

ADDRESSING SEXUAL WELLBEING IN OCCUPATIONAL THERAPY
EDUCATION AND PRACTICE

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy

by

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February 25, 2024

Certification of Approval

I certify that I have read *Addressing Sexual Wellbeing in Occupational Therapy Education and Practice of Thesis*, by Betsy N. Barrett, Katarina N. Buettner, Ca'Che D. Jones, and Yesenia Rivero, and in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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Dedication

We dedicate this thesis to our loving families, friends, and parents whose unwavering support and encouragement have been our anchors throughout this academic journey.

This work is dedicated to you, with heartfelt gratitude for being our pillars of strengths and for sharing in the time, sacrifice, and encouragement in accomplishing this research milestone. This thesis is also dedicated to the future clients we will work with; we aim to constantly increase our knowledge to continue providing the highest level of holistic care.

Acknowledgements

We would like to thank our thesis advisor Dr. Kelly Hamilton for her unflagging support, encouragement, and continual guidance throughout this study. We are also grateful for the support of our families.

Abstract

Occupational therapists play a crucial role in addressing sexual wellbeing within holistic care, an essential aspect of daily living. Yet, a significant knowledge gap exists in sexual health education for occupational therapy students, impairing their ability to provide comprehensive care for their future clients. This ultimately impacts the sustainability of professional practice and successful client outcomes. Added to the challenge of sexual health education being absent is the stigma, taboo, and feelings of embarrassment that can arise for people when discussing the topic. To address this, we created an educational resource for master's level graduate students, aiming to bridge the knowledge gap and enhance the holistic care delivered by occupational therapists. Within the evidence-based guide, we have identified best practice interventions for sexual wellbeing as it relates to mental health, lifespan changes from adolescents to elderly, disability, and injury. The findings answer the posed research questions regarding best practices, strategies to reduce stigma, areas for education, and interdisciplinary collaboration for the highest quality of care. Increasing communication strategies around sexual wellbeing as well as the overall knowledge pertaining to disabilities, diagnosis, and intervention strategies will ultimately increase student confidence in assisting future clients within the realm of sexual wellbeing.

Table of Contents

List of Tables	ix
Addressing Sexual Wellbeing in Occupational Therapy Education and Practice	1
Statement of Problem.....	2
Statement of Purpose and Research Questions	2
Theoretical Framework.....	4
Methodology	5
Data Collection	6
Addressing Critical Issues.....	6
Literature-Based Research	7
Demographic Insights	7
Research Objectives.....	8
Inclusion and Exclusion Criteria.....	8
Search Strategy	8
Data Analysis and Structuring	9
Ethical and Legal Considerations	9
Sexual Wellbeing.....	10
Sexual Wellbeing Across the Lifespan	11
Adolescence	11
Adulthood	12
Best Practice and Strategies for Adolescence and Adulthood	13
Older Adults.....	13
Best Practice and Strategies Sexual Wellbeing and Older Adults	14

Sexual Wellbeing and Mental Health	14
Best Practices and Strategies for Sexual Wellbeing and Mental Health	16
Sexual Wellbeing and Disability	17
Best Practices and Strategies for Sexual Wellbeing and Disability.....	19
Sexual Wellbeing and Injury	19
Acquired Brain Injury	20
Spinal Cord Injury.....	20
Cerebral Vascular Accident	21
Best Practices and Strategies for Sexual Wellbeing and Injury.....	21
Overcoming the Barriers of Attitudes and Stigma.....	23
Best Practices and Strategies for Improving Sexual Health Communication.....	25
A Lack of Sex Education for Future Occupational Therapists	26
Results.....	28
Discussion.....	31
Limitations	33
Conclusion	34

List of Tables

Table 1: Research Question 1: What Evidence-Based Best Practices Can We Use to Guide OT Students?.....	29
Table 2: Research Question 2: What Strategies Can be Implemented to Reduce Stigma and Biases Surrounding Sexual Wellbeing in OT?.....	29
Table 3: Research Question 3: What Areas Can OTs Educate Their Future Clients?.....	30
Table 4: Research Question 4: What Other Health Professionals Can We Collaborate with to Support and Assist Clients' Sexual Wellbeing?.....	31

Addressing Sexual Wellbeing in Occupational Therapy Education and Practice

Sexual wellbeing consists of satisfaction with sexual safety and security, sexual respect, sexual self-esteem, resilience concerning sexual experience, forgiveness of past sexual experiences, comfort with sexuality, and self-determination in one's sexual life (Mitchell et al., 2021). O'Mullan et al. (2021) argue that occupational therapists (OTs) are called on to provide holistic care and address sexual wellbeing issues within the populations they serve, as sexual wellbeing is considered an activity of daily living (ADL). Unfortunately, this is not always the experience due to a reluctance to openly address sexual concerns (Rose & Hughes, 2018). Additionally, obstacles can arise, such as a lack of education regarding sexual wellness, attitudes, and stigmas associated with discussing the topic of sex, and lack of knowledge about sexual wellness for individuals living with injury or disability (Krantz et al., 2016).

Sexual wellbeing is a meaningful occupation (Rose & Hughes, 2018). All individuals should have access to information, resources, and the appropriate support to engage in healthy and fulfilling sexual lives. Addressing sexual wellbeing as a component of holistic health elevates quality of life by enhancing an individual's existence and navigating their experiences. Increasing access to resources related to sexual wellbeing issues such as intimacy, relationships, body image, and performance better equips individuals to engage in meaningful relationships. Therefore, it is essential for occupational therapy (OT) students, practitioners, and clients to have access to sexual health and wellness education and care.

Statement of Problem

OT students and practitioners, along with clients, report a lack of knowledge regarding sexual health and wellness (Areskoug-Josefsson et al., 2016; Roelofs et al., 2019; Schmidt et al., 2020). OTs have recognized that the insufficient focus on education serves as an obstacle to effectively addressing clients' sexual health (Young et al., 2019). This recognized practice limitation is related to the absence of sexual health and wellbeing education in OT instruction.

Unfortunately, sexual wellbeing — a subject crucial to the future therapist's role — continues to be neglected in occupational education (Egiseder et al., 2018). Research indicates that healthcare students report they would feel embarrassed if they were to be asked to work on matters of sexual wellbeing in a future practice (Areskoug-Josefsson et al., 2016; Areskoug-Josefsson et al., 2019). The stigma and taboos surrounding sexuality and sexual health have a role in exclusion of these topics from educational programs, restricting critical learning and meaningful discussions amongst OT students. This impacts the standards of training, which is why it is important to address this topic early and often during OT education.

Statement of Purpose and Research Questions

This study aims to provide necessary research for building an educational resource guide of best practices intended for OT students. This resource will be used to educate and facilitate conversations, to increase confidence and comfort with sexual-related topics. The objectives are to improve student knowledge, decrease stigma, and increase the overall quality of care for clients. By focusing on the student population, the

researchers anticipate a shift in perspective and greater willingness to approach practice with an expanded scope of care.

OT curriculum minimally addresses sex and sexual wellbeing (Young et al., 2019). By focusing on the student population, an early and direct impact can be made. As students transition into the workforce, they can better serve their clients and encourage their fellow practitioners to advocate for sexual wellbeing. Empowering clients to advocate for themselves and providing a comfortable and safe space for seeking assistance can have a significant impact on client outcomes. Additionally, enhancing student knowledge will include addressing safety for occupational performance in activities related to sexuality.

Our second objective in this study is to reduce the stigma associated with sex and sex-related topics within the healthcare domain. By creating a guide of best practices, we aim to enhance OT professionals' confidence in assisting their clients with their sexual health and wellbeing. The aspiration is that this educational initiative will foster dialogues, motivating both clients and practitioners to engage in discussions on these topics. Our goal is to reduce the reported feelings of embarrassment, a common experience among current OT students when addressing subjects like sex, intimacy, and sexual wellbeing (Schmidt et al., 2020).

The third objective of this study is to enhance the quality of care provided to clients. In line with the holistic nature of the OT profession, there is an emphasis on treating the whole person, considering the individual, their occupation, and environment (American Occupational Therapy Association [AOTA], 2020b). This client-centered

approach will be integrated into the interventions and treatments outlined in the guide of best practices.

Sexual wellbeing and its place in OT need to be further researched, and OT students should be provided with foundational understandings to provide client-centered and holistic care. The researchers are aware of the topic's controversy and the need for cultural and lifestyle-choice sensitivities and believe that knowledge can be shared, and comfort gained, with this important topic.

The research questions to be addressed include: What evidence-based best practices can we use to guide occupational therapy students? What strategies can be implemented to reduce stigma and biases surrounding sexual wellbeing in OT? In what areas can therapists educate their future clients? What other health professionals can we collaborate with to support and assist client's sexual wellbeing?

Theoretical Framework

The theoretical foundation of the research is based on the Person-Environment-Occupation (PEO) model, which examines the interaction between individuals, their surroundings, and the meaningful activities they engage in (Law et al., 1996). When it comes to sexual wellness, OTs are uniquely positioned to address ADLs related to sex and sex-related topics. OTs play a vital role in facilitating conversations and interventions pertaining to sexual health, and the PEO model offers a comprehensive framework for approaching this area. By utilizing the PEO model, OTs gain valuable insights into how a person's wellbeing is shaped by their environment and daily activities. This understanding equips them to conduct thorough assessments and provide personalized interventions, ensuring holistic care for their clients.

PEO is highly relevant to the understanding and application of sexual wellbeing for clients. A part of a person's wellbeing can be influenced by their environment and satisfaction with their occupational performance (Law et al., 1996). Since PEO incorporates the person domain and environment domain, this model is beneficial to assess a patient's occupational satisfaction and be used as an intervention. This model is also applicable across the lifespan, so all clients would benefit.

When considering sexual wellbeing, OTs can address the ADLs of sex and related topics. Clinicians need to be trained and comfortable with assisting and conversing about all ADLs. Understanding how the person, environment, and occupation interact and affect one's sexual satisfaction and overall sexual wellbeing, can help clinicians provide a holistic assessment and intervention. The PEO model can assist by providing interventions and techniques to treat future clients holistically (Law et al., 1996). In turn, the model offers opportunities for OT students to become advocates and prepare for future clients' needs regarding sexual wellbeing education, communication, resources, and best practices.

Methodology

In OT practice, a gap exists between a clients' sexual wellbeing and a practitioner's ability or willingness to address sexual matters. This gap reduces a practitioner's ability to provide whole person care and impacts the real-world sustainability of therapeutic interventions, which hinders the profession's growth. To fully understand this gap and potential solutions, we created a research-based study. The purpose of our project was to develop an evidence-based resource using OT research. This understanding guided our methodological approach, motivating us to

integrate best practices to address the gap between clients' sexual wellbeing and practitioners' readiness to discuss sexual matters.

Data Collection

For the purposes of this study, we collected primary data and secondary data were collected utilizing the following data repositories: PubMed, EBSCO databases in the Stanbridge University learning resource site, Google Scholar, and AOTA.org. To stay focused on the research questions and the intended educational resource to be developed, we used keywords and keyword phrases such as sexuality, intimacy, health, OT, impact, sexual wellbeing, adults, adolescents, intellectual disabilities, chronic health, gender, spouse, and education. To enhance the depth of this study, we collected primary data from original sources, and secondary data from published researchers, institutions, and healthcare organizations. The research questions were divided among the members of our team, with each person responsible for making unique contributions.

Addressing Critical Issues

The first advantage of our research is that it directly addresses a crucial issue: the gap between a clients' sexual wellbeing and a practitioner's ability or preparedness to discuss sexual health during therapy. Addressing this gap aligns with the foundational principles of OT, which bring to the foreground the importance of treating individuals as whole beings (AOTA, 2020a). In addition, the methodology prioritizes the provision of comprehensive, whole-person care. It acknowledges that neglecting to address sexual wellbeing diminishes the practitioner's ability to offer holistic care, which can impact client outcomes and the long-term effects of therapeutic interventions.

Literature-Based Research

Literature-based research has been shown to be useful for the development and growth of specific disciplines requiring evidence-based practice models (Cowell, 2015). Snyder (2019) asserts that literature reviews can address research questions with a magnitude that cannot be achieved through a single study design. Our research team saw literature-based research as advantageous due to its ability to collect large amounts of evidence-based data and translate this to professional practice without lengthy delays often experienced in other designs.

Demographic Insights

The AOTA shared in their 2020-2021 *Academic Programs Annual Data Report* that there were 133 nationwide accredited OT Master's programs with 16,604 active OT master's-level graduate students preparing for practice (AOTA, 2018; AOTA, 2022). Approximately 89 percent of master-level OT students identify as female; 8 percent identify as Asian, 6 percent as African American, 74 percent as white, and 11 percent as other (AOTA, 2022).

According to the U.S. Bureau of Labor Statistics (2023), May 2022 report, there are approximately 134,980 employed OTs nationwide. The report also indicates the demographics of OTs closely resemble that of OT students with 88 percent of licensed clinicians identifying as female and 82 percent as white.

We believe both students and practitioners must be accounted for in researching the knowledge gap around sexual wellbeing in OT practice. Developing an educational resource for master's level OT students can contribute to the larger goal of preventing this knowledge gap at its origin.

Research Objectives

The overall aim of the research was to provide a comprehensive summary of the literature in relation to the research questions. The data analysis included categories that align with the educational resource developed. These categories represent an introduction to sexual wellbeing through identity, expression, and function; the relationship between sexual wellbeing and OT practice; sexual wellbeing across the lifespan; sexual wellbeing and mental health; sexual wellbeing and disability; and sexual wellbeing and injury. In allowing these categories to guide the analysis, unintentional biases often found within data collection, can be reduced.

Inclusion and Exclusion Criteria

Studies and resources were included if they met the following criteria: (a) discussed topics related to sexual wellbeing across the lifespan, mental health and sexual wellbeing, sexual wellbeing in OT, sexual wellbeing and disability, and sexual wellbeing and injury. These encompassed individuals of all ages, from adolescents to older adults; (b) underwent peer review and/or published in reputable journals or OT organizations; and (c) published within the last ten years. Resources were excluded if they did not meet the specified inclusion criteria and did not align with the research objectives.

Search Strategy

Searches were conducted in the following databases: PubMed, Proquest Nursing and Allied Health, CINAHL Complete, MedLine Complete, Academic Search Complete, PsycInfo, ERIC, Google Scholar, and AOTA.org. Specific keywords and phrases were utilized such as ‘sexual wellbeing’, ‘sex education’, ‘sexuality and

disability’, ‘mental health and sexuality’, ‘sexual health’, and ‘sexuality and occupational therapy’. A systemic data evaluation approach was used for the literature-based study, consisting of several stages including design, conduct, analysis, and structuring (Snyder, 2019). In the design phase, we established the study’s objectives and endpoints. The conduct phase involved searches across various databases to gather comprehensive resources, adhering to the inclusion criteria.

Data Analysis and Structuring

In the data analysis phase, we combined the findings from the selected literature while assessing the relevance of each source and its relevance and credibility. To help filter for relevance, we reviewed the purpose, date, and organization of the data. We assessed the credibility by reviewing credentials and publication sources. We paid close attention to the theoretical and conceptual models and the study’s demographics. Because of the inherent sensitivities and considerations required of the research topic, we analyzed the data for the potential of participant and response bias.

Lastly, in the structuring phase, the researchers organized the information gathered from the literature, resulting in the creation of a coherent and easily understandable educational resource guide.

Ethical and Legal Considerations

In the realm of ethical and legal considerations, this study did not require obtaining information from any participants or subjects. The absence of participant involvement is related to concerns and confidentiality surrounding the sensitive topic of sex. Hence, we gathered research from previous studies to determine the best practices for OT students to learn. This ensured information obtained from previous studies was

used responsibly per ethical standards. Also, recognizing the potential impact of studies related to sexual wellbeing is essential in upholding professional standards and approaches to best practices. Given the sensitive nature of the topic and the populations it concerns, maintaining professionalism is essential. This involves avoiding biased opinions based on personal experiences and instead relying on information found through thorough research. To maintain the study's credibility, the commitment to avoid biased opinions is an essential ethical stance, and transparency about the criteria of studies to help demonstrate the best practices for future clients.

This study obtained approval from the Research and Grant Writing Committee of Stanbridge University.

Sexual Wellbeing

Sexual health and wellbeing can be defined in the following categories: identity, expression, and function (Richters et al., 2014). Identity cannot be readily determined by an individual's sexual orientation (Richters et al., 2014). There are aspects to consider: how an individual describes or thinks of themselves, who the individual is attracted to, or whom they have encountered in sexual activities (Richters et al., 2014). In this aspect, identity is an individual's perception, life encounter events, and understanding of their own sexual experiences. It encompasses categories that are not limited to heterosexual, homosexual, bisexual, pansexual, or asexual.

Sexual expression involves an individual's manifestation and communication of their sexual needs with others (Richters et al., 2014). Expression plays an important role in how an individual exhibits sexuality through the identity of being a man, woman, or nonbinary (de Jager et al., 2018). It can be difficult to express one's self-definition that

reflects one's self-esteem and meaning behind the psychological and social factors (de Jager et al., 2018), especially when factors for sexual expression are influenced by cultural, social, and digital media (de Jager et al., 2018). Knowledge and understanding of the diverse forms of sexual expression is essential to promote positive interactions.

Sexual function relates to the aspect of sexual activity that includes the ability of arousal, desire, orgasm, satisfaction, and engagement for the individual (de Jager et al., 2018). The function is achieved in sexual activities, which are influenced by physical and psychological dynamics with or without a partner (Jain et al., 2023). Sexual function is linked to a sense of wellbeing for individuals (Jain et al., 2023). It is also a basic human need that impacts interpersonal and personal wellbeing to function in sexual activities or performance (Banbury et al., 2023).

Sexual Wellbeing Across the Lifespan

Sexual wellbeing is a dynamic and ever-evolving progress of human health. Sexual wellbeing varies across the human lifespan. It is essential to understand and address sexual wellbeing in the different stages.

Adolescence

Adolescence is the phase between childhood in adulthood ages that ranges from 10 to 19 years (Moreira et al., 2023). This phase is a stage marked by puberty where individuals go through physical, emotional, psychological, and hormonal changes. Adolescence is a critical time for exploring and understanding the physical change in the body, attractions among other individuals, and healthy body image (Banbury et al., 2023). Adolescence is divided into three stages: early ages 10-13 years, middle ages 14-17 years, and late ages 17-19 years (Moreira et al., 2023). The late adolescence stage is

known to be the sexually active stage where individuals will encounter sexual experiences and psychosocial adjustment (Fernández-Medina et al., 2023). Attitudes, sexual orientation, gender identity, and relationships impact sexual development. The various impacts are influenced by factors of social norms, culture, families, and ethical values (Fernández-Medina et al., 2023). Hence, peers and social media influence adolescents' sexual health, and what is considered the typical norm can be both positive and negative (Fernández-Medina et al., 2023).

Adolescents with intellectual disabilities may experience unique challenges when it comes to puberty, intimacy, and having healthy and safe sexual experiences. These individuals lack formal sex and reproductive health education at home, school, and among their communities (Kamaludin et al., 2022). Adolescents with intellectual disabilities may have difficulty with skills on what is a healthy and safe relationship; often limited knowledge about sexuality may put these individuals at higher risk of abuse and manipulation (Kamaludin et al., 2022).

Adulthood

Adulthood is where an individual continues to explore sexuality in various experiences in sexual activities and achieving sexual functions such as orgasm and masturbation. It also involves building relationships to develop partnerships and possibly embarking on marriage or parenthood (Jain et al., 2023). This stage also includes maintaining intimacy by exploring both physical and emotional aspects while adapting to evolving needs and satisfaction in sexual desire. It is a common belief that sexual desire is more intense for males than females, however, sexual arousal for both genders have similar motivation (Dawson & Chivers, 2014). However, when adults deal with a mental

disorder or physical injury, sexual desire affects motivation factors such as libido, sex drive, sexual appetite, and drive (Dawson & Chivers, 2014). For instance, adults with mental health conditions may face challenges related to communication, self-esteem, body image, and mood regulation, which can affect their sexual experiences and relationships (Mollaioli et al., 2020).

Best Practice and Strategies for Adolescence and Adulthood

Offering thorough sexual education to adolescents can empower them to seek support and safeguard themselves from abuse, sexually transmitted infections, and unintended pregnancies. Utilizing sexual scripts can guide or be a framework for navigating social and sexual interactions (Vintor & Ribner, 2021). When dealing with mental health conditions, one of the many strategies that can assist is mindfulness-based practices, which reduce stress by being fully present during sexual experiences (Alahverdi et al., 2022; Sánchez-Sánchez et al., 2021; Valderrama Rodriguez et al., 2023).

Older Adults

Older adults often explore beyond the physical aspect of sexual activities. Intimacy can become essential for older adults, as creating, and making meaningful emotional connections has been shown to increase their quality of health and wellbeing (van der Sluis et al., 2023). During this stage, older adults often experience physical changes, natural cognitive decline, experience loneliness due to losses within their family or among their community, and changes in environmental settings, all of which can impact sexual wellbeing. Beliefs and attitudes related to ageism impact older adults living in long-term care facilities limiting engagement in sexual activities or intimacy (Aguilar,

2017). Healthcare professionals in long-term care often do not discuss intimacy and sexuality with older adults (van der Sluis et al., 2023). Sexuality among older adults is seen as taboo and myths such as older adults do not engage in any sexual act at this stage due to physical limitations are pervasive (Aguilar, 2017). One taboo-related topic is sexually transmitted infections in adults aged 50 and older (Co et al., 2023). This is attributed to factors such as variable levels of sexual literacy and that older adults are less likely to seek treatment and have longer delays between symptoms (Co et al., 2023).

Best Practice and Strategies Sexual Wellbeing and Older Adults

To address concerns among older adults, interventions on the primary prevention of sexually transmitted diseases and high-risk sexual behavior include understanding and identifying effective strategies aimed at reducing transmission. Engaging in safe and consensual sexual activity is a vital aspect of maintaining a fulfilling and meaningful occupation. Communication and openness with a partner, regular health check-ups, and the use of barrier methods, such as condoms, can contribute to a positive sexual experience while minimizing potential health risks. Promoting awareness and understanding of safer sex for older adults helps them enjoy healthy and fulfilling intimate relationships in life (*Safe Sex for Older Adults*, 2019).

Sexual Wellbeing and Mental Health

As individuals age, the incidence of sexual dysfunction tends to increase, affecting approximately 40–45% of adult women and 20–30% of adult men, resulting in at least one noticeable sexual dysfunction (Lewis et al., 2004). However, these issues extend beyond physical and emotional health, impacting self-esteem, body image, relationships, and overall physical wellbeing (Mollaioli et al., 2020).

Men commonly face sexual issues such as erectile dysfunction and early ejaculation (Anderson et al., 2022). Unhealthy lifestyle choices like smoking and alcohol consumption, combined with concurrent conditions like obesity, can increase the risk of developing diabetes and atherosclerosis, which have been shown to lead to erectile dysfunction (Anderson et al., 2022). Men dealing with early ejaculation often struggle with feelings of inadequacy, performance anxiety, and diminished self-esteem, triggering stress and frustration that can lead to relationship difficulties and make sex less enjoyable. Additionally, the impact of these sexual issues often extends beyond the bedroom, affecting other areas of life, including work productivity. The stress, anxiety, and emotional distress associated with sexual problems can lead to decreased concentration and performance in the workplace (Goldstein et al., 2019).

Erectile dysfunction appears to have a higher occurrence in men who are not married or living with a partner, those taking antidepressants, experiencing anxiety, or using tranquilizers (Calzo et al., 2021). Additionally, about 30% of those using erectile dysfunction medication and supplements do so inappropriately. Persistent early ejaculation can significantly impact couples, often leading to depression and relationship issues (Crowdis et al., 2023).

Common sexual issues experienced by women include low sex desire, orgasm difficulties, and vaginal pain (Quinn-Nilas et al., 2018). These issues can arise due to various reasons. Difficulty experiencing orgasm may stem from a woman's discomfort with sexual activities or as a natural aspect of aging and genito-pelvic pain/penetration may be triggered by ongoing pain or fear during vaginal penetration (Faubion & Rullo, 2015). Additionally, depression, anxiety, distractibility, negative body image, and a

history of sexual abuse are common psychological factors affecting female sexual function (Faubion & Rullo, 2015). Contrary to men, many women seek emotional and physical satisfaction in sex, valuing intimacy with their partner over the physical aspects (Thomas et al., 2018).

Best Practices and Strategies for Sexual Wellbeing and Mental Health

Sexual issues and dysfunction, including performance anxiety and negative body issues, are experienced by men, women, and nonbinary individuals. Despite the sensitive and challenging nature of these topics, addressing these issues is crucial for an individual's mental health and wellbeing. OT practitioners play a key role in helping clients overcome these challenges through evidence-based practices and individualized strategies. It is important not to assume that sexual issues or dysfunction directly cause reduced mental health wellbeing, as many individuals may not experience psychological distress despite living with these issues.

To begin with, increasing comfort with sexual communication requires a clinician to be able to ask about sexuality in a non-intrusive and empathetic manner (Zéler & Troadec, 2020). This approach creates a safe space for clients to share, which can foster a stronger relationship with the clinician.

Sensate focused activities involve at-home exercises where individuals experience intimate touch without pressure for sexual performance which promotes relaxation while reducing sexual stress and performance anxiety (Tajik et al., 2023). By focusing on non-demand touch, individuals can reconnect with their bodies. Research supports the use of sensate focused activities and their effectiveness in improving sexual wellbeing, with one study demonstrating significant reductions in sexual stress and increases in satisfaction

among participants (Tajik et al., 2023). By incorporating sensate focused activities into sexual routines, clients can develop a healthier and more fulfilling sexual experience.

Mindfulness-based stress reduction practices involve being fully present and engaged during sexual experiences, with awareness of sensations, thoughts, and emotions without distraction or judgment (Sánchez-Sánchez et al., 2021). Research indicates that mindfulness-based approaches effectively address various forms of sexual dysfunction and improve sexual satisfaction (Alahverdi et al., 2022; Valderrama Rodriguez et al., 2023).

Negative body image, which contributes to performance anxiety, intimacy issues, and decreased sexual satisfaction, can be effectively addressed through interventions such as cognitive-behavioral therapy. This approach involves a variety of techniques and strategies, tailored to assist individuals in identifying and challenging negative thought patterns, modifying maladaptive behaviors, and cultivating more adaptive coping skills to enhance their mental health and overall wellbeing (Rouyan et al., 2023; Wilhelm et al., 2019). Through structured sessions, individuals learn to recognize distorted beliefs about their bodies and develop healthier perspectives.

Sexual Wellbeing and Disability

The significance of including and supporting individuals with disabilities and their sexual wellness is emphasized by several studies. One study emphasized the need for a collaborative approach to provide information about sexual health and skills to promote healthy relationships (Schmidt et al., 2020). This study's results align well with the broader discussion on how to address sexual wellbeing in individuals with disabilities. The study's conclusions highlight the need for a collaborative approach to

information about sexual health and the importance of developing discussions to promote healthy relationships. These findings are especially meaningful given the current media trends and the disability rights movement, which promote more inclusivity and knowledge of sexual wellbeing for people with disabilities. This is important to ensure that individuals with disabilities have access to the information, resources, and support necessary to engage in healthy and fulfilling sexual lives.

Young et al. (2019) discussed that even during illness and disabilities, individuals continue to be sexual beings, so it is essential to address their sexual concerns alongside their other health needs. Their research sheds light on the enduring essence of human sexuality and highlights its ability to adapt to physical barriers. A significant takeaway to be learned from their research is how important it is to identify and treat people's sexual health concerns in addition to their overall medical needs. The incorporation of sexuality into OT practice improves the understanding of the human experiences of individuals with disabilities, promoting an inclusive and compassionate approach to client care.

Similarly, another study discussed four essential qualities to enhance educational interventions: being non-judgmental, understanding sexual wellbeing and how it relates to disabilities, being open to discussing sensitive topics like sexual health, and building trust (Areskoug-Josefsson et al., 2019). First, creating a welcoming environment in educational settings creates a safe space where individuals may openly express their concerns and opinions without worrying about judgment. Second, understanding the complex link between sexual health and disabilities enables educators to offer individualized help, recognizing and addressing the unique challenges experienced by people with disabilities. Furthermore, creating an inclusive culture requires being open to

discussing sensitive topics like sexual health to eliminate the stigma associated with them. Lastly, building a foundation of trust is essential for productive educational encounters, making a connection that motivates people to participate in meaningful conversations. Recognizing the importance of including and supporting individuals with disabilities in sexual wellness promotes equality.

Best Practices and Strategies for Sexual Wellbeing and Disability

Understanding the connection of sexual wellbeing and disability with a perspective that emphasizes certain challenges faced by individuals who have intellectual and developmental disabilities is essential. One effective strategy is to provide education through targeted group sessions and informative handouts. By tailoring educational materials to meet the diverse needs of individuals with intellectual and developmental disabilities, OT practitioners can promote a more inclusive understanding of sexual health, relationships, and boundaries.

Using sexual scripts to guide conversations about intimate relationships is another useful tool. In addition to offering direction on social and sexual interactions, these scripts provide a formal framework for introducing and navigating possible situations (Vintor & Ribner, 2021). The use of sexual scripts can be very empowering for those with intellectual and developmental disabilities, who may experience additional difficulties in interpersonal relationships. It makes it possible for them to handle these encounters in a way that is clear and helpful.

Sexual Wellbeing and Injury

After experiencing an injury, people must relearn how to participate in their ADLs. This may look like learning remedial or compensatory approaches to engage in

these activities. When it comes to sexual wellbeing, a multitude of factors can be impacted, partially dependent on the type of injury. The emotional, physical, and psychological impacts of an injury are challenging. A main concern post-injury, despite the diagnosis, includes a fear of being further injured when engaging in sexual-related activities and a lack of occupational satisfaction with their sexual wellbeing. Three specific injuries that have a direct impact on sexual wellbeing include acquired brain injury, spinal cord injury, and cerebral vascular accident (Fritz et al., 2015; Kniepmann & Kerr, 2018; Morales et al., 2017; Rico Alonso et al. 2021).

Acquired Brain Injury

When someone experiences an acquired brain injury, they may experience changes in their social, emotional, and cognitive levels. Acquired brain injury may cause changes to the perception and experience of sexuality (Rico Alonso et al., 2021). Current specialized care for people who have experienced acquired brain injuries does not include addressing sexual wellbeing. Clients in this setting may experience shame, worry, anxiety, and doubt when thinking of engaging in sexual activities. Other clients have reported feeling concerned about the different positions that are safe and worry they might engage in further injury (Rico Alonso et al., 2021). The lack of comfort in addressing this topic causes treatment and outcome barriers.

Spinal Cord Injury

Clients who experience a spinal cord injury (SCI) have minimal to no sensory and motor function below the level of injury. There are varying levels of impact these clients may face. One female, in a study conducted to determine the perception of SCI on sexual satisfaction, noted the experienced challenges related to bladder and bowel incontinence

during intercourse (Fritz et al., 2015). SCI can alter a person's sexual wellbeing by creating potential challenges to their sexual self-esteem and sexual identity (Fritz et al., 2015). This study identified the need for scenario specific education, dependent on factors such as the age of injury and prior level of sexual experience.

Cerebral Vascular Accident

After experiencing a cerebral vascular accident, clients may experience challenges with their motor and sensory functions. One study, looking at the use of personal pleasure devices, mentioned multiple challenges with sexual activity due to motor disabilities (Morales et al., 2017). Another study looked at common challenges with reduced libido, reduced sexual activity, fatigue, weakness, and spasticity post-stroke (Knipmann & Kerr, 2018). These physical symptoms make engaging in sexual activity challenging for these clients. Additionally, worrying about the risk of stroke dependent on frequency or position during sexual activity is another common deterrent (Sanuade, 2019). People who experience injury are less likely to partake in their desired level of sexual activity, ultimately decreasing their sexual wellbeing.

Best Practices and Strategies for Sexual Wellbeing and Injury

Injury can impact a person's life in a multitude of ways, including their independence and ability to complete and participate in ADLs. OT practitioners are at the forefront of assisting clients to regain their independence in ADLs, including anything related to their occupational satisfaction of sexual wellbeing.

Research shows clients have many questions post-injury and that education is one of the strongest practices for assisting clients to improve their occupational satisfaction (Alexander et al., 2015; Forsythe & Horsewell, 2006). Specific education opportunities

include learning about the injury sustained, defining and educating on intimacy, alternative positioning for engagement in sexual relations, and fertility for people who have experienced an SCI. Individuals experiencing performance challenges like erectile dysfunction, anejaculation (inability to ejaculate), or challenges to reach orgasm can use visualization techniques (Simpson et al., 2016).

Some clients may experience physiological changes due to their injury, resulting in challenges related to sensual pleasure. By redefining sensual pleasure, clients can experience a higher satisfaction of occupational performance. This may include redefining what a sexual experience might look like to a couple and changing the type of intimate touch and focus to pleasurable actions for both parties, including kissing, holding hands, cuddling, and hugging (Alexander et al., 2015). Additionally, using pleasure devices like vibrators for females can increase the experience of orgasm. Some assistive devices like wedge pillows, stationary devices, long-handled devices, and lubrication are also adaptive tools that can aid in sexual satisfaction and increase a person's sense of sexual wellbeing (Hess & Hough, 2012; Morales et al., 2017).

Partners may experience challenges when their primary caregiver is also their intimate partner. Some best practices to aid in these dynamic relationships can include encouraging the partners to communicate and setting times when the requirements of the caregiver are not expected, like date night. Increasing independence as much as possible, and hiring a personal care attendant, can aid in defining the roles of the partners (Alexander et al., 2015).

Final recommendations and best practices include peer support groups (Forsythe & Horsewell, 2006; Meesters et al., 2020; Rezaei-Fard et al., 2019). OTs can lead groups

to assist with the psychosocial impact and increase the feelings of belonging and connectedness among individuals who have similar injury experiences or diagnoses. Furthermore, referrals to specialized health professionals can increase the productivity and specialization of treatment depending on symptoms.

Overcoming the Barriers of Attitudes and Stigma

OTs and OT students may hold attitudes and biases that hinder their ability to provide inclusive and comprehensive care for clients' sexual health needs. Personal discomforts and biases can hinder the initiation of conversations about sexual health, resulting in awkwardness or avoidance, influenced by factors such as religion, past experiences, anxiety, discomfort, or embarrassment. This discomfort is evident in students' difficulties initiating conversations about sexual health (Areskoug-Josefsson et al., 2016, 2019; Lynch & Joosten, 2022), with some students believing that clients should take the lead in starting sexual health conversations to avoid potential stress or embarrassment (Areskoug-Josefsson & Fristedt, 2019; Young et al., 2019).

Moreover, discussing the sexual health of seniors and adolescents is often difficult due to societal taboos surrounding age and sex (Areskoug-Josefsson & Fristedt, 2019). The perception that sexual activity in later life is unpleasant or inappropriate worsens these difficulties (Areskoug-Josefsson & Fristedt, 2019; Lynch & Joosten, 2022; Young et al., 2019). OTs working with adolescents consider factors such as age, developmental level, and the need for parental consent (Young et al., 2019). Additionally, concerns about awkwardness and negative reactions further inhibit discussions about sex (Areskoug-Josefsson & Fristedt, 2019).

Studies also found that OT students experience discomfort and struggle to understand perspectives on sexual orientations and gender identities (Areskoug-Josefsson & Fristedt, 2019; Hwang et al., 2023). Some students express unease when interacting with individuals of the opposite sex (Lynch & Joosten, 2022; Young et al., 2019). It was also found that OTs were hesitant to initiate conversations about sexuality with single clients, regardless of their sexual activity or partner status. They were willing to provide information on sexuality when asked, but not in providing sex therapy or counseling (Young et al., 2019).

Evidence also suggest that ethnicity and religion can create communication barriers due to biases and cultural differences (Areskoug-Josefsson & Fristedt, 2019; Lynch & Joosten, 2022). Clients' own biases and embarrassment about sex further complicate sexual health conversations with OTs. Internal barriers, including a lack of openness about sexuality, limited self-awareness, and inadequate sexual knowledge, alongside cultural repression, significantly hinder clients' ability to address their sexual health with therapists (Hwang et al., 2023). Some OTs are hesitant to continue the conversation if they perceive client discomfort (Young et al., 2019).

Additionally, students struggle to discuss sexual health with individuals with cognitive limitations (Areskoug-Josefsson & Fristedt, 2019). Two studies have identified parental characteristics, embarrassment, lack of organizational policies and standards, and limited professional education as barriers hindering current sexual health education practices (Koss et al., 2021; Schmidt et al., 2020).

Despite the challenges, some OT students approach the traditionally taboo topic of sexual health with a positive attitude (Areskoug-Josefsson et al., 2016). Others stress

the importance of not letting personal biases interfere with clients' interactions and advocate for open discussions on these issues (Areskoug-Josefsson et al., 2019).

Although it is apparent that discussions around sexual health are not commonly held, it is hopeful to know healthcare students in the field are becoming more open to having these conversations with their clients, as they will have a lead role in the future of professional practice and being able to reduce the stigma associated with sexual health.

Best Practices and Strategies for Improving Sexual Health Communication

Creating safe spaces is critical for fostering open and nonjudgmental communication about sex. By asking a few essential questions, practitioners can help remove the stigma surrounding discussions about sex and normalize conversations with their adult and adolescent clients (Centers for Disease Control and Prevention [CDC], 2023). Research shows that clients prefer healthcare practitioners to ask directly about sexual health concerns rather than waiting for them to raise the topic themselves (Ryan et al., 2018; Zéler & Troadec, 2020). Practitioners should demonstrate empathy, active listening, and cultural sensitivity to foster an environment where clients feel understood and comfortable sharing their thoughts and concerns about their sexual health.

Healthcare providers can improve conversations about sexual health by reflecting on their own comfort level and biases, building rapport, using inclusive language like “partner,” approaching questions neutrally, avoiding assumptions, and ensuring mutual understanding of the terms being used. They should also respectfully ask for and utilize appropriate pronouns and terminology for transgender clients, supporting their gender identity. Some patients may feel uncomfortable discussing their sexual history or experiences due to trauma or abuse. Providers can adopt a trauma-informed approach and

offer support, such as referrals if needed. To facilitate open discussions, providers can inform clients that these questions are standard practice, transition into sensitive topics non-judgmentally, manage reactions, and rephrase questions as needed (CDC, 2023).

A Lack of Sex Education for Future Occupational Therapists

OT students need comprehensive sex education to confidently address clients' sexual health needs and promote holistic wellbeing. However, a review of the literature reveals a gap in the education of OT students regarding sexual health and sexuality issues. This gap leads to discomfort and reduced confidence due to a lack of knowledge (Young et al., 2019). First-year students wondered why sexual health, considered essential for daily life, wasn't a more significant part of their education, hoping that related topics would be addressed later in the OT program (Areskoug-Josefsson & Fristedt, 2019). The topic has been overlooked due to a combination of factors, including a lack of educational background, insufficient resources (Lohman et al., 2017) and teachers' lack of competence in the area (Areskoug-Josefsson & Fristedt, 2019).

In response to these gaps, the following are ways to improve sexual health education: incorporate sexuality into multiple courses, explore sexuality as an occupation, examine how conditions impact sexuality, review sexuality within an occupational framework, and understand sexuality's emotional and cultural aspects (Spaseska et al., 2022).

Educational Gap Causes Barriers in Occupational Therapy Practice

Areskoug-Josefsson et al. (2016, 2019) and Schmidt et al. (2020) conducted studies that show attitudes and barriers affecting professionals in the medical and related fields who lack education on addressing individuals' sexual wellness and health issues.

While most OTs acknowledge the importance of addressing sexual health in their work, only a few actually do. Many healthcare professionals express a willingness to discuss sexual topics but face a significant problem: their lack of knowledge in effectively addressing their clients' sexual health (Young et al., 2019).

Young et al. (2019) revealed that only 22.7% of OTs include discussions about sexuality in their assessments, and just 26.4% provide their clients with sexual education or counseling. The lack of education leaves OTs inadequately prepared to address their clients' sexual health needs. Over half of the respondents admitted to having limited or no knowledge about providing care for issues related to bowel and bladder during sexual activity, or understanding how conditions like paralysis, limited movements, chronic illnesses, mental health concerns, and pain could affect sexual function and pleasure. Some therapists struggle to identify reliable sources of information or guidance, although the study also demonstrates that those who actively integrate discussions about client sexuality into their practice report feeling more at ease in addressing these issues (Young et al., 2019).

In the study by Areskoug-Josefsson et al. (2019), OT students emphasized the need for more comprehensive coverage of sexual health education in their program. They expressed a desire for inclusive discussions on various aspects, such as feelings, attitudes, everyday life issues, different health conditions, positions for intercourse, assistive devices, and relevant legislation. The students recognized the professional obligation to be competent in addressing sexual health matters and suggested the importance of training in communicative skills and basic sexual health. Some students also speculated on whether teachers' discomfort or embarrassment might contribute to the current neglect

of sexual health in courses. Other students suggested that the neglect of sexual health in OT could be due to a lack of evidence, limited research, and insufficient course literature on the subject.

The lack of comprehensive education in sexual health results in a lack of confidence and uncertainty about how to effectively address their clients' sexual health needs. Previous research has found that practitioners are concerned about making clients uncomfortable or causing offense, leading them to hesitate when discussing sensitive sexual matters (Hyland & McGrath, 2013). Additionally, they often consider the client's age when deciding to approach the topic, with potential concerns about the appropriateness of discussing sexual health with younger or older individuals. Furthermore, some participants believe that in acute care settings, where clients are often medically unstable, sexual function is not considered a priority and, for practical reasons, is often not addressed (Young et al., 2019).

Results

Through the collection of literature, we have addressed the following research questions and organized the findings in categories of theme. These findings have been compiled to create the *Guide to Addressing Sexual Wellbeing in Occupational Therapy Education and Practice*, providing further guidance for OT students and practitioners to allow for the best, research based, practices and strategies.

Table 1

Research Question 1: What Evidence-Based Best Practices Can We Use to Guide OT Students?

Findings	Author(s)
Communication strategies	Albers et al., 2020; CDC, 2023; Chamberlain, n.d.; Zéler & Troadec, 2020
Education	Alahverdi, et al., 2022; Alexander et al., 2015; Morales et al., 2017; Rico Alonso et al., 2021; <i>Safe Sex for Older Adults</i> , 2019; Sanuade, 2019; Tajik et al., 2023 Vintor & Ribner, 2021
Questions	Chamberlain, n.d.;

Table 2

Research Question 2: What Strategies Can be Implemented to Reduce Stigma and Biases Surrounding Sexual Wellbeing in OT?

Findings	Author(s)
Communication	Albers et al., 2020; CDC, 2023 Chamberlain, n.d.; Zéler & Troadec, 2020;
Education	Alahverdi et al., 2022; Alexander et al., 2015; Areskoug-Josefsson et al., 2019; Morales et al., 2017; Rico Alonso et al., 2021; <i>Safe Sex for Older...</i> , 2019; Sanuade, 2019; Spaseska et al., 2022; Vintor & Ribner, 2021
Emotional safety	Chamberlain, n.d.;

Trust	Chamberlain, n.d.;
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Table 3

Research Question 3: What Areas Can OTs Educate Their Future Clients?

Findings	Author(s)
Adaptive tools (lubrication, toys, ramp, etc.)	Alexander et al., 2015; Hess & Hough, 2012; Morales et al., 2017
Disability, injury, or diagnosis	Alexander et al., 2015; Kniepmann & Kerr, 2018; Rico Alonso et al., 2021; Sanuade, 2019
Fertility	Alexander et al., 2015
Group sessions	Alahverdi et al., 2022; Rouyan et al., 2023; Vintor & Ribner, 2021 Wilhelm et al., 2019;
Handouts	<i>Safe Sex for Older Adults</i> , 2019; Vintor & Ribner, 2021
Intimacy participation and understanding	Alexander et al., 2015; Kniepmann & Kerr, 2018; <i>Safe Sex for Older Adults</i> , 2019; <i>Why is Intimacy Important...</i> , 2019; Tajik et a., 2023
Mental imaging	Simpson et al., 2016; Rouyan et al., 2023; Wilhelm et al., 2019
Mindfulness meditation	Alahverdi et al., 2022; Sanchez-Sanchez et al., 2021; Valderrama Rodriguez et al., 2023
Physical positioning	<i>Safe Sex for Older</i> , 2019; Sanuade, 2019

Safe sex practices	Alexander et al., 2015; Kim & White, 2017; <i>Safe Sex for Older</i> , 2019
Sexual scripts	Vintor & Ribner, 2021

Table 4

Research Question 4: What Other Health Professionals Can We Collaborate with to Support and Assist Clients' Sexual Wellbeing?

Findings	Author(s)
Pelvic floor therapists	Alexander et al., 2015; Forsythe & Horsewell, 2006
Physiotherapist	Gbiri & Akumabor, 2022
Psychologist	Gbiri & Akumabor, 2022
Sex therapists	Alexander et al., 2015; Rezaei-Fard et al., 2019

Discussion

The research collected through an extensive literature review indicates many approaches can be used to address challenges related to sexual wellbeing. Some of these best practices can be applied to different populations but must be tailored to the client. The literature is clear that practitioners and clients are uncomfortable discussing matters of sexual wellbeing. The solution starts with an increase in education and training, to aid OTs to provide appropriate and sensitive interventions for their clients. When interventions required fall outside the scope of occupational practice, practitioners can refer their clients to other health professionals. Interdisciplinary collaboration can enhance the quality of care for all populations regarding sexual wellbeing and facilitate

positive outcomes. OTs are uniquely situated in this patient care pathway to provide feedback upstream and apply the latest, best practices as they develop.

As addressed in Table 1, best practices for students in OT programs include communication strategies, information on formulating questions, and education. Due to the sensitive nature of this topic, OT students must be taught how to initiate conversations about sexual wellbeing using open ended questions, open-mindedness, and develop a general comfort with sex related topics. These foundational best-practices can also aid in the destigmatization of sexual wellbeing, as represented in Table 2. By maintaining emotional safety, both the student and their future clients can engage in these conversations in a safe and productive manner. Table 3 introduces the areas in which OTs can educate their clients. Education opportunities can include providing information for clients, caregivers, and partners. Practitioners can aid in the understanding of diagnosis, comfort with discussion, and intervention approaches. When the required intervention surpasses the scope of OT practice, referral to specialized health professionals is advised. As mentioned in Table 4, OTs can collaborate with a range of health professionals to deliver comprehensive care and ensure successful treatment outcomes for diverse populations.

OTs are well versed and uniquely situated to provide therapeutic services in many settings to address sexual wellbeing. These settings may include home health, mental health outpatient care, pelvic floor, and telehealth. Interdisciplinary practice can provide a great impact to interventions related to sexual wellbeing. When working with clients on matters of physical, emotional, and biophysical challenges impacting their satisfaction of sexual wellbeing, interventions may require assistance from different disciplines and

specialties for the best outcome of therapy. Some of these referrals may include medical doctors, physiotherapy, psychologist, and sex therapists.

Limitations

The research on sexual wellbeing in OT practice and education stimulates important discussions about the complex nature of sexual wellbeing and its significant role in holistic health care. By considering sexual satisfaction, safety, respect, self-esteem, and self-determination as integral components of sexual wellbeing, there is a gain in understanding this vital aspect of the human experience. The obstacles identified, such as the reluctance to address sexual concerns, lack of education, and stigma surrounding discussions about sex, shed light on the challenges faced by practitioners and students in integrating sexual wellbeing into OT practice and education. The reported embarrassment among healthcare students further emphasizes the need to destigmatize and normalize conversations about sexual health. The limitations of existing educational programs, influenced by societal taboos, hinder the development of comprehensive curricula that address sexual wellbeing. Additionally, the lack of standardization in training and guidelines further affects the quality of care. The thesis highlights the essential but often overlooked role of OT education in promoting sexual wellbeing and integrating it into early and consistent education. Making resources easily accessible aligns with the overall goal of promoting fulfilling and healthy sexual lives. Recognizing sexual wellbeing as a meaningful occupation emphasizes its importance in enhancing the overall quality of life. However, it is important to acknowledge potential limitations of the research, such as the need for further exploration of cultural influences on perceptions of sexual wellbeing and

a deeper examination of effective strategies for overcoming societal stigmas within educational contexts.

Conclusion

Several research gaps were identified in studies examining sexual wellness in OT. Schmidt et al. (2020) identified gaps related to parental and general characteristics, feelings of embarrassment, a lack of organizational policies and standards, and limited professional education. Areskoug-Josefsson et al. (2016, 2019) emphasized unexplored areas regarding gender role in sexual health education and attitudes toward working in the field. They found that female students expressed a higher need for education on sexual health and communication, with a tendency to discuss sexual wellness concerns with clients. Von Kotzebue et al. (2022) discovered gaps in students' knowledge when using digital escape rooms as game-based learning environments.

We recommend a future approach to study design involving survey methods wherein OT students are provided with a sexual wellbeing and attitude survey before being introduced to the resource guide and a second survey following the guide's administration by a qualified educator. The survey outcomes would provide helpful data about the guide's effectiveness in meeting its objectives.

Before involving any participants in the study or product testing, it would be important that future researchers provide detailed descriptors when obtaining informed consent. The researchers would need to respect the sensitivity of the subject, especially when it entails sensitive or potentially upsetting information. The researchers should always hold to high standards the privacy and emotional health of study participants.

Additionally, we should remain aware that self-reports may contain cultural differences or be influenced by sexual experiences such as sexual disorders and sexual trauma. Different cultures may display a different level of comfort with disclosing private information or addressing particular subjects. Researchers should provide a concise and straightforward explanation of the study's or product testing's objectives, methods, and benefits as well as explain to participants the confidentiality measures in place and how information will be stored and used.

The current literature indicates that sexual wellbeing includes various dimensions and is sometimes brought up along with sexual health, justice, and pleasure. Multiple studies have highlighted the lack of education, discomfort, and stigma surrounding discussions about sexual wellbeing among both healthcare professionals and clients. To ensure that people with disabilities have access to information, resources, and support for a healthy and sexual wellness lifestyle, it is necessary to take a collaborative approach, promote nonjudgmental attitudes, and build trust. The lack of education on sexual health and wellness is an ordinary matter that should be addressed to provide extensive care for clients. Research gaps have been established, such as the role of gender in sexual health education and the need to bridge knowledge deficits among students.

OTs are uniquely situated to play an essential role in breaking down barriers, challenging myths and stigma, and advocating for the inclusion of sexual wellbeing in healthcare practice. These professionals are dedicated to providing the highest level of holistic care to all clients, being uniquely qualified in their education and therapeutic role to treat clients' sexual wellbeing. The educational resource guide we created through the extensive literature review will increase communication and knowledge for practitioners,

clients, caregivers, and other health professionals. If not us, then who? If not now, then when? This profession is at the forefront of this effort to affect change.

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GUIDE TO

ADDRESSING SEXUAL WELLBEING IN

OCCUPATIONAL THERAPY

EDUCATION AND PRACTICE

CONTENTS

Introduction.....	3
The Relationship Between Sexual Wellbeing and Occupational Therapy Practice.....	3
Sexual Identity, Expression, and Function.....	4
Talks on Sexual Health: Breaking Barriers.....	5
Best Practices and Strategies for Improving Sexual Health Communication.....	5
Sexual Wellbeing Across the Lifespan.....	7
Adolescence.....	7
Best Practices and Strategies for Working with Adolescence with Intellectual Disabilities.....	7
Adulthood.....	8
Older Adults.....	8
Best Practices and Strategies for Working with Older Adults.....	8
Sexual Wellbeing and Mental Health.....	10
Best Practices and Strategies for Working with Sexual Issues and Dysfunction to Reduce Stress, Anxiety, and Depression.....	11
Sexual Wellbeing and Disability.....	12
Best Practices and Strategies for Working with Developmental and Intellectual Disabilities... 13	
Sexual Wellbeing and Injury.....	14
Best Practices and Strategies for Working with Acquired Brain Injury, Spinal Cord Injury, and Cerebral Vascular Accident.....	14
Conclusion.....	16
References.....	17

INTRODUCTION

Occupational therapists are uniquely qualified to provide support in the area of sexual wellbeing due to the holistic and therapeutic intervention approaches. Currently, there is a lack of education, comfort, and conversation regarding sexual wellbeing across all populations (cite needed here). This guide emphasizes the importance of addressing sexual wellbeing in occupational therapy practice, recognizing its impact on overall health and quality of life. Additionally, it recognizes the potential barriers and challenges that occupational therapists and students may encounter when discussing sexual health with clients. By equipping students with education through best practices and strategies informed from a comprehensive literature review, they will be better prepared to confidently initiate conversations with their future clients and facilitate thoughtful and supportive conversations about sexual wellness.

Throughout this guide, we will discuss the best practices for talks on sexual health, and working with different age populations including within the areas of mental health, disability, and injury.

THE RELATIONSHIP BETWEEN SEXUAL WELLBEING AND OCCUPATIONAL THERAPY PRACTICE

Sexual wellbeing is addressed as an activity of daily living (O'Mullan et al., 2021), directly involving occupational therapists to assist within the populations they serve. Occupational therapists are uniquely qualified and specialized in providing holistic care to all clients they see. Being that sexual wellbeing is a highly impactful part of one's human experience, occupational therapists can provide interventions to ensure the highest quality of life and occupational satisfaction.

Occupational therapists are well-versed and capable of providing therapeutic services in many settings to address sexual wellbeing. These settings might include home health, telehealth, outpatient, pelvic floor, and mental health.

Stigmas and feelings of discomfort are often associated among healthcare workers and their clients when talking about sexual wellbeing. Some overarching strategies that can aid in decreasing these stigmas and assist in providing holistic and impartial care for client includes using neutral terms like "partner" or "significant other". Asking patients open-ended questions like, "How do you identify yourself?" and starting conversations about sex and being open to learning about sexuality, identity, and its impact on healthcare (Chamberlain, 2023).

SEXUAL IDENTITY, EXPRESSION, AND FUNCTION

Sexual health and wellbeing can be defined and discussed using the three broad categories of sexual identity, sexual expression, and sexual function. Each category has its own considerations.

Sexual identity cannot be readily determined by an individual's sexual orientation, it's a much complex process (Richters et al., 2014). There are aspects to consider such as how an individual describes or thinks of themselves, who the individual is attracted to, or whom they have encountered in sexual activities (Richters et al., 2014). In this aspect, identity is an individual's perception, life encounter events, and understanding of their own sexual experiences. It encompasses categories that are not limited to heterosexual, homosexual, bisexual, pansexual, or asexual.

Sexual expression involves an individual's manifestation and communication of their sexual needs with others. Expression plays an important role in how an individual exhibits sexuality through the identity of being a man, woman, or nonbinary (de Jager et al., 2018). It can be difficult to express one's self-definition that reflects one's self-esteem and meaning behind the psychological and social factors (de Jager et al., 2018), especially when factors for sexual expression are influenced by cultural, social, and digital media (de Jager et al., 2018). Knowledge and understanding of the diverse forms of sexual expression is essential to promote positive interactions.

Sexual function relates to the aspect of sexual activity that includes the ability of arousal, desire, orgasm, satisfaction, and engagement for the individual. The function is achieved in sexual activities, which are influenced by physical and psychological dynamics with or without a partner (Jain et al., 2023). Sexual function is linked to a sense of wellbeing for individuals (Jain et al., 2023). It is also a basic human need that impacts interpersonal and personal wellbeing to function in sexual activities or performance (Banbury et al., 2023).

TALKS ON SEXUAL HEALTH: BREAKING BARRIERS

Attitudes and biases exist within the healthcare profession, preventing open dialogue and comprehensive support for patients' sexual health and wellbeing. Common barriers and stigma that occupational therapists and students typically encounter include:

- Personal discomfort and biases surrounding sexual topics (Areskoug-Josefsson et al., 2016; Areskoug-Josefsson & Fristedt, 2019; Lynch & Joosten, 2022)
- Societal taboos and cultural norms (Areskoug-Josefsson & Fristedt, 2019; Hwang et al., 2019; Lynch & Joosten, 2022)
- Fear of negative reactions from clients (Areskoug-Josefsson & Fristedt, 2019; Young et al., 2019)
- Challenges in addressing diverse sexual orientations and gender identities (Areskoug-Josefsson & Fristedt, 2019; Hwang et al., 2023; Lynch & Joosten, 2022; Young et al., 2019)
- Reluctance to discuss sex with certain populations such as older adults or individuals with disabilities (Areskoug-Joseffson & Fristedt, 2019; Lynch & Joosten, 2022; Schmidt et al., 2019; Young et al., 2019)

Additionally, the educational gap causes barriers in occupational therapy practice. While most occupational therapists acknowledge the importance of addressing sexual health, only a few actually do. Many occupational therapists express a willingness to discuss sexual topics but face a significant problem: their lack of knowledge in effectively addressing their clients' sexual health (Young et al., 2019).

BEST PRACTICES AND STRATEGIES FOR IMPROVING SEXUAL HEALTH COMMUNICATION

Following guidelines set by the Centers for Disease Control and Prevention (CDC, 2023), healthcare providers can improve sexual health conversations by implementing various strategies. These include:

- Create a safe space- This involves ensuring confidentiality, privacy, empathy and acceptance towards patients' concerns and experiences.
 - Build rapport with the client before addressing sensitive topics
- Approach conversations with sensitivity
 - Ask neutral questions

- Avoid assuming anything about the client based on age, appearance, marital status, or any other factor
- Patients may feel uncomfortable sharing sexual history due to trauma. Offer resources and support if needed.
- Support transgender clients- Respectfully ask for and utilize appropriate pronouns
- Facilitate open discussions
 - Inform clients that sexual health questions are standard practice
 - Manage reactions- Be aware of body language and posture
 - Rephrase or explain questions to ease client discomfort

To form a strong therapeutic relationship and foster a comfortable atmosphere, therapists can use conversation starters such as (CDC, 2023):

- "May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health."
- "At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?"
- "Do you have any questions or concerns about your sexual health?"

SEXUAL WELLBEING ACROSS THE LIFESPAN

Sexual wellbeing is a dynamic and ever-evolving progress of human health. Understanding and addressing sexual wellbeing in different stages across the lifespan is essential:

ADOLESCENCE

Adolescence, spanning from ages 10 to 19, is marked by significant physical, emotional, psychological, and hormonal changes (Moreira et al., 2023). This is a critical time for exploring and understanding physical change and healthy body image (Banbury et al., 2023). Social influences, including peers and media, play a role in shaping attitudes, sexual orientation, gender identity, and relationships (Fernández-Medina et al., 2023).

Adolescents with intellectual disabilities may face unique challenges in navigating puberty and intimacy, often lacking formal sex education, putting them at higher risk of abuse and manipulation (Kamaludin et al., 2022).

BEST PRACTICES AND STRATEGIES FOR WORKING WITH ADOLESCENCE WITH INTELLECTUAL DISABILITIES

- Utilizing Sexual Scripts as a Tool
 - Guide for conversations about intimate relationships
 - Formal framework for introducing and navigating situations (Vintor & Ribner, 2021)
 - Provide direction on social and sexual interactions
 - Can be empowering for those with IDD, addressing difficulties in interpersonal relationships
 - Enables clear and helpful handling of encounters



- Communication techniques with adolescents (Albers et al., 2020)
 - Professionals in the healthcare field are encouraged and responsible to discuss sexual health
 - Optimal time to discuss sexual health

- Enable open discussion of sexual health
- Use humor
- Provide and allow privacy

ADULTHOOD

Adulthood continues to explore sexuality in various experiences in sexual activities and achieving sexual functions such as orgasm and masturbation. Building relationships, pursuing partnerships, marriage, or parenthood are common aspects. (Jain et al., 2023). Both males and females experience similar motivations for sexual arousal, but mental health conditions or physical injuries can impact desire, libido, and overall sexual experiences (Dawson & Chivers, 2014).

*Please refer to best practice under mental health and injury

OLDER ADULTS

For older adults, intimacy goes beyond physical activities, becoming essential for creating meaningful emotional connections that enhance health and wellbeing (van der Sluis et al., 2023). Physical changes, cognitive decline, and environmental shifts can impact sexual wellbeing.

Ageism-related beliefs may limit discussions on sexuality in long-term care, with pervasive myths about sexual activities and STIs in older adults (Aguilar, 2017). Healthcare professionals often neglect to address intimacy and sexuality in this demographic (Co et al., 2023).

BEST PRACTICES AND STRATEGIES FOR WORKING WITH OLDER ADULTS

- Education through classes and handouts for professionals and clients in long-term care ("Safe Sex for Older...", 2019).
 - Open communication discussing their sexual background and past sexually transmitted infections (STIs)
 - Get tested for STIs
 - Utilizing condoms and lubricant during vaginal, oral, anal and any foreplay
 - Before engaging in any sexual activities talk to your healthcare provider
 - Informative handouts

- Understanding the importance of intimacy among older adults (“Why is intimacy important...”, 2019).
 - Benefits-lower stress levels, the healing process after an injury or surgery, longevity
 - Barriers to intimacy- emotional, cognitive, and physical
 - How to enhance intimacy- sharing/communication, change of daily and intimate routine, acts of kindness, creating new projects with a partner, schedule alone time, physical affection, be present

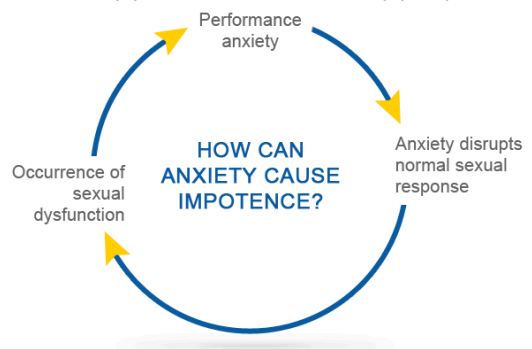
SEXUAL WELLBEING AND MENTAL HEALTH

As individuals age, the incidence of sexual issues and dysfunction tends to increase, affecting approximately 40–45% of adult women and 20–30% of adult men, resulting in at least one noticeable sexual dysfunction (Lewis et al., 2004). However, these issues extend beyond physical and emotional health, impacting self-esteem, body image, relationships, and overall physical wellbeing (Mollaioli et al., 2020).

Men commonly face sexual problems such as erectile dysfunction (ED) and premature ejaculation (Anderson et al., 2022). Unhealthy lifestyle choices like smoking and alcohol consumption, combined with concurrent conditions like obesity, can heighten the risk of developing diabetes and atherosclerosis, leading to ED (Anderson et al., 2022). Men dealing with premature ejaculation often struggle with feelings of inadequacy, performance anxiety, and diminished self-esteem, triggering stress and frustration that can lead to relationship difficulties and make sex less enjoyable. Additionally, the impact of these sexual issues often extends beyond the bedroom, affecting other areas of life, including work productivity. The stress, anxiety, and emotional distress associated with sexual problems can lead to decreased concentration and performance in the workplace (Goldstein et al., 2019).

Erectile dysfunction appears to have a higher occurrence in men who are not married or living with a partner, those taking antidepressants, experiencing anxiety, or using tranquilizers. Additionally, about 30% of those using ED medication and supplements do so inappropriately (Calzo et al., 2021). Persistent premature ejaculation can significantly impact couples, often leading to depression and relationship issues (Crowdis et al., 2023).

Common sexual problems women face includes low sex desire, orgasm difficulties, and vaginal pain (Quinn-Nilas et al., 2018). These issues can arise due to various reasons. Difficulty achieving orgasm may stem from a woman's discomfort with sexual activities, delayed orgasms can be a natural result of aging, and genito-pelvic pain/penetration may be triggered by ongoing pain or fear during vaginal penetration (Faubion & Rullo, 2015). Additionally, depression, anxiety, distractibility, negative body image, and a history of sexual abuse are common psychological factors affecting female sexual function (Faubion & Rullo, 2015). Contrary to men, many women seek emotional and physical satisfaction in sex, valuing intimacy with their partner over the physical aspects (Thomas et al., 2018).



BEST PRACTICES AND STRATEGIES FOR WORKING WITH SEXUAL ISSUES AND DYSFUNCTION TO REDUCE STRESS, ANXIETY, AND DEPRESSION

- Never assume a sexual issue or dysfunction is causing reduced mental health wellbeing. For many individuals, sexual issues or dysfunction do not cause psychological distress.
- Sexual issues and dysfunctions, including performance anxiety and negative body issues, are experienced by men, women, and nonbinary individuals.
- Performance anxiety has been shown to respond well to:
 - Sensate focused activities: A sensate focused activity is an at-home exercise wherein an individual experiences intimate touch without sexual demand. Research suggests that no-demand intimate touch can reduce sexual stress and performance anxiety and increase overall sexual satisfaction (Tajik et al., 2023).
 - Mindfulness-based stress reduction practices: Mindfulness refers to being fully present and engaged during sexual experiences. It involves being aware of sensations, thoughts, and emotions without distraction or judgment (Sanchez-Sanchez et al., 2021). Mindfulness-based approaches are effective in addressing various forms of sexual dysfunction and improve sexual satisfaction (Alahverdi et al., 2022; Valderrama Rodriguez et al., 2023).
 - Comfort with increased sexual communication: Asking about sexuality in a non-intrusive and empathetic way creates a safe space for clients to share, promoting comprehensive wellbeing and a stronger relationship with clients (Zéler & Troadec, 2020).
 - Sex education
- Negative body issues have been shown to respond well to:
 - Cognitive-Behavioral Therapy (CBT): CBT consists of a variety of techniques and strategies, tailored to help individuals identify and challenge negative thought patterns, change maladaptive behaviors, and develop more adaptive coping skills to improve their mental health and wellbeing. (Wilhelm et al., 2019; Rouyan et al., 2023)

SEXUAL WELLBEING AND DISABILITY

The significance of including and supporting individuals with disabilities and their sexual wellness is emphasized by several studies. One study emphasized the need for a collaborative approach to provide information about sexual health and skills to promote healthy relationships (Schmidt et al., 2020). This study's result aligns well with the broader discussion on how to address sexual wellbeing in individuals with disabilities. The conclusions of the study highlight the need for a collaborative approach to information about sexual health and the importance of developing discussions in order to promote healthy relationships. These findings are especially meaningful given the current media trends and the disability rights movement, which promote more inclusivity and knowledge of sexual wellbeing for people with disabilities. This is important to ensure that individuals with disabilities have access to the information, resources, and support necessary to engage in healthy and fulfilling sexual lives.

Young et al. (2019) discussed that even during illness and disabilities, individuals continue to be sexual beings, so it is essential to address their sexual concerns alongside their other health needs. Their research sheds light on the enduring essence of human sexuality and highlights its ability to adapt to physical barriers. A significant takeaway to be learned from their research is how important it is to identify and treat people's sexual health concerns in addition to their overall medical needs. The incorporation of sexuality into occupational therapy practice improves the understanding of the human experiences of individuals with disabilities, promoting an inclusive and compassionate approach to client care.

Similarly, another study discussed there are four essential qualities to enhance educational interventions: being non-judgmental, understanding sexual wellbeing and how it relates to disabilities, being open to discussing sensitive topics like sexual health, and building trust (Areskoug-Josefsson et al., 2019). First, creating a welcoming environment in educational settings creates a safe space where individuals may openly express their concerns and opinions without worrying about judgment. Second, understanding the complex link between sexual health and disabilities enables educators to offer individualized help, recognizing and addressing the unique challenges experienced by people with disabilities. Furthermore, creating an inclusive culture requires being open to discussing sensitive topics like sexual health to eliminate the stigma associated with them. Lastly, building a foundation of trust is essential for productive educational encounters, making a connection that motivates people to participate in meaningful conversations. Recognizing the importance of including and supporting individuals with disabilities in sexual wellness promotes equality.

BEST PRACTICES AND STRATEGIES FOR WORKING WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

- Understanding the Connection of Sexual Wellbeing and Disability
 - Emphasizing challenges faced by individuals with Intellectual and Developmental Disabilities
 - Essential perspective on the relationship between sexual wellbeing and disability
- Education Through Group Sessions and Handouts
 - Targeted group sessions
 - Informative handouts
 - Customizing resources to cater to the diverse requirements of individuals with IDD
 - Promoting inclusive understanding of sexual health, relationships, and boundaries
- Utilizing Sexual Scripts as a Tool
 - Guide for conversations about intimate relationships
 - Formal framework for introducing and navigating situations (Vintor & Ribner, 2021)
 - Provide direction on social and sexual interactions
 - Can be empowering for those with IDD, addressing difficulties in interpersonal relationships
 - Enables clear and helpful handling of encounters

SEXUAL WELLBEING AND INJURY

After an injury, there are a variety of changes that an individual will experience. Some of these may include relearning motor functions, redefining intimacy with oneself or with a partner, and re-establishing their self-esteem (Fritz et al., 2015). Clients may experience changes beyond the physical level, including social, emotional, and cognitive levels. Feelings of shame, worry, anxiety, and doubt may arise when participating in sexual activity (Rico Alonso et al., 2021). Physical symptoms like reduced libido, reduced sexual activity, fatigue, weakness, and spasticity are all challenges individuals have reported feeling post-stroke, challenging their participation in sexual activity and thus directly impacting their overall sexual wellbeing. (Kniepmann & Kerr, 2018). Other impacting factors related to injury include urinary and bowel incontinence, gross motor challenges associated with certain positions, and challenges with intimacy when the client's partner is their primary caregiver.

Working with this population, OTs can aid in the quality of life and overall occupational satisfaction between individuals with injury and their sexual wellbeing. Teaching individuals within this population remedial and compensatory strategies to increase their participation and satisfaction in relationships, sexual encounters, and participation in intimate relations with themselves or a partner.

BEST PRACTICES AND STRATEGIES FOR WORKING WITH ACQUIRED BRAIN INJURY, SPINAL CORD INJURY, AND CEREBRAL VASCULAR ACCIDENT

- Visualization techniques and mental imaging can aid in the physical and mental connection, increasing the sensual attraction to promote successful participation. Mental imaging can assist individuals with ABIs to maintain an erection and complete ejaculation (Simpson et al., 2016). It can also assist in sensual pleasure and lubrication for females with SCI (Alexander et al., 2015).
- Alternative sensual pleasure and redefining what sexual pleasure may look like with partners. Intimacy and sexual pleasure do not need to include coitus. Partners can redefine intimacy to holding hands and kissing. Partners can also maintain focus on external stimuli to aid in females reaching orgasm.
- Identifying roles when your caregiver is your partner can look like having set times like date night, where the requirements of a caregiver are not expected, being as independent as possible, and hiring a personal care attendant. (Alexander et al., 2015). Defining the expectations of the caretaker and the individual and maintaining open communication can assist in the comfort and experience of both partners.

- Adaptive tools

- Liberator Ramps & Wedges pictured to the right (Hess & Hough, 2012)
- Handheld devices (Morales et al., 2017).
- Lubrication



- Education opportunities

- Educating clients on their specific injury can reduce any anxieties on sexual performance due to fear of further injury. Being able to comprehend the changes can increase comfortability with their injury and ultimately allow them to experience sexual pleasure without the fear of further injury (Alexander et al., 2015; Kniepmann & Kerr, 2018; Rico Alonso et al., 2021; Sanuade, 2019;).
- Intimacy
- Alternative positioning
- Fertility for individuals who have an SCI
- Partner knowledge

- Referral to other health professionals or specialized OTs

- Pelvic Floor therapy to approach challenges in sexual intimacy, incontinence, and reproductive health for women post-SCI (Forsythe & Horsewell, 2006).
- Sex Counseling (Alexander et al., 2015; Rezaei-Fard et al., 2019).

CONCLUSION

In conclusion, this guide underscores the pivotal role of occupational therapists in addressing sexual wellbeing across diverse populations. It highlights how important it is to recognize sexual health as a fundamental part of the human experience and how it affects overall health and quality of life. This guide provides valuable insights and strategies, particularly in the areas of mental health, disability, and injury. Occupational therapists are capable of handling sexual wellness concerns by exploring sexual health best practices, understanding all aspects of sexual identity, expression, and function, and minimizing barriers to communication. Furthermore, by exploring sexual identity, expression, and function deeply, the guide aims to promote compassion and understanding among individuals of all ages. Occupational therapists and current occupational students can greatly contribute to the development of a supportive and nurturing environment for their clients by implementing the recommended strategies.

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