

2021

Sexuality Within Occupational Therapy Education: Assessing Faculty and Student Perceived Competence

Reba R. Duran
Gannon University

Kristin A. Valdes
Gannon University

Follow this and additional works at: <https://encompass.eku.edu/jote>



Part of the [Occupational Therapy Commons](#)

Recommended Citation

Duran, R. R., & Valdes, K. A. (2021). Sexuality Within Occupational Therapy Education: Assessing Faculty and Student Perceived Competence. *Journal of Occupational Therapy Education*, 5 (1). <https://doi.org/10.26681/jote.2021.050105>

This Original Research is brought to you for free and open access by the Journals at Encompass. It has been accepted for inclusion in Journal of Occupational Therapy Education by an authorized editor of Encompass. For more information, please contact laura.edwards@eku.edu.

Sexuality Within Occupational Therapy Education: Assessing Faculty and Student Perceived Competence

Abstract

Sexuality is a valuable activity of daily living that contributes to an individual's quality of life. Although sexuality can be addressed in occupational therapy practice, it is often overlooked due to a lack of time, comfort, and knowledge. For sexuality content to be fully incorporated into practice, it has been suggested that education will facilitate the inclusion of sexuality topics into occupational therapy practice. The purpose of this survey study was to assess occupational therapy faculty and students' perceived competence with addressing sexuality, to determine the methods of sexuality education, and the time spent on the topic in occupational therapy curriculums. A piloted 13-question survey was electronically mailed to program directors of accredited occupational therapy programs in the United States for them to forward to their faculty and students. The survey was available for four weeks, with a reminder sent at the two-week mark. Data was collected from Qualtrics at the end of the response window and themed by the occupational therapy doctoral student and the faculty mentor. A majority of faculty felt *competent* addressing sexuality (76%) and a majority of students felt *neutral* (34%) about discussing sexuality with their future clients. The most frequently reported amount of time being spent on sexuality topic education was one to two hours (41%). A majority of respondents felt that sexuality is an essential topic and should be incorporated into occupational therapy curriculums further.

Keywords

Occupational therapy, sexuality, curriculum, education

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

JOTE

Journal of Occupational
Therapy Education

Volume 5, Issue 1

Sexuality Within Occupational Therapy Education: Assessing Faculty and Student Perceived Competence

Reba Duran, OTD/S

Kristin Valdes, OTD, OTR, CHT

Gannon University

United States

ABSTRACT

Sexuality is a valuable activity of daily living that contributes to an individual's quality of life. Although sexuality can be addressed in occupational therapy practice, it is often overlooked due to a lack of time, comfort, and knowledge. For sexuality content to be fully incorporated into practice, it has been suggested that education will facilitate the inclusion of sexuality topics into occupational therapy practice. The purpose of this survey study was to assess occupational therapy faculty and students' perceived competence with addressing sexuality, to determine the methods of sexuality education, and the time spent on the topic in occupational therapy curriculums. A piloted 13-question survey was electronically mailed to program directors of accredited occupational therapy programs in the United States for them to forward to their faculty and students. The survey was available for four weeks, with a reminder sent at the two-week mark. Data was collected from Qualtrics at the end of the response window and themed by the occupational therapy doctoral student and the faculty mentor. A majority of faculty felt *competent* addressing sexuality (76%) and a majority of students felt *neutral* (34%) about discussing sexuality with their future clients. The most frequently reported amount of time being spent on sexuality topic education was one to two hours (41%). A majority of respondents felt that sexuality is an essential topic and should be incorporated into occupational therapy curriculums further.

Introduction

Sexuality is a core characteristic of humans and it represents the way people experience themselves and others as sexual beings, including sexual activity, sexual orientation, gender identity and gender roles, eroticism, pleasure, intimacy, and reproduction (Verrastro et al. 2020). Sexuality is intrinsic to the human experience and is an essential element of daily living (Walker et al., 2020). The expression of sexuality is an integral part of every person, it is a basic human right, and it continues throughout life, regardless of age or physical state. Despite the increase in sexuality issues faced by individuals across the lifespan, the number of hours spent teaching sexuality content and skills in medical education is limited (Bayer et al., 2017; Shindel et al., 2016). Health professionals are requesting more psychosocial and practical education on topics including fertility and sexuality to address these topics with clients proficiently (Bradford et al., 2018; Verrastro et al., 2020).

Sakellario and Algado (2006) reported that sexuality is often ignored by occupational therapy practitioners due to the unseen connection with occupation and a lack of understanding of the importance of sexuality in the life of the individual. However, the occupational therapy scope of practice focuses on a holistic view of individuals, which includes the individual's sexuality and their valued sexual occupations. *The Occupational Therapy Framework: Domain and Process, 2nd Edition* listed sexual activity as an activity of daily living (ADL) (American Occupational Therapy Association [AOTA], 2008). *The Occupational Therapy Framework: Domain and Process, 3rd Edition* also listed sexual activity as an ADL, in addition to being considered a component of "personal device care" and "social participation with peers or friends" (*Framework-III*) (AOTA, 2014). *The Occupational Therapy Framework: Domain and Process, 4th Edition* includes an updated definition of sexual activity, sexual orientation, and intimate partner (AOTA, 2020). With these developments occupational therapy practitioners have the opportunity to include sexuality as a part of the routine evaluation of clients with and without disabilities. Although this opportunity to address sexuality in practice is available to occupational therapy practitioners it is often overlooked and some practitioners may even deem that the area of sexuality is not within the occupational therapy scope of practice (McGrath & Sakellariou, 2016). The reason for sexuality being overlooked is unclear, whether it be social or professional discourse or the comfort, confidence, or knowledge level of current practitioners (Eglseder et al., 2018; McGrath & Sakellariou, 2016; Verrastro et al., 2020). Literature has also proposed that the lack of discussion of sexuality in practice can be linked with historical and political views of sexuality, a perception that individuals with disabilities are asexual, and that they are passive recipients of services (McGrath & Sakellariou, 2016). Additionally, it has been stated that cultural and personal beliefs, a lack of support from the practice or educational setting, and fears of being professionally discredited are reasons for not addressing sexuality in practice or education (Lohman & Kobrin, 2017; McGrath & Lynch, 2014).

For sexuality content to be fully incorporated into practice, it has been suggested that education will facilitate the inclusion of sexuality content into occupational therapy practice (Eglseder et al., 2018). If the attitudes and knowledge levels of healthcare professionals regarding sexuality are insufficient, it may be due to the lack of education

that the healthcare professionals received during their education. Occupational therapy faculty can perhaps influence the care that is provided by future occupational therapy practitioners through the methods of communication about sexuality that they employ (Helmes & Chapman, 2012). Occupational therapy practitioners' comfort level, educational background, continuing education, and/or access to available resources impacts how the practitioner will address sexuality with clients (Farkas & Reynolds, 2012). Lohman and Kobrin (2017) addressed the issue of sexuality within occupational therapy education and revealed the participants valued teaching sexual activity, but most felt that it was overlooked. The respondents to the survey indicated that information regarding sexuality with chronic health conditions and sexually transmitted infections was lacking (Lohman & Kobrin, 2017). Most participants suggested that the continual exclusion of sexuality from education is due to a lack of educational background and a lack of educational resources (Lohman & Kobrin, 2017). A recent survey of nursing, physiotherapy, and occupational therapy students reported that the students believed that they required increased sexuality education and increased opportunities to practice communication skills regarding sexuality (Areskoug-Josefsson et al., 2016). The students in the survey did not believe they had received sufficient education or gained sufficient competence to talk about sexuality related to disease/disability, cultural diversity, age, and sexual orientation. Another survey to detect attitudes in occupational therapy students about sexual issues in practice found that for 18 of the 19 items at least half of the occupational therapy students believed their program had not adequately trained them to deal with the issues presented (Jones et al., 2005). A survey of occupational therapy program directors found that 92.9% (n = 52) of program directors reported that formal class time was dedicated to the topic of sexuality, although the total number of hours of class time varied (Eglseder et al., 2018). They reported that lecture and discussion formats were the most predominant methods in providing education related to sexuality.

Eglseder et al. (2018) indicated that an increased number of programs were providing sexuality education in the curricula. However, the mean time spent on discussing sexuality in occupational therapy programs was 7.2 hours. Although time is being spent on the topic of sexuality, it is unknown how much time would be required to allow the future practitioner to feel competent discussing the topic.

The purpose of this study was twofold: to assess occupational therapy faculty and students' perceived competence with discussing sexuality and to determine the methods of sexuality education and the time spent on the topic in occupational therapy curriculums.

Methods

Study Design and Sample

To address the research aim, the study was a cross-sectional survey that included some open-ended questions. This type of design allows researchers to look at the entire population at one specific time point (Portney & Watkins, 2009).

Data was collected utilizing an online survey that was sent to 215 program directors of accredited master and doctoral occupational therapy programs in the United States with electronic mailing addresses on file. Program directors who received the survey were asked to forward the survey to their faculty and students. The university Institutional Review Board (IRB) board approved the survey before distribution.

Participants

Occupational therapy faculty and students were invited to participate after their program director forwarded the survey, if they were current faculty or students during the time period that the survey was active. Individuals consented to provide their responses if they completed the survey. The exclusion criteria included the subjects whose program director did not forward the survey to them and those who were not a current occupational therapy faculty member or student during the time period when the survey was active.

Instrument

The survey instrument was developed to obtain understanding of the amount of time, type, and depth of education dedicated to the subject of sexuality education in the professional master and Doctor of Occupational Therapy programs. The 13-question survey was created by an occupational therapy doctoral student in their final semester and was piloted by two faculty members with experience in survey design, six current occupational therapy students, and one occupational therapy practitioner with experience in survey design. Edits were made and the survey was accepted by all piloting parties. The survey instrument contained six questions to gather demographic information, two closed-ended questions about the perceived competency with sexuality education, and five open-ended questions. One open ended question asked how much time was devoted to teaching sexual activity and another asked about the methods used. Questions were asked regarding the perceived barriers and strategies regarding sexuality education. The final open-ended question asked if the respondent had any additional thoughts regarding sexuality education within the occupational therapy curriculum. To ensure the face/content validity of the survey instrument, an occupational therapy faculty member, who is considered an expert in teaching sexuality, reviewed and provided recommendations for revision. The survey is available for viewing in the Appendix.

Procedures

The first survey was electronically mailed out on March 23, 2020 and the survey was sent out again two weeks later on April 6, 2020 to increase the response rate. The survey was closed after four weeks. Participation in the survey was completely voluntary and the option to not respond to individual questions was permitted. Data was collected from Qualtrics at the close of the response window.

Data Analysis

Frequencies were used to analyze survey results. Both authors were involved in the analysis of the data.

Results

Three hundred and thirty-one responses were collected, and all responses were included in the study. The exact response rate could not be calculated as the authors are unaware of how many program directors forwarded the survey link and how many faculty and students received it. Demographic information regarding the respondents is found in Table 1 and Table 2.

Table 1

Demographic Characteristics of Faculty Respondents

Position	Percentage	Number of Responses
Faculty	8%	29
Age	Percentage	Number of Responses
20-30	3%	1
31-40	21%	6
41-50	21%	6
51-60	31%	9
61+	24%	7
Total		29
Credentials of Faculty	Percentage	Number of Responses
PhD	17%	5
OTD	48%	14
Ed.D	7%	2
MOT	11%	3
Other	17%	5
Total		29

Gender	Percentage	Number of Responses
Female	86%	25
Male	10%	3
Transgender man	0	0
Transgender woman	0	0
Non-Binary	0	0
Other	4%	1
Prefer not to answer	0	0
Total		29

Years of Experience	Percentage	Number of Responses
1-5	24%	7
6-10	31%	9
11-15	14%	4
16-20	7%	2
21+	24%	7
Total		29

Note. PhD = Doctor of Philosophy; OTD = Occupational Therapy Doctorate; EdD = Doctor of Education; MOT = Master of Occupational Therapy

Table 2*Demographic Characteristics of Student Respondents*

Position	Percentage	Number of Responses
Student	99%	300
Other	.05%	1
Skipped	.05%	1
Total		302
Age	Percentage	Number of Responses
20-30	92%	277
31-40	7%	22
41-50	1%	3
51-60	0	0
61+	0	0
Total		302
Credentials Pursuing	Percentage	Number of Responses
OTD	20%	61
MOT	65%	197
BS	6%	18
Associate Degree	1%	3
Other	7%	21
Prefer not to answer	.05%	1
Skipped	.05%	1
Total		302

Gender	Percentage	Number of Responses
Female	96%	292
Male	3%	9
Transgender man	0	0
Transgender woman	0	0
Non-binary	1%	1
Other	0	0
Total		302

Year in School	Percentage	Number of Responses
First	21%	63
Second	29%	88
Third	25%	76
Other	24%	74
Prefer not to answer	1%	1
Total		302

Note. OTD = Occupational Therapy Doctorate; MOT = Master of Occupational Therapy; BS = Bachelor of Science

Perceived Competence

Faculty respondents were asked to provide their perceived competence discussing sexuality content with occupational therapy students. The majority of the faculty respondents 22 (76%) believed they were either *competent* or *extremely competent* presenting sexuality education. Student respondents were asked to provide their perceived competence discussing sexuality with occupational therapy clients in the future. The majority of the student respondents 103 (34%) felt *neutral* regarding their competence presenting sexuality information to future clients.

Time Spent on Sexuality Education in Occupational Therapy Education

When discussing how much time is spent on sexuality content in the curriculum, 134 (41%) reported one to two hours; 71 (21%) reported less than one hour; 47 (14%) reported three to four hours; 27 (8%) reported five or more hours; 26 (8%) left open-ended comments with themes of “barely any,” “brief parts of guest lectures or student

presentations,” and “required one hour, elective 30 hours;” four (1%) reported that it was covered in a few courses; two (1%) reported that it was covered in one to three lectures; and 20 (6%) skipped this question.

Methods of Sexuality Education

Faculty members reported that methods of addressing sexuality content within curriculum included: 14 (48%) through lectures, discussion, readings, case studies, or presentations; eight (28%) reported that they did not address it; three (10%) addressed it in a specific course; one (4%) utilizing the *Framework-III* (AOTA, 2014); and three (10%) skipped this question.

Faculty members reported what they felt were barriers to addressing sexuality content within curriculum including: 10 (35%) due to discomfort; seven (24%) due to a lack of experience, knowledge, and resources; four (14%) due to being a low priority or lack of time; three (10%) due to culture and taboos; two (7%) due to resistance from students; and three (10%) skipped this question. When asked what would help increase comfort with addressing sexuality content faculty reported, 16 (56%) increased resources, six (21%) that they were already comfortable, three (11%) increased discussion of the topic, three (11%) removing the stigma, and one (1%) skipped this question.

The final open-ended question regarding additional comments concerning sexuality revealed comments of need for increased sexuality content, need for sexuality communication skills, sexuality is important for occupational therapy, and comfort impacts sexuality discussions.

The desire to increase sexuality content in the occupational therapy curriculum was suggested by 81 (24%) of the respondents.

- *“I wish there was more on this topic, because as a student I've been told by multiple professors that it is normal and will be needed to be discussed with clients, however with graduation approaching we've gotten no information on this topic.”*
- *“Sexuality is important in occupational therapy and should be addressed more by faculty.”*

Twenty-nine (9%) of respondents provided suggestions regarding how to address sexuality topics in the curriculum

- *“Sex as an ADL with adaptations provided.”*
- *“Provide resources to students regarding assessments and interventions.”*
- *“Integrate into current classes specific to diagnoses.”*
- *“How to initiate discussions with clients.”*

Sixteen (5%) indicated that sexuality is an important topic in the occupational therapy profession.

- *“Very important and a missed opportunity for OTs and OTAs.”*
- *“Sexuality is a necessary part of the curriculum. It has lifespan implications for healthy relationships.”*

Finally, 10 (3%) indicated that comfort impacts the discussion of sexuality.

- *“I feel that professors should be open to talking about it. I feel that this topic makes them feel uncomfortable.”*
- *“One professor is clearly uncomfortable talking about sexuality and tries to redirect the conversation when a student asks a question regarding sexuality in future clinical practice.”*

One hundred and ninety-five respondents (59%) skipped the last question about adding any additional comments or suggestions about sexuality education.

Discussion

This study assessed occupational therapy faculty and students' perceived competence addressing sexuality in the educational setting and future practice. The survey assessed the time and methods of sexuality education currently utilized in the occupational therapy curriculum by the student and faculty respondents. It was notable that a majority of faculty (76%) reported feeling *competent* or *extremely competent* with educating students on sexuality and that a majority of students (34%) felt *neutral* about discussing sexuality with future clients. The majority of faculty reported educating students about sexuality through lecture content. The time devoted to the presentation of sexuality content was one to two hours according to the majority of respondents.

Faculty and student reported perceived competence are similar to those of other studies (Areskoug-Josefsson et al., 2016; Areskoug-Josefsson & Fristedt, 2019; Jones et al., 2005). Faculty reported being comfortable addressing sexuality, but reported there were limitations of time and priority, cultural norms, and institutional barriers that interfered with the presentation of the content. The students reported they felt less comfortable and competent due to a lack of discussion throughout their education (Areskoug-Josefsson et al., 2016; Areskoug-Josefsson & Fristedt, 2019; Jones et al., 2005). These results reveal a disconnect between faculty's reported perceived comfort and competence and the lack of time spent addressing sexuality content. Students report an understanding that sexuality is an important component of occupational therapy, but that they do not have many opportunities to learn about it or practice the discussion of the topic with future clients (Areskoug-Josefsson & Fristedt, 2019). Overall, a majority of students reported wanting increased sexuality content within their education to increase their comfort and competence for their future clients. Kazukauskas and Lam (2010) found that the variance in comfort and the variance in ability could be explained by knowledge and attitude, indicating that educational actions focused on knowledge and attitudes contribute to health care professionals addressing sexuality.

A vast majority of respondents reported that one to two hours was spent on sexuality content within the curriculum. There was a wide variety of reported time spent during both the required and elective course hours, with higher reported time being spent during elective courses. This finding differs from the time reported in previous studies, such as 3.48 hours in Lohman et al. (2017), and 7.27 hours in Eglseider et al. (2018). It is currently unknown how much time is required for a student to have increased perceived competence on a topic and if the methods utilized during the allotted time are

sufficient. Further research needs to be completed to determine how much time should be devoted to a topic for a student to achieve a greater perceived competence. The majority of faculty respondents reported that they utilized lectures, discussion, readings, case studies, or presentations to educate students on sexuality content. These methods are similar to the findings of Eglseider et al. (2018) and Lohman et al. (2017). A majority of participants in the Lohman et al. (2017) study reported that didactic teaching and small group work were the most effective methods to teach students sexuality content. In this study, a majority of students reported a perceived competence of *not competent at all* or *not competent* with discussing sexuality with future clients utilizing these instructional methods. This is an agreement with the Areskoug-Josefsson et al. (2016) study that reported that students believed they had not received sufficient education to discuss sexual concerns with future clients and required further communication skills training. Incorporating other methods of instruction regarding sexuality content based on student and current occupational therapy practitioner feedback could improve the perceived competence of new practitioners entering the field. A focus could be placed on communication skills training, simulated case practice, and other methods that allow students to practice their skills regarding communication with clients regarding sexuality. Occupational therapy practitioners can use the Occupational Performance Inventory of Sexuality and Intimacy (OPISI) tools as a source to guide discussions, determine client needs, plan interventions, and measure performance (Walker et al., 2020). The tools can be used in any occupational therapy service setting. Clients do not need to complete the inventory in the presence of the occupational therapy practitioner. The screening tool has 13 items and is used to determine if sexuality and intimacy discussions are appropriate to be addressed during therapy. There is also a follow up in depth inventory that can be used to provide a greater understanding of client factors that influence performance of occupations associated with sexuality. Findings of the interview process can assist the occupational therapist in determining if additional resources are needed.

Faculty that responded to the survey reported they felt barriers to addressing sexuality including: discomfort, lack of knowledge and resources, and a lack of time and priority. These barriers are similar to the barriers reported in studies that sampled faculty and current occupational therapy practitioners (Eglseider et al., 2018; Hyland & McGrath, 2013; McGrath & Lynch, 2014). A lack of knowledge and resources can contribute to the discomfort that faculty and practitioners feel in regard to addressing sexuality. Respondents to the current survey reported that increased resources, increased discussion, and removing the stigma would aid in improving comfort for faculty. Improvements in knowledge, attitude, and comfort after training sessions, indicates the importance of providing education focused on sexuality (Cesnik & Zerbini, 2017). Many suggestions were given for addressing sexuality content in curriculum that would not severely impact time contributed to other topics. Further research is required to determine the efficacy of sexuality training modules for faculty and future practitioners.

Limitations

Findings from this study should be interpreted in the context of its limitations. First, as with any survey study there is the risk of self-selection bias for individuals who choose to complete a voluntary survey. Individuals who completed this survey may have chosen to complete it due to their increased interest in sexuality content in occupational therapy education versus those who chose not to complete it. There is the chance for response bias and respondents may overrepresent faculty and students that have a greater perceived competence or interest in the topic of sexuality. The survey should have been structured so if the respondent indicated they were a student they only received student questions. This would have also allowed for sorting of the data based on degree type and other factors. Not all occupational therapy programs were represented in the sample, nor were programs outside of the United States. Finally, during the forwarding of the survey the first email did not have program directors' email addresses blinded. Although this could potentially have impacted the anonymity of the results, email addresses for program directors at accredited occupational therapy programs are public and available through AOTA and the authors are not aware of which program directors forwarded the survey to their faculty and students.

Implications for Occupational Therapy Education

Findings from this study have implications for occupational therapy education and what can be accomplished to advance sexuality education. To advance faculty competence and comfort, methods for incorporating sexuality content into the curriculum would need to be suggested and implemented. Suggestions from the current study included: including sexuality when teaching activities of daily living and providing adaptation examples, providing students with resources regarding assessments and interventions for sexuality, integrating sexuality content into current classes specific to diagnoses, and providing information and training related to initiating discussions regarding sexuality with clients.

There are disparities in sexuality education as well. A survey found that the topics least likely to receive considerable or heavy emphasis across disciplines were childhood sexuality (17.1%), sexuality and disability (22.0%), sexuality and aging in males (24.4%), and social and cultural differences in sexual beliefs and customs (26.8%) (Barrett et al., 1996). Youth with physical disabilities have demonstrated lower levels of sexual knowledge and received limited sexuality education compared to their peers without such disabilities (East & Orchard, 2014). The occupational therapy profession is founded on holistic and client-centered practice to improve health, well-being, and quality of life (AOTA, 2020). Sexuality is a component of an individual's daily occupations and can impact well-being and quality of life (Diamond & Huebner, 2012). It is valuable for occupational therapy practitioners to discuss sexuality concerns with their clients to be consistent with the holistic scope of practice. Occupational therapy educators should embrace occupational justice as a main agenda of the profession and include issues of sexuality when educating future therapists (Sakellariou & Algado, 2006).

This study demonstrated that there is a disconnect between occupational therapy faculty and students' perceived competence regarding the discussion of sexuality. This indicates that there may be room for improvement within occupational therapy education and practice.

- To facilitate sexuality discussion in practice, communication skills training, simulated case practice, and other methods that allow students to practice their skills regarding communication with clients related to sexuality should be employed.
- Further research should be conducted on the opportunity for an increase of sexuality discussion in practice based on an increase of sexuality content in education.

Conclusion

This study assessed current occupational therapy faculty and students' perceived competence with addressing sexuality and identified a possible disconnect between faculty's reported perceived comfort and competence and the lack of time spent addressing sexuality content. A majority of faculty felt competent addressing sexuality (76%) and a majority of students felt neutral (34%) about discussing sexuality with their future clients. The most frequently reported amount of time being spent on sexuality topic education was one to two hours (41%). A majority of respondents felt that sexuality is an essential topic and should be incorporated into occupational therapy curriculums further.

References

- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain & process (2nd ed.). *American Journal of Occupational Therapy*, 62(6), 625–683. <https://doi.org/10.5014/ajot.62.6.625>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Supplement_1), S1–S48. <https://doi.org/10.5014/ajot.2014.682006>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(2), 1-37. <https://doi.org/10.5014/ajot.2020.74S2001>
- Areskoug-Josefsson, K., & Fristedt, S. (2019). Occupational therapy students' views on addressing sexuality. *Scandinavian Journal of Occupational Therapy*, 26(4), 306-314. <https://doi.org/10.1080/11038128.2017.1418021>
- Areskoug-Josefsson, K., Larsson, A., Gard, G., Rolander, B., & Juuso, P. (2016). Health care students' attitudes towards working with sexual health in their professional roles: Survey of students at nursing, physiotherapy and occupational therapy programmes. *Sexuality and Disability*, 34(3), 289-302. <https://doi.org/10.1007/s11195-016-9442-z>
- Barrett, M., McKay, A., Dickson, C., Seto, J., Fisher, W., Read, R., Steben, M., Gale-Rowe, M., & Wong, T. (1996). Sexual health curriculum and training in Canadian medical schools: A study of family medicine, obstetrics and gynaecology and undergraduate medicine programs in 2011 with comparisons to 1996. *Canadian Journal of Human Sexuality*, 21(2), 63–73.

- Bayer, C. R., Eckstrand, K. L., Knudson, G., Koehler, J., Leibowitz, S., Tsai, P., & Feldman, J. L. (2017). Sexual health competencies for undergraduate medical education in North America. *Journal of Sexual Medicine*, 14(4), 535–540. <https://doi.org/10.1016/j.jsxm.2017.01.017>
- Bradford, N. K., Greenslade, R., Edwards, R. M., Orford, R., Roach, J., & Henney, R. (2018). Educational needs of health professionals caring for adolescents and young adults with cancer. *Journal of Adolescent and Young Adult Oncology*, 7(3), 298–305. <https://doi.org/10.1089/jayao.2017.0082>
- Cesnik, V. M. & Zerbini, T. (2017). Sexuality education for health professionals: A literature review. *Estudos de Psicologia (Campinas)*, 34(1), 161-172. <https://doi.org/10.1590/1982-02752017000100016>
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE Publications.
- Diamond, L. M., & Huebner, D. M. (2012). Is good sex good for you? Rethinking sexuality and health. *Social and Personality Psychology Compass*, 6(1), 54–69. <https://doi.org/10.1111/j.1751-9004.2011.00408.x>
- East, L. J., & Orchard, T. R. (2014). Somebody else's job: Experiences of sex education among health professionals, parents, and adolescents with physical disabilities in southwestern Ontario. *Sexuality and Disability*, 32(3), 335-350. <https://doi.org/10.1007/s11195-013-9289-5>
- Eglseder, K., Webb, S., & Rennie, M. (2018). Sexual functioning in occupational therapy education: A survey of programs. *Open Journal of Occupational Therapy*, 6(3). <https://doi.org/10.15453/2168-6408.1446>
- Farkas, L., & Reynolds, E. (2012). Sexuality: The missing activity of daily living: A pilot study. *Occupational Therapy Capstones*. [Capstone, University of North Dakota]. Scholarly Commons. <https://commons.und.edu/ot-grad/212>
- Grbich, C. (2007). *Qualitative data analysis: An introduction*. SAGE Publications.
- Helmes, E., & Chapman, J. (2012). Education about sexuality in the elderly by healthcare professionals: A survey from the Southern Hemisphere. *Sex Education*, 12(1), 95-107. <http://dx.doi.org/10.1080/14681811.2011.601172>
- Hyland, A., & McGrath, M. M. (2013). Sexuality and occupational therapy in Ireland – A case of ambivalence? *Disability and Rehabilitation*, 35(1), 73–80. <https://doi.org/10.3109/09638288.2012.688920>
- Jones, M. K., Weerakoon, P., & Pynor, R. A. (2005). Survey of occupational therapy students' attitudes towards sexual issues in clinical practice. *Occupational Therapy International*, 12(2), 95-106. <https://doi.org/10.1002/oti.18>
- Kazukauskas, K. A., & Lam, C. S. (2010). Disability and sexuality: Knowledge, attitudes, and level of comfort among certified rehabilitation counselors. *Rehabilitation Counseling Bulletin*, 54(1), 15-25. <http://dx.doi.org/10.1177/0034355209348239>
- Lohman, H. L., & Kobrin, A. (2017). Exploring the activity of daily living of sexual activity: A survey in occupational therapy education. *Open Journal of Occupational Therapy*, 5(2). <https://doi.org/10.15453/2168-6408.1289>
- McGrath, M., & Lynch, E. (2014). Occupational therapists' perspectives on addressing sexual concerns of older adults in the context of rehabilitation. *Disability and Rehabilitation*, 36, 651–657. <https://doi.org/10.3109/09638288.2013.805823>

- McGrath, M., & Sakellariou, D. (2016). Why has so little progress been made in the practice of occupational therapy in relation to sexuality? *American Journal of Occupational Therapy*, 70(1). <https://doi.org/10.5014/ajot.2016.017707>
- Portney, L. G., & Watkins, M. P. (2009). *Foundations of clinical research: Applications to practice* (3rd ed.). Pearson Prentice Hall.
- Sakellariou, D., & Algado, S. S. (2006). Sexuality and disability: A case of occupational injustice. *British Journal of Occupational Therapy*, 69(2), 69–76. <https://doi.org/10.1177/030802260606900204>
- Shindel, A. W., Baazeem, A., Eardley, I., & Coleman, E. (2016). Sexual health in undergraduate medical education: Existing and future needs and platforms. *The Journal of Sexual Medicine*, 13(7), 1013–1026. <https://doi.org/10.1016/j.jsxm.2016.04.069>
- Verrastro, V., Saladino, V., Petruccelli, F., & Eleuteri, S. (2020). Medical and health care professionals' sexuality education: State of the art and recommendations. *International Journal of Environmental Research and Public Health*, 17(7), 2186. <https://doi.org/10.3390/ijerph17072186>
- Walker, B. A., Otte, K., Lemond, K., Faulkner, T., Hess, P., Kaizer, K., & Christy, D. (2020). Development of the Occupational Performance Inventory of Sexuality and Intimacy (OPISI): Phase one. *Open Journal of Occupational Therapy*, 8(2), 1-18. <http://doi.org/10/15453/2168-6408.1694>.

Appendix

Sexuality Within Occupational Therapy Education: Assessing Faculty and Student Perceived Competence Survey

1. What is your position?
 - a. Faculty
 - b. Student
 - c. Other
 - d. Prefer not to answer
2. What is your age?
 - a. 20-30
 - b. 31-40
 - c. 41-50
 - d. 51-60
 - e. 61+
 - f. Prefer not to answer
3. What academic credentials have you achieved as faculty or are you pursuing as a student?
 - a. PhD
 - b. OTD
 - c. Ed.D
 - d. MOT
 - e. BS
 - f. Associates degree
 - g. Other, please specify
 - h. Prefer not to answer
4. What gender do you identify with?
 - a. Male
 - b. Female
 - c. Transgender man

- d. Transgender woman
- e. Non-binary
- f. Other
- g. Prefer not to answer

5. How many years of experience do you have as a faculty member?

- a. 1-5 years
- b. 6-10 years
- c. 11-15 years
- d. 16-20 years
- e. 21+ years
- f. Other
- g. Prefer not to answer
- h. Student

6. If you are a student, what is your year in school?

- a. First
- b. Second
- c. Third
- d. Other
- e. Prefer not to answer
- f. Faculty

7. If you are a faculty member, on a scale of 1-5 how competent do you feel educating your students on sexuality within the occupational therapy curriculum?

- a. Likert Scale (1=not comfortable at all, 3=neutral, 5=extremely comfortable)
- b. Student

8. If you are a student, on a scale of 1-5 how competent do you feel discussing sexuality with your future clients based on your education regarding sexuality?

- a. Likert scale (1=not comfortable at all, 3=neutral, 5=extremely comfortable)
- b. Faculty

9. How much time in hours do you feel is spent on sexuality in your curriculum per semester?

a. Open-ended

10. If you are a faculty member, how do you currently address sexuality within your curriculum?

a. Open-ended

11. As a faculty member, what do you think are barriers to educating students on sexuality?

a. Open-ended

12. As a faculty member, what do you think would help increase your comfort with educating students on sexuality?

a. Open-ended

13. Do you have any other comments or suggestions about sexuality education within the occupational therapy curriculum?

a. Open-ended