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How OT's Address Chronic Pain and Sex/Intimacy

Millie Szeto, OTS; Susan MacDermott, OTD, OTR/L

BACKGROUND

Sexual activity is 1 out of the 9 activities of daily living (ADLs) and is considered to be fundamental for a person's life, yet it is one of the least discussed topics that occupational therapists address in patient care settings, academia, and/ or professional development (Mc Grath & Sakellariou, 2015).

PURPOSE

Explore how occupational therapists addressed sex/intimacy with the chronic pain population in order to provide more insight and encouragement for other occupational therapists to incorporate discussion of sex/intimacy in their practice.

METHODS

An online survey was conducted to explore how occupational therapists in chronic pain settings address sex and intimacy.

Design

- Mixed-methods (Likert scale and free response questions)

Recruitment

- Posting on Facebook groups that were for occupational therapists who work with chronic pain
- Emailing occupational therapists who fit the inclusion criteria

Survey

- Demographics, comfort levels, how they have addressed sex/intimacy with clients that have chronic pain

Participants

- 21 occupational therapists who have worked with the chronic pain population

RESULTS

Research Question: How are occupational therapists in chronic pain settings addressing sex and intimacy?

Theme	Excerpts
<p>Just part of the OT process</p> <ul style="list-style-type: none"> Integrating into initial evaluation, goal setting, and or discharge plans Common OT frameworks + adaptive equipment/tools 	<ul style="list-style-type: none"> "I tend to practice from a MOHO + biomechanical frames of reference, but we also include elements of other models as appropriate" "During the occupational profile and goal setting discussion, I ask about what things the client has either given up or not doing [<i>sic</i>] to their satisfaction due to their pain problem. If they don't bring up sexual expression, I will gently ask about it" "I wasn't terribly comfortable with [<i>sic</i>] until I started doing it over and over and over again so it's like anything is going to feel really weird and awkward at first times. You learn like any like anything else." "I feel like at least initially I don't think I consciously do that anymore but when I first learned about the PLISSIT model it help [<i>sic</i>] me kind of organize my thinking and how to bring up so I think I kind of subconsciously still do that"
<p>Laying down the groundwork</p> <ul style="list-style-type: none"> Continuing education Repeat, repeat, repeat Know when to refer 	<ul style="list-style-type: none"> "We also did a session with her husband sharing about pain science, the things she was working on, and allowed time for him to talk about his feelings and how he could support her, as well as how she could support him" "Talked about improving relationships with communication strategies"
<p>When in doubt, communicate with:</p> <ul style="list-style-type: none"> Therapist Oneself Partner(s) 	

DISCUSSION

A limitation to this study is due to the taboo aspects of this topic, the probability of occupational therapists who have discussed this topic with their clients are lower. Therefore may have results in fewer participants for this study. A strength of this study was the virtual survey, it allowed participants to have input from other states and countries. Some notable improvements would be some changes in phrasing of survey and interview questions in order to gather more qualitative content.

CONCLUSIONS

This capstone aims to encourage other occupational therapists by showcasing that:

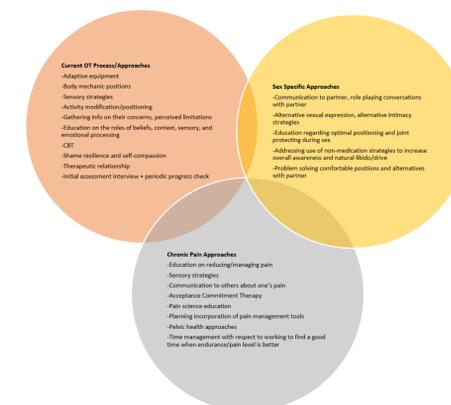
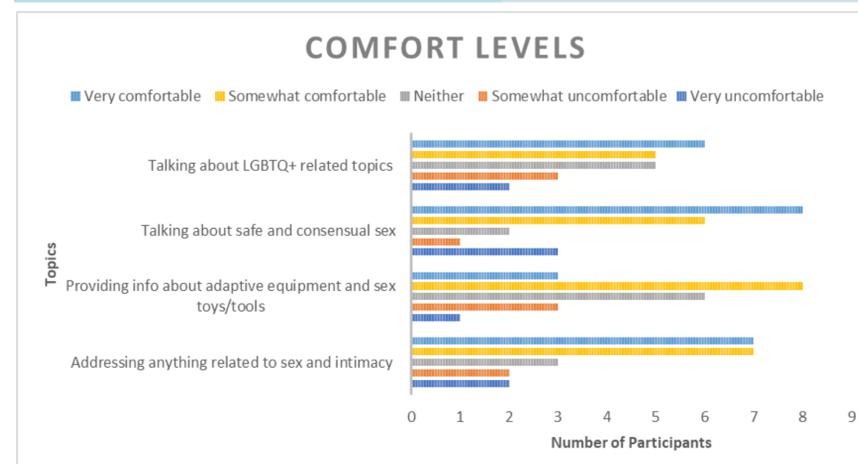
- Addressing sex and intimacy does not deviate from standard OT process
- Having clear communication between therapist and client is key.
- Repetition of doing so will ultimately increase comfort level, knowledge, and experience

Next steps of this project will be to disseminate an infographic of this study to OT and sex/intimacy specific social media groups and to a website.

REFERENCES

Mc Grath, M., & Sakellariou, D. (2015). Why Has So Little Progress Been Made in the Practice of Occupational Therapy in Relation to Sexuality? American Journal of Occupational Therapy, 70(1), 7001360010p1. <https://doi.org/10.5014/ajot.2016.017707>

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COMFORT LEVELS

