

SEX

TALK

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WHO ARE WE?

- Lived Experience Coordinator SE
- Provincial Lived Experience Facilitators
- LTC home representatives, in-house BSO
- LGTBQ2S Community Representative
- MRT
- Adult Community Mental Health Outreach
- Seniors Mental Health Outreach
- Clinical Resource Project Consultant SE
- Behavioural Therapist, ROMHC
- SE LHIN Home and Community Care representative
- Psychogeriatric Resource Consultant
- Legal representative from Elder Law

**NEED
VERSUS
BEHAVIOUR**

**OUR
PHILOSOPHY**





THE STAGES OF HUMAN DEVELOPMENT



THE DIFFERENCE

Intimacy and Sexuality

- Intimacy and Sexuality is a basic fundamental need, instrumental in the overall health and well-being of an individual.

Abuse

- Abuse is defined as any action that *Intentionally* harms or injures another person.
- Sexual Abuse is defined by the *Forcing* of undesired sexual acts by one person to another.

OUR JOURNEY- WHAT WE KNEW

- Policies within homes were vague, procedures remained absent
- MOLTC mandated Policies on abuse i.e. ‘Zero abuse’ policy, algorithm for sexual abuse
- Care Plans did not reflect Sexuality and Intimacy as a need, but instead a behaviour deemed “inappropriate”
- Individual morals, values and beliefs
- Protectionist mode as the default
- Existing tools, guidelines from the previous LL&G Working Group established in 2005, last draft 2011
- MoCa, MMSE assessments and RAI-MDS CPS scores a means of establishing a baseline for the capacity to consent

WHERE WE BEGAN

- Draft Procedure was created
- Circulated to the LTC homes
- Updates were initiated
- Process was simplified to include the following criteria;
 - Admission screening to establish a baseline
 - Assessment of Awareness- The person, the Intention and Risks
 - Risk Guide-Establishing degree of risk if any and action required, if any



WHAT WE KNOW NOW

- Screening on Admission;
 - Families, let alone people entering long term care do not want to be asked questions of this nature
 - Admission is never a good time
 - The need to establish a baseline when the baseline is no longer relevant
 - The baseline of the need may change from one moment to the next
 - Current assessments i.e. MoCa, MMSE, CPS scores do not ask the right questions



WHERE WE ARE

- Admission Process
- Domain for Love & Belonging within the Care Plan-1st Page!!!
- Algorithm establishing Sexuality and Intimacy as a Need, both verbal and physical
- An assessment relevant and within context of the need; one's comfort, discomfort and capacity to consent;
- Ability to Appreciate & Understand
 - The Relationship
 - Potential Risks
 - Unwanted contact
- Corresponding levels of risk; verbal, non-verbal, or both

**THE REALITY-
WHAT DOES THIS LOOK
LIKE?**

“ WHAT I NEED IN LTC IS.....”

“PERSONAL SPACE”

“I DON’T LIKE PEROPLE TOO CLOSE TO ME”. “ I LIKE MY OWN SPACE AND THAT YOU PLEASE KNOCK BEFORE ENTERING MY ROOM”.

Nancy

“MY FREEDOM”

“ I WANT TO KNOW THAT I CAN WALK HAND IN
HAND WITH SOMEONE, VISIT WITH THEM, WITHOUT
FEELING AS THOUGH I AM DOING SOMETHING
WRONG!”

Lynn

“PRIVACY”

“THE ABILITY TO DISPLAY AND RECEIVE AFFECTION
IN PUBLIC, OR BEHIND CLOSED DOORS WITHOUT
BEING LABELLED”.

Darlene

“ MY CURIOSITY ”

“ I LIKE HOW THINGS FEEL WHEN I TOUCH THEM ”.

“ WHERE MY HAND LIES MAY MAKE YOU UNCOMFORTABLE ”. “ PLEASE DON ’ T MISINTERPRET MY INTENTIONS AS THEY ARE INNOCENT, NOT INAPPROPRIATE ”.

Vicky

“PATIENCE”

“I MAY FORGET IF I HAVE A SPOUSE, OR WHO THEY ARE!” “I MAY NEED DAILY REASSURANCE THAT CHANGES FROM DAY TO DAY!”

Amanda

“RESPECT”

“ I DESERVE TO LIVE IN AN ENVIRONMENT WHERE A PERSON’S PERSONAL BIASES DO NOT AFFECT THE WAY I AM TREATED OR CARED FOR!”

Kristen

“COMPANIONSHIP”

“I NEED COMFORT, FAMILIARITY AND SECURITY.” “I LIKE TO BE AROUND PEOPLE, TOUCH PEOPLE AND HUG THEM, INCLUDING STAFF.” “PLEASE DON’T LEAVE ME IN MY ROOM, OR ANY ROOM ALONE.”

Lisa

“MALE INTIMACY”

“ I NEED MALE SKIN TO SKIN CONTACT WITHOUT
THE JUDGMENT OF OTHERS!”

Rick

**HOW DO WE
INCORPORATE THE
CARE NEEDS OF
THOSE UNDER OUR
CARE ?**

Care Planning...

NEW CUSTOM FOCUS

LOVE and BELONGING

Companionship

The need for comfort, familiarity and security

Lisa enjoys the company of others. She expresses this need verbally by calling out to staff, “Come here, please, come here!” or physically, by reaching out to touch those around her.

NEW CUSTOM GOAL

Staff recognize Lisa's verbalizations and physical gestures as an expressed need for companionship. Staff support Lisa in fulfilling this need by providing opportunities for Lisa to connect and engage with others, including staff.

NEW CUSTOM INTERVENTION

- Staff ensure Lisa is seated with co-residents she enjoys chatting with both at meal times and in common areas
- Staff position Lisa facing her co-residents to ensure they are within her visual field and she is aware of their presence
- Staff approach Lisa from the front, when making a connection
- Staff provide opportunities for physical contact with Lisa by holding her hand, offering hugs if comfortable.
- Staff support interactions with co-residents, including hand holding, hugging and monitor for signs that both residents continue to be comfortable with the interaction.

NEW CUSTOM INTERVENTION

- Staff support interactions with co-residents, including hand holding, hugging and monitor for signs that both residents continue to be comfortable with the interaction.
- Provide opportunities for companionship through recreational programming (Bingo, music, hand massages, etc.), visits with her brother and 1:1 visits (conversation, walking, etc.)
- Lisa is a dog lover who enjoys displaying and receiving affection from the homes dog Maple
- Staff support daily visits from Maple
- Staff continue to involve the POA in the plan of care

NEW CUSTOM FOCUS

LOVE and BELONGING

Tactile Stimulation

The need to feel connected by exploring my surroundings with my hands

Vicky is curious about her surroundings and enjoys exploring with her hands. She enjoys different textures and how they feel. She is attracted to bright colours and pictures. She will often reach out and touch others when near.

NEW CUSTOM GOAL

Staff recognize Vicky reaching out to touch others, or objects as a means of exploring her surroundings and connecting with others. Staff acknowledge this and support Vicky's curiosity by providing opportunities for tactile stimulation with different textures, objects and interactions with others.

NEW CUSTOM INTERVENTION

- Staff are mindful of Vicky's limited visual field ensuring that once they have engaged, they position themselves to her side
- Vicky becomes easily distracted during personal care and bathing. She will often grab at staff if they are wearing a colourful, patterned uniform, or in uncomfortable areas.
- Staff recognize their own feelings of discomfort and understand it to be unintentional
- Staff acknowledge Vicky's curiosity, offering her objects to hold onto prior to initiating care activities i.e. soft colourful ball, waterproof doll, colourful sponge, rolled up face cloth

NEW CUSTOM INTERVENTION

- Staff ensure these items are readily available and accessible in Vicky's bathroom, bedside drawer and bath suite
- Staff support tactile stimulation by providing Vicky with colourful blankets, stuffed animals and sensory boards as meaningful engagement
- Vicky often approaches co-residents, touching their face, arms, or legs
- Staff monitor resident responses and support positive interactions
- Staff continue to involve the POA in the plan of care

NEXT STEPS

- Domain for Love & Belonging part of the uniform Care Plan, 1st page!!!!
- Avoid negative language and descriptors
- Opportunities for education
 - Staff
 - POA's, SDM's
 - Family Council
- Work towards a completed version of the Policy and Procedure, specific to Love & Belonging

QUESTIONS



Thank You!

Thank You

