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Occupational Therapy: A Solution for Safe Sexual Practices for Individuals with Intellectual and Developmental Disabilities

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Pronouns: she, her, hers

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Liz Schmidt, MOT, OTR/L

- BS in Psychology from Lindenwood University
- MOT from the Ohio State University
- PhD Candidate at the Ohio State University
 - Research interests: Sexual health promotion for individuals with intellectual and developmental disabilities

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Outcomes

1. Identify the need for safe sexual practices for individuals with intellectual and developmental disabilities (I/DD)
2. Describe occupational therapy's role in safe sexual practices for individuals with I/DD
3. Explain future directions for research and program development to promote safe sexual practices for individuals with I/DD

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continued

Background

- Increased risk for sexual abuse¹⁻⁴
- Decreased sexual health knowledge⁵⁻⁷
- Significant disparities in cancer screenings and preventative reproductive health care access⁸
- Family's need support¹⁵

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continued

Background: Sex Ed

- Comprehensive sexuality education
 - Starts in Kindergarten and continues through 12th grade
 - Includes age-appropriate, medically accurate information on a broad set of topics related to human development, relationships, personal skills, and sexual behaviors
 - Explores attitudes and values
 - Skill development

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Background: Sex Ed

- Abstinence-Plus, -Based, -Focused, -Centered programs
 - Focuses on the benefits of abstinence
 - Typically include information about sexual intercourse, contraception, and disease-prevention methods

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Background: Sex Ed

- Abstinence-only programs
 - Emphasize abstinence from all sexual behaviors ONLY
- Abstinence-only-until-marriage programs
 - Programs that emphasize abstinence from all sexual behaviors outside of heterosexual marriages
 - Focused on failure rates of contraception or disease-prevention methods

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Background: Sex Ed

- Research⁹⁻¹⁰:
 - Abstinence-only and abstinence-only-until-marriage programs are NOT effective.
 - No evidence supporting these programs in delaying sexual intercourse.
 - In a review of 13 abstinence-only programs:
 - All failed to lower the STD rate,
 - Lower the rate of pregnancy,
 - Or significantly impact the number of students engaging in vaginal sex.

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Background: Sex Ed

- Research¹¹⁻¹²:
 - Comprehensive sexual education is EFFECTIVE in:
 - Delaying initiation of sexual intercourse,
 - Reducing frequency of intercourse,
 - Reducing number of partners,
 - And increasing condom or contraceptive use!

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Background: Sex Ed

- Gold Standard¹³
 - Anatomy and physiology
 - Puberty and adolescent development
 - Identity
 - Pregnancy and reproduction
 - STI & HIV/AIDS
 - Healthy relationships
 - Personal safety

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Background: Disability Movement

- Human-rights focused, not limitations focused^{8, 14}
- Individuals with disability have the same rights to sexual expressions as those without disability
- This framework suggests that adults with ID be supported in accessing opportunities for consensual sexual expression if they desire to do so^{8, 14}
- However, direct support workers, parents, and caregivers often do not have the training to assist people in positive sexuality¹⁴⁻¹⁷

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OT's Role: Areas of Occupation

1. Activities of daily living
 - "Engaging in activities that result in sexual satisfaction and/or meet relational or reproductive needs"
2. Formal education participation
 - School settings: State by state policies, review your School Health Advisory Committees policies
 - Outside of the schools: Informal personal educational needs or interest exploration
3. Social participation
 - Interactions with peers and friends, which is defined by: "engaging in activities at different levels of interaction an intimacy, including engaging in desired sexual activity"

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OT's Role: Client Factors

1. Understanding and respecting your clients values, beliefs, and spirituality
 - Don't make assumptions about what your client engages in, who they are engaging with, or how they engage in sexuality
2. Body functions and structures
 - Sensory considerations
 - Musculoskeletal considerations
 - Mental considerations (cognitive, perceptual)

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OT's Role: Performance Skills

1. Motor skills
2. Process skills
 - Organize actions in a timely and safe manner
3. Social interaction skills
 - Emotional regulation capacities

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OT's Role: Performance Patterns

1. Habits
2. Routines
 - Promoting safe sexual practices into routines (i.e. effective condom use)
3. Roles
4. Rituals
 - Intimacy can be a spiritual, cultural, and have social meaning.
 - This directly relates to the client's identity and their value's and beliefs.

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OT's Role: Context & Environment

1. Physical environment
 - Public vs. private
 - Sensory considerations when dating or when engaging in physical intimacy
2. Social environment
 - Sensory considerations
3. Cultural context
4. Virtual context
 - Consider incorporating technology into sexual health education to promote skills associated with dating

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continued

OT's Role

“The occupational therapist is able to synthesize the necessary information and provide relevant interventions for building concrete skills in a way that empowers them to care for their bodies, make educated decisions, recognize risk in nuanced social situations, advocate for their safety, and foster appropriate relationships with community support”¹⁹

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Getting Started:

1. Identify or create a curricula
 - Results of a scoping review:
 - Most interventions demonstrate improvements in sexual knowledge and some demonstrate changes in attitudes.
 - Few show generalization and improvements in STI and HIV/AIDs prevention.
 - *Of the 18 programs assessed for effectiveness, only one is comprehensive and includes all seven components.*
 - **Family Life and Sexual Health, Special Education**
 - The limited evidence supports the use of individualized education experiences, verbal prompts, and reduction of long sentences and abstract concepts.

www.kingcounty.gov/health/flash

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Why FLASH?

- Evidence-based
- Special education version
- Created for people with disabilities
- Questionnaire for pretest/posttest assessment
- Lesson information that can be put into worksheets/PPTs
- Activities:
 - Role playing
 - Worksheets
 - Pictures
- Parent guidance
- It's free

www.kingcounty.gov/health/flash

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Getting Started:

2. Determine a time and place that will be private and comfortable
 - A space that can emphasize open and honest communication in a group setting

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Getting Started:

3. Receive parental consent when applicable

- Be clear about the information that will be covered and the approach you will be utilizing to prevent any potential issues later on!
 - Parent involvement is considered best practices when working with this population
 - However, be considerate of the age of the participant and the comfort of the participants in including parents and in what way parents are included.

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Getting Started:

4. Assess learning and attitudes

- Some programs have a questionnaire built into their programs, like the FLASH curricula! If not, be prepared to create one to evaluate understanding of the topics to be covered.
 - This can be used to identify which areas to spend more time on and gaps in the current knowledge that need to be focused on.
 - This allows us to ensure our intervention is working!
 - Be prepared to spend quality time reviewing the questions on the survey with your clients.
 - Better in an interview setting versus group

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Assessment

- Assessment tools:
 - FLASH Questionnaire
 - SCEA-K (research studies)
 - SSKAT-R (new version in process!)
- Complete pre- and post-intervention!

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Getting Started:

5. Implement the intervention

- Intervention strategies:
 - PPT slides to help keep you on track!
 - Use images and videos
 - Have pre-prepared examples, scenarios, case studies

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Case Study Example

- Ricky is on a dinner date with Mary, whom he met on a dating website. This is Ricky and Mary's first time meeting. Ricky isn't sure if he wants to disclose to Mary that he has autism. So, he just talks most of the time about science facts that he knows since he is very interested in science. Mary is no longer participating in the conversation and is becoming bored, but Ricky has not noticed.

- What should Ricky do?

Aspirations. (2010). Relate to Me: Dating Case Study. Columbus, OH: Siegel.

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continued

Getting Started:

5. Implement the intervention

- Intervention strategies:
 - PPT slides to help keep you on track!
 - Use images and videos
 - Have pre-prepared examples, scenarios, case studies
 - Use strategies such as: 1) Modeling, 2) Rehearsal, 3) Role play, 4) Worksheets to practice thinking through scenarios

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continued

Worksheet Example

Relationship Chart

	Family	Friends	Dating	Intimate Relationships
Who are they?				
Where do you find them?				
Feelings				
How do you communicate?				

Aspirations. (2010). Relate to Me: Relationship Chart. Columbus, OH: Siegel.

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Getting Started:

5. Implement the intervention

- Intervention strategies:
 - PPT slides to help keep you on track!
 - Use images and videos
 - Have pre-prepared examples, scenarios, case studies
 - Use strategies such as: 1) Modeling, 2) Rehearsal, 3) Role play, 4) Worksheets to practice thinking through scenarios
 - Incorporate teaching strategies: 1) Directed conversation, 2) Prompting, 3) Coaching, 4) Individualized instruction when needed, 5) Peer mentors

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continued

Getting Started:

5. Implement the intervention

- Intervention strategies:
 - PPT slides to help keep you on track!
 - Use images and videos
 - Have pre-prepared examples, scenarios, case studies
 - Use strategies such as: 1) Modeling, 2) Rehearsal, 3) Role play, 4) Worksheets to practice thinking through scenarios
 - Incorporate teaching strategies: 1) Directed conversation, 2) Prompting, 3) Coaching, 4) Individualized instruction when needed, 5) Peer mentors
 - Incorporate evidence-based activities: 1) Games²⁰, 2) Yoga¹⁹, 3) Meditation¹⁹, 4) Sensory-based strategies for calm bodies¹⁹

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Games Example

What should you consider when asking someone on a date?

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Kahoot!

0 Answers

Skip

▲ What you'll do on the date

◆ Cost of the date

● Transportation to and from the date

■ All of the above

<https://create.kahoot.it/login>

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continued

Games Example

What should you consider when asking someone on a date?

Full Screen

Next

Show media

End Game

What you'll do on the date

Cost of the date

Transportation to and from the date

All of the above

<https://create.kahoot.it/login>

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Getting Started:

5. Implement the intervention

- Intervention strategies:
 - PPT slides to help keep you on track!
 - Use images and videos
 - Have pre-prepared examples, scenarios, case studies
 - Use strategies such as: 1) Modeling, 2) Rehearsal, 3) Role play, 4) Worksheets to practice thinking through scenarios
 - Incorporate teaching strategies: 1) Directed conversation, 2) Prompting, 3) Coaching, 4) Individualized instruction when needed, 5) Peer mentors
 - Incorporate evidence-based activities: 1) Games²⁰, 2) Yoga¹⁹, 3) Meditation¹⁹, 4) Sensory-based strategies for calm bodies¹⁹
 - Ex-PLISSIT model:** Permission-Limited Information-Specific Suggestions-Intensive Therapy approach²²

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Getting Started:

6. Continued Assessment

- Monitor progress!
 - Notecards
 - Discussion
 - In-class box or anonymous survey option

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Getting Started:

7. Post-assessment

- Use the same survey/interview from pretest
- Satisfaction questionnaire
- Allow opportunities for direct feedback on the program

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Satisfaction Survey

1. What was your favorite part of this class? **Give slips of paper
 - a. Listening to lectures.
 - b. Viewing the pictures on the slides.
 - c. Watching videos in class.
 - d. Discussion questions with the class.
 - e. Worksheets.
 - f. Kahoot games

2. What was your least favorite part of this class? **Give slips of paper
 - a. Listening to lectures.
 - b. Viewing the pictures on the slides.
 - c. Watching videos in class.
 - d. Discussion questions with the class.
 - e. Worksheets.
 - f. Kahoot games

3. Did you feel that all of your questions were heard and answered?
 - a. Yes
 - b. No.
 - i. If No, Why?

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4. Did you feel comfortable in this learning environment?
 - a. Yes
 - b. No
 - i. If No, Why?

5. Did you feel comfortable talking with the instructors?
 - a. Yes
 - b. No
 - i. If no, what could the instructor have done differently to make you feel more comfortable talking with them?

6. Did you feel comfortable talking about sensitive topics in front of your peers?
 - a. Yes
 - b. No

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7. What would you change to improve the course?
8. What was your favorite topic to learn about? **Give slips of paper
- a. HIV/AIDS
 - b. STIs
 - c. Anatomy
 - d. Puberty
 - e. Relationships
 - f. Exploitation
 - g. Sexual decision making
9. What was your least favorite topic to learn about? **Give slips of paper
- a. HIV/AIDS
 - b. STIs
 - c. Anatomy
 - d. Puberty
 - e. Relationships
 - f. Exploitation
 - g. Sexual decision making

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10. Would you recommend this class to a peer?
- a. Yes
 - b. No
 - i. If No, Why?
11. Would you want to continue learning more about sexual health?
- a. Yes
 - b. No
 - i. If yes, what would you like to continue learning more about?

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Future Directions

- More research!
 - Larger sample sizes
 - RCTs
 - Mixed methods designs
 - Detailed intervention protocol for replication of research
 - Inclusion of more significant I/DD in studies
- Greater emphasis on **COMPREHENSIVE** programs

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Case Studies

- You are covering intimacy and sexual relationships in your sexual education program with adolescents with Autism Spectrum Disorder. A student raises their hand and asks “What’re the bases? And how do I know if I’m ready for them?”
- How do you respond to the students question?

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Resources

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Resources

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Question & Answer

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