



Preparing Occupational Therapists for Working with Transgender/Gender Non-Conforming Clients: Program Directors' Perspectives



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Nursing & Health Sciences

Background/Significance

- **Transgender and gender non-conforming (TGNC)** individuals experience health disparities, including increased rates of mental illness, substance abuse, poor health outcomes, and suicide (Sawning, Steinbock, Croley, Combs, Shaw, & Ganzel, 2017).
- The lack of cultural responsiveness and knowledge among healthcare professionals about the specific health needs of TGNC individuals contributes to negative health outcomes (Areskoug-Josefsson & Gard, 2015).
- **Cultural responsiveness:** A process which involves reciprocity and mutuality, exploring differences, valuing clients' knowledge and expertise, and recognizing the unique cultural identity of each individual client (AOTA, n.d.).
- This research seeks to determine if and what additional educational content is necessary to include in OT curricula to promote competency skills to effectively meet the healthcare needs of TGNC individuals.

Theoretical Framework

- **Participatory Occupational Justice Framework (POJF):** "The central purpose is to facilitate social inclusion by raising awareness of and addressing occupational injustices" (Whiteford, et al., 2018).
- This framework seeks to achieve social inclusion by preparing reflexive practitioners who establish collaborative relationships with community partners (Whiteford, et al., 2018).

Participants/Procedures

Participants (N=47)

- Programs directors for ACOTE accredited masters programs identified from the AOTA website.

Procedures

- Contact information for participants was obtained from faculty directories on their university's websites. Database of 150 emails was created.
- An electronic survey was emailed, using Qualtrics, to OT program directors.
- Once informed consent was obtained electronically, respondents were presented with 2 likert scale questions and 3 open-ended questions.
- Of the 64 returned surveys, 17 were excluded due to missing data.
- Qualitative data were coded using a constant comparative inductive approach.

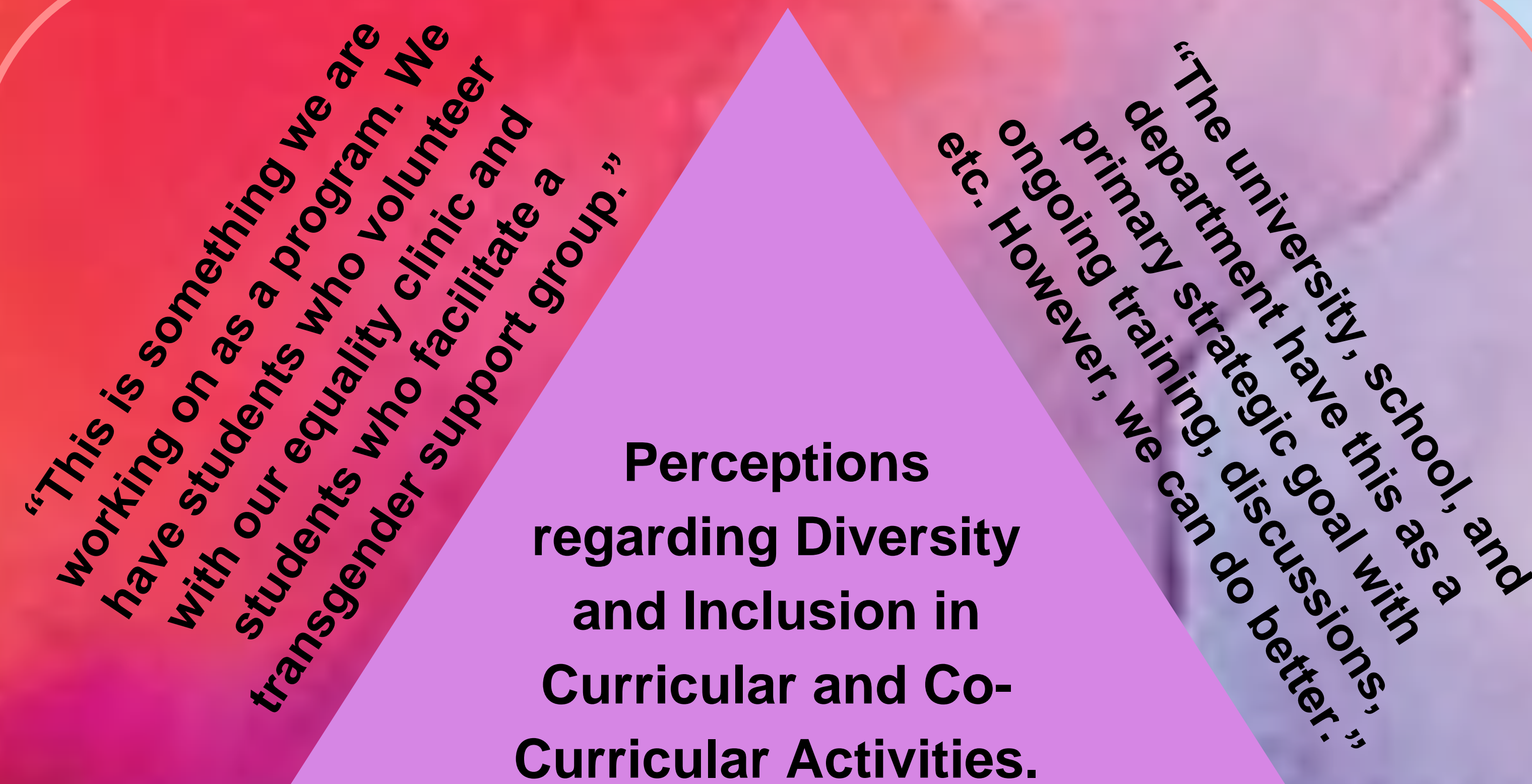
Results

Appreciation of general diversity: More than 50% of participants' responses indicated an acknowledgment of general "diversity" and "client-centered" education within their curricula.

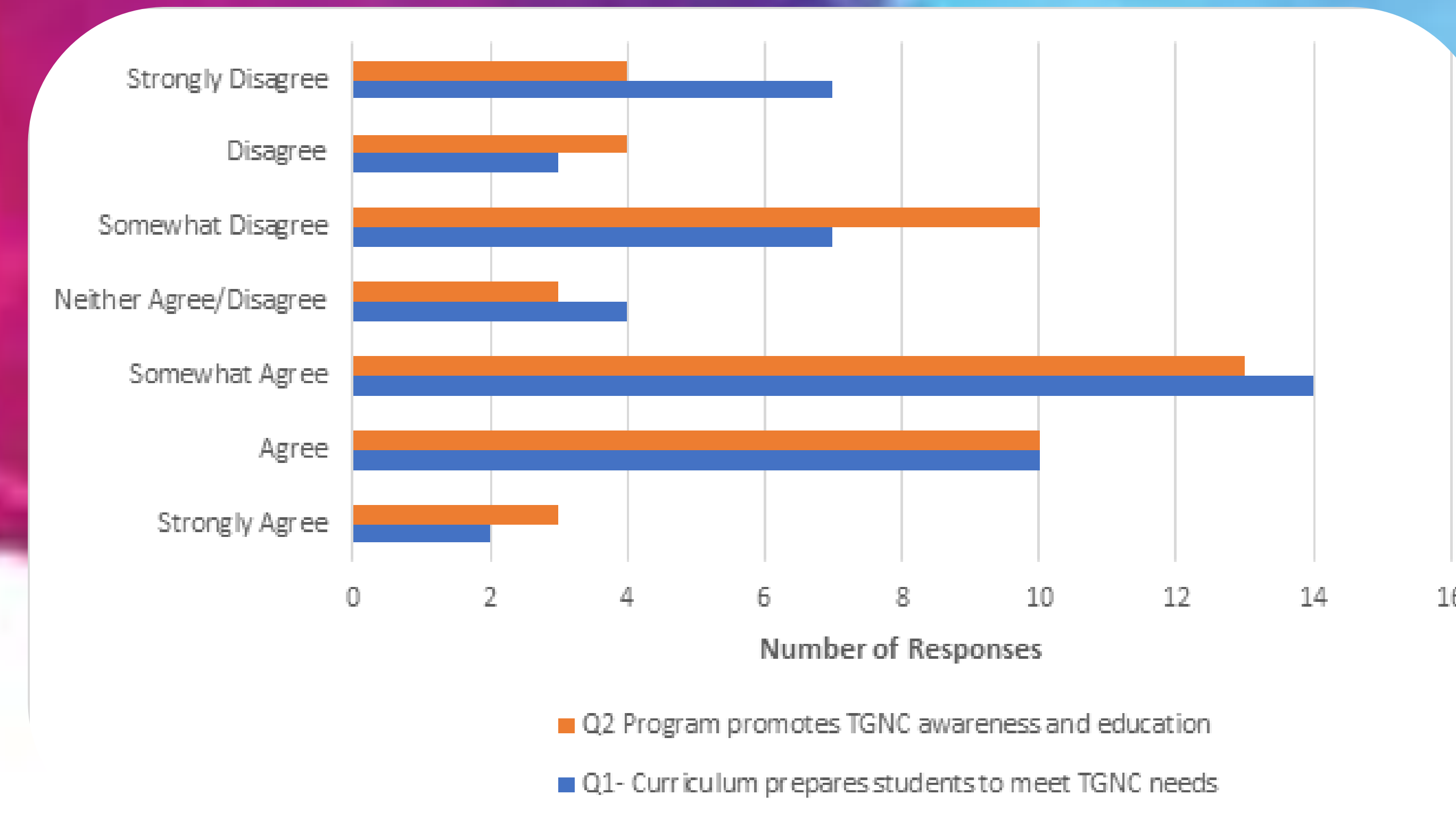
- "Our program has a strong focus on diversity and inclusion [...] I am not aware of specific transgender content."

Specific program action: There are limited examples of meaningful action being taken by these programs to address competency building for TGNC individuals.

- "Student involvement with a free clinic for individuals who are underinsured, that is intentionally LGBTQIA friendly."



"I don't care what people's gender are and I don't ask. It is not relevant. We meet everyone's needs the same."



Discussion

- Although most participants in the survey promote a blanket appreciation of diversity and inclusion, there is a scarcity of specific and meaningful actions directed at improving OT students' competence for treating TGNC individuals.
- There is a common belief that promoting client-centeredness and cultural diversity is sufficient to prepare students to be competent practitioners for TGNC individuals.
- Some program directors acknowledge the need for improving the delivery of TGNC-specific content in their academic curricula.

Study Limitations

- Out of 150 emails our response rate was 31.3%.
- Survey not tested for reliability or validity.
- Some answers may have been affected by participants' personal biases or possible misunderstanding of questions.
- Asking program directors to rate their own program's effectiveness may result in skewed results.
- Academic freedom may reduce program directors' awareness of classroom instruction.

Moving Forward

- Explore educational content of accredited OT programs in greater depth to identify gaps in TGNC cultural responsiveness training.
- Collaborate with key informants in the TGNC community to develop a comprehensive curriculum to address disparities and barriers to healthcare.
- Advocate for ACOTE to promote education on occupational needs of TGNC individuals in OT curriculum.
- Collaborate with local and national TGNC advocacy organizations to continue research efforts.

Acknowledgements

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Accessing Gender Appropriate Care: Personal Perspectives on Healthcare Experiences



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Background/Significance

- Transgender individuals are faced with transphobia, biases, and incompetence from their healthcare providers (Kitts, 2010).
- Transgender individuals of color have a 20% unemployment rate (as compared to the 2015 national average of 5%), and the rates of HIV infection for black transgender women is 19%, as compared with the national average of 0.6% (James, et al, 2016).
- The lack of knowledge about gender affirming care was identified as a significant barrier to accessing healthcare for individuals who identify as transgender (Puckett, et al., 2017).
- **Sex-** anatomical structures at birth.
- **Gender-** “The conceptual category (labeled masculine or feminine) that a culture assigns to a wide range of phenomena” (Girshick, 2008, p. 2).
- **Transgender-** When a person’s anatomical sex does not match their chosen gender identity.
- **Gender nonconforming-** When an individual rejects a gender binary.

Theoretical Framework

- **Participatory Occupational Justice Framework (POJF):** “The central purpose is to facilitate social inclusion by raising awareness of and addressing occupational injustices” (Whiteford, et al., 2018, p. 497).
- This framework seeks to achieve social inclusion by preparing reflexive practitioners who establish collaborative relationships with community partners (Whiteford, et al., 2018).

Participants/Procedures

Participants (N=5)

- Individuals who self identify as transgender or gender non-conforming.

Procedures

- Recruited via dissemination of flyers, both digitally and physically, as well as personally referred to us by third parties.
- All participants completed the consent process. Four informed consent forms were obtained for participants over 18, and one assent and parental consent form was obtained for participant that was under 18.
- Three participants participated in audio-recorded, face-to-face interviews via Google Hangouts. Two participants opted to participate in a text based interview due to privacy concerns.
- Participants were assigned pseudonyms and audio recordings were transcribed. Audio recordings were then destroyed.
- Qualitative data was coded using an inductive approach by research team.

Results

Need for specialized care: Participants expressed the need to seek out healthcare providers that have a reputation of trans positive care.

- “[...] it’s called the Kind Clinic [...] it’s one of the first completely queer, trans forward clinics.”

Limited access to effective TGNC care: Participants expressed that TGNC-competent healthcare providers are scarce, which makes it difficult to meet the needs of the TGNC community.

- “The only place that has that very communicated obvious guarantee so they are way way understaffed and do not have the resources to meet the community that they serve.”

Lack of provider education: Participants express that the lack of provider education regarding TGNC needs is a deterrent for “coming out” to them as trans or gender non-conforming.

- “I find that the couple hours of discomfort are not worth the risk that I would put myself in to come out to my providers.”

Using correct pronouns: Participants expressed that using correct pronouns is a simple way to show respect for TGNC individuals.

- “I think pronouns are a big and easy one to ask clients [...] I think automatically changes the vibe of the place as a more inclusive setting.”



Discussion

- Most individuals within the TGNC community seem to seek out trans positive care.
- While most of our participants live in urban areas and have access to respectful service providers, they mentioned the process of finding a trusted service provider still proves to be a challenge.
- Participants mentioned that they often need to educate their healthcare providers (including those with “expertise”) about their gender identity and TGNC-related issues, indicating that the entry level certifications and sensitivity trainings given to these professionals is not sufficient to provide effective TGNC care.

Study Limitations

- Small sample size
- Subjective nature of participants’ experiences make it difficult to generalize results.
- Despite interview training, differences in interviewer/interviewee interactions may have affected responses.
- Due to sensitive nature of the topic discussed, participants may have withheld information due to privacy concerns.

Moving Forward

- Additional research is needed to compare the availability and effectiveness of TGNC resources in rural and urban communities.
- Collaborate with key informants in the TGNC community to develop a comprehensive curriculum to address disparities and barriers to healthcare.
- Advocate for ACOTE to promote education on occupational needs of TGNC individuals in OT curriculum.
- Collaborate with local and national TGNC advocacy organizations to continue research efforts.

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