

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

| | Recovery Model? | Human Sexuality? |
|-----------------|------------------------|-------------------------|
| Holistic | ✓ | ✓ |
| Individualized | ✓ | ✓ |
| Person Centered | ✓ | ✓ |
| Personal Resp. | ✓ | ✓ |
| Life Meaning | ✓ | ✓ |
| Strengths Based | ✓ | ✓ |

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?
- Masturbation? In inpatient? Residential? Community residences?

- 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

Staff fear clients will act out

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:

- Medications & Sexuality
- Sexuality and Trauma
- Helping Veterans be more LGBT tolerant

Discussion & Further Qs

Don't miss Resources slides that come after this

Sexuality Resources

Cook, Judith A. (2000). Sexuality and People with Psychiatric Disabilities, Sexuality and Disability, 18(3): 195-206

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

Higgins, Barker & Begley (2005). Neuroleptic medication and sexuality: the forgotten aspect of education and care, Journal of Psychiatric and Mental Health Nursing, 12(4): 439-446.

Talking about the sexual side effects of medications

Journal of Sexuality and Disability

For example: Mitchell S. Tepper, Sexuality and Disability: The Missing Discourse of Pleasure, Vol. 18, No. 4, 2000.

See bibliography : www.sexsupport.org/PsychiLabelResources.html

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)