Intimacy and Sexuality
Supporting Residents with Dementia

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Outline

- Why is this an important topic?
  - Issues related to aging, sexuality and the dementia resident
  - What are your thoughts and feelings about the subject
- The importance of education, policies, evaluation and service planning
- Policies
  - Definitions
  - Process steps
  - When and what to report
- Scenarios
- Resources
Intimacy and Sexuality

- Intimacy and sexuality important
- Ignored by practitioners
  - In one study – 60% of care workers in nursing homes stated sexuality is not necessary
- Often mislabeled as behavior
- Sometimes it is behavioral and missed
- Barriers (Clinical, Staff, Family, Regulations)
- Strategies important to both assist residents and protect them
Strategies

- **Self-knowledge**
  - How do you feel about the topic?

- **Specific processes for evaluation and service planning**
  - Important to establish specific process steps

- **Education**
  - The process
  - When and what to report in accordance with requirements
  - Sexuality in general and the knowledge of intimacy, sexual intimacy, sexual abuse, sexual assault
POLICIES AND PROCESSES
Definitions

- Intimacy
- Sexual Intimacy
- Sexual Abuse
- Sexual Assault
- Capacity
- Coupling
Process Steps

- PROTECT!
  - Report to your Executive Director and Resident Care Director
  - Is this a behavior?
  - Is this reportable?
  - Is this an established relationship between two residents?
Establishing Capacity (BOTH residents) – some things to consider:

- Ask those who know the resident well (family, friends)
- Are the residents aware of who is initiating contact (sexually or just intimate)?
- Are the residents misidentifying each other (delusional behaviors)?
- Can the residents state what level of sexual intimacy they would be comfortable with?
Establishing Capacity (BOTH residents) – some things to consider:

- Is the behavior consistent with past held beliefs and values?
- Are either resident capable of saying no or yes?
- Do either resident recognize this may be time limited?
- Do either resident recognize health or other risks?
- Is either resident being coerced, forced or threatened?
CONSENT

- Based on capacity findings – discussed with family, resident and staff
- Documented
- Plan is established
IN INVOLVEMENT OF OTHERS

- Important to involve both families.
- What are the limits?
- Do they understand the risks?
- When will they be notified of changes?
- If this is a behavior what will the plan be?
COUPLING

- Is this a relationship between two residents or behaviors by one resident?
- Identification of risks – UTI’s, HIV, STD’s, other injuries – how will these be prevented?
- What will occur with changes in the relationship?
SERVICE PLANNING

- Identification of specifics
- Reviewed quarterly
- Reviewed with changes
- Understood by all - available
## Service Planning Example

<table>
<thead>
<tr>
<th>Need</th>
<th>What resident does</th>
<th>What care staff do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary has the need for intimacy with staff and other residents</td>
<td>Holds hands, likes hugs, will sometimes attempt to kiss residents that do not want to be kissed.</td>
<td>Give Mary lots of hugs. Involve her in activities where there is hand holding. Hold her hand when you walk with her. Encourage her to hold hands at activities with residents who also like to hold hands. Monitor her activities and if she is attempting to kiss a resident who is offended by activity – separate to protect her from injury.</td>
</tr>
</tbody>
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<td>Mary and resident in room ____ are in an intimate relationship.</td>
<td>Both residents require private time - known to lay down in bed; may fondle each other, hug and kiss.</td>
<td>Staff should intervene if the residents are undressing. When alone residents require checking every 15 to 20 minutes.</td>
</tr>
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<td>Joe has the behavior of touching staff in sexually inappropriate ways (touching breasts and other private areas, making sexual comments).</td>
<td>May touch breast or other private areas when providing care as well as making sexual comments.</td>
<td>Redirect the resident. Explain you have a boyfriend or a husband and he should stop. Monitor his behavior to protect other residents and Joe. Report any behaviors. Involve him in touching activities to meet his need for intimate contact.</td>
</tr>
<tr>
<td>Has a need for intimacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At risk for doing same activity with other residents within the facility.</td>
<td></td>
<td></td>
</tr>
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</table>
When and What to Report

- To Executive Director and/or Resident Care Director when there are changes to behaviors and/or intimate relationships
- Sexual Abuse
- Sexual Assault
- Unidentified relationships (meaning process steps not initiated and documented and service plan not developed)
What and What to Report

- Washington State Triggers – Many, some specific related to this topic of two residents
  - Vulnerable adult’s report and/or particular comments
  - Sexual activity without consent
  - Injuries in suspicious places
  - Resident behaviors (shying away, etc. from another resident)
  - Reacting to possible offender in romantic ways

- Let’s review the algorithm!
Scenario #1

- Joe and Mary were found laying naked together in bed. This is the first time this has occurred with these two residents. One of the residents become upset when you separate them. What are the steps you will follow?
Scenario #2

- Ann and Fred have a strong friendship and are often found together at meals and activities. They have been known to hold hands and hug. Tonight they announce they are going to sleep together. What steps will you take?
Is this reportable to the DSHS?
Is this reportable to DSHS?
Resources

- [www.fcm.missouri.edu/PDFs/LongTermLinkssum01.pdf](http://www.fcm.missouri.edu/PDFs/LongTermLinkssum01.pdf)
- [www.alz.org](http://www.alz.org)
- [demi@consultdemi.net](mailto:demi@consultdemi.net)
FURTHER QUESTIONS / DISCUSSIONS?
THANK YOU!