke are at risk of experiencing a change in their sexuality."*

3. Give examples of questions or worries related to sexuality that are often reported by stroke patients. *"Persons who have had a stroke often ask certain questions about sexuality. For example, many people wonder if resuming sexual activity will cause another stroke. Most of these questions can be answered by rehabilitation professionals."*

4. *"Would you like sexuality to be addressed during your rehabilitation?"*

- Yes No

A patient who answers "Yes" is considered as positively assessed with the SIG.

Information or questions verbalized by the person while using the SIG:

Clinical impression of the nature of sexual difficulty:

- Psychological
 Physical
 Medical

Interview conducted by:

_____ Date _____

©Auger et al., 2021

Integrating Sexuality Into Occupational Therapy Practice: A Process

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Analysing the Impact of Health Conditions on Sexuality

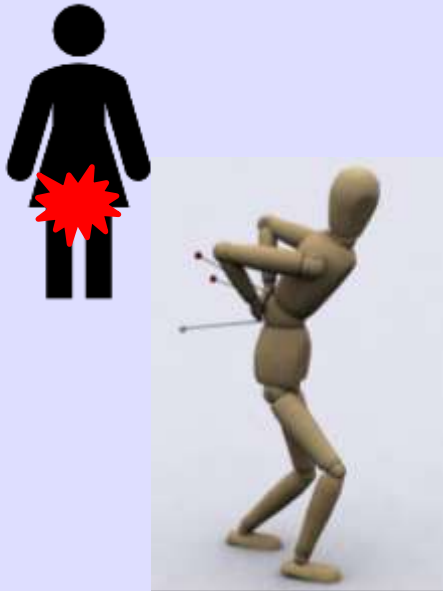
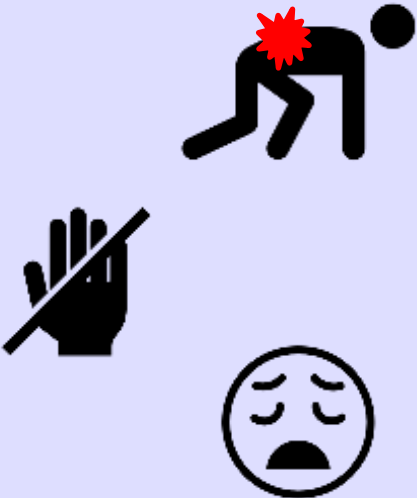
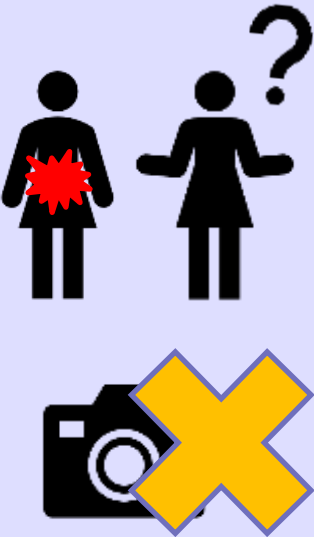
Direct impact: Impact of the condition on bodily structures implicated in sexual response (e.g. brain regions, nerves, medication)

Indirect impact: Impairments and symptoms influencing sexuality, such as motor or cognitive difficulties, incontinence, pain, fatigue, etc.

Psychosocial impact: Psycho-emotional conditions, such as depression and anxiety, which impact body image, and ones ability to communicate and/or connect with others, impacts on the partner(s).

(Adapted from Foley and Iverson, 1992)

Application of the Impacts Regarding Pain

Direct	Indirect	Psychosocial
		

Assessment

Examples of questions you could ask:

- How important to you is sexuality at this time in your life?
- How would you describe your sexual activities at this time?
- If you could change aspects of your current sexual situation, what would you change and how would you change it?
- What physical, medical, or drug-related concerns do you have relating to your sexuality?
- Are there questions or concerns that you have regarding this interview?

(Pendleton and Schultz-Krohn, 2017, Box 12.2, p. 293)

Integrating Sexuality Into Occupational Therapy Practice: A Process



Based on your OT assessment and analysis regarding the health condition's impacts on the individual's sexuality; evaluate if OT is relevant for the person and suggest intervention methods.

Suggestions for Interventions in OT

Table 1
Evidence-Based Classification of Occupational Therapy Interventions

Intervention	Description	Focus
1. Training	Stabilisation exercises	P
2. Skill development	Training to use certain alternative positions	P
3. Education	Group education or pamphlet	P
4. Task adaptation	Variety in sexual activities, positioning	O
5. Occupation development	Promoting leisure activities that boost confidence, body image, and intimacy	O
6. Environmental modification	Cushions, grab bars, sex toys	E
7. Support provision	Counseling, validation	E
8. Support enhancement	Educating the partner	E

P = person; O = occupation; E = environment.

McColl et Law, 2013

Integrating Sexuality Into Occupational Therapy Practice: A Process

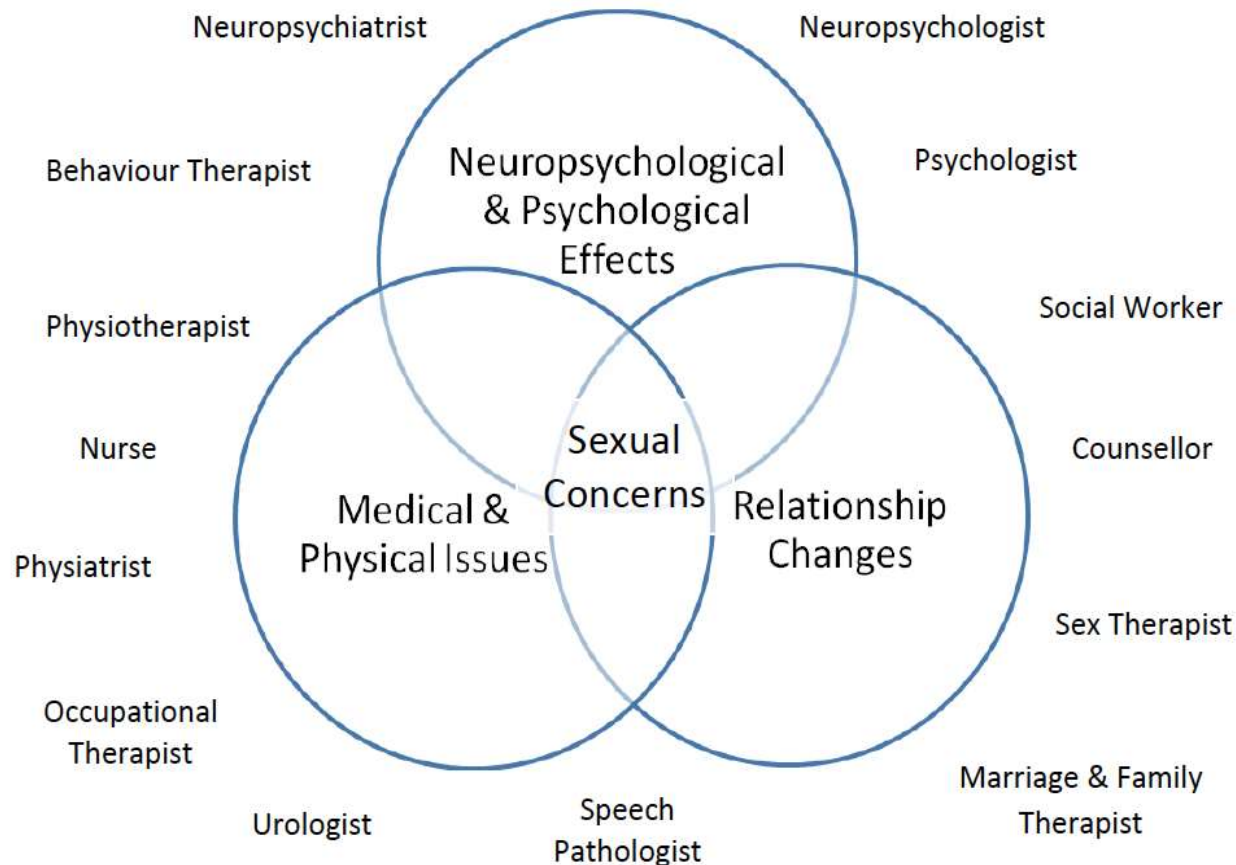
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Sexual Rehabilitation: An Interdisciplinary Approach



(Biopsychosocial Model of Intervention, Gan, 2005; Moreno et al., 2013)

Summary

- Sexuality can be significantly affected by the health conditions of individuals treated in OT
- OTs have the skill set to address sexuality and enable their patients in reintegrating satisfying sexual activities
- Many opportunities available for interdisciplinary collaboration regarding sexuality
- The important thing is to begin by talking about it!

Round Table Discussions

(Small Groups)

- **Question 1:** What barriers have you experienced with including sexuality in your practice, teachings, or research?
- **Question 2:** What can we, as OTs, do to help progress our role in addressing sexuality in Occupational Therapy?
- **Question 3:** What are your recommended actions to improve Canadian Occupational Therapists' capacities to address sexuality in their practice, teachings, and/or research?

Group Discussion – Panelist Q&A

- **Question 1:** What barriers have you experienced with including sexuality in your practice, teachings, or research?
- **Question 2:** What can we, as OTs, do to help progress our role in addressing sexuality in Occupational Therapy?
- **Question 3:** What are your recommended actions to improve Canadian Occupational Therapists' capacities to address sexuality in their practice, teachings, and/or research?

jseguin@caot.ca



Raise Hand

Next Steps

To Dos:

- Summary Report – Autumn
- OTNow Article on PIF

To Dos for You:

- CAOT Sexuality and Occupational Therapy Practice Network
- OT Now Special Issue on Sex, Sexuality, and Occupational Therapy
- Practice Guide (Soon available in English): Practice Guide to Help Occupational Therapists Manage Sexual Difficulties to Neuromuscular Disorders from Université de Sherbrooke (Favoriser la sexualité et la vie amoureuse des adultes présentant une maladie neuromusculaire)

Summary and Conclusion

- We as OTs are equipped to enable this meaningful occupation
- PLISSIT model
- Healthy Sexual Expression
- We need to talk about it!

Additional resources

Sexuality Interview Guide: available on request via louis-pierre.auger@umontreal.ca

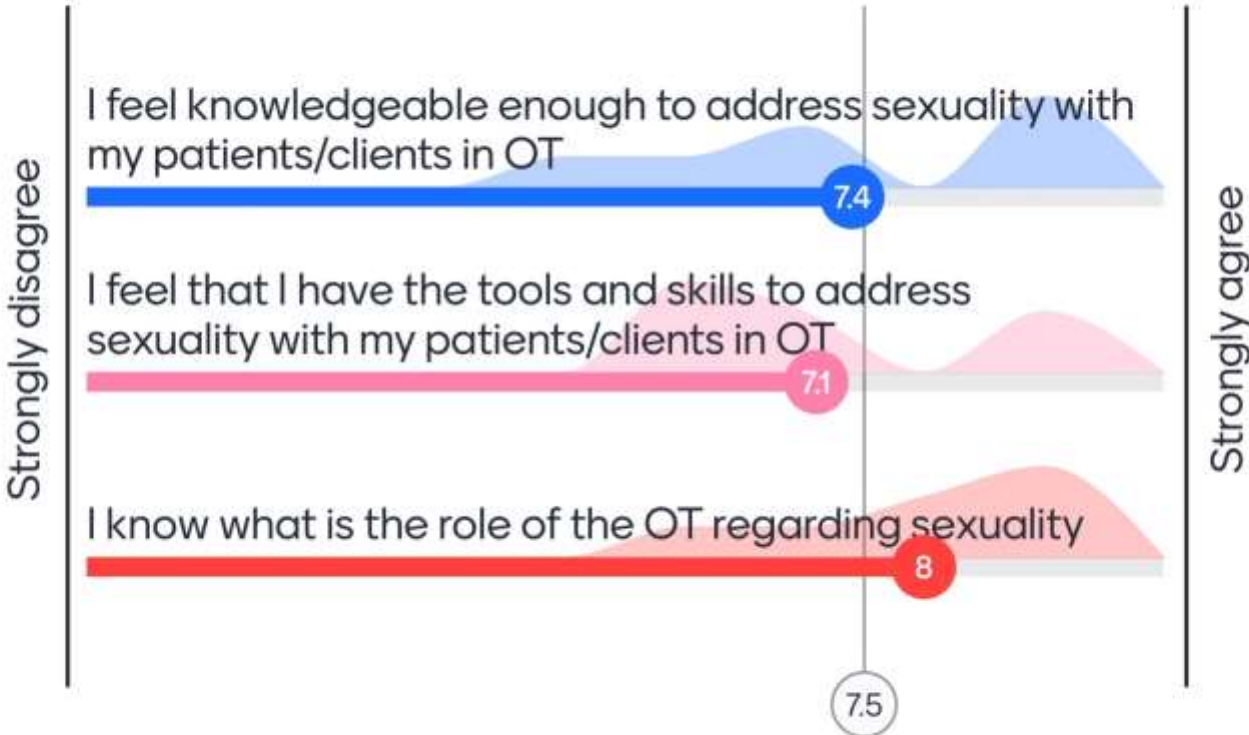
Professional training: Ergothérapie et sexualité, by LP Auger (available in English), <https://readaptation.umontreal.ca/calendrier/formation-continue-du-programme-dergotherapie-ergotherapie-et-sexualite/>

Book: Hatjar, B (2012). Sexuality and Occupational Therapy: Strategies for Persons With Disabilities. <https://www.amazon.com/Sexuality-Occupational-Therapy-Strategies-Disabilities/dp/1569003084>

Practice Guide: Muslemani et al. (2019). Favoriser la sexualité et la vie amoureuse des adultes présentant une maladie neuromusculaire. https://santesaglac.gouv.qc.ca/medias/2019/02/ERGO_MNM_Sexualite_Final_fr.pdf

Available for developing a tailored training for your practice context, for collaboration in clinical implementation projects and for consultation in sexual rehabilitation. louis-pierre.auger@umontreal.ca

After today's professional issue forum:



Special Thank You

- Panelists:

- Dr. Paulette Guitard, Dr. Shaniff Esmail, and Mr. Louis-Pierre Auger.

- Guest speakers:

- Meera Kot and Nadine Harrison-Boyd

- Keven Mercier

- Josée Séguin, OT Reg. (Ont.)

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Thank you and stay safe!

Merci et restez en sécurité!

Sexuality from an Occupational Perspective: Then, Now, and Tomorrow

CAOT Professional Issue Forum

May 17th, 2021