Sexuality in Care Settings

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To be Sexual is to be Human

• Closeness, physical intimacy, and sexual desires and needs remain across the life span

Sexuality Defined

• The interpersonal relationship between two people that results in the feelings of closeness

• Sexual Expression: sexual intercourse, flirtation, affection, passing compliments, proximity and physical contact, and appearance.
Sexuality, and Intimacy

• Sexual expression occurs towards
  -Staff
  -Spouse
  -Other Residents
  -Self-Expression

Sexual Behavior Concerns

• Non-Consensual Sex: Unwanted sexual comments, advances, coercive touch

• Sexual Disinhibition: exposure of genitals, public masturbation, nudity, hypersexual desire/demands, obscenities

• False accusation of sexual abuse

Sexuality

• 16% of males and 10% of females engage in some form of sexual activity

• Prevalence of genital sex between residents with dementia is 5%
Issues Related to Sexuality

- Attitude of Staff
- Competency of Resident
- Family Role/Reaction
- Other Residents’ Reactions
- Sexuality transmitted diseases
- Facility Policy
- Managing Resident Rights vs. Resident vulnerability
- Documentation and Communication
- Role of Providers: MD, CNP, Ombudsmen

Staff Reaction/Attitude

- Sexual behavior reaches beyond the comfort zone of most
- Emotions: confusion, embarrassment, helplessness, anger, denial, aversion
- Training and Education are Important

Assessing Competency to Consent [Lichtenberg & Streapel, 1988]

- Person’s Awareness of the Relationship
  
  Does he or she know who is initiating sexual contact?
  
  Can he or she describe a preferred degree of intimacy?
Assessing Competency to Consent

• Patient’s Ability to Avoid Exploitation
  Can he or she say “no”?
  Is the behavior consistent with the formally held beliefs and values?

Assessing Competency to Consent

• Person’s Awareness of Possible Risks
  Does he or she realize that the relationship may be temporary?
  Can he or she describe how he or she will react when the relationships ends?

Clinical Guidelines (1990)

• Sexual expression should be permitted if both parities and relevant family members consent and the risks are not judged to exceed benefits.

• Staff, with family guidance, may decide whether to permit a behavior
Clinical Guidelines (1990)

• Staff members are responsible for determining and documenting consent, for discussing risks, and for developing a care plan.
• It is in everyone’s interest and the staff’s responsibility to seek a mutually agreeable solution when family members object to consensual behavior between residents.

Intimacy/sexuality Philosophy

• Assess intimacy/sexual needs at the time of intake.
• Educate families and staff about sexuality.
• Identify your intimacy and sexuality philosophy; policy and procedures.
• Talk about it regularly.

Behavior is meaningful

• “Problem behavior” should be seen as driven by some unmet need.
• It is necessary to seek to understand the message and so to engage with the need that is not being met.
Interventions

• Stop and observe.
• Describe the event(s) in behaviorally.
• Determine if it is a problem and for whom; staff, family, facility, resident. If yes, identify antecedents/triggers.
• Create a plan of care, implement and evaluate. (Team Meeting -Care Plan)

Consultation/Communication

• Inform the CNP/PCP
• Ask for a psychological assessment especially if capacity for consent.
• Involve the Ombudsmen.
• Corporate Attorney.
• Inform/educate the family/guardian.

Responding to Sexuality

• Educate the resident regarding safe sex.
• Consider any medical ramification.
• Document activities.
• Educate staff regarding plan.
• Educate family as appropriate.
Responding to Sexual Behavior

- Determine if hypersexual behavior or just appearing to be sexual
- Change the environment
- Remove triggers
- Redirection and distraction
- Avoid reinforcing the behavior
- Find alternative sexual expressions
- Determine if medical or toileting need
- Adaptive Clothing
- Meet intimacy needs with touch (bed pillow)

Responding to Sexual Behavior

- Increase 1:1 contact
- Physical activity
- Structured activities
- Staff attention when not engaging in sexually inappropriate behavior
- Resident relocation
- Medications

Summary:

- Primary goal is to enhance the well-being of the resident in a holistic way.
- Staff feel comfortable and effective in dealing with specific situation
- Facility has established guidelines
- Families or legal guardians have a clear understanding.
Resources

- Daniel Kuhn Intimacy, Sexuality and Residents with Dementia. Alzheimer's Care Quarterly, 2002: 3(2): 165-176
- Daniel Kuhn. Responding to Intimacy and Sexuality of Residents with AD. Connections, Nov. 2006; No 54
- Alzheimer's Association – Family Care consultant www.alzmn.org 1-800-232-0851
- www.hartford.org – “try this” best practice in nursing care: Sexuality Assessment for Older Adults