

BLENDING VOICES. STRENGTHENING LIVES.

2020 ATSA Conference | Thursday October 22 | 2:30 PM – 4:00 PM

TH-PM-01

Preserving Healthy Sexuality Options for Persons With Intellectual Disabilities and Problematic Sexual Behaviors

Symposium Chair: Robin J. Wilson, Ph.D., ABPP
McMaster University & Wilson Psychology Services LLC

We firmly believe that all human beings are entitled to healthy sexual expression. However, many individuals who experience sexual behavior difficulties have a hard time replacing inappropriate fantasies, urges, and behaviors with ones that achieve sexual satisfaction in a healthier and less harmful manner. This is often particularly true for persons with intellectual disabilities and other cognitive limitations whose experience of sexuality can be markedly different from their non-disabled peers. In this symposium, we aim to raise awareness of the challenges experienced by special needs clients, in addition to offering suggestions for treatment interventions and creative practical solutions to nagging issues. We will employ case study examples demonstrating both successful and unsuccessful attempts to redirect inappropriate fantasies and behaviors, with post-intervention evaluation insights. Participation by attendees will be strongly encouraged, in furtherance of a goal of blending voices while we strengthen lives.

This symposium is rated: Adult | Intermediate | Clinical

Use of Media and Other Modalities in Redirecting Sexual Fantasy for Persons With Intellectual Disabilities

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PATHS – Center for Behaviour Health Sciences Mackenzie Health
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The sexual experiences of many persons with an intellectual disability are often limited and frequently perceived as negative. Historically, such individuals may have been taught that all sex is “bad” and some have been punished for engaging in any form of sexual expression. This has resulted in much fear and confusion for some of our clients. Further, access to consenting sexual partners is often minimal. For many, the only sexual experiences they have had were abusive in nature, potentially leaving clients with only their own abuse or the abusive behaviors they have engaged in with others as source material for sexual fantasy. Others experience sexuality virtually (i.e., online or in other media), which may ultimately be problematic because of diminished ability to critically consider what they are viewing – sometimes misperceiving sexually explicit media as

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normative.

In general, persons who engage in sexually concerning behaviors are frequently noted as having poor sexual fantasy conception. This is evidenced in fewer, less elaborate sexual fantasies; frequently with less variety. These issues are compounded further when you add an intellectual disability to the mix. By their very nature, cognitive limitations interfere with a person's capacities in abstract thinking and working memory. Indeed, the ability to sit alone in a room with no stimuli and create a sexual fantasy is a high-level cognitive skill with which many of the people we support have significant trouble.

Clinicians at the Program for the Assessment and Treatment for Healthy Sexuality at the Center for Behaviour Health Sciences and Hands TheFamilyHelpNetwork.ca have focused on promoting healthy sexual fantasies for their clients in treatment using a variety of modalities, including auditory, visual, and tactile elements. This presentation will provide attendees with practical examples of these approaches, in addition to sharing the protocols and procedures developed for their usage. Case examples will be used to illustrate the various modalities, highlighting both successes and failures.

Learning Goals

- Upon completion of this educational activity, learners should be better able to detail the various psychosocial variables that impact the fantasy life of persons with ID.
- Upon completion of this educational activity, learners should be better able to provide information and demonstrations of the different modalities used to increase the healthy sexual fantasies of persons with ID.
- Upon completion of this educational activity, learners should be better able to discuss the protocols and procedures used in conjunction with the approaches to increase healthy sexual fantasies in persons with ID.

Getting Creative: The Lengths We've Gone to in Ensuring Healthy Sexual Expression

Robin J. Wilson, PhD, ABPP
McMaster University & Wilson Psychology Services LLC

In a career spanning more than 35 years in sexual violence prevention, I can honestly say that I've never had a boring day at work. However, many of those days have been quite upsetting; not just because of the often dangerous and harmful behaviors in which my clients have engaged, but also because of the frequently dysfunctional ways in they have experienced sexuality over their lifespans. Nowhere has this been more apparent than in my work with persons with intellectual disabilities and other cognitive limitations (i.e., special needs clients). As a tragic consequence of their disability status, many such clients have been sexually abused (more than their non-special needs compatriots) and their options for healthy sexual expression have been seriously curtailed by both capacity and circumstance. The latter has often been the bigger problem, in which agency policy and practitioner prejudices have impacted responsive care, to the extent that client sexuality has been diverted, forgotten, or outright banned. In this presentation, I will highlight challenges the agencies with which I have worked experience in thinking creatively to support clients' rights to lead productive lives including healthy sexual expression. Examples will include:

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- How do you manage a disabled client's compulsion for anal insertion; sometimes to the extent of causing serious bodily injury?
- What do you do when your disabled and lonely client requests a blow-up doll because he desperately wants to experience having "someone else" in bed with him at night?
- What options exist to redirect a disabled client's urophilic or coprophilic tendencies?
- What if treatment group home housemates decide they want to begin an intimate relationship?

Learning Goals

- Upon completion of this educational activity, learners should be better able to assert the need to ensure options for healthy sexual expression in all clients in treatment, regardless of cognitive status.
- Upon completion of this educational activity, learners should be better able to explore creative solutions to longstanding sexuality issues resistant to change.
- Upon completion of this educational activity, learners should be better able to suggest a framework in which treatment providers and clients can work together to explore creative solutions in the furtherance of healthy and satisfying sexual expression.

Robin J. Wilson is a researcher, educator, and board certified clinical psychologist with more than 35 years of experience working with persons with sexual and other problematic behaviors in hospital, correctional, and private practice settings. He has published and presented widely on topics related to community health and sexual violence prevention and maintains an international practice in consulting and clinical psychology.

Christa Outhwaite-Salmon is a registered Social Worker and a member of the Ontario Association for Social Work. She currently holds the position of Clinical Programs Consultant with the Centre for Behaviour Health Sciences; Program for the Assessment and Treatment for Healthy Sexuality (PATHS). She specializes in socio sexual assessment, risk assessment and the treatment of persons with Intellectual Disabilities and Dual Diagnosis who engage in sexually abusive behaviours. Christa provides clinical consultation, training and workshops for fellow clinicians and community partners and has presented at a number of national and international conferences.

Angie Nethercott, MA, is a Registered Psychotherapist who has worked with the North Network Regional Clinical Services at Hands TheFamilyHelpNetwork.ca for the past eleven years specializing in the area of sexuality and persons with Intellectual Disabilities and Dual Diagnosis. Angie's role is to provide clinical consultation to clinicians across Northern Ontario, socio-sexual and risk assessments, and treatment for adults who engage in sexually concerning and abusive behaviors. Prior to her current position, Angie worked for the Centre for Behaviour Health Sciences as a Behaviour Consultant and Coordinator of the Sexuality Clinic for seventeen years providing assessment and treatment of children and adults with Intellectual Disabilities and Dual Diagnosis who engage in sexually concerning and abusive behaviors.

Tiffany Charbonneau has been working with the Centre for Behaviour Health Sciences since 2006 and a part of the PATHS team since 2011. Her role includes supporting individuals with sexually concerning behaviours in the community through assessment, treatment and risk management. She currently has her bachelor's degree in psychology.