Gender-Affirming Care

Introduction

The occupational therapy profession is grounded in equitable, inclusive, and patient-centered care. This extends to individuals who are gender nonconforming or genderqueer. As a result, all of occupational therapy practice should be accommodating of gender-specific needs. Gender-affirming care is also within an OT's scope of practice, as gender identity is considered a client factor that can impact meaningful occupational engagement. OTs can provide gender-affirming care by addressing the social transitions of coming out, exploring how to express gender identity, and offering mental health interventions to assist with emotional wellness. There are also a range of other considerations occupational therapists should be aware of when providing gender-affirming care, which must all be addressed as part of occupational therapy service delivery.

Section 1: Gender-Inclusive Language

References: 1, 2, 3, 4, 5, 6, 7, 8

A major aspect of providing gender-affirming care (regardless of the healthcare discipline you're affiliated with) is understanding the verbiage associated with gender identity.

Terminology

Gender identity is defined as the internal identifier someone uses to classify their gender. There are seven types of gender identities: genderfluid, genderqueer, intersex, agender, cisgender, gender nonconforming, and transgender. **Genderfluid** means someone moves between nonbinary, male, and female identifiers. Someone who identifies as genderfluid may use one or more (often different) identifiers on any given day. **Genderqueer** is an umbrella term used to

describe any gender identity that is not always male or always female. Genderqueer is more commonly known as nonbinary. When someone is **intersex**, their biological and/or physiological sex characteristics do not match one another. An intersex individual may have both sets of genitalia or they may possess reproductive organs that do not match their genitalia. Since being intersex involves internal structures, someone may be intersex and not ever know about it. Other individuals may become aware of their intersex status at birth, during childhood, or as an adult.

Agender is when someone has no gender, as they do not resonate with male, female, or a combination of male and female gender identities. While nonbinary gender identities fall outside of the standard female and male classifications, someone who is agender does not have any gender at all and is neutral on the gender spectrum. **Cisgender** describes when a person's gender identity matches the sex they were assigned at birth. If someone was born as a male and also identifies as a male, they are considered cisgender. If someone is **gender nonconforming**, they do not follow traditional societal norms set forth for their gender nor do they act in alignment with gender stereotypes or how most others of their gender act. Since the term 'gender nonconforming' is more of a behavior, it can be used to describe someone of any gender identity. Lastly, **transgender** refers to someone whose gender identity does not match the gender they were given at birth. If someone is transgender, they may refer to their previous gender as their 'sex assigned at birth.' Someone who was *assigned female at birth* may use the acronym 'AFAB,' while someone who was *assigned male at birth* may use 'AMAB.'

Gender identity differs from both sexual orientation and sex. Sex most typically refers to someone's legal sex, which is the designation of either male or female on one's birth certificate and other official documents. This may describe the sex someone was assigned at birth or through various medical procedures. Sex is

characterized by sex hormones, genitalia, reproductive organs, and chromosomes. These are collectively known as the physiological and biological traits of females and males. Sexual orientation, on the other hand, describes the type of person someone is attracted to and pursues relationships with. Someone's sexual orientation can be classified as lesbian, straight, gay, bisexual, asexual, and pansexual.

Research on Gender-Affirming Care Interventions in Healthcare

One major aspect of gender-affirming care entails taking all of this information into consideration while remaining respectful of other people's preferences during the healthcare process. In a more technical sense, gender-affirming care is defined as supportive therapies for individuals who are transgender or nonbinary. This may include services that are surgical, medical, behavioral health-related, or non-medical in nature. Some interventions that fall under gender-affirming care include laser hair removal, hormone replacement therapy (HRT), voice therapy, fertility counseling, puberty blockers, gender-affirming surgeries (breast reconstruction, genital reconstruction, tracheal cartilage shaving, and facial cosmetic surgery), chest binding, genital tucking and packing, post-surgery urological services, psychiatric counseling to assist with adjustment to transitioning, and social affirmation techniques.

Research shows that, when provided early enough, gender-affirming care greatly improves a person's health and well-being. Gender expansive youth who receive gender-affirming care are better able to socially transition and demonstrate greater confidence levels when navigating the healthcare system. Studies have also found that medical and psychiatric gender-affirming care is associated with improved self-esteem, fewer incidents of adverse mental health effects, and improved quality-of-life. Behavioral health-related services that facilitate peer and

familial support are also crucial to gender expansive individuals. Care focused on environmental and social support is also connected with positive outcomes, since these networks can not only assist someone in obtaining gender-affirming care, but also offer emotional support. When gender expansive individuals are not able to connect with the care they need and they also lack social support such as this, they are much more likely to experience homelessness, depressive symptoms, suicidality, rejection, and a host of other negative outcomes.

Section 1 Personal Reflection

What aspects of gender-inclusive research can be used to inform the way an OT treats patients?

Section 1 Key Words

Asexual - Someone who has little to no sexual attraction or desire for others; this does not include emotional, romantic, or spiritual connections with others, as those who are asexual still connect with others in those ways

Gender expansive - A descriptor for individuals whose gender expression or gender identity does not align with the sex they were presumed at birth

Pansexual - A type of sexuality that involves any and all types of attraction (emotional, romantic, or sexual) toward someone regardless of their gender identity or sex

Section 2: The Basics of Gender-Affirming Occupational Therapy

References: 9, 10, 11, 12, 13, 14, 15, 16

Many aspects of gender-affirming care intersect with the Occupational Therapy Practice Framework and the profession's client-centered nature. Some principles of gender-affirming occupational therapy include but are not limited to:

- Therapists should acknowledge that gender expansive individuals and identities are integrated into the human experience and, as a result, are closely intertwined with occupations.
    - **Practice-related example:** A patient who recently underwent gender-affirming surgery as part of a male-to-female transition expresses a desire to develop new routines surrounding grooming and hygiene.
- Gender expansive individuals participate in occupation in ways that are often specific to their personal experiences.
    - **Practice-related example:** When a genderfluid individual opts to outwardly appear feminine, their clothing and makeup choices may partly reflect those of others around them and inspiration from social media. A therapist working with this patient ensures their choices are at the forefront of treatment.
- The lived experience of gender expansive individuals has continually been molded by a history of stigma, discrimination, and other historical traumas.
    - **Practice-related example:** A gender expansive individual who was raised in a household and community that were both not accepting of them will have a very different experience than a gender expansive individual who had a strong support system when they were younger. This person's therapist makes a distinct effort to learn more about these experiences and make treatment accommodations as needed.
- The concept of the gender binary was created to exclude gender expansive individuals. Because the healthcare industry and many other societal

systems operate using this and other outdated concepts, there are many ingrained practices that providers must disrupt in order to offer higher quality care.

    - **Practice-related example:** A therapist begins working at a private clinic that uses what she believes to be outdated practices when treating gender expansive individuals. In opposition to the clinic's *suggested* practice guidelines, the therapist interacts with patients in a way that is more socially competent, inclusive, and universally accepting of gender expansive individuals. The therapist notes a sharp improvement in patient satisfaction and other health outcomes when compared to patients treated by her peers using traditional approaches.

- Discrimination toward gender expansive individuals continues to exist in our society and contributes to occupational injustices such as occupational deprivation.

    - **Practice-related example:** A genderqueer individual feels uncomfortable seeking services at a faith-based organization who has mistreated them in the past. As a result, this patient declines OT and other medical services they are in need of. Such a choice may lead to continued struggles with ADLs and mental health.

- Inclusive healthcare environments are essential to health, well-being, and occupational engagement.

    - **Practice-related example:** An outpatient therapy clinic that has private rooms along with non-gender-specific paperwork and verbiage is more likely to afford a safe, inclusive experience for a

gender expansive individual than a healthcare institution without these features.

- Gender-affirming, inclusive care environments also affect the health and well-being of a provider's peers, superiors, stakeholders, and professional colleagues.
    - **Practice-related example:** A community hospital that actively offers gender-affirming care, staffs only culturally and socially competent clinicians, and creates a safe environment for those they treat is likely to offer the same space for providers who work there.
- In order to be considered high quality, occupational therapy services must be provided on the basis of contextual and personal factors that pertain to a person's gender identity.
    - **Practice-related example:** An occupational therapist performing an evaluation on a gender expansive patient should aim for a complete occupational profile to gain insight into all client factors. In keeping with this idea, a thorough OT would speak with this patient about the places they frequent the most, common occupations for them, the level of accessibility in performing typical occupations or navigating certain environments, the level of satisfaction the patient has with their function across all occupations, and the patient's typical coping skills. This offers ample information that can help the therapist plan for and implement gender-affirming care.
- Therapists should be aware of the crossover between a person's social identities and their occupations, and use this intersectional approach to inform high-quality treatment.

    - **Practice-related example:** A person who frequents gay-friendly establishments and simultaneously taps into their social supports in such places is more likely to experience different levels of occupational engagement there compared to in non-gay-friendly or more universal environments.

- All occupational therapy providers have a duty to offer just, equitable treatment that supports diversity. This is the lifeblood of a transformative occupational therapy profession.

    - **Practice-related example:** The field of occupational therapy cannot be expected to exist in accord with other healthcare disciplines focused on inclusion unless they are similarly focused on inclusive practices and policies.

- American Occupational Therapy Association (AOTA) position statements, the Occupational Therapy Code of Ethics, the Occupational Therapy Practice Framework (OTPF-4), and other cornerstone documents detail standards related to gender expansive care that can guide a provider's treatment planning.

    - **Practice-related example:** An occupational therapist is writing up a protocol to detail justification and garner funding for a program focused on gender-affirming care. The therapist references AOTA's Practice Framework and the OT Code of Ethics when discussing how gender-affirming practices impact an individual's well-being. The therapist also uses this same foundational information to build the framework of her treatment.

- Gender issues are not related to morality, as inclusive practices such as gender-affirming care are the ethical choice.

- **Practice-related example:** A therapist who adopts an insensitive approach when working with a gender expansive individual is not being ethical in the services they provide. If a therapist views certain gender identities as ‘wrong’ and others as ‘right,’ they are letting their biases and similarly incorrect assumptions guide the work they do. This is not only unethical, but goes against the basis of the work we do as occupational therapists.

Research on Gender-Affirming Care in Occupational Therapy

While the amount of literature on this topic has grown in recent years, gender-affirming care research within the occupational therapy field is still limited. Most research in our field identifies continued gaps in research as well as uniform practice guidelines to assist therapists in socially competent care. Some therapists have developed frameworks and protocols to assist in filling these gaps, but not much has been adopted on a larger scale. For example, OT researchers Lambor & Pooja (2023) proposed gender-affirming care training to help OT providers learn more about these practices, gain more awareness of them, and build skills to confidently use them in practice. This program was developed on the basis of social learning theory, innovation diffusion, and the health stigma and discrimination framework, and its core involves educational techniques along with the minimization of stigma.

Another publication from therapists Steuer & Walker (2023) also addresses protocols on a larger scale. This review piece mentions the post-operative rehabilitation guidelines created by the World Professional Association for Transgender Health Standards of Care. In it, therapist researchers highlight the need for OT to develop more discipline-specific protocols to assist with aftercare for individuals recovering from vaginal surgeries. This article also discusses the

utility of AOTA taking gender expansive individuals into account when making future revisions of their official documents.

There have even been updates to the highly-regarded Lifestyle Redesign certification program hosted by the University of Southern California's Chan Division of Occupational Science and Occupational Therapy. USC now offers a Lifestyle Redesign for Gender Affirmation, which was created with a focus on building self-advocacy skills; managing mental health concerns such as anxiety, dysphoria, and stress; expanding social engagement, dating, and intimate activities; developing safe, enjoyable habits and routines surrounding ADLs and other occupational areas such as dressing, hygiene, grooming, sleep, eating, exercising, and more; gaining and using health management strategies to assist with care for chronic conditions; and adhering to post-surgical precautions during the recovery process from gender-affirming procedures.

Other research from Swenson et al. (2022) mentions the concept of occupational assimilation as it pertains to gender expansive individuals. While occupational assimilation allows people (particularly non-binary and transgender individuals) a greater sense of safety and prevents discrimination or scrutiny for their identities, it significantly cuts down on self-expression and genuineness. It is within OT's scope of practice to facilitate participation along with authentic expression, so this form of occupational injustice should especially be on a therapist's radar if they are treating gender expansive individuals.

Larger studies include a systematic review conducted by OTs Leite & Lopes (2022), which looked at literature on gender dissident individuals going back as far as the 1980s. The review found that existing research did offer some professional stances from the OT field as well as recommendations for the treatment of gender dissident individuals. This article supports the need for more information to guide

the care of this population, but does serve as a good compilation of the existing data on this topic.

Another piece of OT research led by Wasmuth et al. (2021) tested the feasibility of an occupational therapy intervention aimed at improving well-being and lowering stigma for individuals who are transgender and gender-nonconforming. The intervention consisted of a play reading with a narrative basis delivered virtually. This was followed by a moderated discussion pertaining to gender-affirming care and diversity in gender identity. The intervention was considered plausible in terms of demand for the service and acceptability, but was found to have limited efficacy despite participant reports of decreased stigma and an overall positive experience.

Lastly, a cross-sectional study conducted by Becerra-Culqui et al. (2024) looked at levels of social affirmation in transgender adults in both school and workplace settings. Results showed that, overall, those who had high levels of social affirmation had lower rates of mistreatment at school and work compared to those with low levels of social affirmation. In addition, transgender adults who were assigned female at birth (AFAB) and had higher levels of social affirmation were less likely to come out to their employers than AFAB individuals who had low levels of social affirmation.

Section 2 Personal Reflection

What are some other ways an occupational therapist can think outside the concept of the gender binary when working in a traditional healthcare institution?

Section 2 Key Words

Gender dissident - Any gender identity that falls outside of typical binary identities; this term is similar to gender expansive

Occupational assimilation - A social and cognitive process that allows someone to be part of the social community around them and identify with their chosen occupations at the same time

Social affirmation - The way other people perceive someone's gender identity

Section 3: Gender-Affirming Occupational Therapy Treatment

References: 17, 18

Occupational participation is a large part of OT practice, and there are certain considerations therapists must be aware of in order to provide gender-affirming care. ADLs are one category that is particularly of note for this population.

Activities of Daily Living (ADLs)

Bathing

It is crucial for OTs to address bathing in order to maintain skin integrity. But this can be a very sensitive ADL, especially if a patient has recently undergone gender-affirming surgery. Patients who are experiencing concerns related to gender dysphoria (either as part of or separate from gender-affirming surgery) may benefit from modifications such as developing healthy routines, using bathing tools (such as sponges, gloves, etc.) to serve as a barrier during physical contact,

wearing undergarments or a bathing suit to offer coverage of specific areas, and covering mirrors.

Therapists may need to educate patients in the temporary use of adaptive equipment or assistive devices not only to help them functionally ambulate during bathing, but also to assist with the act of bathing itself. A shower chair, tub transfer bench, and long-handled sponge are likely to be the most useful for patients as well as an inflatable donut if the patient utilizes shower seating.

During self-care training focused on bathing, therapists should educate patients how to remain compliant with any post-operative precautions that may be in place. In particular, vaginoplasty and vulvoplasty aftercare both require patients to avoid submerging their incision until they receive doctor's clearance.

Therapists can also train individuals in the use of energy conservation strategies and wound management relative to their incision. Vaginoplasty and vulvoplasty wound dressing involves dabbing exterior incisions until they are dry, followed by applying ointment and a menstrual pad to protect the skin while it heals.

Dressing

In terms of expression, dressing is another largely personal ADL for gender expansive individuals. Therapists may help gender expansive patients with tucking, binding, or packing as well as garment wearing schedules and the recommendation, modification, and management of clothing. Education surrounding binding typically includes avoiding sleep and exercise while wearing a binder, determining on and off days to preserve skin integrity, limiting binder use to 10 hours per day, taking 20-minute breaks from binders during the day, removing the binder if there is dyspnea or discomfort, opting for looser-fitting binders to prevent occupational performance concerns, and checking skin daily. Individuals who are tucking should also be educated to take consistent breaks, do

daily skin checks, untuck if they have numbness or pain, and opt for loose-fitting tucking garments to help with occupational performance.

If therapists become aware of patients participating in unsafe binding or tucking practices, they can educate patients on health complications that may arise. Complications may impact reproductive, cardiovascular, musculoskeletal, and integumentary system changes. Therapists should also be aware of the sensory impact binding, tucking, packing, and similar gender-based dressing practices may have on the patient during both the evaluation and treatment process.

OTs can also educate patients on dressing strategies to utilize as they recover from gender-affirming surgeries. Excessive forward flexion of the trunk is contraindicated during recovery from chest-related surgeries. As a result, these patients should be taught crossed-leg body dressing and educated in the temporary use of adaptive equipment such as sock aids and long-handled shoe horns.

Eating

Individuals who opt for cosmetic procedures to the head and/or neck (e.g. facial feminization surgery) may need ADL assistance in the event they are placed on a postoperative liquid diet. Patients recovering from head and neck surgery may also require manual therapies to assist with reducing swelling.

It's also within a therapist's scope of practice to address body image concerns related to eating. Therapists should not only look for warning signs of eating disorders, but also address concerns such as body hatred, body aversion, and dysphoria. OT treatments to address these areas may include the exploration of and participation in meaningful, healthy hobbies; the development of healthy routines and habits surrounding diet and exercise; the promotion of social

connections to assist with mental well-being; and participation in mindfulness-based activities such as meditation.

Grooming and Hygiene

Training and retraining focused on this ADL should always begin with a candid discussion. This not only allows therapists to gain consent, but also gives patients the opportunity to mention specific practices that affirm their identity and are priorities to them.

This may be another area where therapists use dysphoria management strategies. In addition to those recommended for bathing, therapists may also instruct patients to use gloves while shaving one's face, legs, or other parts of the body to minimize uncomfortable sensations and reduce distress. Therapists may also need to help patients manage emotional discomfort while recovering from surgery to the head or neck, as contraindications often include refraining from shaving or other forms of grooming surrounding the areas that are healing.

OTs may also assist patients in the use of hats, hair wraps, bonnets, wigs, or other similar coverings to both address dysphoria and improve mood during the postoperative period.

Sexual Activity and Intimacy

Therapists should cover some of the following areas when working with gender expansive individuals:

- Creating safe spaces surrounding sexual activity, including but not limited to asking for and giving consent and creating healthy boundaries

- Educating patients on various types of sex toys as well as the use of lubricants, vaginal estrogen creams, and similar emollients to help with enjoyment
    - Education should cover safe use of these products as well as sanitization techniques to maintain device integrity and hygiene
- Training on visualization techniques to be used during intimate moments; this can assist with managing dysphoria as well as emotions such as anxiety
- Demonstrating proper technique for deep breathing, chest expansion exercises, and
- Forming routines and habits surrounding sexual activities; this is often recommended for those in the process of medically transitioning but may be used for any individuals who have concerns in this area
- Using mirroring and other alternatives to traditional sex (e.g. sensual touch rather than penetrative sex), which helps with neurosensory reeducation after gender-affirming surgery
- Educating someone in the healthy practice of external self-stimulation, habit formation surrounding dilation, and receptive intercourse at various points in the recovery process after vaginoplasty or vulvoplasty
- Instructing someone on appropriate body mechanics that can eliminate or minimize pain during sex

Toileting

Patients who are recovering from vaginoplasty or vulvoplasty can benefit from basic hygiene instruction surrounding toileting. Some involve temporary aftercare, such as using a dedicated bottle to assist with perineal care after removing a

urinary catheter. Others involve standard practices that relate to newly assigned anatomy. Some of the most central points of education include wiping front to back, refraining from strained or forced breathing during defection, and urinating after any sort of sexual activity. Pelvic floor tilts are another area of continued education after these procedures, as this can assist with targeting urine flow and easing the process of bowel movements.

Someone recovering from a phalloplasty may need education on one-handed strategies and energy conservation techniques to assist with toileting (specifically clothing management and wiping), dressing, and other ADLs during the recovery period. Those who are post-phalloplasty should also be aware of precautions surrounding use of the abdominal muscles as well as penis positioning to assist with blood flow, pain management, and general healing.

Instrumental Activities of Daily Living (IADLs)

Guidelines for OT intervention focused on IADLs for gender expansive individuals is, in most cases, more general.

- **Caretaking and parenting**
    - Avoid making any assumptions about someone's family structure or dynamics
    - Offer support and validation of a gender expansive person's family choices and the ways in which these choices impact their occupations, especially during the social transition period
    - Use gender-inclusive language (e.g. child rather than daughter or son, parent rather than mother or father)

- For gender expansive individuals (specifically those who are transgender) undergoing custody trials for children, connect individuals with legislative and behavioral health support

- **Driving and community mobility**
    - Acknowledge and address fear of harassment or discrimination when using buses, subways, rideshares, and other methods of public transportation
    - Educate patients on driving restrictions after gender-affirming surgery and medical equipment to help with aftercare; patients recovering from vulvoplasty or vaginoplasty must recline when seated and utilize a donut pillow to relieve pressure on their incisions
        - Those within the 1-6-week period after vulvoplasty and vaginoplasty can only sit for 5 minutes at a time, which will impact driving and some public transportation
        - Once passing the 6-week mark, patients can sit for up to 30 minutes at a time, which still has an impact on ability to take long rides

- **Financial management**
    - Therapists should be aware of mental health concerns that may exist due to financial insecurity, discrimination in the workplace, excessive medical bills related to gender-affirming surgeries (if individuals do not have knowledge of their healthcare benefits or assistance in navigating insurance coverage and/or the claims process), and other social determinants of health

- Some individuals may not be able to receive gender-affirming surgeries due to limited financial resources, and this may cause or worsen mental health concerns
- In addition to supporting patients in their social transitions (either in the absence of or alongside gender-affirming surgeries), therapists can also assist patients in securing financial resources including but not limited to grant-funded programs, supported employment opportunities, and structured housing

- **Spirituality**
  - Therapists must acknowledge that mainstream religions often serve as sources of discrimination, oppression, and insecurity for many gender expansive individuals; therefore, there may be some hesitance to engage in discussion regarding any form of spirituality
  - When addressing spirituality as an occupation, therapists should always remain trauma-informed
    - This involves recognizing the presence of shame, trauma, and alienation within religion for gender expansive individuals across the lifespan
    - Similar to not making any assumptions about someone's gender identity, therapists should never make assumptions about the frequency or type of spiritual practices someone engages in or what occupations hold personal spiritual significance
    - Spiritual beliefs and practices can change over the course of the lifespan, so this occupation is ever-evolving

- **Emergency management and personal safety**
    - Therapists should offer education on harm reduction (sensory strategies, coping techniques, and other emotion regulation skills) to minimize self-injurious behaviors, if they are present
    - Education should also cover online and community resources to help with coping skills and building a crisis plan, as well as resources to be used in the event of a crisis or other emergency
    - Therapists can guide gender expansive patients in identifying what safe boundaries and interactions look like with others and helping them attain that level of functioning
    - There is also the opportunity for therapists to engage in advocacy efforts surrounding gender-affirming healthcare, discrimination of gender expansive individuals, and more

General Best Practices for Gender-Affirming Care

Safety is paramount in gender-affirming care. Therapists should always practice trauma-informed care with gender expansive individuals. In particular, level 1 trauma-informed care approaches outline certain universal precautions for this population. These precautions state therapists should:

- Consider the effects of crises in a patient's life, both personally (e.g. history of sexual abuse) and on a large scale (e.g. COVID-19)
- Use therapeutic communication at all times
- Refrain from any judgment, criticism, or mistreatment
- Ensure all therapy spaces are healing environments

- Practice their own self-care to remain emotionally healthy and responsive

Practice settings should adopt a zero-tolerance policy for any type of discrimination, violence, or harassment in therapy settings. Therapists should advocate for these policies wherever they are not in place to ensure the comfort and security of their clientele. In the same vein, consent helps with safety. Consent is vital at the start of therapy services for legal purposes, but it shouldn't stop there. Therapists are advised to ask for consent before any type of physical touch, when asking patients to disclose information about their past, when providing hands-on assistance, and any other time when patients may feel vulnerable. Therapists should continually assess safety across all patient contexts, and use a patient's chosen pronouns and name according to their preferences.

Seeking out **education** also assists in the gender-affirming care process by helping with ethical decision-making and therapeutic use of self. Education encompasses both OT program instruction and individual research performed by the therapist themselves (which should always be inclusive). This information should help therapists reflect on their own experiences and the service they provide in order to check and address any biases that exist. A therapist who is informed of the full scope of their patient's needs should be aware of relevant socioeconomic and sociocultural factors, and other social determinants of health and all life experiences.

As with many areas of OT, therapists must engage in **continuing competency**. This means keeping abreast of terminology changes and other updates in the area of diversity, equity, and inclusion as well as reading AOTA official documents to remain in alignment with best practice. Self-reflection and bias adjustment also applies here, as therapists should feel comfortable changing any judgment calls based on new evidence, experiences, or relationships that have arisen.

Within OT **practice** itself, therapists should maintain a distinct focus on both function and occupation in an inclusive manner – when selecting assessments, completing the evaluation, and providing interventions. During the evaluation process, therapists should avoid selecting standardized assessments based on binary gender options. Providers should also stay away from gender binary stereotypes, and aim to create safer environments for all based on the work they do. In any context, therapists must not challenge or invalidate a person's gender identity. Any opportunity such as this should be seen as a time for self-reflection and bias challenging.

Lastly, **advocacy** is central in gender-affirming care, as therapists should strive to uphold occupational and social justice in accordance with the OT Practice Framework. Providers must advocate for others to disrupt gender binaries and identify their gender while still accessing equitable healthcare as well as trauma-informed care. Advocacy may take place within practice settings in the way of procedural and organizational changes. They can also extend beyond this to the local, state, regional, and national levels in an effort to support all types of gender diversity.

Section 3 Personal Reflection

In what ways might there be parallels between advocacy within traditional practice settings and advocacy at the state level?

Section 3 Key Words

Binding - Donning materials or clothing that minimizes the presence of breasts or other external anatomy; someone who is binding may use sports bras, tape, binders, or tight undergarments to help flatten and smooth the area in question

Packing - Using materials to create the sensation and/or appearance of having a penis

Tucking - Donning materials or clothing that minimizes the presence of male genitalia; someone who is tucking may use tight undergarments, a gaff (underwear specifically designed to help with tucking), or tape

Section 4: Case Study #1

A 32-year-old undergoing a male-to-female transition (she/her) is being seen for OT after a vulvoplasty. During the initial assessment, she identifies concerns related to intimate hygiene, pain management, and sitting/positioning. She has a great deal of anxiety regarding socially transitioning after she recovers, and has a history of depression related to discrimination in the past few years.

1. What standardized assessments might the therapist use to evaluate this patient?
2. How can the therapist address this patient's mental health concerns?

Section 5: Case Study #1 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What standardized assessments might the therapist use to evaluate this patient?

   The Performance Assessment of Self-Care Skills (PASS) offers therapists a scoping view of all ADL functions, so this can help identify concerns related

to hygiene and can be included in the evaluation. However, the therapist should also use functional observation and patient priorities to assist with goal formation and problem identification in this specific ADL. The McGill Pain Questionnaire is another assessment that can help pinpoint specifics related to this patient's pain. This is not only a comprehensive assessment, but it also incorporates the Visual Analog Scale, which is an inclusive way for this patient to rate her pain.

The Functional Reach Test is a basic, function-based assessment that can help determine the patient's practical skills while in seated and standing positions. From here, the therapist can identify postural concerns and make recommendations accordingly.

2. How can the therapist address this patient's mental health concerns?

   One of the best ways for this therapist to address the demonstrated mental health concerns is by taking a universally appropriate trauma-informed approach. Using therapeutic use of self, clear communication, and asking for consent each step of the way is important. In terms of specific interventions, the therapist should offer education on and exploration of coping skills, relaxation techniques, and crisis management strategies. The therapist should closely monitor this patient for any mental health concerns that go beyond OT's scope, as a behavioral health referral will be indicated.

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