

Celebrating Gender Diversity in Occupational Therapy:  
The Basics + Critical Reflection for the OTP

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Doctor of Occupational Therapy

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WELCOME + INTRODUCTION

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Pelvic Floor Therapist

Preferred pronouns: She/Her/Hers  
Gender identity: Cisgender woman  
Sexual orientation: Heterosexual, ??

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DISCLAIMERS

Mention of sexual trauma  
Mention of gender dysphoria  
Directed at cis/white population  
Predominantly appealing to Western paradigm  
Discriminatory Practices

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**MORE ON THAT**

This is meant to be a safe space to open the discussion

I am not 100% correct about everything

Explore with an open mind, reflect, sit with the discomfort

Ask questions, continue the dialogue

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**VOYEURISM**

“OT practitioners can normalize feelings of curiosity that feel voyeuristic. The instruction for practitioners is to sit with those feelings and begin to parse out what curiosity is truly voyeuristic and what is essential for the therapeutic process. Using the strict criterion of “need to know,” practitioners can ask questions, despite the questions feeling prying, to help facilitate therapeutic decision making.”

(Ellis & Ungco, 2023, p. xv)

[Engaging Occupation Podcast Episode](#)

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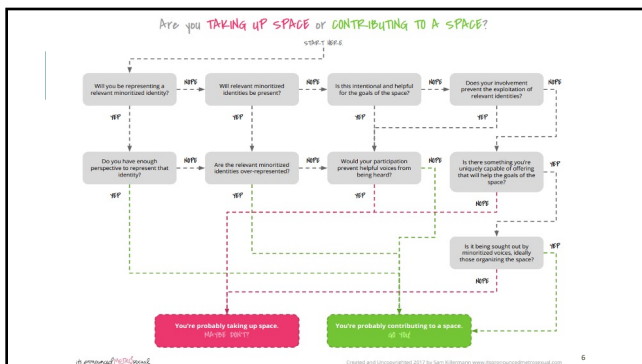
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**COURSE OBJECTIVES**

1. Understand basic terminology surrounding LGBTQ+ culture
1. Identify trauma informed approaches to care that promote gender affirming OT practice
1. Understand how gender bias affects occupational performance
1. Participants will explain the value of incorporating gender-affirming care into OT practice

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The Genderbread Person is a pronounced personal

**THE GENDERBREAD PERSON 4.0**

Gender Identity: Masculinity, Femininity, Gender-neutral, Genderqueer, Genderfluid, Genderless, Genderless

Gender Expression: Masculinity, Femininity, Gender-neutral, Genderqueer, Genderfluid, Genderless, Genderless

Anatomical Sex: Male, Female, Intersex, Transsexual, Transfeminine, Transmasculine

Sex Assigned at Birth: Male, Female, Intersex

Sexual Orientation: Heterosexual, Gay, Lesbian, Bisexual, Pansexual, Asexual, Ally

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**LGBTQIA+**

- Lesbian
- Gay
- Bisexual
- Asexual/Ally [Sexual Orientation]
- Transgender
- Queer/Questioning
- 2 Spirit [Gender + Sexual Identity]
- Intersex [Biological Sex]

(New York Times, 2018)

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**BIOLOGICAL SEX**

- Sex is assigned at birth
  - Typically male, female, or intersex
- Examples:
  - AFAB (assigned female at birth)
  - AMAB (assigned male at birth)
- Based on biological characteristics
  - Chromosomes, internal/external genitalia, & hormones
- Biological sex, or sex assigned at birth, can be different on insurance card and ID card

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**GENDER IDENTITY**

- The **internal** sense of being a girl/woman, boy/man, another gender, or no gender

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**GENDER EXPRESSION**

- The **external** way a person shows their gender identity to others through appearance and behavior
- Some examples include clothing, makeup, hairstyle, posture, gesture, tone of voice.

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**GENDER**

- Gender is the “**internal** experience of being a man, woman, a nonbinary person, or otherwise” (Trevor Project, 2023).
- This is influenced by social & cultural characteristics, institutional & interpersonal relationships
- More commonly identified genders:
  - Cisgender
  - Transgender
  - Nonbinary
  - Genderqueer
  - Two Spirit
  - Gender fluid

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**GENDER**

- **Cisgender** – A person whose gender aligns with the one assigned to them at birth.
- **Transgender** – an umbrella term used to describe people whose gender identity is different from their sex assigned at birth. Synonyms include genderqueer and gender expansive
- **Nonbinary** - Existing outside of the realm of the “male” and “female” binary
- **Genderqueer** - The dictionary defines genderqueer as the following: “denoting or relating to a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.”

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**GENDER**

- **Genderfluid:** Per [Harvard health](#), “refers to change over time in a person’s gender expression or gender identity, or both. That change might be in expression, but not identity, or in identity, but not expression. Or both expression and identity might change together.”
- **Two Spirit:** “Traditionally, Native American two-spirit people were male, female, and sometimes intersexed individuals who combined activities of both men and women with traits unique to their status as two-spirit people. In most tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status. In tribes where two-spirit males and females were referred to with the same term, this status amounted to a third gender” (Indian Health Service, 2023)
  - More info can be [found here](#)
  - Fenway Health has an amazing publication [here](#)

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**GENDER**

- Being an ally means refraining from making assumption about gender
- It is also likely, and common, that someone may not label themselves, and that is okay too!
- Trans Care BC
  - [Gender Inclusive Language](#)
- Fenway health
  - [LGBTQIA+ Glossary of Terms for Health Care Teams](#)

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**SEXUAL ORIENTATION**

- “An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity” (Human Rights Campaign, 2023).
- Some examples may include: gay, lesbian, bisexual, asexual, pansexual, omnisexual, heteroflexible, queer, heterosexual, demisexual, graysexual

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**SEXUAL ORIENTATION**

- **Poly or pansexual** – attraction to multiple genders and sexual identities
- **Heteroflexible** – Primarily heterosexual, with minimal homosexuality
- **Omnisexual** - Involving or characterized by diverse forms of sexuality; attracted to more than one gender.
- **Demisexual** – Someone who generally does not experience sexual attraction unless they have formed a strong emotional, but not necessarily romantic, connection with someone.
- **Graysexual** - Someone who occasionally experiences sexual attraction but usually does not; it covers a kind of gray space between asexuality and sexual identity.
- A cheat sheet can be found [here](#) by Ogui Gonzalez Vila

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**SEXUAL ORIENTATION**

- Examples per planned parenthood (2023):
- People who're attracted to a different gender (for example, women who are attracted to men or men who are attracted to women) often call themselves straight or heterosexual.
- People who're attracted to people of the same gender often call themselves gay or homosexual. Gay women may prefer the term lesbian.
- People who're attracted to both men and women often call themselves bisexual.

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**SEXUAL ORIENTATION**

- People whose attractions span across many different gender identities (male, female, transgender, genderqueer, intersex, etc.) may call themselves pansexual or queer.
- People who're unsure about their sexual orientation may call themselves questioning or curious.
- People who don't experience any sexual attraction for anyone often call themselves asexual.

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**SEXUAL ORIENTATION**

- More from Fenway Institute [here](#)
- Fenway Course (free):
  - [Sexual & Gender Minority Terms & Concepts](#)

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**PRONOUNS**

pro-noun  
noun

1.a word that can function by itself as a noun phrase and that refers either to the participants in the discourse (e.g., *I, you* ) or to someone or something mentioned elsewhere in the discourse (e.g., *she, it, this* ).

- a third-person pronoun by which an individual wishes to be referred to in order to indicate their gender identity.

noun: **preferred pronoun**; plural noun: **preferred pronouns**

"he then publicly announced in September that he is changing his pronouns to "they/them""

(Oxford Languages, 2023)

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**PRONOUNS**

- More commonly seen/used pronouns include (Via the Trevor Project):
- She, her, her, hers, and herself
- He, him, his, his, and himself
- They, them, their, theirs, and themself
- Ze/zie, hir, hir, hirs, and hirself
- Xe, xem, xyr, xyrs, and xemself
- Ve, ver, vis, vis, and verself
- This list is not exhaustive

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**PRONOUNS**

- Ask clarifying questions
  - [Here](#) is a great blog about how to use pronouns
- Apologize briefly and concisely for using the wrong pronouns
- Using the wrong pronouns can be dysphoric, cause anxiety, depression, and are a microaggression. This can be harmful to one's sense of identity
- Honorifics, for example, Mr. & Mrs.
  - Try avoiding their use *or* use Mx.

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**PRONOUNS**

How to use pronouns correctly:

1. Use them. This may seem like a no-brainer, but always make a conscious effort to use a person's preferred pronouns.
2. Use a person's pronouns when introducing them. This is a good way to let everyone in the conversation know what a person's pronouns are, and can help said individual feel validated and comfortable without having to explain themselves. For example: "This is my friend Riley. They just started a new job in New York City."
3. Correct people who use the wrong pronouns. Sometimes people get misgendered, or someone forgets a person's pronouns. A good way to go about this is kindly correct that person with the right pronouns in a light-hearted manner.

(Apicha Community Health Center, 2023)

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**DSM V**

- 2013: DSM IV to V
- Language changed from *Gender Identity Disorder* to *Gender Dysphoria*
- *Gender dysphoria* is defined as a, "strong desire to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender" (American Psychiatric Association, 2013, p.1).

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**DSM V**

- The APA goes on further to clarify that by replacing the term *disorder* with the term *dysphoria*, the diagnosis is more appropriate and removed the stigma that comes along with having a *disorder*

(American Psychiatric Association, 2013)

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**WHY DO PRONOUNS MATTER?**

- “Approximately 1.4 million US adults (0.4% of the US population) identify as transgender. For context, that would be the population of the entire state of New Hampshire.”
- “Out of the 1.4 million US adults (0.4% of the US population) that identify as transgender, 35% of them identify as nonbinary.”

(Fenway Health, 2023)

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**WHY DO PRONOUNS MATTER?**

- Researchers interviewed transgender youths ages 15 to 21 and asked whether young people could use their chosen name at school, home, work and with friends. Compared with peers who could not use their chosen name in any context, young people who could use their name in all four areas experienced 71 percent fewer symptoms of severe depression, a 34 percent decrease in reported thoughts of suicide and a 65 percent decrease in suicidal attempts.”

(The Univ. of Texas at Austin, 2023)

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**OTHER CONSIDERATIONS**

- The language used by LGBTQ+ clients changes OFTEN.
- Practice with friends and colleagues to improve your own comfort level in using terminology less familiar to you
- If you don't know, ASK
- The literature reports that individuals would rather have you try and mess up than not try at all
- Consider evaluating your own beliefs, bias, and history to see if that is impacting your level of comfort

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OTHER CONSIDERATIONS

- Cisnormativity/heteronormativity is the assumption that heterosexuality is the standard norm, and that anything else deviates from this norm
- Consider age, ie, the term queer has different connotations for different generations

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A NOTE ON MENTAL HEALTH

“Some studies have shown a higher prevalence of depression, anxiety, and suicidality among TGD people than in the general population, particularly in those requiring medically necessary gender-affirming medical treatment. **However, transgender identity is not a mental illness, and these elevated rates have been linked to complex trauma, societal stigma, violence, and discrimination.**”

(WPATH, 2022, s171)

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MENTAL HEALTH ROLE OF THE OTP

- Per the AOTA, OTs focus on both the physical and psychosocial patient components to promote ability in all activities of daily living and instrumental activities of daily living (AOTA, 2011).
- OTs are considered *qualified mental health professionals* by the U.S. Code of Federal Regulation. Not only are the goals of OT to promote health and well-being in able-bodied and dis-abled peoples, **but to improve the quality of life for those affected by mental illness** (AOTA, 2011).

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**TRAUMA INFORMED CARE**

- If you work primarily with the LGBTQ+ population, you may find it helpful to have taken a trauma-informed course
- Example, per Fenway Health – introduce your pronouns first – this is the trauma informed way
- Consider that the client may have their own terminology for their [genitals](#)
- Locus of control – “the degree to which an individual feels a sense of agency in regard to his or her life” (Psychology Today, 2023)
- Beth Israel trauma informed care basics [here](#)

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**TRAUMA INFORMED CARE**

- Empowerment, voice & choice
- Co-development of care plans
- Nervous system regulation – *window of tolerance*
- Peer support
- Social policy & cultural support
- Ted Talk – [Dr. Nadine Burke Harris](#)

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**TRAUMA COMPETENCY**

<b>Safety</b>	• If you feel uncomfortable at any time, please say pause and we will take a break. You get to lead this discussion.
<b>Transparency</b>	• I'd like to learn more about what has happened to you so that I can more fully understand your symptoms. • I will ask you some questions and you can answer in the ways that feel most comfortable. • If you feel overwhelmed or I notice you are overwhelmed, I may suggest we take a break.
<b>Peer Support</b>	• Would you like anyone with you while we talk about your history?
<b>Collaboration</b>	• We can work together to find a pace that works for you in telling me about your past as it relates to your current symptoms.
<b>Empowerment</b>	• You decide what is important for me to know.

(Fenway Institute, 2023)

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### RESPONDING TO TRAUMA

<b>Communicate belief</b>	That must have been frightening for you.
<b>Validate the decision to disclose</b>	I understand it could be very difficult for you to talk about this.
<b>Acknowledge injustice</b>	Violence is unacceptable. I'm sorry that happened, that should not have happened.
<b>Be clear that the patient is not to blame</b>	What happened is not your fault.
<b>Help the patient contain their story to reduce the risk of retraumatization</b>	This information is really important and I wonder if telling it right now might be overwhelming to you or your body? Let's take a moment to breathe and then tell me what you think.
<b>Let the patient know that help is available</b>	A next step that might be useful is to give you some referral options to (people) (programs) that specialize in healing and recovery. Do you feel this would be helpful to you right now?
<b>Collaborate with and empower the patient</b>	Are there resources you know of that you would like my help accessing? The next steps in referral are entirely up to you.

(Ferway Institute, 2023) 37

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### ADL/IADL

- "OTs address mental health, physical health, safety, leisure, and self-care, which are areas falling within the OT scope of practice. Further, the occupational therapist understands the cultural and societal norms which impact limitations in participation across all activity of daily living and instrumental activity of daily living environments" (Beagen et al., 2013).
- ADLs: toileting, grooming, bathing, sexual activity, dressing, hygiene, etc.
  - How is this impacted by gender?
  - How can we use our client's strengths to facilitate ADL participation?

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### ADL/IADL

- Not everyone that identifies as transgender has surgery
- Appearing male, female, or GNB is up to the client
- Clients may have their own terminology their genitalia: ask
- Gender affirming surgery continues to reinforce a binary

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**ADL/IADL**

- How can we help facilitate ADLs, for example, having a more masculine or feminine appearance without surgery?
- Binding, packing, and tucking
- Makeup, hair, clothing and other gender-affirming ADLs
- Co-morbidities (for example, physical OR mental disabilities)

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**BINDING**

A [guide](#) to binding

Binding involves the use of tight fitting sports bras, shirts, ace bandages, or a specially made *binder* to provide a flat chest contour. In some people with larger breasts, multiple garments may be used, and breathing may be restricted.



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**PACKING**

Packing is the placing of a penile prosthesis in one's underwear, giving both an outward appearance as well as reducing gender dysphoria.



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**TUCKING**

Tucking allows a visibly smooth crotch contour. In this practice, the testicles (if present) are moved into the inguinal canal, and moving the penis and scrotum posteriorly in the perineal region. Tight fitting underwear, or a special undergarment known as a *gaffe* is then worn to maintain this alignment. In some cases, adhesive or even duct tape may be used.



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**ACTIVITY ANALYSIS**

- Meet your client where they are:
  - Consider context, social relationships, goals
  - Intersectionality
  - Family support, social support
  - Consider ability or lack thereof
  - Prior level of function vs current level of function
  - Adaptive equipment, durable medical equipment
  - Referrals, networking, community support
  - Employment

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**AOTA & LGBTQ+**

- Early 1990s: The Network for LGBTQ+ Concerns
- 2014: Non-discrimination in OT practice (American Occupational Therapy Association, 2014).
- 2021: AOTAs Guide to Addressing the Impact of Racial Discrimination, Stigma, and Implicit Bias on Provision of Services + creation of the Diversity, Equity, and Inclusion committee (American Occupational Therapy Association, 2021)
- 2022: Commitment to diversity, equity, and inclusion (American Occupational Therapy Association, 2022)
- The term *gender* was noted 6 times in the OTPF III and 16 times in the most recent version OTPF IV

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**Resources**

GLSEN pronoun guide:  
<https://www.glsen.org/activity/pronouns-guide-glsen>

Use of gender pronouns in Spanish:  
<https://strommeninc.com/how-to-use-gender-neutral-pronouns-in-english-and-when-speaking-a-foreign-language/>

Oops! Recovering from a mistake:  
<https://www.csub.edu/queer-and-transgender-resource-center/resources/pronouns>

Creating an LGBTQ+ Friendly Practice:  
<https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>

PBS Documentary *Growing Up Trans*:  
[https://www.youtube.com/watch?v=duS\\_48t5oF](https://www.youtube.com/watch?v=duS_48t5oF)

Trevor Project Guide to Being an Ally to Trans & Nonbinary Youth:  
<https://www.thetrevorproject.org/wp-content/uploads/2022/11/Guide-to-Being-an-Ally-to-Transgender-and-Nonbinary-Youth-People.pdf>

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**Resources**

Social media to follow on Instagram: @alokvmenon, @mattxiv, @queersurgeon, @pinkmantaray

The Rainbow OT: <https://therainbowot.com/>

On tiktok: Dylan Mulvaney

Gender Transmission Broadcast (Udemy.com):  
<https://www.udemy.com/course/genc-education/>  
 Udemy.com

Fenway Institute has free 1 hour CEUs: <https://www.lgbtqiahealtheducation.org/>

The NETWORK for LGBTQ+ Concerns in OT:  
<https://www.facebook.com/erouns/1636862306546702>

Chest Binding Info/PDF: [https://www.ohsu.edu/sites/default/files/2022-03/Gender\\_Clinic\\_ChestBinding\\_Handout.pdf](https://www.ohsu.edu/sites/default/files/2022-03/Gender_Clinic_ChestBinding_Handout.pdf)

OHSU  
[Transgender Health Program: Resources for Patients, Families and Allies](#)

Binding, Packing & Tucking: [JICSE](#)

Binding, Packing, Tucking, & Padding: [Trans Care BC](#)

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**Pearls of Wisdom**

- Identify 1-2 ways to convey your preparedness as a gender-affirming provider to colleagues
- Consider asking client pronouns during your initial evaluation and implement this as a personal standard of practice
- Consider ADLs are largely based historically on a gender binary which we can accidentally continue to enforce if we are not mindful of our own bias
- A trauma informed lens can be appropriate to use with any client population and seeking out education on TIC can be appropriate in any OT setting

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THANK YOU!

QUESTIONS?

HUGE thank you to:  
Josie Jarvis, PP-OTD, MA-OTR/L, BA, BS  
Kate Negri Burke, OTD, OTR/L

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