Including Sexuality in Recovery-focused Psychiatric Rehabilitation

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Introductions

It starts with us: our comfort level, knowledge

What helps us be better at integrating sexuality into services?

What does “integrate” mean?

How, concretely, can we do it?

Examples from your programs?

Issues in moving forward, common concerns

Three scenarios in which to apply these ideas

Resources

Further Q&A and Discussion

Agenda
Components of the Recovery Model are all pertinent to Discussion of Human Sexuality

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<th>Recovery Model?</th>
<th>Human Sexuality?</th>
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It starts with us…

- Personal background, views, values, experiences
- Sexuality in our cultural contexts (multiple)
- Having accurate information
- Avoidance as part of stereotyping people with MI?
- All of these as a program, organization, of individuals

Nothing wrong with discomfort… its what you do with it.
- Self Reflection
- Accurate, relevant information
- Preparation ahead of time
- Allies
- Discuss with colleagues, common approach
- outside resources

What can help us do this?
Integrating Sexuality:

- Don’t assume there’s nothing to talk about
- Don’t assume there is a problem, or there’s not
- Don’t assume all clients are heterosexual, or asexual
- Don’t assume what “never married” means

….. Just generally don’t assume.
Integrating Sexuality, How tos:

- DO talk about sexuality like a normal part of life
- DO mention it as something people may want to discuss as part of their services
- DO consider whether intake, history, and other Qs are positive, inclusive, welcoming, helpful.
- DO use language that is accurate and direct, polite but not overly clinical, not slang, not euphemisms,

DO Ask!
Integrating Sexuality, More How tos:

- Integrate relevant examples and skills into Social Skills training?
- Include sexuality in talking about community living?
- Can be part of discussing hygiene?
- Talking about parenting? Fertility?
- Relationships discussion group?

- Educational opportunities? workshop, speakers, films
- Involve clients in determining the conversation: Brainstorm topics? Anonymous questions box? Help create resource binder? Survey of clients?
Don’t avoid the Negative

- Sexuality relates to stigma, rejection, and
- Discrimination: LGBT, sexism, racism, etc.
- Target or Perpetrator of inappropriate behavior? Harassment? Sexual Assault?
- STDs: Safer Sex and difficulties with it, Testing & Treatment challenges

Can we address these with positive attitudes towards healthy adult sexuality?
Sexuality gets equated with Symptoms way too much

Policies that define sexuality as a problem, or discriminate regarding sexual orientation or marital status.

But many people DO have dysfunctional ideas and skills around sexuality, including clients

And, one’s illness can affect thinking & behavior, including related to sexuality

Avoiding pathologizing sexuality
We discuss sensitive topics all the time with clients
And we do so with the forethought re person, approach, timing, needed:

- Program & group norms for language & behavior
- Sensitivity to person and situation
- Therapeutic feedback and boundaries

Is sexuality so different?
Might we be projecting our own anxiety sometimes?
3 additional Qs from you:
  o Medications & Sexuality
  o Sexuality and Trauma
  o Helping Veterans be more LGBT tolerant

Discussion & Further Qs

Don’t miss Resources slides that come after this
Sexuality Resources


A little dated, but great coverage of thought provoking issues starting on p 199


Talking about the sexual side effects of medications

Journal of Sexuality and Disability


See bibliography: [www.sexsupport.org/PsychiLabelResources.html](http://www.sexsupport.org/PsychiLabelResources.html)

[www.sexualityanddisability.org](http://www.sexualityanddisability.org)

“starts with the premise that women who are disabled are sexual beings – just like any other woman.”
More general resources

**Scarleteen**
http://www.scarleteen.com/
Written for teens and 20’s but great combo of upfront info, sensitivity, non preachy. AND connect to real people experts. Look at the “first time here?” link

**Gutmacher Institute**
http://www.guttmacher.org/
“Advancing sexual and reproductive health worldwide through research, policy analysis, and public education”

**Planned Parenthood**
http://www.plannedparenthood.org/health-topics/

**VA LGBT & Trans SharePoints**
vaww.infoshare.va.gov/sites/LGBEducation
vaww.infoshare.va.gov/sites/pcsclipro/trer/default.aspx
Sexual health assessment and other things, also good for heterosexual and cisgender
Note webinar link on front page to “Clinical Skills in Obtaining a History of Sexual Health” has many good points beyond LGBT and beyond sexual history
Residential treatment centers for people with mental health issues have struggled to balance providing a safe therapeutic environment while maintaining patients’ rights to privacy and social interaction, including sexual relationships. This study aimed to answer the following research questions: “What policies do residential treatment centers have in place that address client sexuality? Do they reflect a recovery model? If not, how could a recovery paradigm alter these policies?” Residential treatment centers were contacted and requested to provide policies they had relating to sexuality. Six policies were coded in two phases to determine how sexuality was addressed and whether they included components of Recovery.

Overall, definitions of sexuality were vague, components of Recovery were absent, and most of the policies infringed on patients’ legal rights.

Data from this study and reviewed literature were used to formulate a sample comprehensive sexuality policy that could be implemented in various inpatient treatment center settings.

Petrillo, Jessica (2011). Sexuality policies in psychiatric residential treatment centers: recommendations for recovery oriented services. (Dissertation)