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Mapping the Way Forward: Prioritizing Education for Global Occupational Therapy Practice in Addressing Sexuality and Intimacy - A Delphi Approach

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Mapping the Way Forward: Prioritizing Education for Global Occupational Therapy Practice in Addressing Sexuality and Intimacy - A Delphi Approach

Abstract

The World Health Organization identifies sexual functions and intimate relationships as a functioning domain in the Package of Interventions for Rehabilitation (WHO, 2023). Addressing sexual functions and intimate relationships is a key area of practice for occupational therapists (Walker et al., 2020), and it is important to ensure that occupational therapists are prepared to address this important domain. With the worldwide call to ensure the sexuality and intimacy needs of individuals receiving rehabilitation services are addressed, it is time to establish a new direction for education, practice, and research. This study used a Delphi approach to gather and analyze evidence, engage experts in pivotal dialogue, and make critical decisions to determine priorities for education related to the international practice of occupational therapy in addressing sexuality and intimacy. Findings outline the pedagogy, knowledge, and skills needed to prepare current and future therapists to address the sexuality and intimacy needs of clients worldwide effectively. Global leaders have solidified the role and scope of occupational therapy in addressing sexuality and intimacy and outlined theoretically informed and evidence-based priorities for entry-level and post professional education.

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

global Delphi, international education, occupational therapy, sexuality and intimacy

Cover Page Footnote

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Addressing sexual functions and intimate relationships is a key practice area for occupational therapy (OT) (American Occupational Therapy Association [AOTA], 2020; Lynch & Fortune, 2019; Thurston et al., 2021; Walker et al., 2020), and it is important to ensure that occupational therapists around the world are prepared to address this vital domain. Sexuality and intimacy concerns of clients are important and relevant to the profession; however, despite a continuous call over the years to the profession, little progress has been made in the consistency of addressing these concerns in practice (McGrath & Macellaria, 2016; Neistadt, 1986; Young et al., 2020). Occupational therapists continue to claim they do not have the skills or training needed to address sexuality and intimacy with clients (Rose & Hughes, 2018). Research indicates that the primary barriers to addressing sexuality and intimacy in OT cluster around themes of discomfort with the topic and a lack of interpersonal training, confidence, and knowledge (Grasso, 2020; Javaherian et al., 2008), all of which could be remedied with proper education (Gerbild et al., 2017). Although most research in this area is primarily exploratory, the inadequacy of educational curricula in this area has been noted around the world (Areskoug-Josefsson & Fristedt, 2017; Eglseder & Webb, 2017; Hwang et al., 2023; Lepage et al., 2020; Sakellariou & Algado, 2006). Now that the needs and barriers related to addressing sexuality and intimacy in OT have been identified, the ultimate goal is to advance evidence-based education and practice for the worldwide profession of OT.

Before 2020, the broad possibilities for sexuality and intimacy had not been clearly defined in OT, and there was not a high-quality, objective theory or valid, evidence-based, and reliable assessment tool. In response to these problems, Walker et al. (2020) developed the Occupational Therapy Sexual Assessment Framework (OTSAF) to clearly define the occupational nature of sexuality and intimacy and inform the profession's scope of practice. The OTSAF outlines the constructs related to sexuality and intimacy within the scope of OT practice, including sexual knowledge, sexual activity, sexual interest, sexual response, sexual self-view, intimacy, sexual health, and family planning (Walker et al., 2020). The OTSAF conceptual model illustrates a progression of factors from those internal to the client to those external. In essence, a person's client factors, body structures, and body functions impact their engagement in relevant occupations in their specific context. Sexual knowledge, sexual self-view, sexual interest, and sexual response are considered client factors, and sexual activity, family planning, sexual expression, intimacy, and sexual health are occupations (Walker et al., 2020). Walker (2020a) also created the Occupational Performance Inventory of Sexuality and Intimacy (OPISI), the first theoretical-based and occupation-focused screen, assessment, and performance measure addressing clients' sexuality and intimacy needs.

With an outline for the scope of OT practice and related assessment tools to measure performance and outcomes, the next step is to establish educational guidelines to ensure that students and occupational therapists are adequately prepared to address the sexuality and intimacy needs of clients. Researchers are beginning to explore the extent to which OT programs address sexuality and intimacy. According to Eglseder and Webb (2018) and Lohman et al. (2017), many OT programs present content related to sexuality and intimacy only via lecture material. Eglseder and Webb also found that only 15% of programs address sexuality and intimacy in fieldwork settings. A study by Spaseska et al. (2022) explored the experience of new OT graduates in Australia related to addressing sexuality, and participants did not feel the content of their programs adequately prepared them for related practice. Although research in this area is heavily dominated by studies conducted in affluent nations, the importance of the topic to the profession of OT is noted worldwide (Thurston et al., 2021). Variations exist in educational opportunities provided

in entry-level academic programs and post professional programming related to addressing sexuality and intimacy in OT; however, research suggests that selecting teaching models for education impacts intervention outcomes (Gerbild, 2017). In short, enhancing the knowledge and understanding of occupational therapists through education is the most crucial method to enhance their comfort, confidence, and commitment when addressing sexuality (Grasso, 2020). Collaborative global endeavors are necessary to progress educational research in addressing the opportunities and challenges that confront OT education internationally (World Federation of Occupational Therapists [WFOT], 2021). In response to the World Health Organization (WHO) Rehabilitation 2030 Initiative, the WHO's Package of Interventions for Rehabilitation (PIR) was released for 20 health conditions (WHO, 2023). The PIR organizes interventions according to 22 functioning domains, which specifically include sexual functions and intimate relationships (WHO, 2023). In accordance with the WHO, addressing sexual functions and intimate relationships is a key area of practice for occupational therapists (Walker et al., 2020), and it is important to ensure that occupational therapists are prepared to address this essential domain.

Regarding education, WFOT (2016) outlines the knowledge, skills, and attitudes required for entry-level OT practice. There are six areas of competence, which include the relationship between the person, occupation, and environment and its connection to health; therapeutic and professional relationships; the process of OT; clinical reasoning and professional behavior; the context of OT practice; and the use of evidence-based practice (WFOT, 2016). While these core tenets are standard for OT worldwide, how OT programs address these areas will vary based on societal needs, health, disability, social policies, philosophies of the program, and the culture and context of occupations in the region (WFOT, 2016).

According to WFOT (2021), there is a demand for occupation-centered curricula, acknowledging evolving knowledge with local/global and individual/social perspectives and responding to disruptions (e.g., pandemics, climate change, globalization, technology, environmental issues, war, and politics), all of which require innovative and evolving education and practice methods. Occupational justice explores the impact of policies, laws, and economic practices on engagement in essential occupations related to sexuality and intimacy, emphasizing concepts of empowerment through occupation and inclusive classification of these activities (Fleming-Castaldy, 2015; Madsen et al., 2015; Stadnyk et al., 2010). Religious values and traditions and the political atmosphere present challenges when providing education on topics related to masturbation, pre-marital sexual activity, sexual diversity, and gender inequalities, thus creating a conflict with global health and human rights (Jorge et al., 2021; Logie et al., 2021; Mahendru, 2020; Ruzibiza, 2020; Suarez et al., 2020). In sum, the taboo nature of sexuality and intimacy fluctuates geographically, and the culture of the educational program, students, occupational therapists, clients, and practice area vary.

The WHO (2020a) recommends developing rehabilitation programs using the Rehabilitation Competency Framework (RCF). The RCF focuses on rehabilitation professions' core values and beliefs outlined in five domains: practice, professionalism, learning and development, management and leadership, and research (WHO, 2020a). Each domain outlines the competencies, activities, knowledge, and skills necessary for rehabilitation professionals to perform their responsibilities effectively (WHO, 2020a). OT educators can use the RCF to guide the development of competency-based education and training (WHO, 2020b) regarding sexuality and intimacy. To develop curricular content addressing sexuality and intimacy, curriculum designers should contemplate the five phases of development:

planning, construction, sequencing, assessment, and implementation (WHO, 2020b). The first two phases involve information gathering, stakeholder dialogue, critical decision-making, clarifying competencies, and determining the learning objectives and associated knowledge and skills (WHO, 2020b).

A strong and relevant profession requires evidence-informed and theoretically grounded education that addresses context-specific needs and facilitates cross-border knowledge exchange (WFOT, 2021). With the worldwide call to ensure the sexuality and intimacy needs of individuals receiving rehabilitation services are addressed, it is time to establish a new direction for education, practice, and research. Therefore, the purpose of this study was to use a Delphi approach to gather and analyze evidence, engage experts in critical dialogue, and make critical decisions to determine priorities for education related to the international practice of OT in addressing sexuality and intimacy.

Method

This study was part of a larger study aimed at identifying priorities across three pillars of practice: the education of current and future occupational therapists, understanding the occupational nature of sexuality and intimacy, and support for clinical practice trends. A Delphi technique was selected to inform the international practice of OT in addressing sexuality and intimacy and for its use in exploring the parameters of this area of practice, exploring the field beyond existing knowledge, and using collective intelligence to form a consensus among experts regarding priorities for the future (Iqbal & Pison-Young, 2009; Junger et al., 2017; Nasa et al., 2021). Paired with online survey technology (Qualtrics), this approach allowed for a systematic, rigorous, and innovative means to generate opinions from experts worldwide, allow more time to reflect on their answers, and arrive at a consensus using software that simplified data processing (Byrne et al., 2020; Holloway, 2012; O'Neill et al., 2018; Quartiroli et al., 2019). The Delphi technique may be considered a mixed method approach; however, social constructivism serves as the theoretical paradigm as the three-round approach involves the collection of multiple realities and perspectives at each round, which collectively progresses with each round (Amos & Pearce, 2008; Junger et al., 2017). The Human Research Protections Program of the University of Indianapolis reviewed this study, and it did not meet the federal definition of “human subjects research” as outlined in 45 CFR 46.102.

This Delphi study consisted of a discovery phase (Phase 1) and a consensus phase (Phase 2). The purpose of the first phase was to systematically synthesize the literature and discover important research priorities, questions, or problems identified by experts to standardize the knowledge base of experts (Round 1) (Junger et al., 2017). The consensus phase consisted of two rounds: (Round 2): rating, evaluating, proposing additional priorities, and gathering qualitative feedback, and (Round 3): review and approval of a final framework (Hasson et al., 2000; Junger et al., 2017). See Figure 1 for an overview of the Delphi process and results.

Phase 1: Discovery

The discovery phase consisted of a literature analysis, which included a deductive approach to extract statements reflecting implications for education, research, or practice from the discussion and conclusion sections of the qualifying literature (Hinkin, 1995), followed by an inductive approach to generate priorities through an open-ended set of questions sent to the expert panel (Round 1) to generate ideas regarding the three pillars of practice.

Literature Analysis

A search for literature surrounding the three pillars of practice was conducted, and 69 articles met the criteria for inclusion for scientific merit. Statements or excerpts in the discussion section that directly identified a problem area, recommendation, implication, or priority for education were extracted. Extracted excerpts ranged from one to three sentences. Multiple sentences were extracted if related to a singular implication or if the surrounding sentences increased the clarity of the one sentence of implication. A total of 484 excerpts were extracted for further analysis, and on further review, 68 were discarded because they did not meet the criteria for inclusion. Excerpts were categorized according to the three pillars of the larger study. If an excerpt was applicable across multiple pillars, the excerpt was duplicated and placed in each relevant pillar. Initial coding revealed 141 excerpts for education. A thematic analysis was conducted for the education excerpts using a grounded theory approach. Apriori coding was used with the pillar as a starting point for analysis based on constructs of the OTSAF (Walker et al., 2020), domains of OT, and phases of the OT process noted in the *Occupational Therapy Practice Framework: Domain and Process* (OTPF-4) (AOTA, 2020). The remaining excerpts were open-coded in preparation for axial coding, and new categories emerged. During the selective coding phase, consensus judgments were made when excerpts were found to apply to different pillars or categories in the emergent theoretical models or removed if not relevant to the study's aim. A constant comparative approach was completed through coding in pairs, reviewing codes and decisions as a team (primary investigators and six OT doctorate students), and confirmed by the two primary investigators until theoretical saturation was achieved.

Round 1

Expert Panel. Purposeful sampling, followed by snowball sampling, was used to ensure a valid panel and foster trustworthiness (Holloway, 2012). The most cited criteria for selecting expert panelists include heterogeneous grouping, similar interests, acceptance of experts as an authority, and geographical origin (Jünger et al., 2017). Although the selective recruitment of participants creates an element of bias, it was deemed appropriate because potential panelists would be a “difficult-to-reach population” (Kirchherr & Charles, 2018, p. 2), as there were relatively few known experts in this area of practice, and addressing sexuality and intimacy as part of OT is not openly practiced globally. It was important to clearly articulate the criteria for establishing expertise. This ensured a diverse panel of experts with proficiency across the three pillars of inquiry and various practice sectors, including clinicians, researchers, and academics (Nasa et al., 2021). The inclusion criteria were (a) licensed occupational therapists; (b) ability to communicate in English effectively; (c) have contributed to the advancement of research, education, and/or the practice of OT in understanding and addressing the sexuality and intimacy needs of clients; and (d) established expertise in one of the following areas: education, research, or practice (see Table 1). Students who had not yet obtained an OT degree or were OT assistants were excluded. Initial recruitment began by thoroughly searching recent literature, conference programs, and the web to identify potential experts. Advertisements were also published on AOTA and WFOT listservs. Those who met the inclusion criteria were asked to suggest other potential experts. Needham and de Loë (1990) suggested a sample size of 10 to 50; however, de Villiers et al. (2005) suggested a sample size of 15 to 30 experts when the experts are from the same discipline.

Table 1

Level of Expertise in Education, Practice, and Research

Education	
<i>Levels of expertise in addressing sexuality and intimacy as it pertains to educating future and/or current occupational therapists in OT curriculums, fieldwork education, and/or continuing education.</i>	
Novice	OT educator with no experience addressing sexuality and intimacy in OT education.
Advanced Beginner	OT educator who addresses the sexuality and intimacy needs of clients in an educational setting, but not on a regular basis and/or not tied to specific learning objectives or outcomes.
Competent	OT educator who addresses the sexuality and intimacy needs of clients in an educational setting that are tied to specific learning objectives.
Proficient	OT educator who addresses the sexuality and intimacy needs of clients in an educational setting that are tied to specific learning objectives and involves assessment of learning outcomes.
Expert	OT educator who has disseminated knowledge and/or education expertise through avenues such as curriculum development, specialty courses, continuing education, conference presentations, peer-reviewed journal publications, textbook chapters, and/or trade journals.
Practice	
<i>Levels of expertise addressing sexuality and intimacy in clinical OT practice</i>	
Novice	Novice: Occupational therapists who have never addressed sexuality and intimacy in clinical practice.
Advanced Beginner	Occupational therapists who address the sexuality and intimacy needs of clients as needed in clinical practice, but not on a regular basis, and services generally involve sharing and dispersing related handouts or flyers.
Competent	Occupational therapists who regularly address the sexuality and intimacy needs of clients in clinical practice. Competent occupational therapists provide related educational materials and resources and interventions targeting sexuality and intimacy.
Proficient	Occupational therapists who have participated in continuing education or other concentrated studies to advance their understanding and knowledge. Proficient occupational therapists regularly address the sexuality and intimacy needs of clients through direct intervention and may create, share, and disperse educational materials to clients.
Expert	Occupational therapists who have extensive knowledge and expertise as it relates to addressing sexuality and intimacy in clinical practice and disseminate this knowledge and/or practice expertise through avenues such as presentations, peer-reviewed journal publications, trade journals, or publicized interviews about expertise.
Research	
<i>Levels of expertise in the conduct of research related to sexuality and intimacy</i>	
Novice	Occupational therapists who have research experience but not related to sexuality and intimacy
Advanced Beginner	Occupational therapists with research experience related to sexuality and intimacy but work was not disseminated at a professional conference or published (e.g., student projects, capstones, etc.)
Competent	Occupational therapists who served as co-investigators and were involved in disseminated research related to sexuality and intimacy but did not serve as first-author or lead researcher.
Proficient	Occupational therapists who served as the principal investigator and conducted research related to sexuality and intimacy and disseminated this work at regional conferences or in a poster presentation format.
Expert	Occupational therapists who served as the principal investigator and conducted multiple research studies related to sexuality and intimacy and disseminated this work via platform presentation at national conferences and/or peer-reviewed journal articles

Survey Procedure. Qualtrics survey software was used to develop, send, and record data and demographics from the respondents. Round 1 used an open-ended questionnaire to ask the respondents to identify up to five important priorities or research questions related to OT education surrounding sexuality and intimacy. The OTSAF conceptual model (Walker et al., 2020) and corresponding construct definitions (see Table 2) were provided to experts to serve as the theoretical foundation for the study, allow the respondents to consider the depth and breadth of the role of OT, and provide operational definitions for key content. Otherwise, the experts were not guided by accompanied literature or facilitators but were asked to review the literature and consult with colleagues as needed before proposing priorities or research questions.

Table 2
OTSAF Constructs and Definitions

Construct	Definition
Sexual knowledge	What a person knows, understands, believes, and values regarding sexuality and intimacy.
Sexual activity	A person's ability to safely engage in sexual and/or intimate activities (alone or with another person). Sexual activities may include hugging, kissing, foreplay, masturbation, oral sex, anal sex, vaginal sex, and use of sexual toys or devices.
Sexual interest	A person's psychological and physiological drive, motivation, desire, or libido related to participation in sexual activities alone or with another person.
Sexual response	The body's physical, sexual response associated with sexual activity, including physiological arousal, response to erogenous zones, nipple erection, clitoral excitation, erection, vaginal lubrication, prostate release, ejaculation, and/or orgasm.
Sexual expression	A person's ability to express themselves as a sexual being. A person may express their sexuality and/or gender identity through behaviors, mannerisms, preferences, appearance, pronouns, political engagement, acquired tendencies, daily routines, symbolic actions, or preferred roles.
Sexual self-view	How a person views themselves as a sexual being and includes aspects of sexual identity, gender identity (examples among many: man, woman, nonbinary, transman, ciswoman, genderqueer, gender nonconforming), sexual self-esteem (a person's comfort and confidence with how they view themselves as a sexual being), and body image (mental representation of how a person pictures themselves). Occupational therapist who addresses the sexuality and intimacy needs of clients as needed in clinical practice, but not on a regular basis, and services generally involve sharing and dispersing related handouts or flyers.
Intimacy	A person's ability to initiate and maintain close intimate relationships that includes the ability to give and receive affection needed to interact successfully in the role of intimate partner.
Sexual health	A person's ability to develop, manage, and maintain routines for sexual health, including practicing safe sex and identifying, understanding, selecting, and using of protection.
Family planning	A person's ability to develop, manage, and maintain routines associated with fertility, pregnancy, and/or parenthood.

Note. From *Occupational Performance Inventory of Sexuality and Intimacy (OPISI): Manual Registration*, by B. A. Walker, 2020, University of Indianapolis.

Analysis

The research team extracted, reviewed, and generated priorities and research questions, merged similar topic areas, moved items if deemed to belong to a different pillar, combined items if redundant, clarified items with the expert panelist if an item was unclear, and removed items if determined not to be relevant to the research questions. Items were initially coded using the theoretical model established from the literature. The expert data and data extracted from the literature were merged for triangulation purposes to ensure consistency and completeness. The expert-driven data did not conform well to the established literature-based theoretical model. It was determined that apriori coding based on the OTPF-4 presented challenges and was likely inducing an element of bias. The OTPF-4 categories were eliminated, and

related excerpts were reduced to the initial coding level. The combined data were reanalyzed using the abovementioned procedure until a new theoretical model emerged, and saturation was achieved for each pillar. Data were then transformed into need-based objective statements. The resultant lists of objective statements were again triangulated, with the principal investigators using the categories listed in the OTSAF and the OTPF-4 as a guide to identifying theoretical or conceptual gaps. The two principal investigators reviewed the gaps separately to identify possible items for inclusion based on expertise related to the gaps identified. Potential new items were reviewed, refined, or eliminated per consensus decisions made by the research team.

Phase 2: Consensus

Procedure

The second phase involved establishing the relevance and importance of associated priorities. A threshold criterion for consensus was set conservatively at 75% (Junger et al., 2017). Items with an agreeance level between 70%–80% in the second round would be thoroughly reviewed and discussed before making final determinations on the item for inclusion in the third round. Given the length and complexity of ideas presented as survey content, experts were given 4 to 6 weeks to complete each round.

Round 2

The items generated in Phase 1 for each pillar were sent to the experts using Qualtrics survey software. For each item, experts were asked to rate the item's importance on a Likert scale ranging from 1 to 5 (1 = *not important*; 5 = *very important*) (Shariff, 2015) and provide item-level feedback as needed to enhance item clarity. Experts were also given the opportunity to make recommendations for the inclusion of additional items pertaining to each theme or category.

Round 3

Based on the results of Round 2, final documents were created for each pillar of the finalized items. For each document, experts were asked to approve the document, approve the document with revisions, or not approve the document.

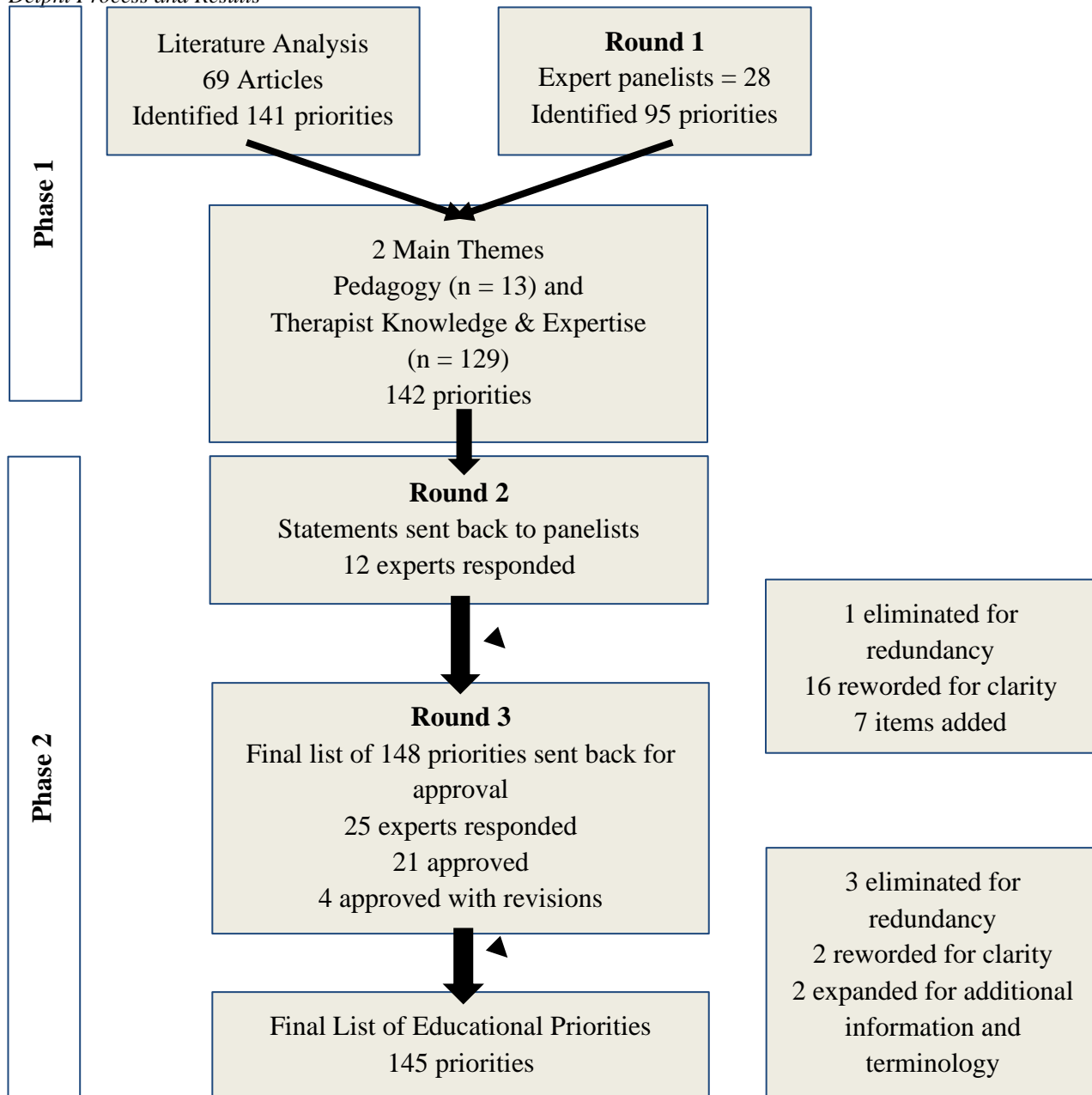
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Survey data from each round were de-identified for primary analysis, and comments were only traced back to the individual expert when there was a need to clarify comments or recommendations for member-checking purposes. During research team meetings, the items in which multiple experts had conflicting recommendations were synthesized and critically discussed before determining how the item should be rephrased (Nasa et al., 2021). The rationale for the revision, deletion, or move of items was recorded through track changes and comments in related documents.

The research team comprised eight American women influenced by American ideologies, philosophies, and practices related to being United States citizens and having earned or worked toward entry-level OT degrees regulated by the Accreditation Council for Occupational Therapy Education (ACOTE) standards. The team does not represent the full spectrum of possibilities for sexual identities, although inclusivity and cultural sensitivity were at the forefront of discussions and decisions during the analysis. The principal investigators also recognized the potential influence of bias, given personal views and interests regarding the practice of OT in addressing sexuality and intimacy. There were three copies of the data for analysis. Each primary investigator and the student team analyzed data separately and then met to confer findings. The comment feature of the documents was used in the three copies to journal reflexivity and critically reflect on potential biases and predispositions. The research team would discuss

the journal entries and analyze questionable data or decisions each week. Mid-round summary reports were also reviewed to ensure transparent reporting to reveal any potential biases before sending round reports to the experts.

Figure 1
Delphi Process and Results



Expert Panel

Of the 48 occupational therapists who completed the eligibility determination survey, 31 fully met the criteria for inclusion and were invited to participate. Despite not meeting the predefined expertise criteria, the inclusion of two occupational therapists in the study was deemed essential because of their representation of regions typically underrepresented in OT research, thus enhancing the study's cultural

relevance and breadth of perspectives. Twenty-eight agreed to participate in the study. See Tables 3 through 5 for related demographics.

Table 3

Country of Residence of Experts

Country	Number of Experts
United States of America	9
Australia	4
Canada	3
Argentina	2
United Kingdom of Great Britain and Northern Ireland	2
Italy	2
Israel	1
India	2
Austria	1
Germany	1
Namibia	1
Total	28

Table 4

Highest Level of Education Obtained

Highest Level of Education Obtained	Number of experts
Baccalaureate Degree	10
Master's Degree	7
Clinical/Professional Doctorate (OTD, DrOT)	3
Doctor of Occupational Science (ScD)	1
Doctor of Education (EdD)	1
Doctor of Philosophy (PhD)	4
Doctor of Health Science (DHS)	2
Total	28

Table 5

Panelists' Expertise Level

Expertise Level	Number of experts		
	<i>Education</i>	<i>Research</i>	<i>Practice</i>
Novice	3	9	3
Advanced Beginner	4	3	2
Competent	4	5	7
Proficient	4	6	7
Expert	13	5	9
Total	28	28	28

Phase 1

The literature analysis revealed 137 priorities. An analysis of the priorities identified by experts in Round 1 of the Delphi revealed 95 priorities and/or problems. Following the combined analysis, two main themes emerged to describe 142 final items: pedagogy (13 items) and therapists' knowledge and expertise (129 items). See Figure 1 for a summary of the Delphi results.

Phase 2

Round 2

The 142 items from Phase 1 were included in Round 2. Each item was rated on a 5-point Likert scale for importance (1 = *not important*, 2 = *slightly important*, 3 = *moderately important*, 4 = *important*, and 5 = *very important*). To meet the established threshold for inclusion, 75% of experts needed to rate the item a 3 (*moderately important*) or higher. Twelve OT experts completed the Round 2 survey to establish academic priorities related to the education of current and future occupational therapists in addressing sexuality and intimacy. All items met the threshold of acceptance for inclusion. Of the 142 items, 124 met the 75% threshold at the *Important* level (4), and 18 met the 75% threshold at *moderately important* (3). It is noted that the majority of items reached a 75% agreeance threshold at level 4 (*important*). Items that were identified at the level of *moderately important* included items related to program and curriculum evaluation; understanding the developmental sequence and the motor, sensory, and process skills associated with sexual activity and sexual health; and items related to family planning. The level of importance may be influenced by the perceived impact on professional practice, with some topics considered foundational but not as urgent as others. In addition, not all participants' expertise was in education, which may account for priorities related to program and curriculum assessment being ranked at the moderate importance level. Based on panelists' feedback, comments were analyzed by the primary investigators for related items, resulting in one item being eliminated due to redundancy, 16 reworded to improve clarity, and seven added. Two main themes emerged to describe the 148 items: pedagogy (13 items) and occupational therapists' knowledge and expertise (135 items).

Round 3

Of the 25 experts who completed the Round 3 survey, 21 approved the document, and four approved the document pending revisions. Based on expert feedback, two items were removed for redundancy, a typographical error was removed from one item, two items were reworded to enhance inclusivity, and two items were expanded to include additional information and terminology related to the topic. The 145 items were divided into two main themes: pedagogy (12 items) and occupational therapists' knowledge and expertise (133 items). For the final list of priorities established for education, see Appendix.

Pedagogy

The expert panel identified pedagogy and curriculum design priorities surrounding sexuality and intimacy education in occupational therapy. Priorities include determining standards for entry-level knowledge, skills, and attitudes; developing curriculum standards and effective teaching strategies to ensure student competency; methods to assess competency; increasing trained faculty; and incorporating relevant fieldwork opportunities. Overall priorities aim to enhance curriculum quality, teaching effectiveness, and student competencies in addressing occupational therapy client sexuality and intimacy needs across diverse populations and practice settings.

Occupational Therapist Knowledge and Expertise

The expert panel identified numerous priorities for improving occupational therapists' knowledge and expertise related to addressing client sexuality and intimacy needs. Recommended foundational knowledge areas needing enhanced education and training include scope of practice, documentation, cultural humility, confidence and willingness, comfort and communication skills, client-centered practice, and theory integration. Priorities comprise developing capabilities to document client goals, apply theories to guide interventions, demonstrate cultural sensitivity, and communicate comfortably. Additional expertise priorities encompass strengthening skills for making appropriate referrals when sexuality or intimacy concerns fall outside occupational therapy's scope. Building referral-making skills and judgment supports ethical, responsible practice regarding sexuality and intimacy issues.

Further knowledge priorities involve deepening occupational therapists' competence across diverse sexual occupation topics. Examples include improving understanding of sexual rights, activities, expression, intimacy, and health. Education needs to develop expertise across a wide range of occupation-focused facets related to sexuality and intimacy. Competence requires familiarity with the breadth of human sexual occupations and associated concerns. Overall, they recommended improvements aimed at using OT training and professional development to build robust knowledge, expertise, judgment, and capabilities at entry-level and post professional levels. This will equip occupational therapists with the well-rounded expertise to address sexuality and intimacy concerns with sensitivity, skill, and competence.

Discussion

The purpose of this study was to examine the evidence and confer with worldwide OT experts in sexuality and intimacy to identify the pedagogy, knowledge, and skills needed for occupational therapists to address the sexuality and intimacy needs of clients. Following an analysis of 236 priorities (141 literature and 95 expert-generated) relevant to the education of occupational therapists in addressing sexuality and intimacy, a consensus was achieved for 145 priorities. Twelve priorities focus on pedagogy: curriculum development, program/curriculum evaluation, and administrative considerations. The remaining 133 priorities relate to therapist knowledge, skills, and attitudes. Global experts have solidified the role and scope of OT in addressing sexuality and intimacy and outlined theoretical, informed, and evidence-based priorities.

The results of this study have several implications for pedagogy and curriculum design in occupational therapy education. As highlighted in the literature, there is a need for curriculum standards and professional competencies to ensure student competency in addressing sexuality and intimacy (Areskoug-Josefsson & Fristedt, 2017; Eglseder & Webb, 2017; Grasso, 2020; Hwang et al., 2023; McGrath & Sakellariou, 2016). The priorities identified in this study provide a framework for developing curriculum content, learning objectives, and associated knowledge and skills. Following the curriculum development phases outlined by WHO (2020b), these priorities can inform planning, construction, sequencing, assessment, and implementation. Pedagogical strategies should provide opportunities for knowledge acquisition, skill development, self-reflection, and fieldwork application (Eglseder & Webb, 2018; Lohman et al., 2017). By incorporating these priorities into entry-level education using effective pedagogy, OT programs can facilitate competence and prepare students for ethical, holistic, client-centered practice.

The results of this study closely align with the recommendations for OT education from WFOT (2016). The alignment with the education standards WFOT (2016) set forth solidifies the need for

education surrounding sexuality and intimacy to support the global practice of occupational therapy. WFOT (2016) outlines the essential knowledge, skills, and attitudes focusing on the person-occupation-environment relationship, therapeutic and professional relationships, the occupational therapy process, professional reasoning and behavior, and the context of professional practice.

Knowledge

Person-Environment-Occupation Relationship

Person. The essential knowledge required for competent OT practice as it relates to the person aspect of the person-environment-occupation relationship incorporates knowledge of people as occupational beings and the aspects of the person that influence participation in occupations (WFOT, 2016). Several of the educational priorities identified in this study specifically relate to understanding the different aspects of the person. Students and occupational therapists need to explore the sexual self-view of transgender, non-binary, and gender-diverse individuals and understand identity development (Jorge et al., 2021; Logie et al., 2021; Suarez et al., 2020). Students and occupational therapists must also understand how emotions and various conditions affect engagement in occupations related to sexuality and intimacy (Grasso, 2020; Walker, 2020b). Students and occupational therapists need to understand human sexual anatomy, function, and development, the variety of sexual activities people participate in, including partnered and non-partnered activities, the developmental sequence of sexual activities, sexual interest, and the stages of arousal, as recommended by WHO (2015). Finally, students and occupational therapists must understand how motor, sensory, and process skills; roles, routines, habits, and rituals; and a new injury diagnosis or symptoms may influence engagement in all areas outlined in the OTSAF (Walker et al., 2020).

Environment. Regarding the environment, WFOT (2016) outlines that students have knowledge about human rights protection for people. Understanding human rights directly connects to the priority that students and occupational therapists need to understand sexual rights and that sexuality is a fundamental human right (WHO, 2015; WFOT, 2019). In addition, the education standards set forth by WFOT (2016) identify students as knowing how the social, political, and cultural environment affects engagement in occupation and include topics such as racism, social stigma, occupational justice, and diversity. The priorities identified in this study outline the need for understanding how concepts such as white centrism, heteronormativity, homophobia, transphobia, and minority stress influence engagement in occupations related to sexuality and intimacy (Fleming-Castaldy, 2015; Grasso, 2020; Jorge et al., 2021). Also, students and occupational therapists need to understand how culture, context, and the environment influence a person's knowledge and beliefs about sexuality and intimacy (Fleming-Castaldy, 2015; Lepage et al., 2020; Logie et al., 2021; Suarez et al., 2020).

Occupation. Occupational therapy students and therapists need to have knowledge surrounding occupational forms and types, why people engage in occupations, and how occupations are performed and organized (WFOT, 2016; Walker et al., 2020). The priorities emphasized in this study underscore the importance of understanding the fundamentals of sexual health, well-being, and family planning (WHO, 2015). In addition, it is crucial to understand the diverse types of sexual activities, safety considerations, the wide range of possibilities for intimacy and sexual expression, and how different occupations are influenced by sexuality and intimacy (Walker, 2020b).

Therapeutic and Professional Relationships

Therapeutic Relationships. Occupational therapy students and therapists must have knowledge surrounding relationships with recipients of OT services, including clients, their families, caregivers, and/or significant others (WFOT, 2016). The priorities outlined in this study identify the need to understand several aspects of the therapeutic relationship regarding sexuality and intimacy. Priorities for students and occupational therapists include understanding the sexual rights of people, client comfort, and communication skills (WHO, 2015; WFOT, 2019). It is also vital that students and occupational therapists define sex terms and use appropriate terminology and language when addressing sexuality with people, as emphasized in the literature (Grasso, 2020; Javaherian et al., 2008).

Professional Relationships. In addition to having knowledge about relationships with recipients of OT services, it is also crucial for students and occupational therapists to have knowledge about relationships with team and organizational members, as recommended by WFOT (2016). Knowledge in this area supports developing working relationships with therapy team members, including family members, significant others, other health care providers, advisors, service providers, and community members (WFOT, 2016). In connection with the relationship with teams, the priorities identified include understanding the organization's scope and boundaries influencing practice, when and to whom to make referrals, multidisciplinary collaborations, the influence of others' knowledge, skills, attitudes, and bias on sexual knowledge, and agencies/organizations that assist with family planning.

Occupational Therapy Process

The WFOT education standards specify that OT students need to have knowledge about the OT process, including what the occupational therapist does, the sequence of how things are done, and the influence on the context and purpose of the intervention (WFOT, 2016). Occupational therapy students and therapists need to know about the variety of skills and approaches to therapy, including problem-solving, enabling, empowering, collaborative, and consultative (WFOT, 2016), all of which are essential when addressing sexuality and intimacy. Priorities related to the OT process identified in this study include students and occupational therapists understanding the scope, boundaries, and timing of OT practice, how to write measurable goals regarding sexuality and intimacy, and methods for delivering education, strategies, and interventions (Eglseder & Webb, 2017; Lepage et al., 2021; Walker, 2020b). Students and occupational therapists also need to understand possible client concerns, how to conduct a formal evaluation, and the various types and levels of intervention related to the constructs of the OTSAF (Walker, 2020b).

Professional Reasoning and Behavior

According to WFOT (2016), OT students need to meet local and international expectations of qualified health care workers. As recommended in the literature, meeting these expectations includes having knowledge of the research process, ethical practice, professional competence, reflective practice, and managing self, others, and services (WFOT, 2016). Priorities related to the ethical practice of OT concerning sexuality and intimacy include client-centered care and sexual safety (WHO, 2015). Research-related priorities include understanding the OTSAF constructs and definitions and how they influence each other. They can also be used to understand the occupational nature of sexuality and intimacy (Walker, 2020b). Professional competency priorities include understanding factors influencing willingness to discuss sexuality and intimacy and recognizing the limits of their knowledge, expertise, and scope of OT practice (Eglseder & Webb, 2018; Grasso, 2020; Lepage et al., 2020).

Contexts of Professional Practice

Occupational therapy students and therapists need to have knowledge about how the physical, attitudinal, and social environment influences people's health and participation in occupations (WFOT, 2016). Students and occupational therapists must understand several factors that may influence health and well-being, including human rights, culture, social determinants of health, national health needs and priorities, systems, and legislation (Jorge et al., 2021; Logie et al., 2021; Suarez et al., 2020; WFOT, 2016). Several priorities identified relate to the contexts of professional practice outlined above, including understanding the effects of sexual rights violations, providing inclusive care, and inclusive documentation (Jorge et al., 2021; Logie et al., 2021).

Skills

Not only does WFOT (2016) outline the essential knowledge for competent OT practice, but also the skills needed. The panelists identified several skills that are vital to the competent OT practice related to sexuality and intimacy. Educational priorities related to skills include learning skills to advocate for OT's distinct role in addressing sexuality and intimacy, demonstrate competence in providing inclusive care, engage in self-reflection of capabilities and limitations, consider complex systems on the influence of a person's experience of sexuality and intimacy, and using the OTSAF to guide the OT process and drive practice (Walker, 2020b; WHO, 2020b). Students and occupational therapists also need the skills to conduct a formal evaluation, implement various interventions, and use aids, devices, equipment, and strategies for all construct areas of the OTSAF (Walker, 2020b).

Attitudes

Finally, OT students and occupational therapists need to understand how attitudes can influence participation in occupations, outcomes, and ethical practice of OT (WFOT, 2016). Several priorities were identified by the expert panelists, specifically relating to the ethical practice of OT as it relates to sexuality and intimacy. Students and occupational therapists need to explore and reflect on their assumptions, prejudices, biases, stigma, and stereotypes regarding sexuality and intimacy (Grasso, 2020; Suarez et al., 2020). Students and occupational therapists must also use expressing, respectful, accepting, validating, and affirming attitudes when addressing sexuality and intimacy to create a safe and inviting environment, as recommended by WHO (2015) and WFOT (2019). Students and occupational therapists should be able to identify and challenge negative perceptions surrounding addressing sexuality and intimacy with OT. Finally, students and occupational therapists need to appreciate the influence of global perspectives on OT when addressing sexuality and intimacy (Galvaan et al., 2022; WFOT, 2021).

An international Delphi approach for this study was an effective strategy to facilitate decolonial praxis, as recommended in the literature (Galvaan et al., 2022). Galvaan et al. (2022) advocate for integrating decolonial pedagogies in OT curriculums to foster transformative educational experiences that empower a justice-centered workforce capable of addressing diverse needs and promoting equitable health outcomes. Decolonial pedagogy aims to dismantle oppressive structures and create a learning environment that empowers learners to question dominant narratives, engage with diverse perspectives, and contribute to the transformation of societal norms (Shahjahan et al., 2022). Entry-level and post-professional programs that incorporate the findings of this study will prepare critical occupational therapists who appreciate the occupational nature of sexuality and intimacy, consider social determinants of health, recognize socio-political structures that affect occupational engagement in sexuality and intimacy, promote occupational justice, and enact social transformation to serve in global communities (Galvaan et

al., 2022). Such occupational therapists will be able to provide a safe and inclusive client-centered practice that advocates for the needs of both clients and therapists.

Limitations

Although this research included a diverse group of experts from around the world, only 11 countries were represented, and nine of the 28 experts were from the United States. The research team consisted of eight American women influenced by American ideologies, philosophies, and practices related to being U.S. citizens. The primary investigators are faculty members in entry-level OT programs in the United States regulated by ACOTE standards, and the OTPF-4 serves as the philosophical guide for understanding the profession. Although findings were triangulated using the OTPF-4, it is noted that professional guiding constructs, processes, education, and practice guidelines differ around the world, and a few experts expressed dissatisfaction with the OTPF-4 for cultural and inclusivity reasons. Inclusivity and cultural sensitivity were at the forefront of discussions and decisions during analysis; however, it is noted that the team does not represent the full spectrum of possibilities for sexual identities. The principal investigators also recognized the potential influence of bias, given personal views and interests regarding the practice of OT in addressing sexuality and intimacy.

An essential component of robust Delphi methodology is the facilitation of moderated expert panel discussions (Iqbal & Pipon-Young, 2009; Junger et al., 2017; Nasa et al., 2021). However, a notable limitation of our study was the impracticality of conducting these discussions virtually because of the considerable diversity of time zones among the experts involved. While virtual meetings are a valuable tool for such collaborative endeavors, they are inherently constrained by the need to accommodate participants from across the globe. In our case, scheduling a single meeting convenient for experts in various time zones proved to be an insurmountable logistical hurdle. This limitation was justified by the need to ensure the inclusion of diverse perspectives from experts worldwide, which is a fundamental aspect of the study's global scope. Recognizing this constraint, alternative methods, such as detailed summary reports following each round, were implemented to maintain a rigorous and inclusive Delphi process. Despite this limitation, the study successfully leveraged technology to facilitate valuable expert input, even in the face of geographical and temporal challenges.

Conclusion

With priorities established for pedagogy, knowledge, and skills needed for occupational therapists to address the sexuality and intimacy needs of clients worldwide effectively, it is recommended that a traditional approach to curriculum development be abandoned in favor of a contextualized competency framework. Traditional curriculum approaches appear to have contributed to a legacy of silence in addressing the sexuality and intimacy needs of the populations served. A contextualized competency framework approach involving information gathering, stakeholder dialogue, and critical decision-making clarified the competencies and determined the associated knowledge and skills. This study's results can inform a competency-based education approach to enable developers to take a positive solution-focused approach to plan entry-level OT curriculums and post professional programming that will prepare learners to meet the sexuality and intimacy needs of the populations served in OT (WHO, 2020b).

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Appendix

Priorities for Pedagogy, Knowledge, and Skills in Addressing Sexuality and Intimacy in Occupational Therapy

1. Pedagogy

1.1. Curriculum Development

- 1.1.1. There is a need to prioritize curriculum advancements in addressing sexuality/intimacy.
- 1.1.2. There is a need for greater emphasis and access to educational opportunities in this area at the entry-level and post professional levels.
- 1.1.3. There is a need to determine the professional standards for the knowledge, skills, and attitudes for entry-level practice in addressing sexuality/intimacy in OT.
- 1.1.4. There is a need to develop curriculum standards to assure competency in entry-level practice addressing sexuality/intimacy in OT.
- 1.1.5. There is a need to develop effective pedagogical strategies to deliver high-quality instruction and foster student competency.
- 1.1.6. There is a need for observational and practical application/fieldwork opportunities relevant to the practice of OT in addressing sexuality and intimacy.
- 1.1.7. There is a need to assess student competency levels in addressing sexuality and intimacy needs across populations.

1.2. Program/Curriculum Evaluation

- 1.2.1. What is currently being taught in this area?
- 1.2.2. There is a need to determine the effectiveness of pedagogical strategies to deliver high-quality instruction and foster student competency.

1.3. Administrative Considerations

- 1.3.1. There is a need to increase the number of trained faculty willing to incorporate sexuality/intimacy content into their courses.
- 1.3.2. There is a need to train faculty to discuss, teach, and address sexuality and intimacy with students.
- 1.3.3. Ethical Considerations: There is a need to consider implicit biases of program staff and/or program/institutional culture and values when creating sexuality and intimacy curriculums.

2. Occupational Therapists' Knowledge and Expertise

2.1. Scope of Practice, values, and beliefs of the profession

- 2.1.1. Students and occupational therapists should understand the scope/boundaries and timing of OT practice in addressing sexuality and intimacy.
- 2.1.2. Students and occupational therapists should understand the OT process for addressing sexuality and intimacy from screening to discharge.
- 2.1.3. Students and occupational therapists should understand potential organizational scope/boundaries that may influence practice.
- 2.1.4. Students and occupational therapists need to learn skills to advocate for OT's distinct role in addressing sexuality and intimacy.
- 2.1.5. Students and occupational therapists should learn when and whom to make referrals to when concerns are out of the scope of OT practice.

2.2. Interprofessional Collaborations:

- 2.2.1. Students and occupational therapists need to understand possible multidisciplinary collaborations between the OT and other health care professionals discussing sexuality and intimacy concerns with each client to provide optimum levels of care.

2.3. Documentation

- 2.3.1. Students and occupational therapists need to learn how to write measurable goals regarding sexuality and intimacy that are specific and achievable in multiple practice settings.

2.4. Cultural Humility

2.4.1. Ethics

- 2.4.1.1. Students and occupational therapists need to understand that sexuality and intimacy are essential areas to consider when providing holistic client-centered care.
- 2.4.1.2. Students and occupational therapists need to understand the importance and meaning of sexuality and intimacy for clients.

2.4.2. Sexual Rights

- 2.4.2.1. Students and occupational therapists need to understand human sexual rights in order to recognize that sexuality is a fundamental human right regardless of illness or disability. (Nonjudgmental acceptance)
- 2.4.2.2. Students and occupational therapists need to understand the effects of sexual rights violations (including sexual trauma, asexual views, etc.).

2.4.3. Implicit Bias

- 2.4.3.1. Students and occupational therapists need opportunities to explore their assumptions, prejudices, biases, stigma, and stereotypes regarding sexuality and intimacy.
- 2.4.3.2. Students and occupational therapists need to learn strategies to mitigate their assumptions and implicit biases and teach therapists to promote acceptance of views to increase client comfortability when sharing such self-views.

2.4.4. Increase Exposure to Diversity

- 2.4.4.1. Students and occupational therapists need to be exposed to broad possibilities of culturally diverse perspectives relating to sexuality and intimacy.
- 2.4.4.2. Students and occupational therapists need to be aware of how white centrism, heteronormativity, heterosexuality, heterocentrism, homophobia, transphobia, and minority stress can impact and influence sexual and intimacy norms, access, and engagement.
- 2.4.4.3. There is a need to expand occupational therapists' education to gain comfort and competence in addressing sexual expression with all types of individuals.
- 2.4.4.4. There is a need to explore the sexual self-view of transgender, non/binary, gender expansive, gender diverse, and ungended individuals across various phases of transition and identity development.
- 2.4.4.5. Students and occupational therapists need to understand and appreciate the influence of global perspectives on occupational therapy when addressing sexuality and intimacy.

2.5. Attitudes

- 2.5.1. There is a need to understand factors that may influence student and occupational therapists' attitudes when discussing and addressing sexuality and intimacy.
- 2.5.2. There is a need for students and occupational therapists to reflect on their attitudes and biases when addressing sexuality and intimacy issues.
- 2.5.3. Students and occupational therapists need to understand the sexual rights of individuals and develop skills in communicating these rights with others.
- 2.5.4. Students and occupational therapists should be able to identify and challenge negative perceptions surrounding the practice of addressing sexuality and intimacy in OT.
- 2.5.5. There is a need for education on expressing respectful, accepting, validating, and affirming attitudes when addressing sexuality and intimacy to create a safe and inviting environment for therapeutic intervention.

2.6. Confidence

- 2.6.1. There is a need to understand factors influencing self-confidence when discussing and addressing sexuality and intimacy.

- 2.6.2. There is a need for education and training to increase student and occupational therapists' confidence in discussing and addressing sexuality and intimacy.

2.7. Willingness

- 2.7.1. There is a need to understand factors that may influence willingness to discuss and address sexuality and intimacy.
- 2.7.2. There is a need for students and occupational therapists to explore their personal values and beliefs and factors that may influence their willingness/hesitation to address sexuality and intimacy with clients.

2.8. Comfort

- 2.8.1. There is a need to understand factors that may influence client comfort with therapists regarding sexuality and intimacy.
- 2.8.2. There is a need to increase/address student and occupational therapists' comfort levels when addressing sexuality and intimacy with clients.

2.9. Communication skills

- 2.9.1. Students and occupational therapists need opportunities to develop and expand communication skills/therapeutic use of self-skills to address the sensitive nature of sexuality and intimacy with diverse clients across various populations.

2.10. Client-centered and Inclusive Practice Skills

- 2.10.1. Students and occupational therapists need to learn skills and demonstrate competence in providing inclusive care when addressing sexuality and intimacy.
- 2.10.2. Students and occupational therapists need skills to create a safe and inclusive space to foster the therapeutic relationship with the client.
- 2.10.3. Students and occupational therapists need to learn strategies to enhance client comfort regarding sexuality/intimacy conversations.
- 2.10.4. Students and occupational therapists need to understand and address the various emotions one may have regarding sexuality and intimacy.
- 2.10.5. Students and occupational therapists need to understand the influence of occupations and/or loss of occupations on sexuality and intimacy.
- 2.10.6. Students and occupational therapists should learn skills for inclusive documentation and advocate for using inclusive forms, etc.
- 2.10.7. Students and occupational therapists need to be able to consider complex social systems, including families, caregivers, and/or partner(s), because their knowledge, skills, attitudes, and biases may influence the client's experience of sexuality and intimacy.

2.11. Self-Advocacy

- 2.11.1. There is a need to educate students and occupational therapists on sexual safety in practice settings.
- 2.11.2. There is a need for students and occupational therapists to engage in self-reflection of their capabilities and limitations in relation to addressing sexuality and intimacy in practice.
- 2.11.3. Students and occupational therapists need to recognize the limits of their knowledge and expertise or OT scope to make a referral.

2.12. Theory-Based Practice

- 2.12.1. Students and occupational therapists need to understand the OTSAF constructs/definitions and how they influence each other.
- 2.12.2. Students and occupational therapists need to understand how to use the OTSAF to guide the OT process, including screening, assessment/reassessment, intervention, and discharge planning.
- 2.12.3. Students and occupational therapists need to understand how the OTSAF can be used to understand the occupational nature of sexuality/intimacy.

- 2.12.4. Students and occupational therapists need to understand how the OTSAF can be used to drive practice.
- 2.12.5. Students and occupational therapists should understand how various occupations (excluding sexual activity, intimacy, and sexual expression) are influenced by or associated with sexuality and intimacy.

2.13. Sexual Knowledge

- 2.13.1. Students and occupational therapists need an understanding of human sexual anatomy, function, and development.
- 2.13.2. Need to define sex terms and appropriate terminology/language when addressing sexuality with clients.
- 2.13.3. Students and occupational therapists need to know how to assess the sexual health literacy of clients.
- 2.13.4. Students and occupational therapists need to understand the influence of culture, context, and environment on an individual's knowledge and beliefs about sexuality/intimacy.
- 2.13.5. Students and occupational therapists need to understand the influence of parent/caregiver knowledge, skills, attitudes, and bias on clients' sexual knowledge.
- 2.13.6. Students and occupational therapists need to understand how conditions may influence sexuality/intimacy.
- 2.13.7. Students and occupational therapists need to understand how conditions related to sexual dysfunction influence participation in sexuality/intimacy (erectile dysfunction., vaginismus, incontinence, hypoactive sexual desire disorder, genital arousal disorder, orgasm disorder, premature ejaculation, vulvodynia, etc.)
- 2.13.8. Students and occupational therapists need to learn methods for delivering education, strategies, and interventions on sexuality/intimacy to clients across various levels of health literacy.
- 2.13.9. Students and occupational therapists need to learn methods for delivering education, strategies, and interventions on sexuality/intimacy to clients across various levels of care (limited information, specific suggestions, or intensive therapy if trained).

2.14. Sexual Activity

- 2.14.1. Students and occupational therapists need to understand the variety of sexual activities clients participate in - partnered and non-partnered.
- 2.14.2. Students and occupational therapists need to understand the developmental sequence of participation in sexual activities for clients.
- 2.14.3. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual activity.
- 2.14.4. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual activity.
- 2.14.5. Students and occupational therapists should understand common barriers and supports to sexual activity experienced by clients across conditions.
- 2.14.6. Students and occupational therapists should understand possible concerns clients have regarding sexual activity.
- 2.14.7. Students and occupational therapists need to understand possible safety concerns associated with the performance of sexual activities.
- 2.14.8. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual activity, interpret results, and write measurable goals.
- 2.14.9. Students and occupational therapists need to understand the various types and uses of aids, devices, equipment, and strategies that can be used during sexual and intimate activities.

- 2.14.10. Students and occupational therapists need to be exposed to various types/levels of intervention (limited information, specific suggestions, or intensive therapy) when addressing sexual activity.

2.15. Sexual Interest/Body Function

- 2.15.1. Students and occupational therapists need to understand the stages and types of arousal.
- 2.15.2. Students and occupational therapists need to understand how a new injury, diagnosis, symptoms, etc., may influence a client/partner(s)'s sexual interest and satisfaction with sexuality/intimacy.
- 2.15.3. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual interest.
- 2.15.4. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual interest.
- 2.15.5. Students and occupational therapists should understand common supports and barriers affecting sexual interest and satisfaction with sexuality and intimacy.
- 2.15.6. Students and occupational therapists should understand possible concerns clients have regarding sexual interest.
- 2.15.7. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual interest, interpret results, and write measurable goals.
- 2.15.8. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing sexual interest.
- 2.15.9. Students and occupational therapists need to understand the various aids, devices, equipment, and strategies used during sexual interest and when to use them.

2.16. Sexual Response/Body Function

- 2.16.1. Students and occupational therapists should understand the different body responses one can have during sexual activities.
- 2.16.2. Students and occupational therapists should understand how a client's sensory preferences (including hyper/hypo reactivity to sensory input) and regulation needs may affect sexual response.
- 2.16.3. Students and occupational therapists should understand how medications may influence the sexual response of clients.
- 2.16.4. Students and occupational therapists should understand how sexual dysfunction (erectile dysfunction, vaginismus, incontinence, hypoactive sexual desire disorder, genital arousal disorder, orgasm disorder, premature ejaculation, vulvodynia, etc.) may influence participation in sexuality/intimacy.
- 2.16.5. Students and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence sexual response.
- 2.16.6. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual response.
- 2.16.7. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual response.
- 2.16.8. Students and occupational therapists should understand common supports and barriers affecting sexual response.
- 2.16.9. Students and occupational therapists should understand possible concerns clients have regarding sexual response.
- 2.16.10. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual response, interpret results and write measurable goals.
- 2.16.11. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing sexual response.

- 2.16.12. Students and occupational therapists need to understand the various aids, devices, equipment, and strategies that can be used to accommodate sexual response and when to use them.

2.17. Sexual Expression/Occupation

- 2.17.1. Students and occupational therapists should understand the broad possibilities for sexual expression and how the sexual expression of various gender identities may be fluid/dynamic.
- 2.17.2. Students and occupational therapists should understand how sexual expression of various gender identities may be influenced by environmental consequences or occupational injustices.
- 2.17.3. Students and occupational therapists need to understand “how sexuality is expressed through occupation across the life course, among different populations, and in different sociocultural contexts” (Mc Grath, 2016, p. 4).
- 2.17.4. Students and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence sexual expression.
- 2.17.5. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual expression.
- 2.17.6. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual expression.
- 2.17.7. Students and occupational therapists should understand common supports and barriers affecting sexual expression.
- 2.17.8. Students and occupational therapists should understand possible concerns clients have regarding sexual expression.
- 2.17.9. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual expression, interpret results, and write measurable goals.
- 2.17.10. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing sexual expression.
- 2.17.11. Students and occupational therapists need to understand the various aids, devices, equipment, and strategies that can be used to accommodate sexual expression and when to use them.

2.18. Sexual Self-View/Client Factor/Personal Factor Context

- 2.18.1. Students and occupational therapists need to understand concepts relevant to sexual self-view, such as sexual identity, gender identity, disability identity, and sexual self-esteem, including self-confidence, Body image, and self-concept.
- 2.18.2. Students/ and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence sexual self-view.
- 2.18.3. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual self-view.
- 2.18.4. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual self-view.
- 2.18.5. Students and occupational therapists should understand common supports and barriers affecting sexual self-view.
- 2.18.6. Students and occupational therapists should understand possible concerns clients have regarding sexual self-view.
- 2.18.7. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual self-view, interpret results, and write measurable goals.
- 2.18.8. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing sexual self-view.

2.19. Intimacy

- 2.19.1. Students and occupational therapists should understand the broad spectrum of possibilities for intimacy and the difference between intimacy and sexual activity.
- 2.19.2. Students and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence intimacy for the client and/or partner(s).
- 2.19.3. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in intimacy.
- 2.19.4. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in intimacy.
- 2.19.5. Students and occupational therapists should understand common supports and barriers affecting client/partner(s) intimacy.
- 2.19.6. Students and occupational therapists should understand possible concerns clients and/or their partner(s) have regarding intimacy.
- 2.19.7. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to intimacy, interpret results, and write measurable goals.
- 2.19.8. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing intimacy.
- 2.19.9. Students and occupational therapists need to understand the various types of aids, devices, equipment, and strategies that can be used to accommodate intimacy and when to use them.

2.20. Sexual Health/Occupation

- 2.20.1. Students and occupational therapists should understand the foundations for sexual health and well-being.
- 2.20.2. Students and occupational therapists should understand sexual development, related anatomy, and factors that influence sexual health and safety across the lifespan.
- 2.20.3. Students and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence sexual health.
- 2.20.4. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in sexual health.
- 2.20.5. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in sexual health.
- 2.20.6. Students and occupational therapists should understand common supports and barriers affecting sexual health.
- 2.20.7. Students and occupational therapists should understand possible concerns clients have regarding sexual health.
- 2.20.8. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to sexual health, interpret results, and write measurable goals.
- 2.20.9. Students and occupational therapists need to understand various types/methods/levels of intervention (including manual therapy and modalities) when addressing sexual health.
- 2.20.10. Students and occupational therapists need to understand the various aids, devices, equipment, and strategies that can be used to accommodate sexual health and when to use them.

2.21. Family Planning/Occupation

- 2.21.1. Students and occupational therapists should understand the foundations for family planning across the lifespan.
- 2.21.2. Students and occupational therapists should understand how a new injury, diagnosis, and symptoms may influence family planning.
- 2.21.3. Students and occupational therapists should understand common supports and barriers affecting family planning.

- 2.21.4. Students and occupational therapists need to understand the motor, sensory, and process skills/strategies that influence engagement in family planning.
- 2.21.5. Students and occupational therapists need to understand how client roles, routines, habits, and rituals influence engagement in family planning.
- 2.21.6. Students and occupational therapists should understand possible client concerns regarding family planning.
- 2.21.7. Students and occupational therapists need to know how to conduct a formal evaluation of client concerns related to family planning, interpret results, and write measurable goals.
- 2.21.8. Students and occupational therapists need to be exposed to various types/levels of intervention when addressing family planning.
- 2.21.9. Students and occupational therapists need to understand the various aids, devices, equipment, and strategies that can be used to accommodate family planning and when to use them.
- 2.21.10. Students and occupational therapists should be aware of agencies/organizations that assist clients regarding family planning.