

Intimacy & Dementia: How Close Can We Get?



BrainXchange Webinar Series – Part 2

*Sylvia Davidson OT Reg.(Ont.)
sdavidson@baycrest.org*

OBJECTIVES

Comfortably discuss case examples to highlight some common challenges related to issues of intimacy in persons with dementia

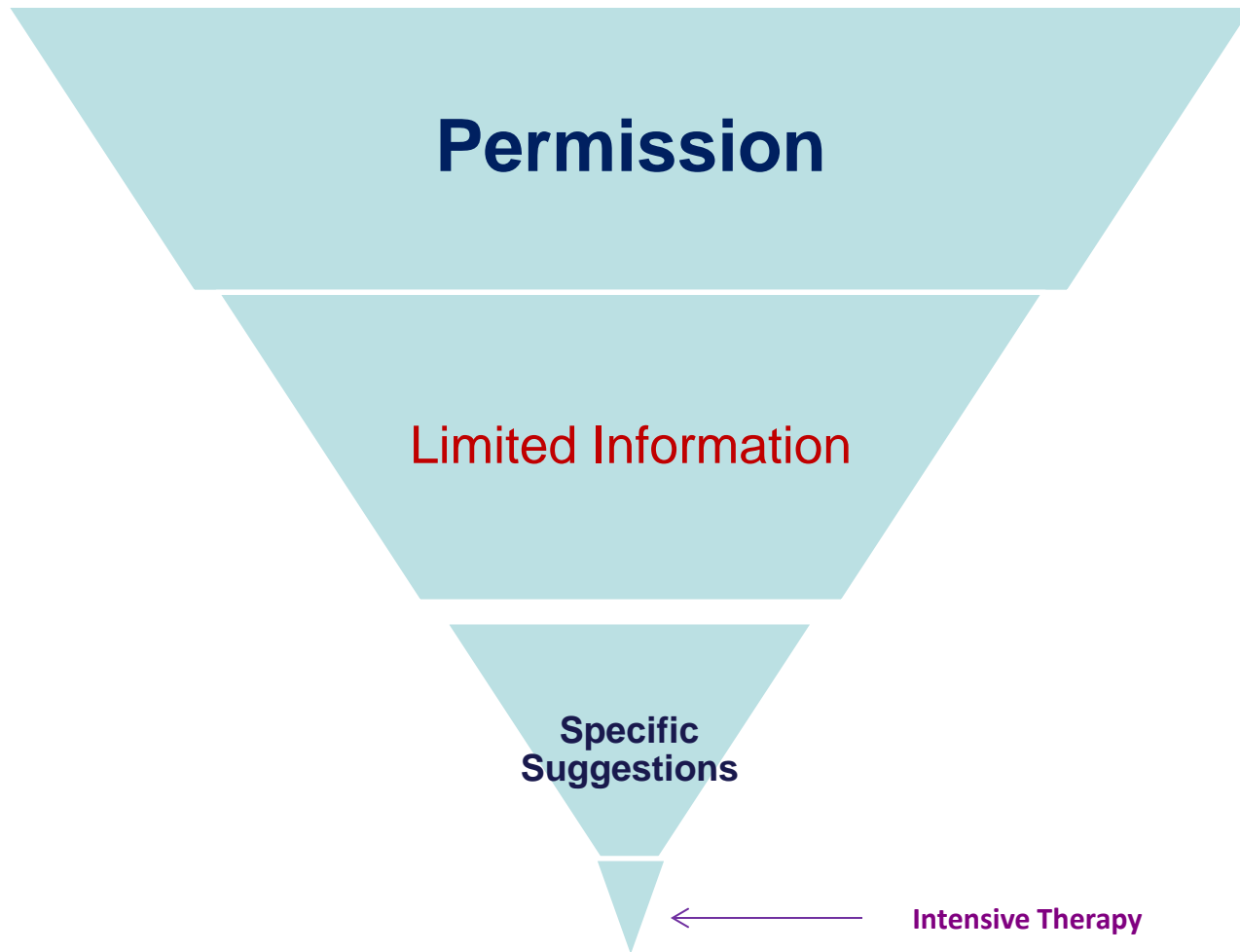
Understand how to apply strategies to address common challenges and help us support meaningful relationships.



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!

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

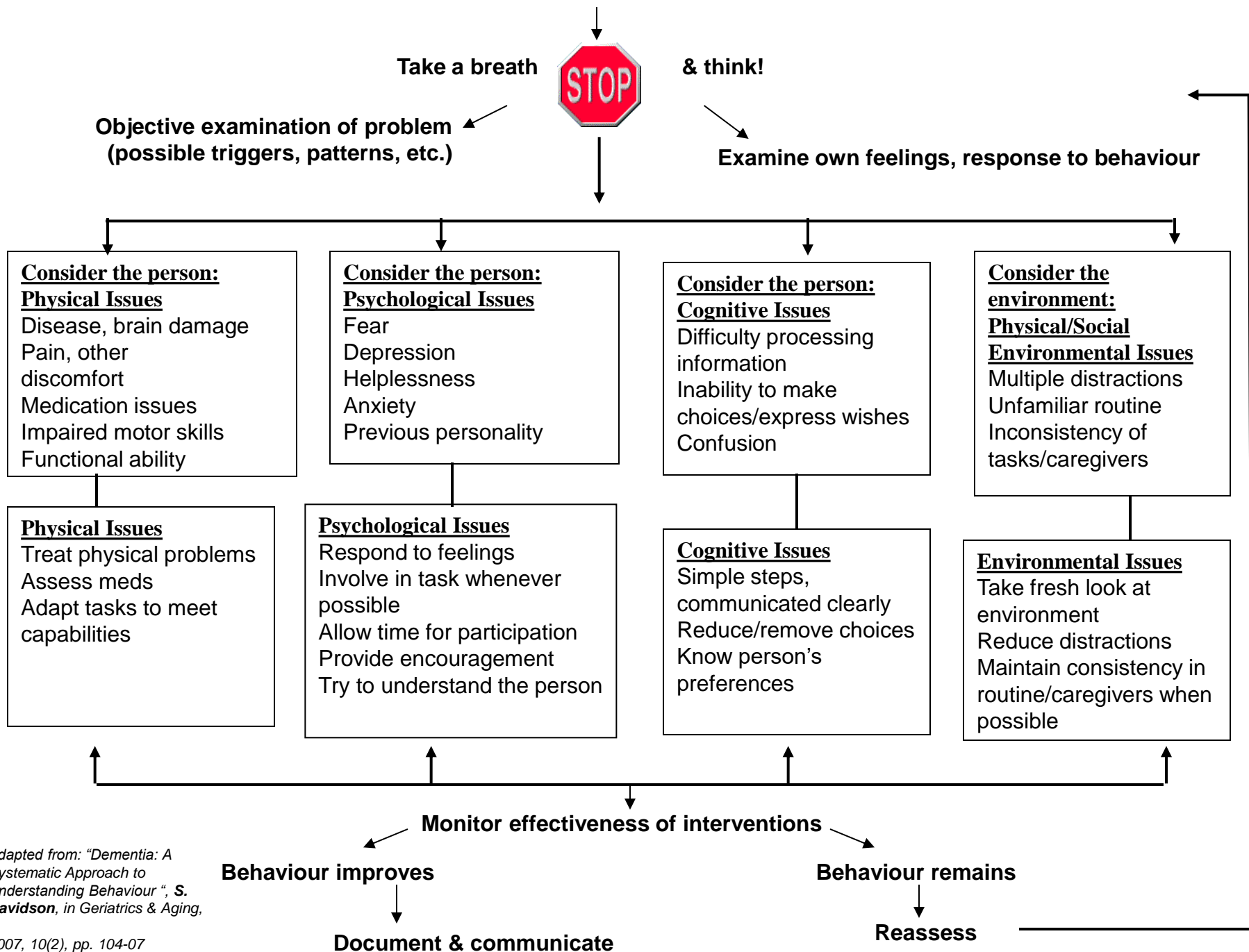


STRATEGIES FOR OURSELVES

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



Responsive Behaviour



Adapted from: "Dementia: A Systematic Approach to Understanding Behaviour", S. Davidson, in *Geriatrics & Aging*,

2007, 10(2), pp. 104-07

EXAMPLE

Mr. Smith sits in the resident lounge in a corner by himself. Others in the room are involved in a card game. Suddenly, Mr. Smith begins to masturbate. The other residents notice this and become upset.

- *What are your thoughts about this example?*
- *How would you handle this situation?*
- *How would this situation make you feel?*
- What should the staff do about this situation?

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
2. Psychological - previous personality
3. Cognitive – loss of inhibitions
4. Environmental - inconsistency of caregiver approach

Strategies

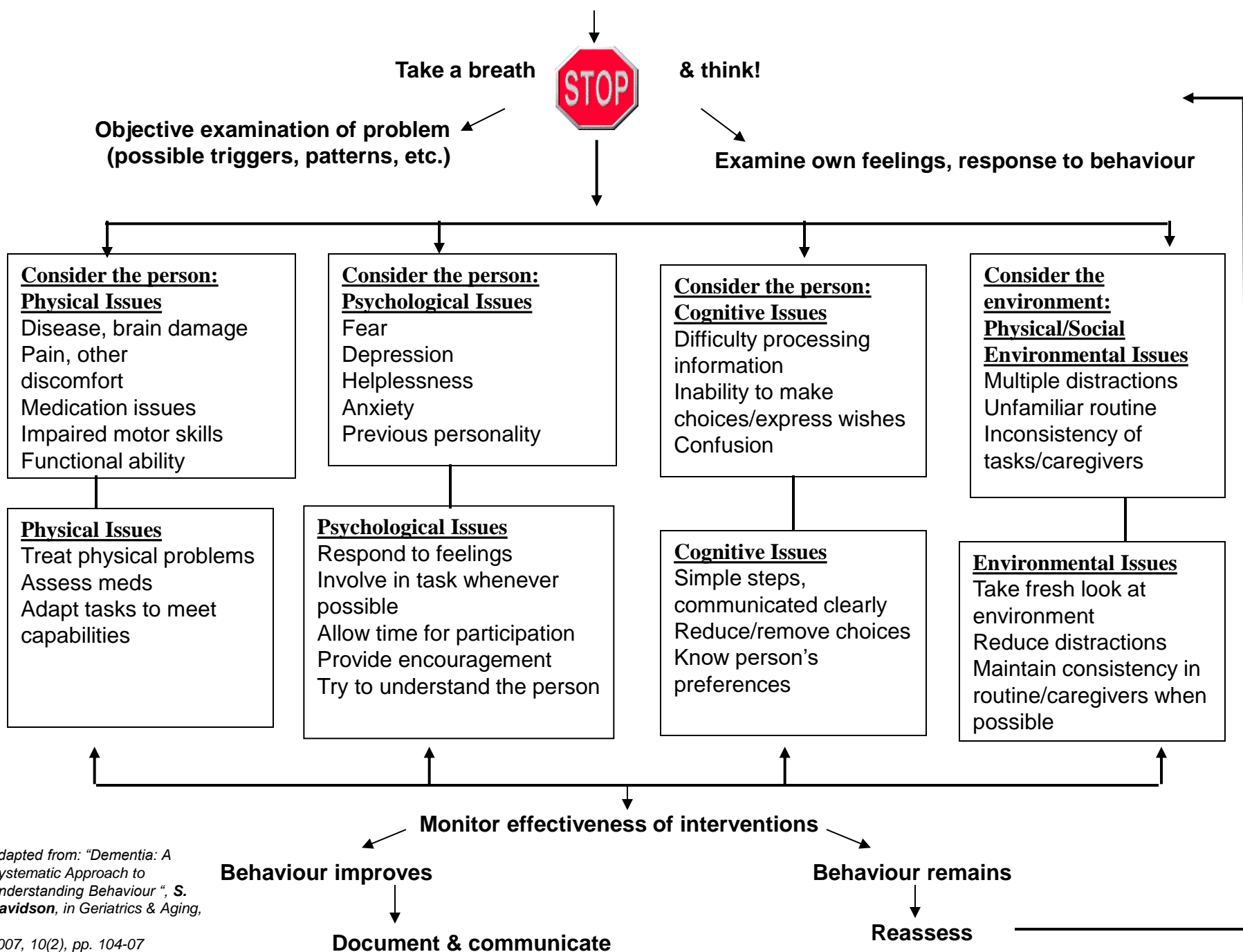
1. Treat physical problems
2. Try to understand the person
3. Simple steps, communicated clearly. Non-judgmental, non-punitive
4. Maintain consistency in routine/caregivers when possible

EXAMPLE

Mr. Langley has Frontotemporal dementia and lives in a Long Term Care facility. He is regularly visited by a volunteer - Jennie, as part of the friendly visiting program. Jennie has refused to return to the facility because Mr. Langley has repeatedly asked her if she wanted to go to bed with him, and on their last encounter grabbed her breasts.

- *What are your thoughts?*
- *How would you handle this situation?*
- What would you say to Jennie?
- What can the staff do in the future to avoid such reoccurrences?

Responsive Behaviour



Adapted from: "Dementia: A Systematic Approach to Understanding Behaviour", S. Davidson, in *Geriatrics & Aging*,

EXAMPLE

Mr. Apple and Mr. Pear are both residents with dementia, on the same unit in a Long Term Care facility. Mr. Apple is homosexual and has a partner, a younger man, who rarely visits him. Mr. Pear is a widow with two grown sons. The children are not involved in Mr. Pear's care or his life in the facility. Mr. Apple and Mr. Pear have been observed holding hands, hugging and occasionally kissing. Mr. Apple's partner acknowledges that Mr. Apple is lonely and supports any relationship that he may develop in the facility. Mr. Pear apparently had homosexual relationships in the past, although staff are not sure if his sons are aware of this.

- *What are your thoughts?*
- *How would you handle this situation?*
- *How would this situation make you feel?*
- What should the staff do about this situation?

EXAMPLE

Mr. Brown has dementia and repeatedly asks staff to “come to bed” when it is time for evening shift staff to get him ready for bed. Some staff are uncomfortable with this behaviour. One staff member tells Mr. Brown “you go ahead, and I’ll be right there”. Because of his dementia, Mr. Brown eventually will go off to bed and forget about asking the staff member to come with him. When she shares this strategy for managing Mr. Brown’s behaviour, another staff member expresses disapproval, claiming that this is reinforcing sexually inappropriate behaviour.

- *What are your thoughts?*
- *How would you handle this situation?*
- *How would this situation make you feel?*
- What should staff do about this situation?

EXAMPLE

Mrs. Purple is a resident with severe dementia in your long term care facility. Mr. Purple visits his wife regularly and frequently asks to have privacy when he visits. Staff have accidentally entered Mrs. Purple's room when Mr. Purple is visiting, and have found them both engaged in sexual intercourse. However, Mrs. Purple has appeared to be resisting.

- *What are your thoughts?*
- *How would you handle this situation?*
- *How would this make you feel?*
- What should staff do about this situation?

EXAMPLE

You work in a long term care facility that has recently developed practice guidelines related to the expression of intimacy among residents of the facility. These guidelines allow for expressions of intimacy, such as physical touching, that up until now have been left up to staff to deal with. You do not believe that hugging and kissing between residents who are not married, is appropriate.

- *What are your thoughts?*
- *How would you handle this situation?*
- *How would this situation make you feel?*

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?”

RESOURCES

- Doll, G. M. (2013). “Sexuality in Nursing Homes: Practice and Policy;” CNE article, *Journal of Gerontological Nursing*, 39(7).
[doi: 10.3928/00989134-20130418-01](https://doi.org/10.3928/00989134-20130418-01)
- Intimacy, Sexuality & Sexual Behaviour in Dementia. How to Develop Practice Guidelines and Policy for Long Term Care Facilities. Shalom Village, Hamilton, ON.
<https://ic.arc.losrios.edu/~wards/302gero/handouts/Week%207/toolkit.pdf>
- Joller, P., Gupta, N., Seitz, D.P., Frank, C., Gibson, M. & Gill. S.S. (2013). Approach to inappropriate sexual behaviour in people with dementia. *Canadian Family Physician*. 59:255-260

RESOURCES

- Lichtenberg, P.A. (2014). Sexuality and physical intimacy in long-term care. *Occupational Therapy in Health Care*, 28(1): 42-50.
- National Institute on Aging. Sexuality in Later Life.
<https://www.nia.nih.gov/health/sexuality-later-life>
- Reel, K. & Davidson, S. (2018). Sexuality in Rehabilitation: Supporting Canadian Practitioners Conceptually Towards Client Enablement. *Canadian Journal of Bioethics*. 1(3):35-48.

RESOURCES

- Sexuality and people in residential aged care facilities: A guide for partners and families. Dr. M Bauer & Dr. D. Fetherstonhaugh. Australian Centre for Evidence Based Aged Care (ACEBAC), La Trobe University. Commonwealth of Australia. <https://www.latrobe.edu.au/aipca/australian-centre-for-evidence-based-aged-care>
- Stinchcombe, A., Smallbone, J., Wilson, K. & Kortes-Miller, K. (2017). Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults: A Scoping Review. *Geriatrics*, 2(1): 2-13.
doi:10.3390/geriatrics2010013

RESOURCES

- Vancouver Coastal Health Authority, May 2013. Supporting Sexual Health and Intimacy in Care Facilities: A Pocket Reference Guide..

<http://www.vch.ca/Documents/Supporting-sexual-health-pocket-guide.pdf>

- <https://alzheimer.ca/en/Home/Living-with-dementia/Understanding-behaviour/Intimacy-and-sexuality>

Conversations About

Dementia, Intimacy and Sexuality

The Alzheimer Society of Canada's "Conversations" series was created to help people with dementia, caregivers, and healthcare providers have conversations about complex and sensitive topics related to living with dementia. This sheet provides information on how to address the intimacy and sexual needs of people with dementia and their partners as the dementia progresses. To read other issues in the Conversations series please visit www.alzheimer.ca/brochures.

CONTENTS

In this sheet you will find information about dementia, intimacy and sexuality, including:

- An overview of how dementia may affect intimacy and sexuality
- Issues to consider when having conversations about intimacy and sexuality

DISCUSSION

- **Questions?**
- **Comments?**



THANK YOU!

