This podcast is a series of interviews with medical providers, mental health professionals, community members and advocates. Each interview represents the opinions of the individual. Individuals may use different terminology than what you're used to. The intention is to educate, not discriminate, and we welcome positive and constructive feedback. Please keep in mind this is not a replacement for medical care or advice. I am simply presenting my views along with educational information that will be both evidence based research and external networks that have an impact on LGBTQI and nonbinary health care. Consult your provider for any medical or mental health concerns. My name is Kerin "KB" Berger and Welcome to Queer MEDucation.

Intro music: <INTRO MUSIC>

We’re back with another episode of Queer MEDucation. Special thanks to Beck from BGC consulting for joining us last week for episode 6 on the LGBTQI and nonbinary communities and addiction. BGC consulting focuses on bridging the gap between the LGBTQ communities and treatment. BGC Consulting provides numerous services such as staff training, facility assessment, client intervention, program development, marketing and coaching. For more information, please visit BGCconsulting.com.

My wife, Jordan as a physical therapist practicing in an acute rehab setting. Prior to meeting her, my idea of physical therapy and therapy in general consisted of those colorful stretchy bands and really buff individuals giving me printouts of exercises I should do at home for orthopedic injuries. In clinical training, we learned when to refer to different types of therapists like pts, ots and speech pathologists, but I never truly understood the scope of each therapist and how to utilize this particular area of medical specialists for the health and well being of patients. Since knowing her, I’ve met numerous amazing therapists that are working to improve the health and wellbeing of LGBTQI and nonbinary individuals. So what is an occupational therapist (OT)? How can providers utilize occupational therapists to address sex and intimacy concerns? In today's episode I sit down with an OT, also known as an occupational therapist, who focuses their clinical time and research on sex, intimacy, and education. We’ll first define the
scope of an occupational therapist and dive into the intricacies of the field with regards to sexual practices. Please enjoy.

***INTERVIEW KB AND KATHRYN ELLIS, MOT, OTR/L (KE, MOT)***

KB: 02:55 Hey, what's up? It's kb. I'm here with a very special guest today. I'm going to let introduce themselves.

KE, MOT: 03:00 Hi, my name is Katherine Ellis. I'm an occupational therapist and I am a sex positive enthusiasts and educator for the institute of sex, intimacy and occupational therapy.

KB: 03:14 So let's talk about this. What is an OT or an occupational therapist? Cause I think there's a lot of people out there that probably don't know that.

KE, MOT: 03:21 Sure. Occupational therapy is a profession that looks at engaging in occupations that people find meaningful or necessary to their life as a way that impacts health other positively or negatively. So for us, occupation, engaging in occupation is sort of the paramount of meaning and purpose in life and how people take control of their environment and gain autonomy. We're a holistic profession, so we look at the physical, cognitive and emotional barriers that people have to engagement. So if we'll just take somebody maybe that had, um, just had a stroke and they're in the hospital, they are having difficulty physically dressing themselves.

KE, MOT: 04:08 We would work on helping them dress themselves and maybe mentally or cognitively they're having difficulty sequencing the front of the shirt to the back of the shirt. So we would help them with strategies cognitively. This individual, you know, ideally improves and gets better. And then they're looking at some of the other areas of occupation, maybe driving, maybe going back to work. Often times sexuality is an occupation that people care about very early on, but are hesitant to bring that up because of the barriers that we have with our culture and also within healthcare. And so they really look towards the healthcare professionals to bring up those topics. Um, and that's why I decided to specialize in sexuality.

KB: 04:51 So tell us a little bit about your business.

KE, MOT: 04:55 I'll tell you a story sort of about how it came about. My mission for education, um, my first place that I worked at, we had a lot of young, it was sort of a polytrauma population and so it was a lot of young males. An occupational therapist came running into
the clinic, the staff room, and she was like blushing, red. She was so embarrassed and she was like, "oh my G-d, you can't believe what just happened to me. It was so I didn't know what to do." And she was helping a gentleman, um, shower. She was teaching gentlemen how to shower and this was his first shower probably in like four months. And his wife was there and his wife was there to learn and to assist, um, and his wife was wearing a white t-shirt and before the shower started she took her t-shirt off and she said, we don't want to have a white t-shirt contest up in here. So she was trying to be like flirty and fun and ultimately trying to maintain, you know, in the real gravity of their situation, try to maintain some normality of sexual expression and validating each other as sexual partners. So I was like, oh, that's awesome. That's like the coolest thing I ever heard. I was so excited. Right. But then it turns out that my colleague was very embarrassed by it and she, I think, I think to some degree, maybe she even felt offended. Maybe she felt like she was breaking a rule by not by allowing it to happen.

KE, MOT: 06:23 She didn't know what to do. And so I realized, you know, in that moment that we have this, we have this scenario where for many of our clients and for many humans, sexuality is really important. And we know that clinicians know that. Healthcare providers know that, but we... On the other end of it, the, you know, healthcare professionals often do not feel prepared to address it. So we have a gap in what is important for our clients and what we're prepared to address so while, I've maintained and grown my clinical skills, addressing, sexuality and intimacy, I've also taken, yeah, uh, a mission to help occupational therapists and other healthcare providers really hone their skills and build competency and confidence so that we can help people live satisfying, you know, sex positive and affirming lives and have those experiences.

KB: 07:16 I think that's a fascinating story because so much of our training is developing the patient provider relationship and what that looks like. And a lot of what we're taught in school is almost to create a a wall or a barrier to distinguish between the provider and the patient. And with an area like occupational therapy where you're teaching people how to toilet and you're teaching people how to shower again, like these are very intimate parts of your daily life and sex doesn't necessarily incorporate into that. It's, it's a very interesting conversation about: what is the line. Right?

KE, MOT: 07:59 Yeah, that's, that's very interesting that you should talk about that. You know and I think it's really cool cause I've done podcasts with occupational therapists, but this is, this is like a
multidisciplinary conversation that you and I are having. And anecdotally, what I'll hear is oftentimes healthcare providers will look to the OT to address sexuality. It's like that is kind of when JACO or like CARF accreditation comes around and facilities get dinged for not addressing it. Oftentimes they're saying, you know what? We need to address it and who's going to do it? Well let's have the occupational therapist do it, who also works on toileting and who also works on dressing and these other intimate tasks. So, no, I agree. I wholeheartedly agree that occupational therapists are perfectly situated. To address sexuality and intimacy. You know, I think that it has, you know, it's always multidisciplinary is, is great, right?

KE, MOT: 08:57 So every, every discipline has it in their scope of practice. Every discipline has something that they can offer. Actually many, many things that they can offer clients regarding sex and intimacy. And I think that, you know, I can't speak for other disciplines on why they're well situated, but I do think one of the reasons for OTs is that we do address other intimate topics physically and we are, you know, often with clients in vulnerable situations such we're, like, they don't have clothes on and or you know, maybe they're going to the bathroom or they're taking a shower and you know, showers do sometimes have like sexual implications as well, you know, that is uh, often an area where, you know, people can be sexual. Also, we're taught therapeutic use of self and activity analysis. So while we might not, where were we, sorry, while we might not engage in that activity ourselves, we can do an analysis of the activity because of the skills that we learned in school and we can understand what's the physical components of holding a, a Dildo or what are the cognitive components of turning the Dildo on and making sure that your partner wants to Dildo used on them and the emotional components of uncomfortable feelings.

KE, MOT: 10:16 Sometimes people have like perceptions of using sex toys as sort of lesser or maybe more. Right, but we, we can break down the task and, and address, you know, okay, what is the component that people are having challenges with here, and just like we can do that with driving or playing soccer or handwriting, we can do that with sexual activities.

KB: 10:39 Absolutely. So tell us a little bit about an OT's training. Is it a master's degree? Is it a bachelor's degree? What are the steps and then, how is sex and intimacy incorporated into that training?

KE, MOT: 10:55 So there are two points of entry. So in our profession in occupational therapy, we have occupational therapy assistants
and they have an associates degree in occupational therapy and they are also credentialed providers, so they take a national board exam and become credentialed. So a credentialed occupational therapy assistant is called, a certified occupational therapy assistant and we call them, um, oftentimes we call them COTAs and then we have occupational therapists that have a bachelor’s degree and then get their master’s.

KE, MOT: 11:36

So that’s one point of entry. And then another one is they can get their doctorate. So their clinical doctorate, it should be an occupational therapy doctorate (OTD). We also have PhDs. You can get your occupational therapy PhD. So I am, I have my master’s degree and I’m going back post-professionally to get my OTD. I’ll be done, um, end of April. So I’m getting my clinical doctorate.

KB: 12:02
Awesome. Congratulations!

KE, MOT: 12:03
Thank you. Now, as for training, so we have an occupational therapy practice framework. It’s our scope of practice and sexual activity and intimate social participation is in our scope of practice. It is not, however, is not in our curriculum accreditation standards. So it is truly up to academic programs, how much, it is not standardized in curriculum. It is up to the programs, how, how they address it, how much they address it. And so you will hear really awesome stories about students that will say, you know, oh my goodness, my professor is like a lead in the profession, there’s a professor at Towson, I’m probably going to mess up her name, but it’s Doctor Kate Elgenberg, Eglseder, I should know that I’m on the fly anyway, but she’s a professor at Towson, right.

KE, MOT: 13:05

So students at Towson in or like they'll, they'll say, yeah, my professor is, you know, this is like, her scope of study always addressed this. She has students do like quite a bit of projects on this topic. So it’s really cool. It’s super encouraging. And these, you know, it produces students that are very like prepared and well equipped to talk about sex. Then you’ll, more often you’ll hear about scenarios where the students will say, literally they’ll say, my professor said it will be important to my clients, but then they never talked about how to address it. So, which I think that that's sort of quite unfair because it's saying there's a lot of anxiety around that, right? As a student you’re like, Oh G-d, this is really important, but then I have no skills or um, or I’m not told the skills that I have or I’m not taught new skills to, to address it.
KE, MOT: **13:58** So already have sort of feels like a gap. And then how important really is it that that's the question that, you know, if it doesn't have space in curriculum, then I think that we're left to think, you know, well how important really is it?

KB: **14:12** I mean, sex is just as integral is eating and drinking water. So to me, I don't really understand why it's not integrated into medical curriculum. So for the PA profession, we have our national certification boards. The ARC-PA creates certain guidelines to follow and ours in terms of like diversity and inclusion specifically, is very general, very broad. So not specific there. I mean we learn about sexual health from a medical, pathology, treatment standpoint, right? So we understand how to diagnose urethritis gonorrhea, chlamydia and how to treat it. And we learn about other aspects of the clinical impression of sexually transmitted infections, but we never really learn about the dynamics of sex. Now we learn about taking a sexual history, but that is evolving, generally, very outdated. And I just always question like if sex is always been around, why is it not part of curriculum from a more lax standpoint? Like why do you think it's not required in the OT curriculum when you are the, sometimes, the point person for that education piece?

KE, MOT: **15:32** Woof, how much time do you have? <LAUGHS> How much wine? <LAUGHS> Okay. So from a very macro perspective and thinking kind of globally we have had cultures in this world that really celebrate sexuality throughout our history. Very, you know, celebration, very healthy. You know, female pleasure is like, just even talked about, you know, that that is like, an integral part of being sexual. So these cultures have existed but then there's other cultures where it's, it's really repressed and it's like a social straight jacket, have a very, you know, a small box and it is not celebrated and it becomes very private. And so often ideals perhaps, you know, in our country, perhaps very puritan-ist ideals about pleasure. In general, you know, Americans value productivity and the value hard work and you know, leisure isn't even sometimes prioritized, you know, and then, and then we have, you know, social norms that restrict sexuality to, to look very heteronormative and, and then private, you know, in the bedroom, not on the couch, not in the car, not anywhere fun, you know, just the bedroom

KB: **17:12** ...or spontaneous.

KE, MOT: **17:13** Yeah, right. Right. So then what that creates is that we have this culture that doesn't talk about it and we don't educate people about it. Right. We don't talk about female pleasure and we don't, we sort of try to make it as simple as possible. This is
what men want, this is what women want. We don't even understand that, like women and men plethora of different, yeah.

KB: 17:34 Right, when we're talking about the binary, like the "traditional"?

KE, MOT: 17:38 Yes, yes. But I would, I, yeah, but I would also say that people that don't identify as binary, they also want different things, right. Then, then the other person next to them that doesn't identify as bi. I guess what I'm saying is that, and that's a good question to clarify, is that people have pleasure preferences. No one is the same. No one is the same and it's, yeah, it's not identified by gender, by sexual orientation and already...

KB: 18:07 But normal has been created that way?

KE, MOT: 18:09 Yes, yes. Normal has been created that way. So we don't talk about it. And then we expect, you know, let's just take the example of an occupational therapist. Like maybe they, you know, they have messaging, like don't talk about sex, don't talk about sex, don't talk about sex with the opposite sex. Ooh, that's a really, that's a bad one. And then they show up at their first job and maybe they're a man and they're working with a middle aged female that had a stroke.

KE, MOT: 18:36 And now, now this gentleman is expected to talk about sex with this female. Like that's really hard. That's really, really hard. You know, maybe this gentleman never talked to a female about sex a day in his life and uh, and maybe has had, you know, sexual relationships with a female, but it was not really like verbal. There's not really like discussion of the, there wasn't really like a language put to it. Right. And so then we'll have the case of like a man and a woman, you know, then don't, don't talk about sex, you know, don't, don't be sexual, don't do this particularly for females, you know, and then now that you're married, now you're supposed to be a sexual goddess. And that is also extremely challenging for people.

KB: 19:25 Yeah, I mean it's, it's such an interesting history. I think when you look at it, you know, 50s and 60s generally speaking, like cis women didn't have rights. Basically they couldn't leave their spouses if they were unhappy because of societal pressures and societal constrictions. So there was a certain obligation to be this perfect quote unquote being. And that was also sexual. But yeah, nobody ever talked about the sexual aspects of the relationship. And now we are at a totally different point in our history where, you know, it's not just cis man, cis woman as a
norm and we’re trying to explore that idea of just general sexuality as an open space. But then, you know, what does that look like for everyone else? Right? So I would imagine like in the OT profession, if it comes up in the education piece, that it's pretty binary. So, like, if we can even get a conversation around that great and then you add like the whole like queerness to it like <EXPLOSION SOUND GESTURE>, who's going to be able to create that space? So it's, it's really complicated and I don’t think, I think it's really hard. It's hard to explain that to patients that we're really sorry that our system and our education has failed us in this particular setting. We are doing everything we can to make it better for you. But we need to work together to do that. Because in the, in the example of the, the young man and the middle aged woman, I mean, if it's part of that person's job, why is it uncomfortable? Is it uncomfortable because of societal implications? This is uncomfortable because they were never trained on how to talk about it. Are they uncomfortable because they have their own personal biases around sex and, and thinking about somebody that way. So it's so complicated and, and that's why I commend you for what you're doing because I would imagine even the, the referrals that you get, people probably feel uncomfortable even writing down certain things for a referral to you. <LAUGHS>

KE, MOT: 21:40

Yeah. <LAUGHS> You know, and I think what you're, you're saying and I think that that's a great important thing to highlight. You know, for the people that are going to be the advocates, you need to be the advocates for an inclusive amount of people as possible. Because if we start chipping away at this, you know, if I start chipping away at this issue, only talking about like married binary, people that have missionary style sex, I'm not really breaking down. I'm not helping anyone, not even the people that are binary, married and having missionary sex. Like, because, um, this is about imagination and creativity and permission and an ownership. Right? And so if I'm trying to talk about my, you know, women, maybe a cisgender female, right? Taking ownership of her sexuality, which is hard, right? That's, you know, that, that's a discussion as well. But then I'm saying that this person, I'm omitting other groups that also we should also empower to have ownership and you know, sharing safe spaces and creating areas where like, they can feel like they have permission to do, you know, who they are and express who they are.

KE, MOT: 23:06

If I’m omitting that group and I'm not really, I'm not painting the, the really like, the true picture and understanding for people and you know, we all need help. All of us. This like this is an issue. This is, you know, the severe lack of sex education in
this country creates challenges for all of us. And so I think that it's important, like when we try to chip away at that to share with people, like, you know, you need to be who you want to be, even if that's, um, even if that's a cisgender female who was married, who may be just actually really wants to try being on top.

KB: 23:44 Wow. That doesn't seem that hard. But I guess for some people maybe it is...

KE, MOT: 23:49 Completely hard. Very hard hard. There are a lot of women. <LAUGHS>I know that's always been, I've always just got on top. <LAUGHS>

Speaker 4: 24:02 Um but, you can't take it for granted. You know, you cannot, you cannot take it for granted. I mean there are women that I will talk to where, you know, whatever that, that for them it's like, there may be very exciting or sort of like they're trying something new or spicing it up, but we can't take that for granted either because that's very cool for them. That's very exciting for them. Be on top. But then there's, you know, perhaps like they didn't know that that was like a position that they were allowed to do. Um, sometimes I'll hear moms, I will have mothers tell me that they feel now that they're a mom, they feel like they cannot be sexual beings as well. Or they feel like they're not, that they ought not to, and this is, you know, this is anecdotal. This is not every mother, you know, but I, these are themes that sometimes I hear in general, moms will say that it is a little bit harder to walk into those sex kitten shoes after walking around in the mom shoes. Right. And so then within that context at, there's a spectrum there, right? And on the kind of more challenging end of that spectrum, it's maybe, you know, Gosh, I shouldn't be on top like I'm a mom now.

KB: 25:21 Yeah. One thing I've been thinking about lately is why, generally speaking, queer or LGBTQ people, plus people are more open about talking about sex. I don't really know if there's any, like, data or studies on qualitative data or studies on this, but I guess maybe because the identity sexual orientation piece has been pivotal and a label in, you know, to describe a group of people that involves sex that made it a little more open to talking about it all the time,You know, not all the time, but it's, it's almost incorporated into the conversation of being LGBTQ plus. Whereas, and, and I can't speak on this, but I find that more heterosexual, heteronormative, individuals have a really hard time with that because my conversations in clinic <LAUGHS>, now I work in a sexual health clinic, so it's different, are very different than the ones that you're describing. I mean, people
feel, they say everything, they try everything. There's a lot more discussion with partners and openness about all sorts of, um, types of sexual practices.

KE, MOT: 26:48 You know, KB, I have a question for you. So I'd often thought about this. I wonder if one of the answers, so what you, what you said I think is absolutely true and I wonder if there's, in addition, to that. sexual minorities, you know, they, so they, they already don't meet the "norm standard" already. They already don't meet it, So they don't have to...

KB: 27:14 Right, there's no expectation.

KE, MOT: 27:15 So they already don't meet it. So then they're like, this is great. I don't have too, right. And we know, we all know secretly it's better to talk about sex. Like it's not that people don't think they shouldn't, it's that nobody knows how, right. And so if you, when you already don't meet the standard, you almost have a little bit more freedom and, and space to do what also doesn't meet the standards such as talk about sex.

KB: 27:49 The, the other thing to go to the other extreme is that with the openness and honesty and lack of expectation, then sometimes the community is labeled as promiscuous.

KE, MOT: 28:01 Yeah.

KB: 28:02 Or you know, oh, I don't want to prescribe prep because you're going to go do that situation. Right.

KE, MOT: 28:11 Ugh

KB: 28:11 Right? So then it's like, what the fuck? Like where do you go from here? And, uh, you know, I think we're kind of gearing on a whole different philosophical conversation, but how can we make it easier for our patients to feel comfortable talking about sex with health care professionals?

KE, MOT: 28:31 Yeah. I mean, I think that health care professionals need to, so honestly, I think that.. If we could take a hundred healthcare professionals and tell them til Monday morning, just do it. Just do it and see what happens. 80 of them would say, wow, that went really well. Like, and 10 would say that was awkward, they were awkward. And then the other 10 would be like, I don't know, honestly, probably 90 would be like, that went really well and 10 would say or like that was awkward. So I think that we think it's going to be really uncomfortable.
KE, MOT: 29:11 But it might not be right. So I know that seems like a really simple answer, but that's how I got my start. And you know, I have all sorts of advice for healthcare providers, like find, find a group, whatever group that is that you feel like is representative of your clients and invite them, invite them for coffee, you know, tell them, you know, in advance: like I want to ask him questions about sex, I want to have a conversation, sex and learn from them. You know, like our clients are our best stakeholders in this. They are, our, they are our goal and then they are our educators. But what we really can't do is we can't always expect our patients our actual patients in the exam room to be our educators because they're there for health care. They're not there to, you know, make one more sex positive provider in the world.

KE, MOT: 30:17 That's our job. You know, hosting focus groups or you know, I and KB, maybe you can, well in your job it sounds like you can do this, but like, you know, I just started talking to people about sex, my friends, my family, random people that would need meet on the bus. Having those conversations and putting language in dialogue to it is a huge, huge boost to our own discomfort.

KB: 30:42 I also feel a sense of bias because my parents in particular were always very open about those things. Not necessarily, like, let me teach you how to be safe with lesbian sex. But you know, like they were always really open about their relationship and their intimacy and their love for each other. That was a huge part of their relationship and still is, and good for them. So sometimes I do feel a little bit of a bias or maybe like, my life was supposed to end up on this path because it's always been part of my life.

KB: 31:16 And then I brought back down to reality when I realize that so many families, for example, you know, my, my, my wife's family, like, you know, if a sex scene comes on TV, it's like AHHH. And it's no one's fault. It's just experience and lifestyle and whatever. But you know, it's just so interesting to me that something so pivotal that everyone's doing is never talked about. Right?

KE, MOT: 31:41 <LAUGHS> Right

KB: 31:41 <LAUGHS> It's so crazy. So let's talk a little bit about how health care providers integrate OTs into the typical treatment plan, as far as sexual health and intimacy.
New Speaker: 31:54 You know one is, there are health needs and certainly with gender reassignment or gender affirming surgery, you know, there are pelvic floor needs. So they're sort of like the physicality of uh, like maintaining the vaginal canal and like stretching a vaginal canal, so there's like the physicality of that. And so, you know, OTs do the toileting, right?

KE, MOT: 32:20 So that's like, that's us! So we'll just like, that would be like the center of, or like, we'll just start there. Right? And then we can broaden that out. Right? Well. So what if that individual has cerebral palsy and they can't physically hold a dilator? Okay. OT can help develop a splint or a device such that there'll be able to hold the dilator. All right. What if that individual is in a community that is not safe, not supportive, they don't know what bathroom do you use? So an OT can help that individual cognitively develop a safety plan, figuring out, like, public transportation and safe routes and safe places to go; hat to do in the case of an emergency; how to reduce risk. Let's say that individual has stressors associated with hormone use and challenges maintaining, you know, a positive mood. Right? So the OT can help with coping skills for stress management and you know, I love, I love,

KE, MOT: 33:30 I really like this example this, you know what if this individual is like learning to embrace their outer appearance and sort of like transitioning the way they physically want to look with hair or dress or makeup. Um, you know, that is really like such a, we know that that is so meaningful to people, how they look. OTs know, we are concerned with what people find meaningful. So OTs know that that is a confidence booster. We know that that helps people with their self concept. So even just exploring what to expect when you sort of physically outward appearance wise transition, you know, how to put on makeup. Again if you have cerebral palsy or even if you don't have cerebral palsy and helping them find resources. Right. So some like a salon that does, specializes in, you know, doing queer hair and even just saying like what queer hair is, you know, we're here to help, you know physical, cognitive, emotional and also big on connecting people with resources.

KB: 34:47 Yeah. And I would say education. I mean that's something that I've learned being more in tune to the therapy community that the OTs have a huge education part of of their jobs.

KE, MOT: 35:00 Right. And, honestly don't take for granted how much education is helping people normalize themselves. Like helping people feel they're not like, the only one out there feeling like the way that they do.
KB: 35:14 Can you give an example of that just with your work?

KE, MOT: 35:17 Well, honestly, I mean, so many sexual things people feel abnormal about. We have a very small vision of what "normal" is, that any variants from that people don't, I think is normal. So I'll give you two examples. This just happened yesterday. I had a mom and a dad who came in, they have a two year old child and they, we ultimately, were getting at the fact that they're like too busy and too tired to have sex. They have too many things going on there, you know, it's just craziness. And they looked at me and they said, is that normal? I was like, yes. Yeah, yeah. It's not, it's not good. We would like, we would like, we would all like that to be different. I would like that to be different for you. And so let's talk about how we can reprioritize your day, talk about what is urgent and what is important and if it's urgent, is it actually important so that we can find time for you guys to have sex.

KE, MOT: 36:18 But yeah, that's absolutely normal. And then I get this all the time. Women will come in and men will come in and there'll be a very lengthy conversation about inability to orgasm for the female. And it will be because they are solely attempting it through penetrative sex and that they have only been doing that for the last 40 years and the female will feel like there is something inherently wrong with her. And there will be scenarios where it might lead to infidelity. It might lead to divorce. I mean, and it is the most sad thing to me when really the answer is just 80, 75 to 80% orgasm clitorally. So you're of the majority. If that is the case,

KB: 37:05 Right.

KE, MOT: 37:06 You know, the clitoris is over here for 40 years. Like, "Hey!!"

KB: 37:09 Oh my g-d, if I didn't know where my clitoris was, I don't know where I'd be in life. <LAUGHS>

KE, MOT: 37:19 Yeah yeah!

KB: 37:21 So I think...

KE, MOT: 37:22 I want to have like a coffee mug that says, "have you found your clitoris today?"

KB: 37:26 No, I think you should look, we'll make that for you.
You know, I think you bring up a good point. The shaming thing. Yeah. Also lack of sex education. Not even knowing your own anatomy, right. And not to say that, you know, again, like I can speak more from like the LGBTQ plus lens that I think that in general there's less pressure there to... And I think everybody wants to satisfy themselves and their partner/partners or partner.

I agree.

But where is that, that pressure coming from? Is it coming from this expectation that they created for themselves or their partner's expectation/partners or partner? Super interesting...

It gets sticky, right? So there's this whole push, you know, sometimes you pay attention to certain, you know social media handles. It's like, hey, there's an orgasm gap and it's like, and the orgasm gap and there's this whole orgasm, and in the orgasm gap is like mental orgasmic and this would in cis gender scenarios, right? Men orgasming and women aren't, right. Men want to find the clitoris too <LAUGHS> Oftentimes when everyone's stressing out about orgasming, like, nobody's orgasming. I think that we need to an end, maybe this is like, I'm not sure what it's like in the LGBTQ community, but like maybe there's like more of a focus on like expanding of the, of the box to like include multiple activities that are fun and exploring multiple activities. And so then it, it does, it takes that pressure, right? Thinking outside the box takes the pressure off. And I talked to my clients a lot, I talked to them a lot about just expanding the box. Like, yeah, you know, the

The box that society created, right?

Right, Like I don't know if we're ever going to get rid of the box or burn the box, but like, you know, just expand it. Like make it bigger. Like make it so that you have more options to pleasure your partner and to receive pleasure and maybe that will like loose, you know, make the orgasm gap, smaller, but I, you know, I think women need to show up with a PowerPoint, a personal power point of how to pleasure them. <LAUGHS>

You know, is the marathon the finish line, right? Or is it the journey getting to the finish line is right at, but there's a lot of pressure there. I mean I never like personally that there's pressure there for yourself, for your partner or partners. I don't know why it's there but it is there for sure.
KE, MOT: 40:15 Yeah.

KB: 40:15 Do you need a referral to schedule an appointment with an OT?

KE, MOT: 40:19 I, I believe that in most scenarios that you do, so you would need like a doctor referral or a referral from physical therapy or psychologists, psychiatrist to see OT. Um, but I think that like a good, you know, you can also start with the OT, you can walk into an OT clinic and be like, I need to get seen here. How do I get seen here? And then the OT can educate you on that. I think one question is like how do we find these OTs and I, you know, these OTs do exist, right? So we're all over. So there's OTs that are pelvic floor specialist there are OTs that are very integrated with the LGBTQ community and you know, this is a challenge. This is where I think the health care providers, we can support and challenge each other. I think that sometimes the bottom up and then top down approach both ways is good.

KE, MOT: 41:15 So if we have other providers reaching out to ots and saying, Hey, can you address this? I recently heard of an OT doing this, you know, on the east coast, can you do this? Well, why don't you listen to this podcast? You know, or look at this article like a physician assistant or a physical medicine and Rehab doctor, you know, reaching out to the OT and saying like is this your skillset? Like, I'll support you in this. This might be new for you, but can we, can we start this up? I think that that's fabulous and I think that, not that I'm the spokesperson for the occupational therapy profession, but I think that you will find a lot of OTs rising to that occasion.

KB: 41:54 Yeah, I like that idea of rising up together, helping each other because ultimately what's great about medicine and multidisciplinary care is utilizing each other to benefit the patients outcomes and the person's outcome. That's the point. So I feel like with an area like this where, not everybody is equipped to talk about these things quite yet and, that's okay and it's no, but it's not their fault, they just were never trained on this. So the second part piece of that is knowing where to find help. So our, our director always said "know, what, you know, know what you don't know, know where to find help." And that's half of what we do in medicine, I feel is finding the help that we need to increase our patient outcomes. How can patients advocate for their own care? So let's say they're in a situation where they're asking the questions and then there's really minimal answers or minimal support. How can, how can they take ownership of that experience?
KE, MOT: A good place to start, you know, and this is not ideal, right? But the same, it's sort of the same answer that I gave about the last question, which was like the physician assistant or the PMNR doc or the PT reaches out to the OT. So I know this is harder because like clients and patients are always know what is available to them but saying, and this, this also goes like with a lot with healthcare, you know, knowing that these resources exist and kind of not demanding them but requesting, so if you need a home health eval, like getting the, getting your primary care doctor to say like, okay, you know, saying I want to OT to come into my house and do a home of eval. So if it's someone that has, you know, specific needs, like they're in the hospital saying, you know, is there anyone that can help me with this or anyone that can help me, that could be a good place to advocate.

KB: Is there a website for OTs that can, they can kind of put their specialties on there?

KE, MOT: Yeah. American OT association, the American Association of Sex Educators, counselors and therapists, sexuality counselor. They, they do. And so I would be listed on there as an occupational therapists. Also pelvic floor, well dominated by the PT profession. And now occupational therapists are getting this certification, which is fabulous.

KB: That's awesome!

KE, MOT: Yeah, it's very cool. So that is another to to like looking, looking up in that way honestly. And people can go to my website in the Institute for Sex, Intimacy, and OT contact me and say I'm looking for this provider. I would be happy to like help people, you know, it is important and helping people find those resources.

KB: I feel like we can have like 20 episodes on this topic and we touched on so many great concepts. One thing that I want to point out that I've kind of learned through through this experiences in school, we learn about this concept of normal. And even though they always say like when you're learning to write your notes, "never put normal in your notes because that doesn't mean anything." But yet we always talk about the "healthy" individual and what that looks like. And then the pathologies, right? You use the example of somebody with CP, their normal is completely different from the time that they're born. So there's just this whole world of information and education and competency that is just completely lacking. And I, and that's why doing this podcast is so fun because I'm learning
so much about all the different opportunities that we can create positive health outcomes.

KB: 45:50 I've never thought about somebody having to use a vibrator if they have CP and how to counsel them on that. And if I had a patient with CP, how would I counsel them on that? Because they want to have sex. So just kind of like thinking outside the box or just deleting the box. Like you said earlier, there is no healthy person. I don't know who that is anymore. The training is, you know, and, and I understand the way the medical model works and everything, but it doesn't make any sense in the context of reality, I feel.

KE, MOT: 46:22 Yeah, I like to think of it more of like quality of life, you know, does that, um, and, and maybe empowerment. So I'll skip over to empowerment for a moment. This is a beautiful framework within OT empowerment framework. And I... I'm going to quote the author. But "it's the ability to choose what you want to do and then the ability or the freedom to choose what you want to do and the ability to do it." And I think that that's very beautiful. It particularly when it comes to engaging in occupation, not only are you freely choosing to do this, but you are, you are able to do it. So provider, you know, occupational therapists, providers can look at quality of life as normal. That that's the gold standard is a, is a quality of life where people feel like they have the autonomy to choose what they want to do.

KE, MOT: 47:19 And then the access to do that, whether that's like the physical access, true being physically able to get down the stairs or physically to be in their wheelchair and rolling around in the community or the safety to be in the community or the acceptance from their family to be who they are. So that has to do with access and ability. So I think that the, uh, and when we look at like, uh, from a social model, you know, our role is framed and how do we empower the patient to live in a world where they can freely choose what they want with. It extends beyond our clinical practice that extends to like who we vote for and who we choose to be kind to and how we spend our free time. And I think a lot of times, like people will say occupational therapist is a lifestyle. Being an OT is a lifestyle. Like my, I like my lifestyle is a very OT and you can't, you can't take that hat off. So I think that, you know, that's how it's framed for me.

KB: 48:19 Why do you think that your job is important?

KE, MOT: 48:31 <LAUGHS>

KB: 48:32 Sorry, this is my loaded last question.
So I think that our um, my G-d, it's so loaded, our distinct value lies in our ability to, to be holistic, to do activity analysis and to work on, you know, in the clinical practice, you know, working on helping people be independent in their meaningful life activities. So you know, they have chosen what they want to do because you know, there's a culture that supports that freedoms. Um, and then, you know, maybe there's challenges with, with access through physical or cognitive, emotional and new way. So our job is to help break down those barriers. And that's where I think that it becomes really fun and okay, value is helping people engage. We know that that impacts how that impacts quality of life.

For information about future episodes or to contact us, please visit us at our website, www.queermeducation.com or email us at queermeducation@gmail.com.

<OUTRO MUSIC>