

Creating a Person-Centered Approach to SEXUALITY & INTIMACY in Long-Term & Continuing Care

Facilitator: Peggy Brick, M. Ed, CSE
Founder/Past President, Sexuality & Aging Consortium
peggybrick@verizon.net; www.sexualityandagingconsortium.com

Person-Centered Long-Term Care fosters a holistic culture of successful aging and self-determination based on -

- 1. *Autonomy***
- 2. *Individual choice***
- 3. *Cultural competence***
- 4. *Flexibility***

AGENDA:

- 1. Introductions**
- 2. Film: Freedom of Sexual Expression**
- 3. Identification of Concerns**
- 4. Attitudes about Sexuality & Intimacy in Long-Term Care**
- 5. The Resident and the Stakeholders: Comparing Concerns**
- 6. Evaluating a Resident's Competence re Relationships**
- 7. Developing a Policy**
- 8. Finale: Where from here?**

Essential resource: *Sexuality in Long-Term Care: Understanding & Supporting the Needs of Older Adults*. Gayle Appel Doll, Health Professions Press (2012).

ATTITUDES about SEXUALITY & INTIMACY

Directions: This scale will help you think about your personal attitudes toward intimacy and sexuality in Long-Term & Continuing Care. Trust your gut reaction as you respond to each statement. These will NOT be collected; when we discuss responses you will share only what you choose to share. Circle the number that best expresses your viewpoint.

1. Elderly people in Long-Term Care have little interest in sexuality.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

2. Long-Term Care facilities should not encourage or support intimacy among residents.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

3. Long-Term Care facilities have an obligation to provide privacy for residents who want to be alone, either by themselves or as a couple.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

4. Masturbation is an acceptable activity for both males and females in private.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

5. If I knew a Long-Term Care facility permitted and supported sexual activity, I would not place a relative in that home.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

6. Long-Term Care facilities should provide large enough beds for couples who desire to sleep together.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

7. Sexual expression is a natural and normal human need.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

8. Dementia diagnosis should not deny someone the right to sexual expression.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

9. All facilities serving older adults should have a POLICY supporting residents rights and train staff to implement the policy.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

10. The staff role is not to judge the sexual behaviors of a resident but assure behaviors are consensual.

1 2 3 4
Strongly agree Agree somewhat Disagree somewhat Strongly disagree

INTIMACY & SEXUALITY IN LONG TERM CARE

The Resident and the Stakeholders: Comparing Concerns

“Old age will only be respected if it fights for itself, maintains its rights and avoids dependence on anyone and asserts control over its self until its last breath.” Cicero.

Family

Federal/state regulations

Ombudsman

Partner(s)

RESIDENT

**Other
Residents**

Administration

Physician(s)

Agency Policy

STAFF

Nurses and Aides

Social Work

Housekeeping

Dining room

Sexuality & Aging Consortium at Widener University; www.sexualityandaging.com

ASSESSING COMPETENCY TO ENGAGE IN AN INTIMATE RELATIONSHIP

A resident's capacity to decide to have an intimate relationship should not be based on a one-size-fits-all concept. Below are criteria suggested for inferring sexual capacity:*

1. **Voluntariness.** A person must be able to voluntarily decide with whom he or she wants Have an intimate relationship. There should be no coercion.
2. **Safety.** Both participants should be reasonably protected from harm, such as transmission of a sexually transmitted infection or psychological harm (e.g., undesired separation).
3. **No exploitation.** A person should not be taken advantage of by a person with more power or status.
4. **No abuse.** There should be no abuse of psychological or physical nature.
5. **Ability to say "no."** A person should be able to say "no" either verbally or nonverbally and to extricate him- or herself from an unwanted situation.
6. **Socially appropriate time and place.** Either the person should be able to choose the time and place appropriately or be willing to b directed toward that end.

A DECISION TREE FOR ASSESSING**

- | | | |
|-----------|---|--|
| 1. | Mini-Mental State Examination score greater than 14 | |
| | YES | NO |
| | Perform assessment interview | Person unable to consent |
| 2. | Person able to avoid exploitation? | |
| | YES | NO |
| | Continue evaluation | Person unable to consent |
| 3. | Person aware of the relationship ? | |
| | YES | NO |
| | Continue evaluation | Person unable to consent |
| 4. | Person aware of risk? | |
| | YES | NO |
| | Consider person competent to participate in intimate relationship | Provide frequent reminders of risk but permit relationship |

* Adapted from Ames and /Samowitz (1995) in Doll, G. (2012).

** Adapted from Lichtenberg, P. (1997) in Doll, G. (2012).

DEVELOPING A SEXUALITY & INTIMACY POLICY*

Directions: An organizational policy on intimacy and sexuality is essential in order to assure both the rights and safety of residents. Following are four key issues that need to be considered; the decisions regarding each of them may differ among organizations. What are your opinions?

Issue #1

Our residents have the right to seek out and engage in sexual expression.

Our organization provides this right to our residents. Yes No Unsure

I personally approve of residents having this right. Yes No Unsure

My concerns about this right and/or about our organization's policy related to it are:

Issue #2

Sexual expression may be between or among residents, or may include visitors. Acts that are not consensual are not permitted. Sexual expression may not impact negatively on the resident community as a whole through public display. Any act that might transmit a sexually transmitted infection is avoided.

Our organization provides this right for our residents. Yes No Unsure

I personally approve of residents having this right. Yes No Unsure

My concerns about this right and/or about our organization's policy related to it are:

Issue #3

Residents have the right to access and/or obtain, for private use, materials with legal but sexually explicit content: books, magazines, film, websites, videos, pictures, or drawings.

Our organization provides this right for our residents. Yes No Unsure

I personally approve of residents having this right. Yes No Unsure

My concerns about this right and/or about our organization's policy related to it are:

Issue #4

To the extent possible, residents have the right of access to facilities, most notably private space, in support of sexual expression.

Our organization provides this right for our residents. Yes No Unsure

I personally approve of residents having this right. Yes No Unsure

My concerns about this right and/or about our organization's policy related to it are:

Adapted from the Hebrew Home at Riverdale; see its essential film, *Freedom of Sexual Expression*. Find a complete staff training workshop in *Older, Wiser, Sexually Smarter, 30 Sex Ed Lessons for Adults Only*: www.SexEdStore.com.

Kendal at Longwood supports the residents in their right for sexual expression being mindful that safety and protection of physical and emotional health is of utmost importance. Residents have the right of access to private space, in support of sexual expression and preservation of dignity.

Sexual expression may be between residents or visitors and must be consensual. The ability to consent will be determined by the interdisciplinary team when there are questions that pertain to the competency of an individual resident.

Residents have the right to obtain, for private use, materials with legal but sexually explicit content.

When there is a question regarding the ability of a resident to consent to a sexual relationship the following staff guidelines are recommended:

- 1. The Nurse Manager will set up a team meeting with core staff to determine what the concerns are. (Nsg, SS, and Adm. will determine who will attend the meeting). The sexuality policy will be reviewed at that meeting. The team will then begin to develop fact finding strategies to determine the nature and scope of the “problem.” Timelines and departmental responsibilities for addressing the problem will be established. A time for a follow up meeting will be set.**
- 2. The team’s purpose will be to evaluate the degree to which there is a problem. The team will be charged with the responsibility of determining if the resident is aware of the relationship and/or behavior and is capable of making a decision to engage in sexual behaviors. The following will be discussed:**
 - a) Is the resident comfortable with the person who is initiating the contact?**
 - b) Is the resident comfortable with the activities?**
 - c) Is the resident safe when engaged in these activities?**
 - d) Are the thoughts and feelings about the activity clear, ambivalent, negative, confused?**

- e) **Is the resident able to say no to unwanted behaviors?**
- f) **What is the impact on staff and other residents of any public displays of affection?**
- g) **How should the family be involved in this situation?**
- h) **Are there other questions that are raised by the situation that need to be addressed?**

If answers to these questions are unclear establish a plan to attempt to answer the questions.

- 3. If necessary, involve the physician and/or occupational therapy, psychiatrist and neuro-psychologist in determining medical issues that may be having an impact on the resident's behavior.**
 - 4. Once evaluations are completed a follow-up meeting will be scheduled and a clear set of guidelines will be established and then shared with appropriate staff by the appropriate supervisors.**
 - 5. The effectiveness of approaches will be monitored in subsequent conferences as needed.**
- This policy was developed by the Kendal at Longwood Mental Health Committee consisting of the Health Center Administrator, Social Workers, Directors of Nursing, Activities Director and a resident Sexuality Consultant. For further information contact Peggy Brick: peggybrick@verizon.net.**

FILMS: A PERSON-CENTERED APPROACH TO INTIMACY & SEXUALITY IN LONG-TERM CARE

Away From Her.

This powerful full-length film features Gordon Pinsent with Julie Christie as his wife facing dementia. A sensitive exploration of their changing relationship. (110 minutes; \$5; Hot Movie Sales, www.hotmoviesales.com)

A ROSE by Any Other Name.

A loving couple faces the issues involved in having a relationship in an Assisted Living Residence including patronizing staff and lack of privacy. (15 minutes; \$150; Tricepts Productions Media; 800-343-5540; Jimtransitmedia.net)

Backseat Bingo

In this animated documentary adults in their 70's, 80's and 90's tell of their continuing need for love and intimacy. (6 minutes; \$79; Terra Nova Films, www.terranova.org)

Freedom of Sexual Expression

This seminal film advocates for the sexual rights of the elder living in assisted living and nursing homes and is excellent for training staff. It promotes policies that respect and affirm residents, provides strategies for dealing with inappropriate behaviors and shows the development of family understanding and support. (16 minutes; \$95; Terra Nova Films, www.terranova.org.)

The Heart Has No Wrinkles

Useful for training staff members when Assisted Living staff make fun of a loving couple; also shows the man realizing he wants intimacy, not intercourse. (16 minutes; \$150. Baxley Media, www.baxleymedia.com)

A Thousand Tomorrows: Intimacy, Sexuality, and Alzheimer's.

With candid interviews with spouse caregivers, this video explores the many issues affecting intimacy between partners when one has Alzheimer's. Excellent for opening sensitive discussion. (31 minutes; \$189; Terra Nova Films; www.terranova.org)

More Than A Thousand Tomorrows.

Eight years after the original video, one spouse from the original video discusses how he has coped with his wife's continuing deterioration. (22 minutes; \$139; Terra Nova Films, www.terranova.org.)

"LOVE, we still think, many of us, is for the young. But what do they really know about it? It is hard for them to differentiate between sexual passion and love itself...

If the whole of life is a journey toward old age, I believe it is also a journey toward love. And love may be as intense in old age as it was in youth, only it is different, set in a wider arc, and the more precious because the time we have to enjoy it is bound to be brief....

Old age is not an illness, it is a timeless ascent. As power diminishes, we grow toward more light. May Sarton, 1978.

Sexuality and Aging Consortium at Widener University, www.sexualityandaging.com