



3-31-2017

Using reflective learning opportunities to reveal and transform knowledge, attitudes, beliefs, and skills related to the occupation of sexual engagement impaired by disability

Rondalyn V. Whitney
Clarkson University, whitneyrondalyn@gmail.com

Wendy W. Fox
University of the Sciences in Philadelphia, w.fox@uscience.edu

Credentials Display

Rondalyn V. Whitney, PhD, OTR/L, FAOTA
Wendy W. Fox, MOT, OTR/L

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DOI: 10.15453/2168-6408.1246

Recommended Citation

Whitney, Rondalyn V. and Fox, Wendy W. (2017) "Using reflective learning opportunities to reveal and transform knowledge, attitudes, beliefs, and skills related to the occupation of sexual engagement impaired by disability," *The Open Journal of Occupational Therapy*: Vol. 5: Iss. 2, Article 8.
Available at: <https://doi.org/10.15453/2168-6408.1246>

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Abstract

Sexuality is one area of human occupation that spans across the lifespan and is identified as an activity of daily living. Barriers to engagement in this occupation fall under the occupational therapists' scope of practice. Teaching that fosters self-reflection about attitudes and perceptions has the power to shape the practice methodology of future practitioners. This paper presents a curriculum module that aims to go beyond basic delivery of content related to human sexuality to instead show how the teaching methodology developed competency in practitioners, changed perceptions that would serve as barriers to empathetic care, and followed the guidelines of best practice. The authors further present the setting of academia as a practice setting and, as such, one that must adhere to the same standards of evidence-based, science-driven protocols as clinical practice.

Keywords

Activity of daily living, Sexuality, Teaching, Engagement

Cover Page Footnote

The authors wish to acknowledge the P2 occupational therapy students at the University of the Sciences (2013) who participated in discussion, dialogue, and generation of the idea to study attitudes regarding interventions around sexuality and sexual engagement of patients as an activity of daily living.

Sex. This one word connotes different meanings and emotional states depending on individual attitudes, beliefs, and past experiences. Humans are sexual creatures throughout the lifespan, from the prenatal period through death. The scope and type of sexuality and sensuality are defined differently at various stages of physical and cognitive development and are influenced by contextual constructs. Disability can result in impaired body function and limit engagement in activity. About one in five Americans have a disability and, as a result, they experience a reduction of their usual activities or face barriers to joining in valued social activities. These obstacles exert secondary and tertiary disabling influences and contribute to poor quality of life when living with a disability.

It is through occupation that humans develop, evolve, establish identity, and find meaning in our lives (Mee, Sumsion, & Craik, 2004). Human sexuality is identified as an area of occupation, specifically an "activity of daily living" (American Occupational Therapy Association [AOTA], 2008). However, health care providers may be hesitant to broach the subject with their patients. Too often, physicians and scholars of sexual counseling (Bitzer, Platano, Tschudin, & Alder, 2011) do not recognize that occupational therapists have unique training in the identification and treatment of sexual difficulties and problems related to disability; therefore, referrals are not made. Valuable evidence from occupational therapy literature may be overlooked and not disseminated. Sexuality is an area of occupation that clearly falls in the occupational therapist's

scope of practice and, as such, we must establish authority and advocate to be included in the treatment team regarding matters of client engagement and/or reengagement in sexual practices.

A client's personal perceptions exert powerful influence on both sexual exploration and learning, and limit their participation. Further, health care practitioners who are accountable for building the on-ramp to clients' full participation experience the same powerful influences on their own personal sexual exploration and learning. People with disabilities must be viewed holistically if we are to provide optimal health care and meaningful interventions, including the capacity to engage in all occupations, such as those related to human sexuality.

From a strictly neurobiological perspective, human beings are sensual, sensory-motor beings; we learn and experience the world through our sensory system, then act on this knowledge through our motor system. While erogenous zones are hardwired and transmitted across generations in our DNA, sensual perceptions are acculturated across the lifespan. We are evolutionarily preconditioned to seek and create pleasurable experiences for ourselves, and as we develop, this innate predilection matures in the environmental context and we create internal working models of ourselves as sexual beings.

Individuals learn about maturation and development of the human body and cognitive processes involved with sexual drive, intimacy, and themselves as sensual beings because of multiple transactions with sociocultural contexts. The

degree of positive association or negative interpretation depends largely on social and cultural factors surrounding the way in which individuals learn about maturation and development of the human body and cognitive processes involved with sexual drive, intimacy, and attachment. In general, sexuality has been a well-researched topic for the last 25 years (Oliver, van der Meulen, June, & Flicker, 2013), and yet, the literature addressing the treatment of sexual reengagement following a disability is less available (Tipton-Burton & Burton, 2013). As therapists, we want to ensure our intervention of teaching this core area of clinical content follows best practices of teaching. However, when we turned to the literature again, we found that evidence-based pedagogy to guide best practice in teaching future occupational therapists how to promote independence, health, and well-being in the occupation of sexuality is a neglected area.

Need for Program

The American Council on Occupational Therapy Education (ACOTE), the accrediting body of all occupational therapy educational programs in the United States, explicitly directs educational content related to the removal of barriers associated with disability to the occupation of human sexuality (ACOTE, 2010). In clinical practice, occupational therapists are charged with developing mastery of practice in their specialty practice setting, be that acute care, outpatient, school-based therapy, etc., and ensuring that they engage in best-practice, using theory and evidence to guide their interventions. Those of us who teach allied health curricula engage in the practice setting of academia and we

have similar goals: (a) to develop mastery in the practice of delivering clinical education and (b) to ensure we follow best practice in our specialty area of academia. As academicians in University level graduate health care education, we closely examine the academic curricula and current professional needs, but too often we fail to use the literature to guide our practice (teaching) or gather data to ensure outcomes (student learning) beyond student performance on assessments (grades).

The purpose of this study was twofold. First, and foremost, we wanted to meet the criteria of the accreditation standards for occupational therapy education and develop future therapists who meet entry-level competency to provide interventions related to sexuality after disability. Second, as instructors of future clinicians, we wanted to assess the extent to which a reflective learning module could reveal and transform perceptions and attitudes about a sensitive topic (sexuality post disability/injury). One of the central beliefs in the occupational therapy profession is that there is a positive relationship between occupation and health. People are viewed as occupational beings who have the inalienable right to be able or enabled to engage in the occupations of their need and choice (AOTA, 2008). Enabling the engagement in occupations related to sexuality is clearly articulated in the scope of practice of the occupational therapist. Sexuality is not consistently addressed in allied health curriculum or in clinical settings; logic might suggest these two are interrelated. Lack of comfort with the topic, lack of competence to address client concerns, or lack of preparedness to address the multifaceted

complexities associated with the impact of illness or disability on sexual satisfaction limit client access to interventions critical to their overall health and well-being.

This article presents our effort to create an evidence-based, science-driven educational module aimed at teaching therapeutic interventions related to sexuality in graduate health care education programs, gathering evidence that the learners were prepared to understand the importance of this topic, and providing intervention in clinical practice. We hoped to provide reflective learning opportunities to reveal and transform knowledge, attitudes, beliefs, and skills related to the occupation of sexual engagement impaired by disability.

Defining Human Sexuality as an Occupation

The scope and type of sexuality are defined differently at various stages of physical and cognitive development. We experience and enjoy the world through our senses beginning in the womb, and those senses mature through interaction with the world around us. Infants and toddlers have 'sense hunger,' a concept that captures the innate developmental need for satisfaction of all senses: touch, taste, sight, smell, and movement. Sensory and sensation seeking behaviors are an integral part of environment exploration for children and help to develop and mature the individual. As we age, sensuality and sexuality take on different meanings. Advocates for Youth (n.d.) reference *An Explanation of the Circles of Sexuality* for lesson planning in sex education where the term "skin hunger" (para. 2) is operationalized to define the innate and often powerful need for close physical

contact with and touch by another person. This primitive need is often confused with, or traded in exchange for, sexual intercourse. Preteens and teenagers begin to explore their bodies and develop a sexual identity. The primal sexual and procreative drive and interest in sexual partners is embellished by hormone production, and teens maturing into young adults become captivated by activities associated with acting on their inner urges. The act of intercourse (the mechanics, the morality, the opportunity) is preoccupying at this developmental stage. Mature adults, on a continuum, develop both sensual and sexual relations that lead to deeper emotional connections and intimacy with a partner. Elder adults continue to have these same feelings, though to a lesser extent, based on aging physiology and reduced hormone levels. Beyond genitalia and areas commonly associated with sexual arousal, stimulation of other erogenous areas (ears, lips, neck, small of the back, legs, buttocks, feet, and hands) must not be overlooked when considering a person as a sexual being. Stimulation of these areas is considered by many to be sensual, often producing sexual arousal, and becomes critically important when disability or sexual impairment is an issue (Tipton-Burton & Burton, 2013). The disease process can co-occur with, or result in, sexual impairment. All too often, these occupational deficits are drastically underreported (Lassner, 1999).

Approach to Encouraging Effective Instruction

A constructivist theory of change was used to guide this teaching module (see Figure 1). Constructivism is a long established theoretical model that seeks to capitalize on the privileges and

challenges of individual learners and, through learner-centered strategies, enable students to construct a schema for transition from novice learner to generalist (Bruner, 1986). As learners move through eight upward spirals of learning—recognition of concepts, recall, analysis, reflection, application, creation and invention, understanding, and evaluation—they generate a knowledgeable and meaningful internal working model for intervention

(Bruner, 1986; Forehand, 2001; Vygotsky, 1962). Consistent with constructivist learning theory, the course provided specific knowledge regarding effective intervention for the disabled client population and attempted to profit from the students' previous understanding of disease and injury processes, sexuality, and theory-driven occupational therapy intervention.

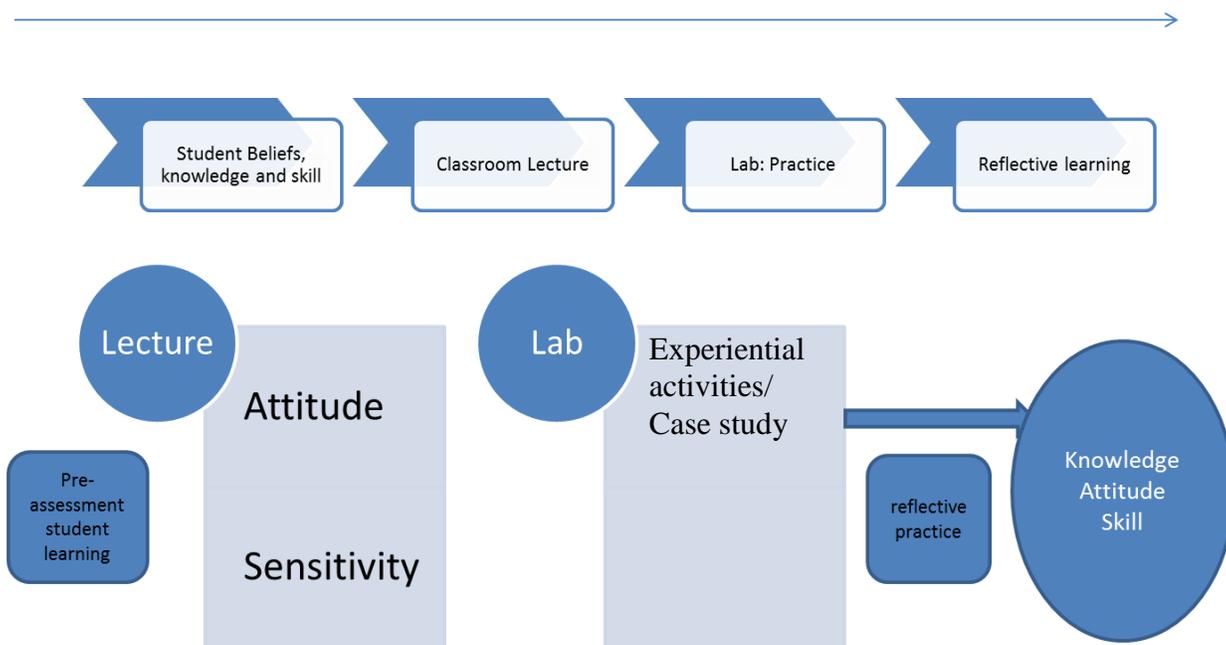


Figure 1. Theory of change model for coursework on effective intervention to support the ADL of sexuality for individuals with a disability.

Student reflective practice was used as an intentional learning activity and contributed to deeper understanding and competency of more intuitive practice (Benner & Tanner, 1987). In Rene Taylor's (2009) text, *The Intentional Relationship*, the author speaks of a concept called "therapeutic use of self," where a reflection-on-action technique supports the development of an intentional relationship between the therapist and

his or her future client. Constructivist theory assumes learning occurs through a construction process, and that knowledge is constructed when attempts to make sense of day-to-day experience occur. More recent literature underscores the added advantage of guided learning, to ensure learners have sufficiently high prior knowledge to construct an internalized guide for their own learning (Kirschner, Sweller, & Clark, 2006). Thus,

providing opportunities for new learning that require problem solving, critical thinking, reasoning, and guidance for dynamic reflection has the potential to promote construction of the generalist practitioner (Schell, 2008).

Method

We identified the outcome intent of the teaching module as “Students will utilize personal factors to navigate comfortable teaching and eventual intervention techniques with future clients.” A dynamic classroom learning activity was designed to facilitate the students’ awareness around where their personal boundaries created barriers related to their capacity to provide effective teaching and learning interventions related to sexuality after injury.

We chose the first semester of the second professional year in the graduate occupational therapy program and identified an intervention course to house the investigation of sexuality. This was due to the course’s fit in the curriculum and its application to intervention, as well as the mastery of skill level of the student learner. The authors engaged in extensive discussion about the pedagogy of this subject matter and careful reflection by the authors related to their own personal beliefs, culture, and spiritual values in preparation for reducing anticipated student barriers.

Description of Teaching Procedures

Our study included graduate students in the second professional year of the occupational therapy program ($N = 59$) enrolled in the intervention course. The students were asked to respond to a survey at the end of the semester.

Participation was voluntary and anonymous. The

sample of students constitutes a convenience sample design. The variables of interest in this study were the effect of teaching content related to human sexuality post injury or disability on (a) the students’ attitudes and (b) the students’ ability to meet course competencies using critical reflective examination. The students were presented with readings to ensure recognition of occupational performance deficits and disease processes; the opportunity to demonstrate recall of core elements through didactic classroom interactions; and in lab, the opportunity to analyze, reflect, apply insights, and create interventions for presented case studies. Through course activities, students are guided to connect prior knowledge with current learning. They are then given the opportunity to reflect on what they had learned and to consider the extent to which they felt increased competency and had achieved greater confidence for the treatment of clients whose sexual activities have been impacted by injury or disability. The students participated in both in-lab and at-home activities to apply learned concepts and create an intervention plan for five unique case studies. Finally, the students were guided through reflective practice to assess the learning experience.

In each lab, the students were placed in groups of four to five for this activity and provided with a short lecture to familiarize them with the literature related to human sexuality, disability, and the role of occupational therapy intervention (Roffman, 2012). The instructors identified learning objectives derived from the ACOTE standards. The laboratory component focused on experiential activities and the students were guided

through self-reflection prompts to stimulate critical thinking, specifically how they had gained competencies necessary for effective intervention (see Appendix A). The six learning objectives were incorporated into a manualized teaching module (acronym SEXUAL) to promote consistency across multiple lab sections.

- Sensitize to issue
- Encourage professionalism
- eXplore attitudes and beliefs
- Uncover barriers
- Analyze outcomes related to client goals
- Learn activities

The students were provided lecture notes and handouts for the simulated activity.

In addition to the S-E-X-U-A-L intervention, we created a systematic guide, modeled after Sabonis-Chafee and Hussey (1998), for critical thinking, which we named the

Theoretical Approach to Guide Intervention (Whitney & Fox, 2013). Use of the guide is a technique designed by the co-authors to support students in their efforts to frame and guide their approach to intervention. This prompted the students to consider multiple approach pathways of intervention, all targeted to reduce the same barrier (see Table 1). Approach progressions included:

1. Rehabilitate (change or remediate underlying disability).
2. Compensate/teach (teach compensatory strategies to the client).
3. Provide assistive technology/equipment (recommend or provide equipment).
4. Adapt/grade the task for the client (change the nature of the task to better enable success).
5. Train family members/personal assistant (focus the intervention on caregiver).

Table 1
Theoretical Approach to Guide Intervention

Approach 1: Rehabilitation	Approach 2 : Compensation/teach	Approach 3 : Assistive Tech/provide	Approach 4: Change task/ adapt	Approach 5 : Provide (personal assistance)
Reduce pain in the lower leg/hip with heat and ultrasound.	Improve flexibility in the hip area through prescribed stretches and strengthening exercises.	Provide adaptive equipment (i.e., back pillow) to support positioning.	Promote reframing of ‘intimacy’ from sexual intercourse to touch, etc.	Provide handout of various positioning techniques as well as information on erogenous zones.

Data Analysis

A descriptive approach has the potential to provide rich data and lead to important recommendations for both future therapists and researchers. Thus, a descriptive design was used to identify and describe the teaching module. The

learning objectives were aimed to reduce current barriers that future therapists might have that would reduce their competency to create effective interventions for the occupation of human sexuality due to disability. Additional qualitative assessment measured the students’ understanding (in-depth case

analysis and treatment plan), the accurate development of a function-dysfunction criteria, and the ability to appropriately demonstrate use of a relevant theory to guide intervention planning (using the *Theoretical Approach to Guide Intervention* [Whitney & Fox, 2013]).

When the classroom assignment was completed, a short questionnaire was created and distributed to assess learning outcomes related to self-report of comfort with the topic.

Results

The analysis for this study focused on whether the students in the course had a change in belief regarding the importance of addressing sexuality as an occupation for clients with an injury or disability. Thirty-nine of the 59 students responded to our end-of-the-semester survey. The students reported they had examined their own personal beliefs and attitudes and learned about their role in creating optimal engagement in the activities related to sexual participation. This variable was measured by two questions on a 10-point Likert Scale: personal comfort with discussion of topics related to human sexuality (Mean = 5.90) or comfort addressing the same topic with clients (Mean = 7.35) (see Table 2). Thus, the students

reported greater comfort levels in speaking about human sexuality in the context of the therapeutic relationship versus the personal context. A surprise finding occurred related to the students' perceptions of the relevance of human sexuality in their planned future practice. Overall, the students felt this issue would definitely come up (Mode = 10). It appears that the lesson was effective at promoting the importance of the topic. However, there was a gap revealed when we explored the individual student self-reports. While most of the students reported that the topic of sexuality was very relevant to their future practice (Mean = 7.66) (see Table 2), the mean score indicates that there is a sector of the students polled who also feel strongly that sexuality is a topic that will NOT arise in their future practice. This belief is incorrect for reasons already discussed. Further, the future therapist would be doing a disservice to his or her profession by ignoring something that falls in our scope of practice and to the client if the therapist naively passed over this possible aspect of therapeutic intervention following disability. We feel that this discrepancy provides some key and critical feedback for the analysis and formatting of allied health professional curricular revisions.

Table 2

Participant Survey Questionnaire

Participant	I feel comfortable discussing issues of sexuality.	I think that issues of sexuality will come up in my OT practice.	I think that I will be able to discuss issues of sexuality with my clients, or appropriately refer them to another clinician.
Mean	5.90	7.66	7.35
Mode	6	10	7
median	6	8	7

The students' understanding was measured by clinical lab instructors following a prepared rubric. All of the students demonstrated mastery of the content, scoring 90% or better on the in-depth treatment plan created in response to the provided case study and graded by a lab instructor blinded to the study design.

Discussion

We were interested in the extent to which one lecture and lab could impact student understanding of the function-dysfunction continua for individuals for whom disability has affected their participation in the ADL of sexual activity. The importance of student assessment is evident. We gathered quantitative data of the overall effectiveness of the teaching module, in addition to the student assessment, allowing us to monitor and reflect evidence-based practice in the practice setting of academia. The results of our student learning suggests that student perception and understanding can be addressed when a well-crafted learning module is offered. This study suggests that by combining the rigors of descriptive analysis with traditional student assessment, we can transform the clinical classroom into a multi-layered, self-referential living laboratory of evidence-based practice. Moreover, we introduced the importance of assessment of the curriculum to meet preestablished learner goals.

Self-awareness is essential for developing client-centered approaches to treatment and therapeutic relationships, especially with sensitive topics like sexuality. For some sub-group in the population of students surveyed, our data now informs us that classroom learning failed to change

the perception that sexuality as a topic area will come up in their clinical practice. Traditional assessments (tests, papers, surveys, etc.) would have failed to identify this sub-group with such a critical content misconception. We hypothesize these students continue to be misguided in thinking the issue of sexuality, an ADL, will not arise in their intended practice areas.

This is clearly an area for future investigation, and it is our intention to contribute to a growing discussion in the literature, specifically when and how sexuality should be approached in the curriculum, use of a developmental frame of reference (i.e., approaches across the lifespan of future clients and the students we are teaching), and sensitivity to unique presentations of disability. Assessment of the effectiveness of the teaching module uncovered this finding and allows us to make refinements in the curriculum and to clarify this misperception in real time with the current cohort. Figure 1 is a schematic representation of this entire process.

Using the methodologies discussed below, we believe that mastery of subject matter was attained and has the potential to carry over to general practice.

Conclusion

While it is currently indisputable that practice must be guided by theory and evidence and that therapists routinely monitor client outcomes, this philosophy has not consistently been transferred into the practice habits of clinical faculty. We use grades for student outcomes of learning. However, if we are to follow professional guidelines and use evidence-based and science-driven practice in the

academic practice setting, a desirable teaching outcome is to generate evidence-based research to support curricular processes. Students have to develop the right mental model for intervention to seem intuitive, and when they do not, providing effective treatment appears to be a series of multiple, unrelated steps.

Human sexuality is a concern for all human beings across their lifespan and there is a need for professional development targeting sexuality when injury or impairment limits client access to this desired occupation. When students are misguided and feel this concern will not arise in their intended practice areas, they will be ill-prepared to address this critical and inevitable concern for their clients when they enter practice. We hope to contribute to the literature and support the contention that sexuality as one of life's occupations falls in the occupational therapist's scope of clinical practice and that occupational therapists have an important contribution to the comprehensive and client-centered rehabilitative and habilitative team.

As in any practice setting, using the evidence to guide practice will increase the efficiency of intervention and promote more positive and reliable outcomes. In the practice setting of academia, as instructors who deliver clinical content, we must take the time to turn to the literature to see if teaching is guided by theory. Moreover, we need to gather data to see if we are in fact meeting targeted outcomes (i.e., the learning objectives) in our teaching. This promotes student engagement and supports students to create new internal working models of themselves as capable learners.

Academic instructors of clinical content (e.g., nursing PA, PT, SLP, etc.) must define their scope of practice in academia as a practice setting and follow the edict to use evidence to guide current/best practice. The act of teaching is an act of advocacy and defines both current and future scope of practice. Clinical faculty stand at a nexus of past, present, and future; one cannot plan the future without understanding the past. Advocacy combined with leadership guided by the evidence creates a future that enables therapists to authentically respond to society's occupational needs.

While the content of this teaching module was human sexuality, the transformative lesson for students was the importance of attending to and understanding the arc of development across a client's lifetime and being ready to respond to any need that occurs across that arc. Human sexuality is one of the few areas of occupation that occurs across the lifespan. All of the deep-rooted socio-cultural meaning attached to sexuality provided a rich lesson in which to embed essential skills of clinical reasoning and intentional therapeutic relationships.

Rondalyn V. Whitney, PhD, OTR/L, FAOTA

Dr. Whitney's research focuses on emotional disclosure to reduce stress and improve quality of life and family quality of life when raising a child with disabilities. She is the author of more than 6 books, a Fellow of the American Occupational Therapy Association, and a passionate supporter for others to share their clinical knowledge through scholarship. She is a national presenter, serves on several editorial review boards, and provides mentorship for both students and clinicians working toward completing scholarly works.

Wendy W. Fox, MOT, OTR/L

Ms. Fox is currently an Assistant Professor of Occupational Therapy at University of the Sciences in Philadelphia, PA and a practicing clinician with specialty areas in adult and geriatric physical rehabilitation. She is completing a PhD

degree in Health Policy with a focus on advocacy by professional organizations and has authored several articles, presenting at numerous professional conferences both nationally and internationally.

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Appendix A

Activities for Human Sexuality Lab

Activity1: FOR	Use the approach grid and discuss your selected frame of reference (FOR) and how each approach will fit into your individual case scenario. Pay special attention to significant factors of your case study. Think of external influencing factors on your person and their situation.
Activity 2: Speed Goal Writing	Take 2 minutes to write a goal that relates to your frame of reference and has an “approach” overtone.
Activity 3:	Reflect on Taylor’s intentional relationship style as discussed in lecture. What style are you using to provide intervention for your case (client with disruption in the occupation of human sexuality secondary to disability)?
Activity 4: Experiential learning/role play	<p>Each pair will need one banana and one condom for this activity. Student A (the therapist) and Student B (the client) who has limited use of his dominant UE. The task is to teach the client how to don a condom over the banana using only the non-affected UE.</p> <p style="padding-left: 40px;">Case Scenario: The client is a 32 year old male who has right hemiparesis due to a left side CVA. The client has asked you to help him problem solve issues related to his sexuality, specifically how he can don a condom with one hand. As the therapist, you will instruct the client to don a latex condom on a banana that is positioned between your partner’s legs (male or female). Pay attention to the words you use, keep a professional demeanor, and most of all...remember that you are helping someone regain a very intimate part of themselves. Tact, professionalism, and empathy should be the skills you are using.</p>

Discuss your reactions, the problems your client faced with this activity. What other concerns might you anticipate for this client? For example, what positions might you recommend? What contra-indicators must you consider?