



Intimacy & Dementia:

How Close Can We Get?



BrainXchange Webinar Series – Part 1

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OBJECTIVES

 To consider myths and realities related to sexuality and aging

To identify our own barriers, values and beliefs

To increase our comfort level when managing this sensitive issue

Check



MYTHS & REALITIES

- Sex is only for the young
- •It's not physiologically possible

Institutionalization = the end of sexual freedom



MY BIASES

 Each of us has our own values and beliefs that will influence reactions to situations

Every one of us is entitled to our opinion

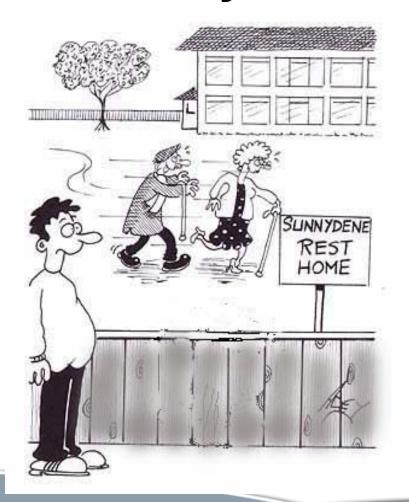
 At some point, discussions of intimacy will likely make most of us uncomfortable

•It is important to talk about it!

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LANGUAGE

What does intimacy mean to you?



THINGS TO REMEMBER

- Sexuality includes the need for closeness, warmth and tenderness
- •"If physical intimacy has been an important part of self-image and coping, it remains so"

Dmytro Rewilak, Ph.D., C.Psych.



SEXUAL HEALTH

•"Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love."

WHO Technical Report Series 572; Geneva, 1975





"Sexuality is an important aspect of seniors' lives"

WHAT IS SEXUALITY?



"Sexuality is more than physical act – encompasses all of who we are"



T

"The things that stop you having sex with age are exactly the same as those that stop you riding a bicycle...

(bad health, thinking it looks silly, or no bicycle)."

Dr. Alex Comfort
The Joy of Sex - 1972

SAYING vs DOING

What we could be doing...

But are we doing it?



APPROACH TO INTERVENTION

- PLISSIT Model:
 - -Permission
 - Limited Information
 - -Specific Suggestions
 - Intensive Therapy

https://www.youtube.com/watch?v=jBleG8SU0NI&t=25s



P. L. I. S. S. I. T. MODEL

Permission

Limited Information

Specific Suggestions



Intensive Therapy



HOW TO GET STARTED...

There may be different ways to open the conversation:

- What changes in physical intimacy have you experienced, as you have grown older?
- What goals do you have for your intimate relationship? (if he/she is still in a relationship)

UNIQUE CIRCUMSTANCES

LTC = Environmental issues

- What about gender issues?
- What about cognitive issues?

• WHAT ELSE?

 On an individual basis – physical, mental psychological & social barriers

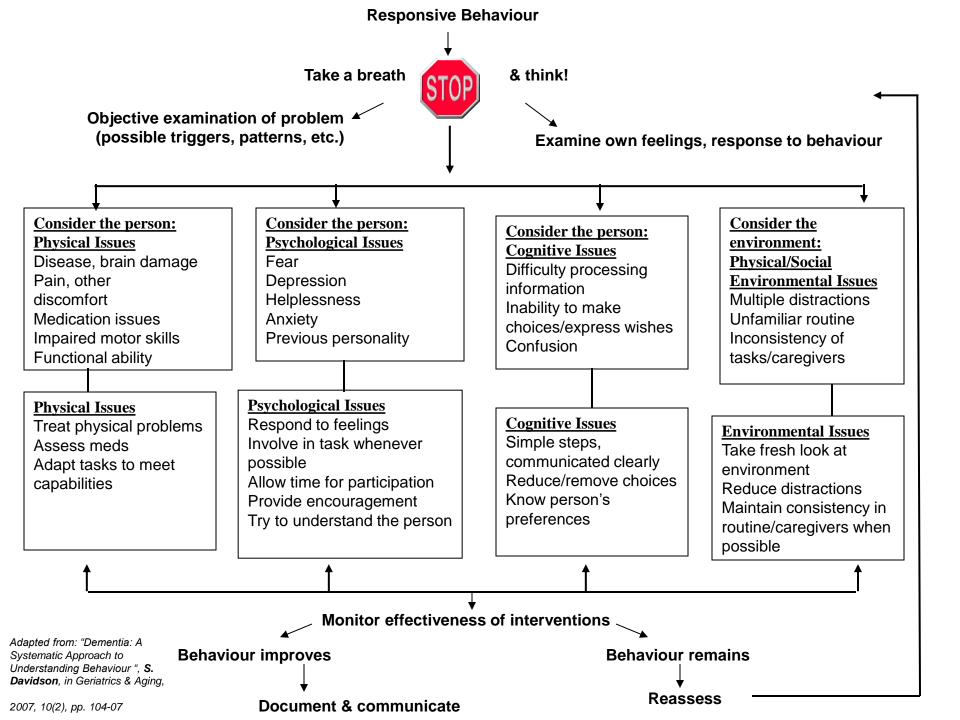


STRATEGIES FOR OURSELVES

Examine our own issues

- Involve the family (whenever possible) but as a partner in the discussion, not for 'approval'
- Examine the behaviour





SEXUALLY 'INAPPROPRIATE' BEHAVIOUR

- Physical
 - Is there a source of physical discomfort?
- Psychological
 - Does this reflect the person's previous personality?
- Cognitive
 - Is there a loss of inhibition?
- Environmental
 - Are we inadvertently reinforcing this behaviour?



SYSTEMATIC APPROACH

Challenges

- 1. Physical discomfort
- Psychological previous personality
- 3. Cognitive loss of inhibitions

4. Environmental - inconsistency of caregiver approach

Strategies

- 1. Treat physical problems
- 2. Try to understand the person
- 3. Simple steps, communicated clearly. Non-judgmental, non-punitive
- 4. Maintain consistency in routine/caregivers when possible



IS THERE A RISK?

What is the degree of risk?

 Can we balance the risk against the benefit of alternatives?

 Have we considered the influence of values and beliefs of everyone involved?



FOR THE ORGANIZATION

Is there a policy?

How are staff educated/supported?

What else do we need?



REMEMBER...

Staff may benefit from an opportunity to share their own feelings, but do they feel it is a safe environment to do so?

We need to ask ourselves:

"Who is this a problem for?"

"Where is this behaviour coming from?"

"Are clients' needs limited by someone else's beliefs or values?"



DISCUSSION

- Questions?
- Comments?



FOR NEXT TIME

Strategies & examples

Questions

Discussion

