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Occupational Therapists’ Consideration of Sexual Orientation and Gender Identity when Working with Adolescents: A Preliminary Study

Kristin S. Willey
Kent Intermediate School District - USA, kw-gr@comcast.net

Dana Howell
Eastern Kentucky University - USA, dana.howell@eku.edu

Camille Skubik-Peplaski
Eastern Kentucky University - USA, camille.skubik-peplaski@eku.edu

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Abstract

Background: Adolescents who identify as lesbian, gay, bisexual, transgender, intersex, asexual, and plus (LGBTQIA+) have reduced quality of health care because of stigma, lack of awareness, and insensitivity. Recently the American Occupational Therapy Association added sexual orientation and gender identity (SOGI) as a personal factor in the Occupational Therapy Practice Framework. It is important to understand how occupational therapists incorporate SOGI into their services provided to adolescents.

Purpose: This study explored if occupational therapists considered an adolescent client’s SOGI when providing services. Research questions included: do occupational therapists perceive that SOGI influences adolescents’ occupations, and do occupational therapists perceive gaps in their knowledge related to SOGI?

Method: A qualitative study using semi-structured interviews was conducted with four participants. Data was analyzed via open coding, then placed into categories, and then final themes.

Results: Three themes were identified from the data: Open and empathetic but uneducated about SOGI; SOGI does not influence practice; and occupational therapy could have a role with SOGI.

Conclusion: Occupational therapists may not consider SOGI when providing occupational therapy services to adolescents, and they may not be prepared to include SOGI because of gaps in their knowledge about SOGI-related factors and the influence on occupational engagement.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

ADOLESCENTS, GENDER IDENTITY, SEXUAL ORIENTATION

Credentials Display

Dr. Kristin Willey, OTD, OTR/L; Dr. Dana M. Howell, PhD, OTD, OTR/L, FAOTA; Dr. Camille Skubik-Peplaski, PhD, OTR/L, FAOTA

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In 2020, sexual orientation and gender identity (SOGI) were specifically listed for the first time as a personal factor in the *Occupational Therapy Practice Framework* (OTPF; American Occupational Therapy Association [AOTA], 2020). This inclusion requires occupational therapists to take the client’s SOGI into account when planning assessment, intervention, and outcomes. The inclusion of SOGI in the OTPF is just one step toward the occupational therapy profession becoming more inclusive and providing informed health care to persons in the lesbian, gay, bisexual, transgender, intersex, asexual, and plus (LGBTQIA+) community. Studies have shown that when health care clients’ SOGI is not explicitly considered by the health care provider, there can be a tendency for the provider to assume that someone identifies as male or female and as heterosexual, and these assumptions may be harmful to the client who does not identify with those categories (Logie et al., 2019).

Many researchers have noted the impact of gender identity on occupational performance (Bergan-Gander & von Kürthy, 2006; Devine & Nolan, 2007; Dowers et al., 2019; Phoenix & Ghul, 2016). According to the Human Rights Campaign (HRC, 2018), adolescents whose SOGI is non-heterosexual/non-binary indicate their participation in meaningful occupations is frequently severely impacted by experiences of discrimination, sexual violence, harassment, isolation, family and peer rejection, bullying, and a lack of belonging in their homes, schools, and communities. In addition, Hafeez et al. (2017) showed that LGBT youth “receive poor quality of care due to stigma, lack of healthcare provider’s awareness, and insensitivity to the unique needs of this community” (p. 1). The United States Office of Disease Prevention and Health Promotion (ODPHP, 2020) released Healthy People 2030, which included leading health indicators that prioritized national focus and resources to particular populations’ health and well-being. Information in Healthy People 2030 on the LGBTQIA+ population stated there is a high need for research pertaining to the health of persons related to SOGI, including that of LGBTQIA+ adolescents. In addition, AOTA’s (2018) revised research agenda identified priorities and research goals for occupational therapy education, including that education programs prepare future occupational therapists to provide appropriate services to diverse populations. Despite these calls to action, little is known about how occupational therapists consider SOGI in service provision. Adolescents, in particular, have been identified as a population at risk for negative health outcomes and occupational injustices if their SOGI is not accepted or considered by health care providers (Hafeez, 2017; HRC, 2018).

Further research is needed to determine if and how occupational therapists take the personal factor of an adolescent client’s SOGI into consideration. If an occupational therapist does not explicitly consider an adolescent’s SOGI, the therapist could unknowingly contribute to occupational injustice and health disparities, a situation that is in direct conflict with the Occupational Therapy Code of Ethics (AOTA, 2020). This paper seeks to examine occupational therapists’ perspectives of working with adolescents, specifically related to their knowledge and consideration of SOGI.

**Literature Review**

**Health Disparities and SOGI**

Jennings et al. (2019) looked at data from the Survey of the Health of Wisconsin that spanned the period from 2014 to 2016. Based on surveys from 1,957 Wisconsin residents, the study compared the responses of adults who identified as lesbian, gay, bisexual (LGB), and non-LGB. Those who identified as LGB were 2.17 times more likely to delay obtaining health care than non-LGB persons. Transgender adults reported receiving lower quality of care and/or experiencing unfair treatment when receiving medical care at a rate of 2.72 times higher than their non-LGB and heterosexual counterparts, a trend that Kcomt et al. (2020) also discussed. Some factors regarding why the quality of care received was often
rated lower by transgender persons versus other SOGI minorities were that transgender individuals might anticipate that discrimination will occur and may avoid seeking needed health care. In addition, they were more likely to live in poverty because of systemic inequities, such as employment discrimination, and might lack health insurance. Furthermore, transgender persons’ visual non-conformity could put them at increased risk for discrimination and could be an interpersonal barrier to health care access (Kcomt et al., 2020). The health care experiences of sexually and gender-diverse adults in the region of Arctic Canada were discussed by Logie et al. (2019) as a multi-faceted situation of living in a rural community with fewer options for medical providers than in urban centers. Heteronormativity (the assumption that everyone is heterosexual and that heterosexuality is ‘the norm’) and cisnormativity (the assumption that a person’s gender identity corresponds with the sex registered to them at birth, and that is also ‘the norm’) in those communities decreased the likelihood that medical care would be rooted in cultural competency and be specific to the needs of the LGBTQIA+ community.

Adolescents and SOGI

The World Health Organization (WHO) defines an adolescent as someone who is 10 to 19 years of age (2021). The HRC (2018) surveyed more than 12,000 LGBTQIA+ youth and found that only 24% to 27% of the youth reported they were able to be themselves in school, felt safe in the classroom environment, were out (public with their SOGI), and had family support (p. 5–8). Two different studies, both published in 2017, discussed how heteronormativity and cisnormativity can combine with other intra- and inter-personal factors to contribute to the discrimination of LGBTQIA+ adolescents in health care (Rossman et al., 2017; Snyder et al., 2017). Relatedly, a youth’s decision to disclose or not disclose their SOGI was influenced by “providers not asking; internalized stigma; and the belief that health and SOGI are not related” (Rossman et al., 2017, p. 1407). Schneider et al.’s (2019) research reported similar findings among LGBTQIA+ youth who felt their overall health care needs were not being met. Of note was that a patient’s nondisclosure of their SOGI had the same negative impact as a health care provider assuming a heteronormative identity for their client. The provider cannot address the client’s full scope of health care needs and potential health care concerns or prevention if they do not know their client is part of a marginalized population whose inclusion puts them at significant risk for poorer physical and mental health outcomes than the majority population. In this way, the assumed cisgender and heteronormative approach of the current medical system does, in fact, result in all LGBTQIA+ patients experiencing unconscious bias and poorer health outcomes (Hafeez et al., 2017; Logie et al., 2019).

Multiple studies have examined the influence that being transgender has on occupation. One reason there are studies specific to this gender identity is that when someone is transgender, their outward appearance may not match what one is expecting based on cultural expectations (Kcomt, 2020). The transgender community may also be included more frequently in studies related to the profession of occupational therapy because it is frequently assumed that their activities of daily living (ADLs), specifically of self-care, are different if they modify their outward appearance to be different from the cultural expectations of the sex they were assigned at birth.

Schneider et al. (2019) looked at how occupational transitions are commonly a part of a transgender person’s experience. As they experience certain moments in life, their childhood occupations begin to shift to those of the young adult, and with that often comes the step of engaging in occupations they find to be gender-affirming, meaning an occupation that supports the gender with which they identify (Schneider et al., 2019). Some examples of this include dressing in a way that expresses their gender identity, pursuing friendships with others who support their gender expression, and pursuing medical
interventions to support their gender identity. A person’s SOGI influences human engagement in various occupations, and, as such, occupational therapists should include a person’s SOGI in their data collection and other aspects of the occupational therapy process (AOTA, 2020).

Method

There are no known published studies that examine the question of whether occupational therapists consider SOGI when working with adolescents. As such, an exploratory qualitative descriptive study was selected. The study explored the grand tour question: Do occupational therapists consider a client’s SOGI when providing services to an adolescent? Two subsequent research questions were developed during data collection: Do occupational therapists perceive that SOGI influences adolescents’ occupations, and do occupational therapists perceive gaps in their knowledge related to SOGI? The university review board approved the study as exempt because of the study’s minimal risk.

A purposive, convenience sampling method was used for participant recruitment. To be included, participants were required to reside and practice occupational therapy in the United States, be licensed to practice in their state, be initially registered with the National Board of Certification of Occupational Therapists, and currently work primarily with adolescents (10 to 19 years of age). The primary investigator (PI) emailed 136 occupational therapists who were known from her experience as an occupational therapist. The recruitment email included the informed consent for initial review by potential participants. Those who expressed interest in the study received an email to confirm that they met the inclusion criteria and to agree to the informed consent. Then, the PI and participant scheduled an interview.

Data Collection

The PI conducted an interview with each participant using Zoom, a virtual, web-based environment (https://www.zoom.us). This format was chosen so the participants’ geographic location would not limit their participation. Video interviews also ensured the participants had the flexibility to choose their location while engaging in the interview and could answer questions freely and privately. The semi-structured interview style also offered flexibility during the interview process (Lysack et al., 2017, pp. 201–203) by allowing the PI to adjust her approach or interview questions based on the current participant, the ease of communication, and the information being shared with the PI. Each interview lasted approximately 45–60 min and was recorded via Zoom. At the end of each interview, the video/audio files downloaded automatically to the PI’s password-protected computer. The PI used the video downloads for transcription and coding purposes, then deleted the videos, saving the printed deidentified transcription for use for the remainder of the study.

Data Analysis

The PI followed the analytical process of Tesch’s Eight Steps in the Coding Process as described in Creswell (2014, p. 198). The first step included highlighting words or phrases the participant said that directly answered the interview question, related to the research questions, or seemed to add depth and breadth to the topic. Next, open coding occurred, where each highlighted piece of text was assigned a word or phrase that clearly described what the participant stated. Invivo codes, the exact wording that the participant used, were used most frequently; however, at times, the wording was changed slightly to ensure it maintained context when separated from the rest of the interview data. For instance, if a participant said, “They did not tell me,” meaning the adolescent client did not tell the therapist about SOGI, the code might be “client did not tell OT.” This approach of using inductive or open coding for data analysis meant the codes, categories, and themes arose from the participants’ word choices, not by looking at the data from the lens of a particular occupational therapy theory or framework (Stanley, 2015). Open coding yielded
19 codes. Once the open coding across all transcripts was completed, the PI reviewed the codes (individual phrases or word clusters) and grouped related concepts into categories. This process resulted in five categories.

In the final step of data analysis, the PI considered if categories related to one another in a way that could be described by an overarching theme (Creswell, 2014, p. 199). This process resulted in three themes that will be described in depth in the Results section. See Table 1 for examples of the participants’ quotes, resulting categories, and final themes.

Table 1
Quotes, Category, and Theme Examples

<table>
<thead>
<tr>
<th>Participant Quotes</th>
<th>Categories</th>
<th>Final Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now that I’m more aware, I was looking at, like, our welcome packet and paperwork</td>
<td>We should consider SOGI but do not</td>
<td>Open and empathetic but uneducated about SOGI</td>
</tr>
<tr>
<td>and things like that . . . it’s just very stereotypical gender he/she . . . there is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nothing from the start where we are accepting other, you know, identities (Participant B).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some kids identify as the sex not born as, but that doesn’t change how I address</td>
<td>A client’s SOGI does not influence my practice</td>
<td>SOGI does not influence practice</td>
</tr>
<tr>
<td>their occupational therapy needs (Participant C).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You would just choose what occupations you want because gender isn’t important</td>
<td>The relationship between SOGI and occupations</td>
<td></td>
</tr>
<tr>
<td>for most occupations (Participant A).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We would do research like we have in other situations and try to help the parents</td>
<td>OT’s role</td>
<td>Occupational therapy could have a role in SOGI</td>
</tr>
<tr>
<td>understand their adolescent’s SOGI (Participant A).</td>
<td>Depend on parents or clients for information</td>
<td></td>
</tr>
<tr>
<td>My adolescents are non-verbal, so unless a parent feels they identified in a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>certain way, I wouldn’t know (Participant D).</td>
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<td></td>
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</table>

Trustworthiness

Multiple methods were used to ensure trustworthiness. Peer review occurred during the data analysis process. The PI completed the data analysis, and a second investigator reviewed the codes and themes against the transcripts, agreeing the data analysis was representative of the data. In addition, the PI used reflexivity as a way to manage bias during the qualitative research process (Lysack et al., 2017) and kept a journal that reflected her thoughts, actions, and decisions that occurred during the interview process, data collection, and data analysis. The PI maintained an audit trail that included all data and analytical decisions generated as part of the study.

Results

There were four occupational therapists in this study, all with current licensure. Three of the therapists had master’s degrees, and one had a bachelor’s degree. All four identified pediatrics as their primary area of practice and confirmed they met the eligibility criteria of working with adolescents 10 to 19 years of age. Two therapists practiced in outpatient facilities, and two were based in public school systems. Two therapists had between 30 and 35 years of occupational therapy experience, and two had between 8 and 12 years of experience, with an average of 21 years of experience. All four participants identified their gender as female. The data collected became more consistent during the fourth interview.

Table 2
Participant Demographics

<table>
<thead>
<tr>
<th>Level of Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 1 Bachelor’s degree</td>
<td>n = 2 Entry-level master’s degree</td>
</tr>
<tr>
<td>n = 2 Postprofessional master’s degree</td>
<td></td>
</tr>
<tr>
<td>Practice Setting</td>
<td></td>
</tr>
<tr>
<td>n = 2 public school</td>
<td>n = 2 outpatient clinic</td>
</tr>
<tr>
<td>Experience</td>
<td></td>
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<tr>
<td>8 to 38 years, with an average of 21 years</td>
<td></td>
</tr>
</tbody>
</table>
Themes

Three themes were identified from the data. Each theme will be described below, with example quotations to support each one.

Open and Empathetic but Uneducated About SOGI

The participants were uneducated about SOGI. Only two participants were able to explain the difference between sexual orientation and gender identity. Participant A stated, “There probably is [a difference], but for me, not that much.” Participant D stated, “Identity is what you identify yourself as, and sexual orientation is who you are sexually attracted to, but also who you see yourself as, they go hand-in-hand, obviously.” All of the participants discussed gaps in their knowledge about SOGI. They expressed the kind of information they would find most helpful, including definitions of the terms related to SOGI; hearing from persons who identified in the community about their lived experiences both in and outside of health care; and research that focused on the SOGI community, health disparities, and the role of occupational therapists with this community. No participants felt they knew what they needed to in order to address sexual orientation or gender identity in their practice as an occupational therapy professional. For example, Participant B stated, “I wouldn't know how to approach it at this time.” Regarding working with adolescents and taking SOGI into account, Participant C said, “I want to know basic facts, how to approach the situation with respect, to know our student or client to give them what they need.”

The participants expressed empathy, such as when Participant B stated, “It would be incredibly confusing and overwhelming to not fit into society’s categories.” The participants also expressed willingness to discuss SOGI while acknowledging that for some it was an uncomfortable topic, partially based on the participant’s upbringing or openness about discussing sexuality with others. As Participant C stated, “I never had the situation where I felt like it was needed to know information [about SOGI], I might realize later that I missed something with this discussion.” Therapist A indicated, “We would honor a client’s wishes (if they asked us to use a different name or pronoun) but would discuss it with the parents unless they were 18.” Some of the participants recognized a need to address SOGI at some level as an occupational therapy professional; however, it was not clear before the interview why they would ask about SOGI if a client did not express that they identified with that population or how, as occupational therapists, they would need to help an adolescent with a different SOGI. Participant C said, “I bet if you said it, I would say, ‘yeah, that’s OTish, but I’m just not seeing it.” Participant A stated, “Occupational choices relate to how you feel and your interests. That is already set, so they naturally match up with the client’s needs or feelings.”

SOGI Does Not Influence Practice

All of the participants indicated that SOGI did not influence their practice because, as Participant A stated, “We’ve never run into it with a client. A family has never complained. A client may not be ready to share.” Participant B said, “There may be some things, such as musculoskeletal, injury, or strengthening and coordination, that would not impact my role as an OT.” Other thoughts included that the parent or child would let the occupational therapists know if there was something the occupational therapists needed to address that up to this point had not occurred; in addition, that therapists did not address a client’s SOGI if they perceived it not to affect their occupational performance.

Some of the participants expressed it was not essential to understand SOGI because, as occupational therapists, they are trained to stay neutral and accept people as they are. Participant C stated, “As the therapist, I would treat kids with the same needs the same way, no matter their gender,” and “There
is nothing I’ve done in occupational therapy at school or at the hospital that would require me to know someone’s sexual orientation.” Participant D said it this way, “As an OT, my role is to stay neutral, not force people to do certain things in certain ways.”

The participants indicated that SOGI did not influence the participant’s practice simply because there was nothing built into the practice that asked or considered a client’s SOGI. Each of the four indicated there was nothing built into the procedures where they worked that asked about or had a place for clients or parents to indicate the adolescent’s SOGI. This was clear from each therapist that since no one was gathering SOGI information, it was not considered part of their practice.

The participants were divided regarding whether SOGI influenced occupations. Some of the participants felt SOGI did not influence their practice because SOGI did not influence the occupational choices of the adolescents with whom they worked. Participant A stated, “I’m not sure SOGI would affect occupations a lot;” “Most adolescents have felt that way for a while, so they have chosen occupations that they want;” and “You would just choose what occupations you want because gender isn’t important for most occupations.” Participant C stated, “SOGI doesn’t influence academics, subjects aren’t related to gender anymore. I’m old enough to where those perceptions existed, but not anymore,” and “I don’t care what choices a kid makes during their free time” and “go-for-it, everyone should just pick what makes them happy, it doesn’t matter to me.”

**Occupational Therapy Could Have a Role with SOGI**

Although the participants expressed that SOGI did not have a significant influence on their practice with adolescents, there were instances where the participants recognized the importance of occupation and the potential role of occupational therapy. Participant B noted, “SOGI would impact every single thing the adolescents do daily,” and Participant D said, “SOGI influences their self-view,” and “SOGI, with adolescents, would be huge socially.” The participants speculated what the occupational therapists’ role could be. Participant D discussed, “Mentally, there must be a lot of ways occupational therapy could help, probably with a trauma-informed care approach; a person could look like they’re shutting down.” Participant C considered their role in educating others and said, “Sensitivity training, but I don’t know if that would be my job.”

As each interview progressed, the participants seemed to consider different aspects of SOGI simply as a result of engaging in the interview process. Participant A stated, “We would help a parent understand their child’s gender,” and “This might be info that would be helpful to know in advance.” Participant B said, “We could do anything; address social-emotional, ADLs, equipment, such as binders and prosthesis; there would be endless possibilities and areas of practice for OTPs.” Participant C stated, “For physical disability, you might need to discuss how older adolescents would participate in, um, activities [sexual], but not true for kids.” Participant D said, “The typical occupations of adolescents of self-care, independence, dressing, making snacks, meals, homework, leisure, showering; these shouldn’t be influenced because we should just accept people the way they are, but everything is impacted.” By the conclusion of each interview, each participant had experienced a shift in their thinking and said that they would now consider including SOGI as part of their client’s occupational profile.

**Discussion**

This study sought to explore if occupational therapists considered SOGI when working with adolescents, if they perceived that SOGI influenced adolescents’ occupations, and if they perceived gaps in their knowledge related to SOGI. Other studies have focused on the health care experience of someone who identifies with the marginalized SOGI populations (Hafeez et al., 2017; Jennings et al., 2019; Kcomt
et al., 2020); however, no studies were found that directly examined how occupational therapists consider SOGI, let alone how occupational therapists consider SOGI with adolescents. Overall, the themes indicated that there was a gap between the occupational therapists’ knowledge and preparedness to take SOGI into account with their adolescent clients to evaluate or provide intervention.

The first theme, Open and Empathetic, but Uneducated about SOGI, may reflect that the examination of the influence of SOGI on the health care experience is a relatively new area of study across health care disciplines. There is a lack of knowledge among the general population about SOGI terminology, which may extend to health care practitioners. The terms SOGI and LGBTQIA+ are rather broad umbrella terms, and studies may use a variety of terms, perhaps defined differently, to describe their sample. This makes it difficult for occupational therapists to feel they have the knowledge needed to address the diversity of SOGI with their clients. A scoping review by Willey et al. (2023) found there was limited research that looks at SOGI cultural competence in occupational therapy, physical therapy, and speech and language pathology curricula as compared to other health care disciplines. This means that occupational therapists may enter the field with limited knowledge of SOGI and how it impacts client care. However, given the inclusion of SOGI as a personal factor in the OTPF (AOTA, 2020), entry-level occupational therapists should be more likely to be aware of SOGI and open and empathetic to learning more about how it impacts their clients. It is also encouraging that all of the participants in this study expressed openness and empathy for learning about SOGI, given their extensive clinical experience and potential lack of exposure to SOGI during their formal education.

It may be difficult for occupational therapists to address SOGI in practice if they lack an understanding of how or if SOGI impacts occupations. The participants in this study initially felt that SOGI did not influence their care of adolescents, although, as the interviews progressed with a maintained focus on sexuality and gender, they began to increase their awareness of ways it may have an impact on occupational performance. When exploring the literature on this topic, the interconnectedness between SOGI and occupations has been demonstrated (Bergan-Gander & von Kürthy, 2006; Devine & Nolan, 2007; Dowers et al., 2019; HRC, 2018; Phoenix & Ghul, 2016). Given the potentially harmful effects of ignoring SOGI in health care practice (Gonzales & Henning-Smith, 2017; Hughes et al., 2017), and particularly in adolescents (HRC, 2018; Hafeez et al., 2017), it is essential for occupational therapists to ask about SOGI and recognize it as a factor that may determine an adolescents’ choice to participate (or not participate) in certain occupations. Likewise, occupational therapists should be aware of the potential impact on the mental health of adolescents who may be experiencing bullying or other negative events related to their SOGI and take steps to educate themselves on appropriate interventions.

**Clinical Implications**

It was a promising finding that the occupational therapists in this study were interested in exploring what their role could be with adolescents and the consideration of SOGI as part of their practice. It appeared that simply having a focused discussion on the topic of SOGI brought value to the participants as they began to problem-solve how to include these important concepts to enhance their practice. The participants reflected on how they could incorporate SOGI concepts to support their various clients, thus demonstrating the ability to grade knowledge for all of their clients’ benefit. The first step in considering an adolescent’s SOGI is to simply ask the client how they identify, and when applicable to medical care, to also state their sexual orientation. Asking clients about their SOGI will begin to normalize the inclusion of this information into the occupational profile. If providers are not asking about a client’s gender or relationships, then the assumption is likely that the individual is cisgender and heterosexual. Making
Incorrect assumptions can not only lead to inadequate health care being provided to the client but also impact a client’s mental health, and will decrease the likelihood that the client will seek health care or occupational therapy services in the future, which will impact their long-term health and functioning (Hafeez et al., 2017; Logie et al., 2019; Rossman et al., 2017; Snyder et al., 2017).

Occupational therapy practice is guided by the OTPF (AOTA, 2020); therefore, it is each professional’s responsibility to learn about SOGI and consider the personal contexts of sexual orientation and gender identity for each client. This includes addressing all areas of occupational performance and establishing a secure, safe, and accepting environment (Alegria et al., 2016), such as providing opportunities for clients to explore how to express their gender identity and sexual expression in a safe manner and developing coping skills to be successful with their occupational performance.

In their 2018 LGBTQ Youth Report, The Human Rights Campaign urges mental health and medical professionals to “seek additional training to increase proficiency in LGBTQ issues” and to provide education resources for parents, teachers, and students (HRC, 2018, p. 20). As such, occupational therapy education should minimally include basic medical information regarding SOGI and the research that looks at how the occupations of individuals are impacted by their SOGI. It is suggested that this includes developing case studies demonstrating application of SOGI concepts. Multiple departments in the WHO, including the Gender, Rights, and Equity-Diversity, Equity and Inclusion department, are working to develop a guideline on the health of trans and gender-diverse people that will contribute to occupational therapy practice (2023).

The participants in this study identified that they would like to learn more about the lived experiences of the LGBTQIA+ population, both in and outside of the context of health care. The use of well-designed case studies to facilitate the consideration of SOGI client factors is one way for occupational therapists and occupational therapy students to practice their critical thinking skills related to the application of SOGI concepts before they are with a client in a face-to-face clinical situation (Allen & Toth-Cohen, 2019). The use of case studies is also a way for occupational therapists to engage in discussions with each other to problem-solve how they might respond in certain situations. With the development and use of case studies as a tool for teaching SOGI cultural awareness, it would be beneficial for case studies to range from the inclusion of basic information, such as names, pronouns, and definitions, to a more complex understanding of how SOGI influences occupational performance and life satisfaction (Bar et al., 2016).

**Limitations**

Qualitative studies are inherently designed to elicit rich and descriptive data. As consistent with this study, the majority of literature regarding LGBTQIA+ and SOGI is based on various types of qualitative inquiry, often with a smaller number of participants, which means that saturation may not have been reached and that the results from this study, while informative, are limited in their transferability (Bar et al., 2016; Beagan & Hattie, 2015; Beagan et al., 2012; Goodrich, 2012; Schneider et al., 2019). Therefore, the results should be considered as one part of the larger body of research that discusses SOGI in the field of occupational therapy and other health care professions.

**Future Research**

This was the first study to explore whether occupational therapists consider SOGI when working with their adolescent clients, so there is much more to study on this topic. The next step would be to replicate this study with a larger number of participants. In addition, a survey of SOGI adolescents who have engaged in occupational therapy services to explore their experiences would be beneficial.
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project could support the development of information-specific modules to be used in occupational therapy higher education programs as well as continuing education with a prepost measure of efficacy. These efforts would add to the body of scholarly literature available on the topic of SOGI cultural readiness, which, as a profession and part of the larger health care community, we are called to support and research (AOTA, 2018).

Conclusion

Occupational therapists may not be consistently considering a person’s SOGI when providing occupational therapy services to adolescents, and they may not be prepared to include SOGI because of a gap in their knowledge about SOGI-related factors and the resultant influence on a person’s occupational engagement. However, the goal of this research is to support further conversation around the topic; to encourage occupational therapists to consider SOGI by gathering information about a client’s gender identity and, when applicable to medical care, sexual orientation; and to spur evidence-based projects that look at the interconnectedness between SOGI, occupations, and occupational therapy with the hope of increasing the occupational justice and decreasing the health disparities experienced by marginalized LGBTQIA+ populations.

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