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# Occupational Therapists' Consideration of Sexual Orientation and Gender Identity when Working with Adolescents: An Exploratory Study

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# Occupational Therapists' Consideration of Sexual Orientation and Gender Identity when Working with Adolescents: An Exploratory Study

Presented in Partial Fulfillment of the
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**EASTERN KENTUCKY UNIVERSITY**
**COLLEGE OF HEALTH SCIENCES**
**DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

This project, written by Kristin Willey under direction of Dana Howell and Christine Privott, Faculty Mentors, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

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We hereby certify that this Capstone project, submitted by Kristin Willey, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

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## Executive Summary

**Background:** A review of the Occupational Therapy Practice Framework (AOTA, 2020) and scholarly literature within healthcare fields, including occupational therapy, discuss the contextual issues of occupational justice and health disparities in situations when sexual orientation and gender identity (SOGI) are not considered as part of the occupational therapy process.

**Purpose:** This study explored if occupational therapists (OTs) considered a client's SOGI when providing services to an adolescent. Subsequent research questions were: do OTs perceive that SOGI influences adolescents' occupations, and do OTs perceive gaps in their knowledge related to SOGI?

**Theoretical Framework:** This research project was based on the framework of Occupational Justice and the premise that if all aspects of a person's identity are not considered as part of the OT process, then their ability to fully engage in their daily occupations is negatively influenced.

**Methods.** An exploratory qualitative descriptive study was used and semi-structured interviews were conducted with the four participants. Transcripts were analyzed using invivo and open coding, then the data was analyzed and placed into categories, then final themes.

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

**Conclusions:** Due to their lack of knowledge, and preparedness, OTs may not consistently consider SOGI with adolescents. As a result, the OT will likely assume that an adolescent is heterosexual or male/female; would not know if they needed additional support to engage fully in their occupations; and the OT would not provide services that are individualized and client-

centered. These situations directly contribute to the occupational injustice and health disparities experienced by those who identify within a SOGI minority population.

**Acknowledgements**

I am grateful to the participants in this study who shared their thoughts and were willing to be vulnerable and discuss sexual orientation and gender identity as it related to their practice and the profession of occupational therapy.

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**CERTIFICATION OF AUTHORSHIP**

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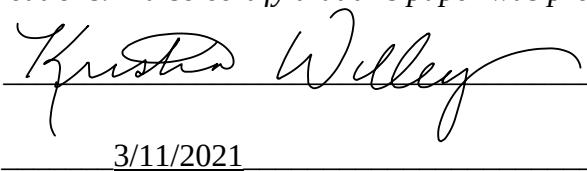
Student's Signature: 

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# Section 1: Nature of the Project and Problem Identification

## Introduction

This Capstone project focuses on research that explored four occupational therapists' (OTs) consideration of sexual orientation and/or gender identity (SOGI) in the occupational therapy process when working with adolescent clients. The need for this research was identified through three separate, yet related activities: a needs assessment; review of the most recent publication of the Occupational Therapy Practice Framework (OTPF): Domain and Process, fourth edition (American Occupational Therapy Association [AOTA], 2020); and through an examination of existing literature related to occupational therapy and SOGI. Additionally, the review of the OTPF (AOTA, 2020) and scholarly literature within healthcare fields, occupational therapy, and occupational science brought the contextual issues of occupational justice and health disparities to light in situations when SOGI was not considered as part of a client's care. The needs assessment, the OTPF, and the literature review all guided the author to design the research project presented in this paper.

## Needs Assessment

A needs assessment was designed and implemented by the author to determine occupational therapy faculty knowledge and thoughts regarding topics related to SOGI. The multiple choice needs assessment was distributed online to a convenience sample of eight faculty within an occupational therapy education program. Five individuals returned the survey. Topics included knowledge of the different sexual identities and gender orientations; knowledge of SOGI across the lifespan, from adolescents, young adult, middle-age adults, and older adults; what SOGI information they included in the courses they currently taught; and what information the faculty would find helpful that would support their inclusion of SOGI into their course

curricula (Willey, 2019). The results of the needs assessment indicated that faculty identified some gaps in their knowledge regarding SOGI specific to the adolescent population (defined by the World Health Organization as ages 10-19 years old).

The needs assessment was originally developed by the author to use the responses to inform the design of modules for occupational therapy faculty to educate students about SOGI and the influence it has on a person's occupational engagement (Willey, 2019). Around the same time, it was understood by the author that the pending publication of the OTPF (AOTA, 2020) included SOGI as a personal factor to be considered for the first time. The results of the needs assessment, and the pending inclusion of SOGI in the OTPF, guided the author to transition from the development of educational modules, to look at a broader question of how SOGI is considered by OTs in clinical practice. Additionally, since the faculty in the needs assessment identified a gap in their knowledge regarding SOGI specific to the adolescent population (defined by the World Health Organization as ages 10-19 years old), that also influenced the development of this research project to look at how OTs consider SOGI when working with specifically with adolescent clients.

**Occupational Therapy Practice Framework**

The fourth edition of the OTPF was authored by AOTA and published in 2020, eighteen years after the first edition, and for the first time included that SOGI be considered as part of the occupational therapy process. The OTPF described SOGI as a personal factor to be considered, along with other demographic information such as:

> chronological age; race and ethnicity; cultural identification and attitudes; social background, social status, and socioeconomic status; upbringing and life experiences; habits and past and current behavioral patterns; psychological assets, temperament,

> unique character traits, and coping styles; education; profession and professional identity; lifestyle; and health conditions and fitness status (that may affect a person's occupations but are not the primary concern of the occupational therapy encounter) (AOTA, 2020, pp. 10-11).

The addition of SOGI in the OTPF was important because it specifically requires OTs to take the client's SOGI into account when planning assessment, intervention, and outcomes. Studies have shown that when healthcare clients' SOGI is not explicitly considered, then there can be the tendency for the healthcare 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 within those categories (Logie et al., 2018).

**Literature Review**

The final step to determining if the research project was needed, was to conduct a literature search to determine if the topic of how OTs understand and consider SOGI as part of the occupational therapy process had been previously studied; and if so, to identify if there were gaps in the existing literature that would benefit from additional research. In light of the faculty's indication in the needs assessment that their knowledge was more limited regarding SOGI and adolescents versus other age groups, the author focused part of the literature review specifically on adolescents and SOGI. In addition, the OTPF's inclusion of a direct quotation from Nilsson and Townsend's 2010 work that defined occupational justice as "a client's occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences" (AOTA, 2020, p. 11) led the author to consider that the concept of occupational justice would likely surface during a literature search on the topics of occupations and SOGI. When the lens of occupational justice is applied, it is common

that the topic of healthcare disparities frequently follows. These situations prompted the author to include terminology that would identify if SOGI, adolescents, occupational choices, occupational engagement, occupational justice, and healthcare disparities were linked within the existing literature. The search for literature resulted in a variety of scholarly works that stood alone based on their topic, while the intersectionality of topics was also apparent. The intersectionality of the topics will be discussed in more detail within the literature review included in the next section of this paper.

**Sexual Orientations and Gender Identities.** Authors may choose to focus their work to a narrower scope by only including certain gender identities or sexual orientations. For the purpose of this research project the acronym of SOGI will be utilized to indicate sexual orientation and/or gender identity. It is important to clarify that the acronym of SOGI means sexual orientation gender identity, that it includes the gender identities of male and female as well as the sexual orientation of heterosexuality (the attraction of a person of one gender to a person of the opposite gender). When the term SOGI is used, it often indicates gender and sexual minorities other than those of male or female, and sexual orientations other than heterosexuality (Gonzales & Henning-Smith, 2017; & Centers for Disease Control and Prevention, 2020). Some of the most common terms referred to in literature that discusses SOGI are lesbian, gay, bisexual, transgender, intersex, asexual, and plus (LGBTQIA+). For the purpose of this research, the most inclusive acronym, LGBTQIA+, was used unless referring to the title of a research article or was part of a direct quotation. In such cases, if a study referred only to a subset of the LGBTQIA+ population, the acronym would include only those studied. For instance, if the acronym LGB was used, it would mean only persons who identify as lesbian, gay, or bisexual. It is recognized that the term LGBTQIA+ and thus the SOGI identities of persons who use the terminology, are

fluid and do not always fit within delineations of the definitions provided. One additional term that is commonly used is cisgender, which means “of relating to, or being a person, whose gender identity corresponds with the sex the person had or was identified as having at birth” (Merriam-Webster, 2021). A table of definitions provided by the Human Rights Campaign (HRC, 2018) follows (see Table 1). It does not include a definition of the plus (+), which is generally used to indicate any other gender identities that are not included in the acronym.

Table 1. SOGI Definitions

| Term | Definition |
|---|---|
| Lesbian | A woman who is emotionally, romantically or sexually attracted to other women. |
| Gay | A person who is emotionally, romantically or sexually attracted to members of the same gender. |
| Bisexual | A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. |
| Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc. |
| Queer | A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQ." |
| Intersex | An umbrella term used to describe a wide range of natural bodily variations. In some cases, these traits are visible at birth, and in others, they are not apparent until puberty. Some chromosomal variations of this type may not be physically apparent at all. |
| Asexual | The lack of a sexual attraction or desire for other people. |

(HRC, 2018).

**Occupational Therapy and Occupational Science.** The audience for this research is intended to include those who work outside of the field of occupational therapy. As such, information regarding the profession of occupational therapy and the field of occupational

science is purposefully included. Within the OTPF, AOTA (2020) described the field of occupational therapy as one that focuses on enhancing or enabling the client's participation in occupations throughout the lifespan. The client is defined as persons, groups, or populations; and occupations are identified as everyday activities that the client identifies as personally meaningful (2020). Occupational therapists identify and address barriers that keep the client from fully engaging in their occupations. The client is supported to maintain their physical, mental, and social well-being through the engagement in occupations (AOTA, 2020, p. 5). The OTPF directs OTs to include consideration of each of the following client domains during the occupational therapy process: occupations, contexts, performance patterns, performance skills, and client factors for clients of all ages. The OTPF outlines that the occupational therapy process starts with evaluation, moves to intervention, and then ends with outcomes. Overall, this means that OTs enhance or enable the client's engagement in occupations and must consider all client domains throughout the occupational therapy process (AOTA, 2020).

The field of occupational science moved from its origin as a focus for academic doctoral research first introduced 1990 by Yerxa, into a discipline of scientific inquiry that explores the "form, function, and meaning" of occupations (Cole & Tufano, 2020, p. 22). Cole and Tufano offered a comparison between occupational therapy and occupational science, stating that occupational therapy utilizes theory as a framework when designing intervention; and that occupational science is not concerned with "practicality or usefulness," but is the study of occupation for its own sake (p. 22).

**Occupational Therapy/Occupational Science and SOGI.** Jeanne Jackson wrote a seminal work regarding sexual orientation and its influence on occupation in her 1995 publication titled *Sexual Orientation: Its Relevance to Occupational Science and the Practice of*

*Occupational Therapy*. In this publication Jackson concluded that "a lesbian, gay, or bisexual orientation may influence the occupations in which a person engages, the symbolic interpretation of those occupations, and the environmental contingencies of those occupations, and thus is an appropriate topic for occupational scientists to discuss" (p. 669). Since the time of Jackson's publication in 1995, occupational therapy and occupational science have intermittently studied the influence of SOGI on occupations. Multiple researchers (Bergan-Gander & von Kürthy, 2006; Devine & Nolan, 2007; Dowers et al., 2019; Phoenix & Ghul, 2016) have concluded that SOGI directly influences a client's available occupational choices and opportunities for occupational engagement, most often in ways that are viewed as negative such as decreased choices in occupations and less opportunities for occupational engagement. When the client's opportunities for engagement in occupations are restricted, it results in the inequitable distribution of resources, as well as concerns related to occupational justice that should be addressed by OTs at all levels of practice (Bailliard et al., 2020). This is further reinforced by the inclusion of SOGI in the fourth edition of the OTPF (AOTA, 2020) as something to be considered when addressing a client's engagement in occupations as a way to support their physical, mental, and social health and well-being. Given this, then the inverse is also true: if SOGI is not considered by the OT when addressing a client's engagement in occupations, then their physical, mental, and social health and well-being is not supported.

**Occupational Justice, Healthcare Disparities, and SOGI.** Studies have found that adults as well as youth and adolescents who identify as other than male/female or heterosexual, frequently experience a disproportionate amount of mental and physical healthcare disparities than their heterosexual peers (Gonzalez et al., 2016; Hafeez et al., 2017; HRC, 2018). Braveman et al. described health disparities as "systematic, plausibly avoidable health differences adversely

affecting socially disadvantaged groups; they may reflect social disadvantage, but causality need not be established" (2011, p. S150). At the most fundamental level, health disparities and/or health inequities describe that a subsection of the population will experience poorer health outcomes due to societal or systemic factors (Braveman, 2011). Hughes et al. (2017) pointed to the overall lack of healthcare providers' preparedness to address the specific healthcare needs of those who identify within the LGBTQIA+ population as one contributing factor related to the health disparities experienced by this population. Some of the healthcare disparities experienced by persons due to their non-binary, non-heterosexual SOGI include higher odds of poor physical health, activity limitations, chronic conditions, obesity, smoking, and binge drinking than their male/female counterparts who identify as heterosexual (Gonzales & Henning-Smith, 2017). Kcomt et al. (2020) discussed how transgender persons frequently avoid healthcare due to anticipated discrimination. This discrimination could be in the form of a lack of provider knowledge to address their specific healthcare needs; a provider directly questioning a client's identity based on their outward physical appearance if their appearance visually conforms to societal expectations of male/female; or a more subtle form of discrimination, such as the assumption that someone identifies as male or female and is heterosexual solely based on social constructs of dress, voice, or appearance, and therefore the client is never asked about their SOGI and any related care needs. Across allied-health disciplines, a lack of practitioner preparedness to provide services specific to a person that identifies within the LGBTQIA+ population is noted and in turn, impacts the frequency that this population seeks out, and/or has access to, appropriate medical care. Multiple studies address this from a health education perspective, indicating that if healthcare education is not including content specific to the needs of sexual and gender minorities, then the lack of knowledge to meet the needs of these populations by the

providers of healthcare including allied health services will be perpetuated (Compton & Whitehead, 2015; Copti et al., 2016; Javaherian, et. al, 2008; McCarty-Caplan, 2018; McNeil & Elertson, 2018).

**Occupational Choices, Occupational Engagement, SOGI, and Adolescents.** Research throughout the last decade demonstrates that the overall adolescent population is vulnerable to decreased mental health and increased use of substances. The Pew Research Center reports that sleep, school, and leisure activities, including screen time, are the top three activities adolescents spend their time on each day; with school and leisure activities equaling a near daily average of 10 hours (Livingston, 2019). Additional statistics indicate 12.8% of youth ages 12-17 have experienced a 'major depressive episode' in the past year, and between 45-51% report drug addiction and alcohol consumption are 'major problems among their peers' (Desilver, 2019). A Women's Issue Brief by the Kaiser Family Foundation indicates that over 40% of adolescents are either "poor or near-poor and that these youth are more likely to lack protective social support networks and financial resources, and often face more sources of stress such as discrimination" (2011). The incidences of depressive episodes, drug and alcohol use, and poverty, all increase when the statistics are considered only for minority populations such as non-white or those who identify as LGBTQIA+.

As previously discussed and based on the result of the needs assessment, the literature review also looked specifically at SOGI and its influence on adolescents' occupational choices, occupational engagement, and overall health. According to the HRC (2018), adolescents whose SOGI is non-heterosexual/non-binary indicate that 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 within 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).

**A Call to Action and Research**

The United States Government, specifically the Office of Disease Prevention and Health Promotion (ODPHP, 2020) released Healthy People 2030 that included Leading Health Indicators (LHIs) that prioritized national focus and resources to particular populations' health and well-being. Information within 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 practitioners to provide appropriate services to diverse populations. AOTA's (2018) Education Research Agenda-Revised also proposed a broader perspective on diversity that included gender identity (p. 2). These calls to action and more research provided crucial evidence that there are significant knowledge gaps regarding the intersectionality of SOGI. OT service provision, and OT education.

**Problem Statement**

Literature clearly indicates a need for research that includes SOGI and its impact on adolescents' well-being and health. The field of occupational therapy is directing its practitioners to include SOGI when engaging in the occupational therapy process of evaluation, intervention, and outcomes with clients of all ages and across the lifespan. The occupational therapy education research agenda includes the specific need for more research in the area of gender identity and diversity (AOTA, 2018, p. 2). Further research is needed to determine if, and how, occupational

therapists take the personal factor of a client's SOGI into consideration when working with them. If a person's SOGI is not explicitly considered by the OT, then the therapist could unknowingly contribute to the occupational injustices and health disparities that a LGBTQIA+ person will likely experience, a situation that is in direct conflict with the Occupational Therapy Code of Ethics (AOTA, 2020). Adolescents are identified as a population at risk for negative health outcomes and occupational injustices if their SOGI is not accepted or considered by health providers (Hafeez, 2017; HRC, 2018).

**Research Purpose**

The grand question that this research project explored is do OTs consider a client's SOGI when providing services to an adolescent? Two subsequent research questions developed during the interviews with the four participants: do OTs perceive that SOGI influence adolescents' occupations, and did OTs perceive gaps in their knowledge related to SOGI?

**Theoretical Framework**

Occupational Justice describes an individual's inherent right to utilize their skills and abilities to engage and improve their own health and quality of life (Stadnyk et al., 2010 as cited in Durocher et al., 2014.) Bailliard and Aldrich (2017) recognized the interplay between the individual's rights and the politics of involvement within societal systems that can lead to occupational injustice if any individual experiences inequitable access to occupational activities. Kinsella and Durocher (2016) pointed to the cyclical relationship of occupational justice or in that case injustice with the individual, everyday situations, and larger systemic issues. If there is a lack of equality at the systems level, then this becomes obvious as individuals experience inequities in their daily lives. Concurrently, if individuals are experiencing inequities during daily activities, then this is likely a symptom of issues at the larger systems level (p. 163.)

This research project was based on the framework of Occupational Justice and the premise that if all aspects of a person's identity are not considered as part of the OT process, then their ability to fully engage in their daily occupations is negatively influenced.

**Significance of the Study**

Occupational therapists are directed by AOTA (2019, 2020) to provide services that support diversity and inclusion, including appropriate evaluation of the client, implementation of interventions, and the measurement of outcomes. The ability to successfully achieve this depends in-part on how well those in the profession understand and include the client's personal factors, including SOGI, in the occupational therapy process. The needs assessment revealed that participants had gaps in their knowledge related to SOGI. It may be that conducting interviews will help participants learn more about the topic of SOGI and its inclusion in the field of occupational therapy, and to understand it differently than they had before the interview. For some of the interviewees, it may be the first time they consider SOGI as it relates to the adolescents on their caseload. So, one longer-term significance of this study is that when the information is disseminated, this project will provide new information to practitioners related to how and why OT practitioners considered SOGI when working with their adolescent clients. This information, particularly when paired with the successful pursuit of improved outcomes for the adolescent client, will add to the body of literature that supports the occupational engagement and choices of adolescents who identify within marginalized groups related to their SOGI.

**Summary**

The existing body of literature regarding occupational therapy, occupational engagement, and the LGBTQIA+ community's involvement with healthcare and their occupational experience(s) demonstrate that persons who identify within a gender or sexual minority

experience a negative impact on their occupational engagement. This study looked at how practicing OTs consider their adolescent clients' LGBTQIA+ identities when providing occupational therapy services.

## Section 2: Literature Review

The primary purpose of a literature review is to determine what scholarly works have been previously published that relate to the topic of interest. This is needed in order to ensure that the proposed research study has not already been published and to look for gaps in existing literature that would indicate the need for the new project. If studies about the topic have been published then it is necessary to review the implications of previous research, as well as at previous limitations that would help inform the design of a new project. The researcher must also read and evaluate existing research in order to expand their own knowledge and to become well-versed in the topic of interest (Bonnel & Smith, 2018).

This literature review was designed in broad strokes to first explore the topics of health disparities, occupational engagement and health, and the occupational justice framework. Next, the search focused on the intersectionality of SOGI with: health disparities, occupational engagement and health, and the occupational therapy scope of practice. The author examined the literature while also determining if the occupational therapy framework of occupational justice was one way of viewing the information. To explore published literature, search terms used included sexual orientation, gender identity, LGBTQIA+, health disparities, daily routines, occupations, occupational therapy, occupational science, and occupational justice. In addition, if a published work was particularly focused on the topics of interest, then the reference page from that article was reviewed for pertinent studies. Finally, as the literature was reviewed the age of the population studied was taken into consideration. As part of this process, the author focused specifically on SOGI, occupational engagement, and adolescents. The searches were primarily completed utilizing the database Ebscohost as well as using the search engine Google Scholar.

## Sexual Orientations and Gender Identities

LGBTQIA+ is an umbrella term that includes multiple sexual identities (lesbian, gay, bisexual, queer, intersex, asexual, and plus) and one gender identity (transgender). This project addresses a specific research question, and provides the reader with definitions of terms that are commonly used when discussing topics of SOGI. One such group of terms are those that make up the acronym LGBTQIA+ and they were defined in the first section of this paper. Table 2 includes additional terminology related to SOGI as published by the World Health Organization (WHO, 2016).

Table 2. Additional Terminology Related to SOGI

| Term | Definition |
|---|---|
| Heteronormativity | The assumption that everyone is heterosexual, and that heterosexuality is 'the norm'. |
| Homophobia | Discrimination on the basis of sexual orientation or gender identity and may include verbal and physical abuse. |
| Heterosexism | All forms of discrimination against people who encompass lesbian, gay, or bisexual orientations. |
| Transphobia | The negative devaluing and discriminatory treatment of individuals who do not conform in presentation and or identity to conventional conceptions of gender and/or those who do not identify with, or express their assigned sex. Transphobia and homophobia are closely linked and interdependent. As with any form of discrimination, transphobia can be personal or systemic, intentional or unintentional. |

(WHO, 2016).

## Health Disparities and SOGI

Health disparities refer to the difference in how persons who are from minority populations and marginalized communities experience disproportionately lower quality healthcare services and poorer health outcomes, than persons from society's majority populations (Braveman et al., 2011). There is a growing body of literature that explores how the cycle of

health disparities and lower health outcomes are disproportionately experienced by those whose SOGI is non-heterosexual and non-cisgender. Decreased access, utilization, and quality of care across all healthcare arenas are commonly experienced by non-majority SOGI populations.

Persons who identify within the LGBTQIA+ community frequently experience health disparities that result from social determinants of health and in some cases, can be traced through several decades. According to the Office of Disease Prevention and Health Promotion decreased mental health, discrimination and bias from healthcare providers, and a lack of health insurance due to a person's SOGI is common (2020).

Jennings et al. (2019) looked at data from the Survey of the Health of Wisconsin that spanned the time period of 2014 to 2016. Based on surveys from 1,957 Wisconsin residents, the study compared the responses of those who identified as LGB to non-LGB adults and those who identified as LGB were 2.17 times more likely to delay obtaining healthcare 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 than their non-LGB and heterosexual counterparts, a trend that Kcomt et al. also discussed (2020). The Kcomt et al. study explored, among other topics, why the quality of care received was often rated lower by transgender persons versus other SOGI minorities. Some factors discussed were that transgender individuals might anticipate that discrimination will occur; they are more likely to live in poverty due to intersecting circumstances related to their gender identity; and that transgender persons' visual non-conformity can put them at increased risk for discrimination and can be an interpersonal barrier to healthcare access (Kcomt et al., 2020). The healthcare experiences of sexually and gender diverse adults in the region of artic Canada was discussed by Logie et al. (2019), as a multi-faceted situation of living in a rural community with fewer options for medical providers

than urban centers. In addition, heteronormativity and cisnormativity within those communities and environments decreased the likelihood that medical care would be rooted in cultural competency and be specific to the needs of the LGBTQIA+ community.

Some barriers to examining the influence of SOGI on the healthcare experience includes that this is a relatively newer area of study across healthcare disciplines. Additionally, the terms SOGI and LGBTQIA+ are rather broad umbrella terms and the studies that are published often vary regarding what populations they focus on. For instance, one study might explore factors specific to the LGB community, another study looks at the larger the LGBTQ community, and yet another at those who identify as transgender. In addition, few physicians, nurses, and other healthcare providers even ask about a patient's SOGI, perpetuating heteronormativity and cisnormativity within healthcare environments. (Hughes et al., 2017; Jennings, 2019; & Kcomt et al., 2020).

**Adolescents and SOGI**

The World Health Organization's definition of an adolescent is someone who is 10-19 years old (2021). Two different studies, both published in 2017, discussed how cisnormativity and heteronormativity can combine with other intra- and inter-personal factors to contribute to the discrimination of LGBTQIA+ adolescents within healthcare (Rossman et al., 2017; & Snyder et al., 2017). Relatedly, a youth's decision to disclose or not disclose their SOGI is 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 research reported similar findings among LGBTQIA+ youth who felt that their overall healthcare needs were not being met (2019). Of note is that a patient's non-disclosure of their SOGI has the same negative impact as a healthcare provider assuming a heteronormative or cisgender identity for their client. The provider cannot

address the client's full scope of healthcare needs and potential healthcare concerns or prevention if they do not even know that 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. 2017).

**Occupational Therapy and SOGI**

Jeanne Jackson, an OT, was the first to publish about the influence that a non-heteronormative lesbian sexual orientation had on occupational performance, thus connecting sexual orientation to occupational engagement (1995); yet it was not until twenty-five years later, in 2020, that the AOTA explicitly included SOGI as a Personal Factor to be considered for occupational engagement as outlined in the OTPF. Other official documents published by AOTA including the Code of Ethics (2020) and the 2025 Vision (2019) both dictate that all OT practitioners will engage in evidence-based, non-biased service provision. The OTPF now states, "Occupations are central to a client's (person's, group's, or population's) health, identity, and sense of competence and have particular meaning and value to that client" (AOTA, 2020, p. 7). The intersectionality of the field of occupational therapy, meaningful occupations, and the influence of SOGI continues to be explored.

For instance, scholarly work has solidly supported Jackson's original research findings, and has expanded to include the impact of gender identity on occupational performance (Bergan-Gander & von Kürthy, 2006; Devine & Nolan, 2007; Dowers et al., 2019, and Phoenix & Ghul, 2016). The Human Rights Commission (HRC, 2020) surveyed more than 12,000 LGBTQIA+ youth and found that only 24-27 percent of the youth reported they were able to be themselves in

school, felt safe in the classroom environment, and were out (public with their SOGI) and had family support (p. 5-8).

**Occupational Choices, Occupational Engagement, & Relationship to SOGI**

The inclusion of SOGI in the OTPF (AOTA, 2020) explicitly lays the groundwork that SOGI impacts occupational engagement and must be considered as part of the OT process. When exploring the literature on this topic, it is clear that it the interconnectedness between SOGI and occupations exists. It is also apparent that much of the occupational therapy and occupational science literature that supports this finding, often share frequent limitations to their studies. One such limitation is that it is hard to gather large data sets within OT, or as part of other medical professions, because practitioners typically do not gather SOGI data on their clients beyond male/female and single, married, divorced, or widowed. If the information is not being gathered, then it cannot be studied. In addition, the lack of knowledge about SOGI terminology makes it additionally difficult because there is not uniform acceptance, or perhaps more importantly, not a common knowledge base about the terms. These limitations are particularly applicable when trying to gather data for quantitative studies. As such, the majority of literature are based in various types of qualitative inquiry often with a smaller number of participants which means that the results, while informative, are not generalizable (Bar et al., 2016; Beagan & Hattie, 2015; Beagan et al., 2012; Goodrich, 2012; Schneider et al., 2019).

Multiple studies examine the influence that being transgender has on occupation. One reason why 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 field 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 than the cultural expectations of the sex they were assigned at birth. It is interesting to note that some studies show an ebb and flow to the transgender person's experiences of occupations. For instance, Beagan et al. (2012) summarized that a person often experiences barriers to occupational engagement that can lead to occupational deprivation when their gender expression is different from their cisgender. Then, if a person chooses to transition or use medical interventions such as hormones or surgery to modify their body structures to match their gender identity, the person's self-care and other daily occupations may be consumed by the day-to-day need to attend to their health and medical needs. Their occupations shift again and they are focused on the successful management of gender disclosure, new self-care routines, and managing personal relationships as well as their work relationships.

Schneider et al. (2019) looked at how occupational transitions are commonly a part of a transgender person's experience, that 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 that they find to be gender affirming; meaning an occupation that supports the gender they identify as. Some examples of this include dressing in a way that expresses their gender identity, or pursuing medical intervention that supports their gender identity, and pursuing friendships with others who are in support of their gender expression, and pursuit of medical interventions to support their gender identity. It seems safe to conclude that human occupational engagement is influenced by a person's SOGI and as such, occupational therapists should be including a person's SOGI into their data collection and other aspects of the OT process (AOTA, 2020).

## Occupational Engagement and Occupational Justice

Bergan-Gander and von Kürthy (2006) as well as Devine and Nolan (2007) looked at occupational engagement through the lens of occupational justice and discussed that (adult) participants, ten in total, experienced changes in the occupations that were available to them because they were gay and out. Some of the changes in occupations occurred due to choices the participants made voluntarily; other changes occurred because previous occupations were based in heteronormativity and were no longer available as viable occupations to the participants due to their being out as gay; and lastly the discontinuation or avoidance of occupational engagement occurred due to the participants being directly discriminated against and/or feeling threatened and unsafe during participation in previously enjoyed occupations when their sexual orientation was, or was assumed to be, heterosexual. Those studies, combined with Jackson's (1995) earlier work, helped to fill a gap of knowledge regarding occupations and SOGI.

## Inclusion of SOGI Content in Higher Education

Bolding et al. (2020), Bradbury-Jones et al. (2019), and Copti et al. (2016) discussed recommendations that higher education health programs include SOGI information in their curricula with the purpose of preparing culturally competent practitioners; counteracting implicit and explicit bias; increasing awareness of the devastation that occurs because of existing healthcare disparities; and providing an inclusive learning environment for students who identify within the LGBTQIA+ community.

Bradbury-Jones' systematic review (2019) identified four aspects of higher education health programs to consider, with each aspect having the potential to be discriminative or supportive. First was that the higher education environment could be homophobic or transphobic, with discrimination experienced by students in professional practice placements. Second was the

influence of faculty roles within the environment, with their force being positive or negative. Third was intervention and how students could support or not support LGBTQIA+ clients, and how educators can intervene with students who identify as LGBTQIA+ themselves. Fourth, that all students in the study, across disciplines, stated they were under-prepared for the readiness of working with the LGBTQIA+ population in practice.

Bolding et al. (2020) surveyed 435 OT students and recent graduates using the LGBT-Development of Clinical Skills Scale (LGBT-DOCSS). Results indicated that 21 percent of the students reported that the topic of SOGI was not included in their curriculum, and 68% reported that less than 2 hours were spent on LGBTQIA+ topics. This research suggested many topics to be included in higher education from terminology and health disparities, to culturally sensitive communication, and creating inclusive practice settings, just to name a few.

The American Council of Occupational Therapy Education (ACOTE) has standards that require that OT education programs educate students to work with, and advocate for, all clients of diverse populations, as well as to provide care that is culturally competent. It does not include standards that require teaching of specific particular populations (2020). As such, the previously mentioned research serves as a starting point for ways to include LGBTQIA+ specific content into OT education programs.

**American Occupational Therapy Association and American Medical Association**

The national associations for OTs and physicians are guiding their practitioners to provide services to all populations, with particular focus on inclusive practices for majority populations as well as smaller minority populations. Care services based in cultural humility that are provided to diverse populations reflects best practice as discussed by these associations.

In 2018 the American Occupational Therapy Association (AOTA) published their Vision 2025 statement. The Vision 2025 statement builds on the Centennial Vision which included the term “diverse”, and goes further in its guidance for occupational therapists. Vision 2025 states “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (AOTA). By including the words “inclusive,” and “all people, populations, and communities,” the professional organization directs occupational therapists (OTs) who practice within the United States to provide services that are inclusive of individuals who identify as LGBTQIA+, as well as the larger LGBTQIA+ community.

This priority sets the tone that an occupational therapist (OT), no matter their personal belief systems or possible implicit biases, it is part of the occupational therapy profession to work with all people. This expectation is also stated in the AOTA Code of Ethics (2020), as the Core Values of altruism and equality, as well as in the Code of Conduct of autonomy.

In 2018, William E. Kobler, Board Member of the American Medical Association (AMA) stated,

> Sex and gender are more complex than previously assumed, it is essential to acknowledge that an individual’s gender identity may not align with the sex assigned to them at birth. A narrow limit on the definition of sex would have public health consequences for the transgender population and individuals born with differences in sexual differentiation, also known as intersex traits. The AMA will work to preserve access to quality health care by educating state and federal policymakers to ensure they have a fundamental understanding of the scientific nature of a person’s sex.

OTs and physicians are guided by their national associations to ensure that the care they

provide to each person and population is based on the ethical standard to provide care that is culturally competent. Additionally, since 2018 both associations specifically refer to care that is inclusive of and appropriate for the individual who identifies as LGBTQIA+, LGBTQIA+ communities, as well as populations.

## Conclusion

This literature review discussed the relatively small body of existing research that explored the provision of evidence-based, ethical, and equitable occupational therapy services to persons of all genders and sexual orientations. Health disparities, decreased occupational opportunities and engagement, as well as the content of OT higher education as it relates to the explicit needs of diverse populations was also included. OT practitioners in the US have been directed by their professional association and educational accrediting body that the inclusion of SOGI and other factors related to serving marginalized and diverse populations is required. All of this comes at a time when SOGI has recently been explicitly included in the Framework (AOTA, 2020) that guides the work of all OT practitioners. While there is some literature that explores the influence of SOGI on occupational engagement, there is a noticeable gap in the literature about how OTs consider SOGI when working with their clients. Some studies have looked specifically at the gender identity of transgender as it relates to occupational engagement. No studies have explored how OT practitioners consider SOGI when working with clients of different age ranges. This research study was designed to explicitly explore OTs' consideration of SOGI in the OT process when working with adolescent clients. The design and results of this research study will be provided.

## Section 3: Methods

There are multiple steps to determining the design of a research project, requiring that each is outlined in a clear fashion to ensure the research project meets ethical and scholarly standards, and is thoroughly thought-out to ensure the smoothest research experience. As such, the following section outlines each step of this research project methodology.

### Project Design and Rationale

There are no known published studies that examine the particular question if OTs consider SOGI when working with an adolescent. As such, an exploratory qualitative descriptive study was designed to gather data on this topic for the first time. An exploratory qualitative descriptive design is appropriate because it will yield narrative information in a way that will capture rich, narrative text providing depth to the information gathered (Stanley, 2015).

The study received approval as an Exempt study in April, 2020 from the Institutional Review Board (IRB) through Grand Valley State University (GVSU) where the primary investigator (PI) was employed. Then, the GVSU IRB approval was forwarded to the IRB at Eastern Kentucky University (EKU), the school where the PI was completing their doctorate, with this research project serving as the Doctoral Capstone Experience. Recruitment and data collection occurred during October, 2020.

### Setting

Zoom, a virtual, web-based environment, was used when conducting the synchronous video interview between the participant and the PI. This format was chosen so participants' geographic location would not limit their participation in the study, and so the participants had the flexibility to choose where they wished to be physically while engaging in the interview, a way to ensure that they could answer questions freely and privately.

**Participant Recruitment and Selection**

The inclusion criteria for this study was determined based on the broadest appropriate options in order to increase the likelihood that the minimum number of participants was reached in the short time-span available. The inclusion criteria were that participants were required to reside and practice within the U.S.; be licensed to practice within their state; be registered with the National Board of Certification of Occupational Therapists; and currently work with adolescents (10–19 years of age). Exclusion criteria were only if a participant did not reside and practice within the US; was not licensed to practice within their state; was not registered with the National Board of Certification of Occupational Therapists; and did not work with adolescents (10–19 years of age).

Purposive sampling was used for participant recruitment meaning that the PI targeted the recruitment process toward individuals who were most likely to have experience with the phenomenon being studied—in this case, OTs who worked with adolescents (Dickerson, 2017, p. 171). In addition, a convenience sample was used. The PI emailed 136 therapists known to her either from her work experience as an OT practitioner, and/or in her current role as an Academic Fieldwork Coordinator in a Master of Science in Occupational Therapy (MSOT) program. The recruitment email had the informed consent attached for initial review by potential participants. The MSOT department chair granted the PI permission to utilize the fieldwork educator contact list as well as her primary work email for communication related to this research project. The email, informed consent, and the IRB approval letter are included in Appendices A, B, and C.

Within one week of sending the recruitment email, four therapists responded via email and expressed their interest in being a participant in the study. Each therapist stated they had read the informed consent, met the inclusion criteria, and would be available to engage in the

interview process. The PI replied to each therapist via email, confirmed that they met inclusion criteria, had read the informed consent, and then determined a mutually available day and time for their interview to occur. Each interview was scheduled for approximately 45-60 minutes. In addition, the PI encouraged each participant to consider where they would be when they engaged in the virtual interview in order to allow them to talk freely about the topic without being overheard or to have their answers possibly influenced by others' reactions.

**Data Collection**

The PI conducted individual semi-structured interviews with the four participants via Zoom. The semi-structured interview style offered flexibility during the interview process (Lysack et al., 2017, pp. 201–203), allowing the PI to adjust their approach or interview questions during the interview based on the current participant, the ease of the communication occurring, and the information that was being shared with the PI. For instance, one original interview question the PI asked participants was, "If you were to create a professional development module for OTs or for the people you work with on the topic of SOGI, what information do you think would be most important?" Participants' answers tended to focus on the fact that they did not feel prepared or equipped to plan such a presentation. After that had occurred in two interviews, the PI rephrased the question during subsequent interviews to ask what the participants would want to know, or they would want their peers to know, if there was the opportunity to go to a workshop or engage in professional development on the topic. See Appendix D for the interview protocol.

As each interview was completed, 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 transcription for use with the remainder of

the study. The audio downloads, transcripts, and other written information will be saved for three years on password protected computer hardware. Any redundant information regarding a participant's identity or participation were deleted.

**Data Analysis**

In qualitative research, data collection and data analysis occur concurrently, with one process influencing the other. As stated by Wright-St. Clair (2015),

> This is because the thinking about what the text is saying and the thinking about what it means begins the moment data gathering begins. It is grounded in the data. Ongoing analysis will reveal new ways of thinking about the phenomenon of interest and new questions to ask (p. 60).

In this study, the PI transcribed each of the four interviews verbatim from the video file into a Word document. The only information not included in the typed transcripts was the information that would allow someone to identify a participant such as their name and/or place of employment. Once a transcript was completed, the PI played the video recording a second time while reading the typed transcript to correct any typographical errors, including missed and repeated words. The process of completing the transcription and then re-watching the video allowed the PI additional time to think about the data and to see and hear nuances that could provide insight or additional meaning to the participant's narrative answers, including facial expressions and/or body language. As the PI became more familiar with the narrative within each interview, using a semi-structured approach allowed the PI to adapt the next interview as appropriate, often encouraging more in-depth answers from the participant than might have occurred otherwise.

After the four interviews were completed, the PI started the process of coding according to Tesch's Eight Steps in the Coding Process as described in Creswell (2014, p. 198). The first step included the PI highlighting words or phrases said by the participant that directly answered the interview question, was related to the grand research question, or if the participant's conversation seemed to add depth and breadth to the topic of interest. The next step is called open coding, where the PI looked at each highlighted piece of text and assigned it a word or phrase that was clearly descriptive of what the participant stated. Invivo codes, the exact wording that participant used, were used most frequently; however, at times, the PI needed to change the wording 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 researcher then, then the code might be "client did not tell OT". This approach to data analysis of using inductive or open coding (Stanley, 2015) means that the codes, categories, and themes arose from the participants' word choices, not by looking at the data from the lens of a particular OT theory or framework. Open coding yielded 19 codes. Table 3 displays some of the codes, with examples of quotations that were coded under each one.

Table 3. Example Codes with Quotations

| Example Code | Example Quotations |
|---|---|
| We should [consider SOGI] but we don't | I just don't take SOGI into account. We probably should, it's not a conversation we're having (Participant B)<br>Including "it" would be good, but maybe not necessary at the initial evaluation (Participant A) |

| | |
|---|---|
| We don't have any clients who are LGBTQ | I have never come into contact with any clients that don't identify as either he or she. (Participant B)<br>No experience in my school practice related to gender (Participant B) |
| SOGI wouldn't influence most occupations | You would just choose what occupations you want because gender isn't important for most occupations (Participant A)<br>Adolescents will likely choose types of activities and clubs according to their SOGI, but not academics, subjects aren't related to gender anymore (Participant C) |

Once the process of open coding across the four transcripts was completed, the PI reviewed the codes (individual phrases or word clusters) and began to group the codes into categories if they contained similar or related concepts. This process resulted in five categories. Table 4 shows the categories with their corresponding codes.

Table 4. Categories with Corresponding Codes

| Invivo Code | Category |
|---|---|
| We would do research like we have in other situations and try to help the parents understand their adolescent's SOGI (participant A). | OT's role |
| We've never run into it with a client (participant A). | A client's SOGI does not influence my practice. |
| If you are doing real OT, looking at that individual person and taking the time to figure out exactly how who they are impacts their | The relationship between SOGI and occupations. |

| | |
|---|---|
| daily life and what their needs truly are (participant B). | |
| Now that I'm more aware, I was looking at, like our welcome packet and paperwork and things like that…it's just very stereotypical gender he/she…there is nothing from the start where we are accepting other, you know, identities (participant B). | We should consider SOGI but do not. |
| Some kids identify as the sex not born as, but that doesn't change how I address their OT needs (participant C). | A client's SOGI does not influence my practice. |
| The way they choose to live their life (participant C). | The relationship between SOGI and occupations. |
| My adolescents are non-verbal, so unless a parent feels they identified in a certain way, I wouldn't know (participant D). | Depend on parents or client for education. |
| I want to hear from someone who is LGBTQ, not another straight white female, that's not valuable (participant D). | We should consider SOGI but do not. |

The final step of the data analysis was to consider if categories related to each other in a way that could be described by an overarching theme (Creswell, 2014, p. 199). This process resulted in three themes, which will be described in depth in the Results section. Table 5 shows examples of codes, categories, and resulting themes.

Table 5. Codes, Category, and Theme Examples

| Invivo Code | Category | Theme |
|---|---|---|
| I want to hear from someone who is LGBTQ, not another straight white female, that's not valuable (participant D). | We should consider SOGI but do not. | Open and empathetic, but uneducated about SOGI. |
| Some kids identify as the sex not born as, but that doesn't change how I address their OT needs (participant C). | A client's SOGI does not influence my practice. | SOGI does not influence practice. |
| We would do research like we have in other situations and try to help the parents understand their adolescent's SOGI (participant A). | Ways OT could have a role with an adolescent's SOGI. | OT could have a role with SOGI |

## Trustworthiness

It is imperative that a researcher discuss the validity, or the accuracy and credibility, of the project findings by following a plan of procedures throughout the data analysis process (Creswell, 2014, p. 201). Peer review occurred during the data analysis process. The PI completed the data analysis; and the PI's faculty mentor reviewed the codes and themes against the transcripts, agreeing that the data analysis was representative of the data collected. In addition, the PI maintained a reflexivity journal throughout the process to ensure internal bias did not influence how the data was examined or presented. 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 on her own thoughts, actions, and decisions that occurred during the interview process, data collection, and data analysis. One example of this how the PI told each interviewee that she has a close family member who identifies as lesbian and transgender. The PI asked each participant to set aside personal feelings regarding either the PI's ties to the LGBTQIA+ community, in order to discuss the topic from their own personal experiences and thoughts without outside influence. The PI maintained an audit trail that included all data generated as part of the study, examples of this were included in tables 3, 4, and 5 (Lysack et al., 2017).

## Ethical Considerations

Participants' privacy, data confidentiality, approval from the IRB, obtainment of Informed Consent, and other considerations are all aspects of conducting research in a way that is ethical. For this study, the PI took the following steps to ensure ethical standards were met.

1. The PI is employed by a university that is different from the one she attended during this research project. Submission to the employee's IRB occurred on 4/25/2020, and on

4/27/2020 the IRB for an exempt study was approved. On 5/21/2020 the PI submitted the employer's IRB approval to the university where she is a student; she obtained IRB approval from that university on 6/23/2020.

2. Participants received the informed consent document as part of the recruitment email to review on their own and then the informed consent was reviewed again at the start of their interview to ensure that they agreed with the inclusion/exclusion criteria, potential risks, and benefits to the participant.
3. Data collection and storage are of paramount importance to the ethical implementation of a research project. In this case, the participants' names and email addresses were used in the initial recruitment phase, and their names were sometimes recorded as part of the interview process. During transcription, the PI omitted any personal identifying information, and video recordings that are saved on a password protected secured laptop, will be deleted once the research committee approves the project. The PI will save the remaining audio recordings and transcripts on a password-protected flash drive and store them in a locked cabinet in her professional office for three years before destroying them.

**Timeline for Project**

| Task | Start Date | End Date |
|---|---|---|
| Project Proposal | Oct. 2019 | Apr. 2019 |
| IRB Application | Feb. 2020 | Apr. 2020 |
| Participant Recruitment | Oct. 2020 | Oct. 2020 |
| Data Collection | Oct. 2020 | Oct. 2020 |
| Data Analysis | Oct. 2020 | Feb. 2021 |
| Writing Capstone Paper | Oct. 2020 | Mar. 2021 |
| Final Presentation & Paper | Mar. 2021 | Mar. 2021 |

## Section 4: Results and Discussion

The following section presents the results from the four participant interviews.

### Participants

There were four participants in this study, all with current occupational therapy certification. Three of the participants had master's degrees and one had a bachelor's degree. All four identified pediatrics as their primary area of practice, and confirmed that they met the eligibility criteria of working with adolescents ages 10-19 years of age. Two therapists practiced in outpatient facilities, and two were based in public school systems. Two therapists had between 30-35 years of occupational therapy experience, and two had between 8-12 years of experience. All four participants identified their gender identity as female. Each interview lasted approximately 45-60 minutes.

### Themes

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

**Theme 1: Open and empathetic, but uneducated about SOGI.** Participants expressed they were open and empathetic but uneducated about SOGI. For example, Participant B stated, "I wouldn't know how to approach it at this time." All participants discussed gaps in their knowledge about SOGI. They expressed what kinds of information they would find most helpful, including: definitions of the terms related to SOGI; hearing from persons who identify within the community about their lived experiences both within and outside of healthcare; and research that focused on the SOGI community, health disparities, and the role occupational therapists with this community. Two participants were able to explain the difference between sexual orientation and gender identity; however, no participants felt they knew what they needed to when considering

the intersectionality between the adolescent population that they worked with and their role as an OT professional. About the difference between sexual orientation and gender identity Participant A stated, “there probably is, 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.” 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.” Participant B stated empathetically, “it would be incredibly confusing and overwhelming to not fit into society’s categories.”

This theme included participants’ statements that indicated that they were willing 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 need to know information, I might realize later that I missed something with this discussion.” This feeling seemed particularly applicable when applying SOGI information to the adolescent population who weren’t functioning at their chronological age level. 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 participants recognized a need to address SOGI at some level as an OT professional, however it was not clear before the interview why they would ask about SOGI in their own practice if a client did not express that they identified within that population, or how as an OT, 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."

**Theme 2: SOGI does not influence practice.** All 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 D looked at it from the angle of the developmental age and stage of the adolescents on their caseload and indicated "most of the adolescents on my caseload are autistic, are below age level, or are non-verbal, so unless a parent feels the client identifies in a certain way, I wouldn't know." Participant B said, "there may be some things such as muskuloskeletal, injury, or strengthening and coordination that would not impact my role as an OT." Other thoughts expressed included that the parent or child would let the OT know if there was something the OT needed to address and up to this point, that had not occurred.

Some participants expressed that it was not essential to understand SOGI because as an OT 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 OT 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."

One category within this theme 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 that 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 did not come-up as part of their practice.

It was interesting that the participants were divided regarding if SOGI influenced occupations. Some participants that felt SOGI did not influence their practice because SOGI did not influence the occupational choices of the adolescents they worked with. Some representative statements from participant A included, “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.”

**Theme 3: OT could have a role with SOGI.** This final theme continued the discussion of if participants viewed that SOGI influenced occupational choices. The previous theme 2: SOGI does not influence practice, indicated that because SOGI did not influence occupations within certain areas of child & adolescent practice, that there were instances where the OTs did not have a role that would be impacted by a client’s SOGI. This was in direct opposition of the conversation included here in Theme 3 that “SOGI would impact every single thing the adolescents do daily” (Participant B), and “SOGI influences their self-view,” and “SOGI, with adolescents, would be huge socially” (Participant D). As part of this conversation, therapists considered what OTs’ role could be. Although Participant A stated that there were some occupations that would not be influenced by SOGI, or that there were aspects of their practice that did not take SOGI into account; they did not rule-out some of the ways OTs could consider

SOGI. Participant D discussed some ways that OTs might have a role with addressing SOGI and that was, “mentally there must be a lot of ways OT 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 that that would be my job.”

As each interview continued, participants seemed to consider different aspects of SOGI, simply as a result of engaging in the interview process. Ways OTs might be involved with addressing SOGI were discussed. 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 OTs.” 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.”

**Discussion**

This study sought to explore how OTs considered SOGI when working with adolescent clients. Two additional research questions surfaced during the interview process: do OTs perceive that SOGI influences adolescents’ occupations, and did OTs perceive gaps in their knowledge related to SOGI? Following data analysis there were three themes that emerged from the data. This section will discuss each of the themes, and other relevant topics including

connections between the themes and the literature, and how the results of this research could impact SOGI minority adolescent clients and their families.

**Theme 1: Open and empathetic, but uneducated about SOGI**

All four participants were open to discussing the topic of SOGI in general, and how they saw SOGI relating to the adolescent population that they worked with. The participants voiced empathy for adolescents who might identify as non-cisgender/non-heterosexual and how difficult it could be to have peer and family relationships impacted. However, none of the participants felt they had the necessary foundation to speak knowledgably about the topic of SOGI with adolescent clients and their families. Additionally, none of their OT education programs directly addressed LGBTQIA+ specific needs, and none had attended, or expressed an awareness of continuing education on the topic. Although these four participants had decades of clinical experience between them, this finding is similar to the responses of those new to the field. Bolding (2020) conducted a study of 435 OT students and each expressed they were not prepared to work with LGBT clients. The outcome of Bolding's study suggested that future education "focus on terminology, health disparities, an examination of personal and societal attitudes that affect outcomes, important health and psychosocial needs, culturally sensitive communication, creating inclusive practice setting and clinical practice, and communication unique to this population" (p. 1).

There have been other studies from non-OT healthcare disciplines that looked at preparedness to work with individuals who identify within SOGI minority populations, and not one study found the students or practicing professionals prepared to provide culturally responsive care to this group (Bradbury-Jones et al., 2019; Copti et al., 2016; Hancock & Haskin, 2015; Hughes et al., 2017). If students across healthcare programs are not learning how to provide

culturally responsive care to SOGI minority groups, and if current practitioners do not have the knowledge to provide such care; then one is left to consider what the resulting influence could be on adolescents who identify as other than cisgender or heterosexual. It has been shown that lack of healthcare provider preparedness to work with SOGI minority persons are one contributing factor to the significant health disparities already experienced by this population (Gonzales & Henning-Smith, 2017; Hughes et al., 2017). If providers are not asking their clients about the personal factors of SOGI, and if the client does not volunteer the information, then Logie et al. (2018) showed that the assumption is typically made by the provider that the person is heterosexual and/or cisgender. That assumption would prevent the healthcare provider from addressing SOGI minority population-specific healthcare needs and may also leave the client feeling unseen and unaccepted.

Hafeez et al. (2017) implored all stakeholders involved with adolescents, including parents, teachers, other school personnel, medical personnel, and communities to "address the social inequalities and lack of effective health care through the culturally appropriate messages" for LGBT youth. They went on to state that "physicians should be trained adequately to provide nurturing, open communication, and empathetic care to this population, in a respectful and non-judgmental manner" (p. 5). There can be no doubt that OTs who work with adolescents would be considered a stakeholder and that culturally appropriate knowledge and culturally responsive care clearly includes being educated about the needs of SOGI minority populations. All participants stated that they do not have the knowledge to address the occupational and healthcare needs of this population.

**Theme 2: SOGI does not influence practice**

Participants in this study discussed their thoughts about why SOGI did not seem to influence their practice when working with adolescents. Reasons included that there were not SOGI minority individuals on their caseloads, or that SOGI would not influence their adolescent clients' occupations in the school or outpatient setting. Additionally, that there was nothing built into the systems and practices where they worked that included SOGI. Also discussed were that the adolescents they served were frequently on the younger-side of the chronological age included in this study; that their adolescent clients were developmentally younger than their chronological ages; that they may not have been able to express themselves independently; and therefore, SOGI did not seem to be an influencing factor in the adolescent's development. These points may resonate with readers of this study.

Worth considering was the participants' differences of opinion when discussing if SOGI would influence the occupations of their clients. Two felt it absolutely could have an influence, however they were not aware of that being the case with their current caseloads. The other two participants expressed hesitancy that SOGI would inherently influence an adolescent's occupational choices. Previous research, dating from Jackson's 1995 work to the newest edition of the OTPF (AOTA, 2020) have made the connection that SOGI influences both occupational choices and opportunities for occupational engagement (Bergan-Gander & von Kürthy, 2006; Devine & Nolan, 2007; Dowers et al., 2019; Phoenix & Ghul, 2016). In addition, the availability of occupational choices and levels of occupational engagement intersect with concepts of Occupational Justice or the right of every individual to be able to engage in occupations that they find personally meaningful, despite invisible norms and expectations (Durocher et al., 2014). The missing piece from the existing OT literature as it applies to the clients of the research

participants' in this study, is that none of the studies have looked specifically at the influence of SOGI on the occupations of adolescents.

**Theme 3: OT could have a role with SOGI**

During the interview process, the participants began to consider what OTs' role could be with adolescent clients who identified as non-cisgender/non-heterosexual. They discussed providing client and family support and education, as they would with other challenges an adolescent might face that influenced occupational engagement. Another wondered about assisting an adolescent with adaptive equipment such as a binder or prosthesis if those were the client's choices.

It is worth considering that some OTs may be unsure of their role regarding an adolescent's SOGI because OTs are trained to be open, accepting, and client-centered, and as such, would accept their client no matter their personal factors. Perhaps the viewpoints of neutrality and acceptance are exactly why the OTs did not feel the need to specifically ask about a client's SOGI, because the therapist did not consider SOGI as influencing the adolescent's occupational choices. A unique role of OTs could be to move to the forefront of health professions by explicitly considering SOGI with adolescent clients. One way for this to occur would be for novice and experienced therapists to turn to the AOTA Vision 2025; the OT Code of Ethics (AOTA, 2020); and to rely on the OTPF (AOTA, 2020) to be their guide and to consistently take the step to include SOGI as part of each client's occupational profile.

**Occupational Justice/Injustice**

As it applies to this research, occupational justice is more likely to occur if OTs include SOGI as relevant client factors within their practice, and consequently, situations of injustice if all client factors are not considered (AOTA, 2020). If the OT is not asking about a client's SOGI,

then it is likely that they assume their client is heterosexual and/or male or female (Logie, 2019). If the OT is not asking about a client's SOGI, and the client does not offer this information, then the OT would not know if the adolescent client needed support, either with SOGI-specific topics or support to pursue the occupations that are most meaningful to them. Bergan-Gander and von Kürthy's research (2006) discussed specifically that the environments and occupations that people engage in are influenced by the context of heterosexism, as well as fear of discrimination. The OT would not know the person factors that could influence the adolescent's physical and mental health, and the lack of knowledge could contribute to the client experiencing the inequality of healthcare disparities, including the inability to receive population-specific healthcare (Bergan-Gander & von Kürthy, 2006).

**Limitations**

This study had a small sample size with only four participants, so saturation was not reached. In addition, the inclusion/exclusion criteria were based on an adolescent's chronological age and not their developmental age. Many of the adolescents on the participants' caseloads had cognitive or emotional delays, and that influenced the developmental age level of the clients.

**Implications for Occupational Therapy Practice**

This exploratory study regarding OTs' consideration of SOGI when working with adolescent clients may provide additional insights that apply to previous conversations regarding how providers' consideration of SOGI can decrease the health disparities that their SOGI-minority client's might otherwise experience (Gonzales & Henning-Smith, 2017; Hughes et al., 2017). Practitioners who read this study will have new information to consider regarding adolescents and SOGI as a personal factor (AOTA, 2020), as well as SOGI and adolescents who receive OT services.

## Future Research

This was the first study to explore if OTs consider SOGI when working with their adolescent clients, so there is much more to study on this topic. A natural next step would be to replicate this study with a larger number of participants until saturation of data is reached. Another way to expand on this study would be to conduct a nationwide survey of SOGI minority adolescents who have engaged in occupational therapy services and explore their lived experiences. The needs assessment designed by the PI, as well as the results of the research by Bolding (2020), could support the development of information-specific modules to be utilized in OT education programs with a pre-post measure of efficacy and add to the body of scholarly literature available on the topic of SOGI cultural readiness. Given that research related to SOGI populations is growing, there may be new studies published that could influence the development of a subsequent study.

## Conclusion

Practitioners may not be consistently considering a person's SOGI when providing OT services to adolescents; and they may not be prepared to include SOGI due to a gap in their knowledge about SOGI related factors and the resultant influence on a person's occupational engagement. However, it is the goal that this research will support further conversation around the topic, and spur evidence-based projects that look at the intersectionality between SOGI, occupations, and the fields of occupational therapy, and occupational science.

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## Appendix A: Recruitment Email

Dear [participant]:

I am contacting you to inquire if you would like to be a participant in the research study titled A Qualitative Analysis of Occupational Therapy Practitioners' Preparedness to Address the Needs of the LGBTQIA+ Adolescent Population.

I am conducting this research as a faculty member in Grand Valley State University's Occupational Science and Therapy Program, as well as in my role of doctoral student at Eastern Kentucky University.

Participation in this study is completely optional and will require you to engage in a 1:1 interview with myself, the primary investigator, lasting up to 60 minutes. When discussing the results of the study, your identity will be confidential. Please read the attached Informed Consent Form to ensure that you meet the eligibility requirements for participation, as well as understand what will be asked of you as a research participant.

If you agree to participate in this study, I will review the Informed Consent with you just prior to starting the interview, and will answer any questions you may have before we proceed. I look forward to hearing from you. Please respond via email to willeykr@gvsu.edu.

Thank you for your consideration,
Kristin S. Willey, MHS, OTRL
Assistant Professor and Academic Fieldwork Coordinator
Grand Valley State University
Student, Occupational Therapy Doctorate Program
Eastern Kentucky University

## Appendix B: Informed Consent


1. **TITLE** A Qualitative Analysis of Occupational Therapy Practitioners' Preparedness to Address the Needs of the LGBTQIA+ Adolescent Population

2. **RESEARCHERS** Kristin S. Willey, MHS, OTRL. Assistant Faculty and Academic Fieldwork Coordinator, Grand Valley State University. This project is conducted as part of my doctoral capstone project through Eastern Kentucky University. Christine Privott, Ph.D., OTRL, Associate Professor, Adjunct Faculty, and Research Advisor at Eastern Kentucky University. Camille Skubik-Peplaski Ph.D., OTR/L, FAOTA, Associate Professor and Research Committee Member.

3. **PURPOSE** Examine the perceptions of occupational therapy practitioners' preparedness to address the needs of the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersexual (LGBTQI) adolescent population.

4. PROCEDURES One in-depth interview, up to 60 minutes in length, will be conducted through a virtual web-based environment utilizing a video GoTo Meeting. GoTo meeting is chosen to provide you with maximum freedom and flexibility so you are in a private location of your choosing, within the United States, during your interview so you can answer questions freely and know that your responses to the questions will not be overheard. An audio recording of the interview will be made, no video will be included.

You will be asked to read the Informed Consent Form. If you are interested in participating in the study, then you will respond via email and we will schedule the time for the interview and a link for the GoTo meeting will be provided to you via email. The interview will require a one-hour block of your time and I will do my best to meet your scheduling needs. I will provide you with a list of the interview questions at least one week in advance. This may help you feel prepared for the interview and minimize any nervousness you may feel. I will review the Informed Consent with you one more time at the start of the interview process to ensure your willingness to participate.

During the interview, I will ask you for basic information about yourself and your occupational therapy practice, including your state of licensure, what degree you entered practice with, highest level of education at the time of the interview, your gender, how long you have been in practice, type of practice, and composition of your caseload as it relates to the percentage of your caseload that serves adolescents. In order to protect your anonymity, you will be asked to choose a pseudonym for the purpose of the interview and subsequent transcription. You are choosing your own pseudonym so you feel some connection to the assumed pseudonym and so I do not inadvertently assign a name or pseudonym to you that you have any negative relation or connotation to. I will then ask you open-ended questions regarding your knowledge, experiences, and thoughts as they relate to addressing the mental and physical healthcare needs of adolescents who identify as LGBTQIA+. You may answer questions with as much detail as you wish. The interview is meant to elicit narrative responses. The interview will be semi-structured, meaning that I will have stimulus questions prepared, and that I will adjust the interview questions and style to your responses as the interview progresses. The interview will take between 45-60 minutes.

**Inclusion Criteria:** The occupational therapist will…

- reside and practice in the United States of America, and be physically located within the USA at the time of the interview;
- will be licensed to practice OT within their state;
- will be registered with the National Board of Certification of Occupational Therapists (NBCOT); and
- will currently work with adolescents, defined as persons ages 10-19 (World Health Organization [WHO], 2014).

**Exclusion Criteria:** The occupational therapist …

- does not reside and practice in the United States of America, or will not be physically located within the USA at the time of the interview;
- is not licensed to practice OT within their state;
- is not registered with the National Board of Certification of Occupational Therapists (NBCOT); and/or
- does not currently work with adolescents, defined as persons ages 10-19 (World Health Organization [WHO], 2014).

The subject's age range, gender, ethnic background, and health will not be taken into consideration. There are no experimental procedures being employed. There are no out of pocket costs to participants, as well as no financial reward.

5. **RISKS** To the best of my knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life. Possible risks for taking part in this study could be that you feeling uncomfortable answering the interview questions, or if the discussion causes you to question some

of your beliefs or approaches to working with people who identify as LGBTQI, or other marginalized groups. You may, however, experience a previously unknown risk or side effect. There is the risk that you could be identified as being a participant, however I am minimizing this risk by removing any personal identifiers of the participants in my final paper.

6. **POTENTIAL BENEFITS TO YOU** You are not likely to get any personal benefit from taking part in this study.

7. **POTENTIAL BENEFITS TO SOCIETY** Your participation is expected to provide benefits to others by adding to the body of scholarly literature exploring how occupational therapists may address the specific needs of the LGBTQIA+ population.

8. **VOLUNTARY PARTICIPATION** Your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.

9. **PRIVACY AND CONFIDENTIALITY** Your name will not be given to anyone other than the research team. All information collected from you or about you is for the sole purpose of this research study and will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare or to make sure the research was done properly.

10. **AGREEMENT TO PARTICIPATE** In studies enrolling adult participants only, state "By participating in this study, you are agreeing to the following:
    - The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits;
    - I have had an opportunity to have my questions answered;
    - I am voluntarily agreeing to participate in the research as described on this form;
    - I may ask more questions or quit participating at any time without penalty.
    - I give my consent to participate in this research project.

11. **CONTACT INFORMATION** State "If you have any questions about the study you may contact:
    Kristin Willey
    616-331-2736 (office)
    willeykr@gvsu.edu

    If you have any questions about your rights as a research participant, please contact the **Office of Research Compliance & Integrity** at Grand Valley State

University, 1 Campus Drive, Allendale, MI. Phone: 616-331-3197. E-mail: rci@gvsu.edu.

Do you agree to participate in this research study as described in the informed consent? Please respond verbally with a yes or a no.

Participant indicated a: Yes _____ No _____

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If you have any questions about how to use this consent template, please contact the Office of Research Compliance and Integrity at (616) 331-3197 or rci@gvsu.edu. The office observes all university holidays.

## Appendix C: IRB Approval Letter

GRAND VALLEY STATE UNIVERSITY
www.gvsu.edu

| | |
|---|---|
| DATE: | April 27, 2020 |
| TO: | Kristin Willey |
| FROM: | GVSU Institutional Review Board (IRB) |
| STUDY TITLE: | A Qualitative Analysis of Occupational Therapy Practitioners' Preparedness to Address the Needs of the LGBTQIA+ Adolescent Population |
| REFERENCE #: | 20-205-H |
| SUBMISSION TYPE: | IRB Initial Submission |
| ACTION: | Exempt Determination |
| EFFECTIVE DATE: | April 27, 2020 |
| REVIEW TYPE: | Exempt Review |

Thank you for your submission of materials for your research study. It has been determined that this project is human subjects research according to current federal regulations and MEETS eligibility for exempt determination under Exempt Category 2, GVSU IRB Policy 911, "Exemption determinations andresearch ethics standards," and 45 CFR 46.104 when applicable. You may now proceed with your research.

The following personnel are permitted to work on this protocol:

- Kristin Willey - Principal Investigator
- Camille Skubik-Peplaski - Co-Investigator, External
- Christine Privott - Co-Investigator, External

Exempt protocols do not require formal approval, renewal or closure by the IRB. However, any revision toexempt research that alters the risk/benefit ratio or affects eligibility for exempt review must be reviewed and acknowledged by the IRB prior to implementing the change. All personnel additions must also be reviewed and permitted by the Office of Research Compliance and Integrity before the individual can begin work on the protocol. Requests for revisions and personnel additions must be submitted using the *IRB Amendment Request Form.*

Any research-related problem or event resulting in a fatality or hospitalization requires immediate notification to the Office of Research Compliance and Integrity (rci@gvsu.edu or 616-331-3197), the IRBchair, Dr. Kevin

Lehnert at (616) 331-7471 **and** the Research Integrity Officer Jeffrey Potteiger at 616- 331-7207. (See *IRB policy 1020, Reportable events: protocol deviations, unanticipated problems and adverse events*.)

Protocol deviations that do not impact participant safety, confidentiality, information security or privacyonly require reporting to the IRB if they affect ten or more participants, or 10% of the total sample population, whichever is smaller, within a one-year period. Use the *IRB Reportable Event form* in IRBManager to report this information. (See *IRB policy 1030, Research non-compliance.* Refer to *IRBpolicy 1020, Reportable events: protocol deviations, unanticipated problems and adverse events* for examples of reportable protocol deviations.)

While not required, it is highly recommended that this research by closed when it is completed by submitting the *IRB Closure Form.* Exempt research studies are eligible for post-approval compliancereviews and will remain eligible for these reviews until the research has been closed.

If you have any questions, please contact the Office of Research Compliance and Integrity at 616-331- 3197 or rci@gvsu.edu. Please include your study title and protocol number in all correspondence with ouroffice.

## Appendix D: Interview Protocol

Participant:
Date:
Time:
Format: Zoom

PI Observations/Thoughts at the time of the interview:

**Introduction**:

Thank you for taking the time to engage in this conversation with me. There are some introductory details for us to cover and then we will engage in the interview conversation.

**Have you read the Informed Consent?**

**Do you meet the inclusion criteria of**:

a) Residing in the US and being in the US during this interview? b) Are you a registered OT through NBCOT and do you have current licensure within the state that you practice in? c) Do you currently work with adolescents ages 10-19?

To the best of my knowledge, the things you will be doing have no more risk of harm or discomfort than you would experience in everyday life. Possible risks for taking part in this study could be you feeling uncomfortable answering the interview questions, or if the discussion causes you to question some of your beliefs or approaches to considering a person's sexual orientation and gender identity when working with adolescents. You may, however, experience a previously unknown risk or side effect. There is the risk that you could be identified as being a participant, however I am minimizing this risk by removing any personal identifiers of the participants in my final paper.

You are not likely to get any personal benefit from taking part in this study, and your participation is expected to provide benefits to others by adding to the body of scholarly literature exploring how occupational therapists may address the specific needs of the LGBTQIA+ population. I want to confirm that your participation in this research study is completely voluntary. You do not have to participate. You may quit at any time without any penalty to you.

Your name will not be given to anyone other than the research team. All information collected from you or about you is for the sole purpose of this research study and will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare or to make sure the research was done properly.

**Do you have any questions?**

**By participating in this study, you are agreeing to the following:**

The details of this research study have been explained to me, including what I am being asked to do and the anticipated risks and benefits;

I have had an opportunity to have my questions answered;
I am voluntarily agreeing to participate in the research as described on this form;
I may ask more questions or quit participating at any time without penalty.
I give my consent to participate in this research project.

**I would like to gather some demographic information, it will not be linked to your answers in any way**.

In what state or states are you licensed to practice occupational therapy?
What degree did you hold when you entered practice?
What is your level of education at this time?
How long have you been in practice?
What have been your primary areas of practice?
Do you currently engage in occupational therapy practice with adolescents ages 10-19 years?
What is your primary area of practice at this time?
What is your gender?

**All questions for this study are meant to illicit a narrative discussion. There are no right or wrong answers, and in some cases I may ask some follow-up questions.**

**Will you explain why you wanted to be a part of this study?**

**What is your understanding of the words sexual orientation and gender identity? (**SOGI is the acronym for sexual orientation gender identity.)

(f/u if they do not distinguish between SO & GI). Will you discuss if there is difference between SO & GI?

**How do you see a person's sexual orientation and gender identity influencing an individual?**

Do your views change if the person is an adolescent?

**How do you think an adolescent's occupational choices or participation might be influenced by their SOGI?**

How might that be different if the person is an adolescent?

**How is the inclusion of an adolescent's gender identity or sexual orientation included where you work?**

What about within the occupational therapy process?

Do you gather information in any way about how a child identifies as?

**If you were going to attend or help plan a professional development or workshop about SOGI for your colleagues where you work, what would you think would be the most important to information to be included?**

**Is there anything else you wish to speak about as part of this interview?**