

How do Clinical Psychologists address the difficulties of care staff in supporting the sexual expression of individuals with intellectual disabilities? A Delphi Study



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Background

Sexual expression in people with intellectual disabilities (PWID) historically feared or ignored.

More recent shift in thinking (towards acceptance) reflected in national and international policy but PWID still report feeling restricted.

Frontline care staff often find this difficult:

- Ambivalence between support and potential risk
- Fear of evoking sexual impulses
- Fear of encroaching on an individual's privacy
- Seeing the individual as child-like or asexual

Clinical psychologists often receive referrals because of these issues but have no specific professional guidelines for responding to these often ethically challenging cases.

Aims

To produce a set of guidelines for Clinical Psychologists working to help care staff support the healthy sexual expression of PWID in the best way possible.

Informed by 'mindlines' paradigm (Gabbay & le May, 2004, 2011).

Supplement each guideline with multiple clinical vignettes, based on clinical experiences.

Sample

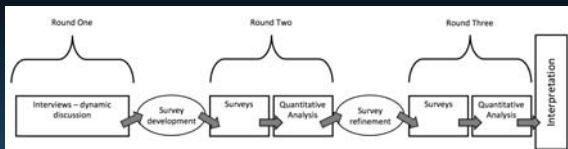
17 Clinical Psychologists across the UK and Ireland with experience of working in services for people with intellectual disabilities.

Recruited by an advert on the BPS faculty for people with intellectual disabilities mailing list .

29-61 years (mean = 40.5 years)
12 female, 5 male

Total of 167 years of experience working as qualified Clinical Psychologists in intellectual disability services.

Procedure of the Delphi process



- Iteratively produce three potential guidelines
- Participants rate each guideline in terms of importance
- Space provided to give feedback on guideline and to identify whether it overlaps with others
- Details provided of how others rated and how they rated it themselves
- Opportunity to change rating and comment on why

Round Two survey item

11. Educate the staff on the impact and/or consequences of not having sexual and emotional relationships.

Type an 'x' in one box

This guideline is not important at all	This guideline is not very important	I feel neutral towards this guideline	This guideline is important	This guideline is essential
				x

Comment:
It's also about the impact of not being able to express or satisfy your sexuality/libido etc not just relationships.

This guideline says the same thing as guideline number ____

Round Three survey item

31. Educate the staff on the impact and/or consequences of not having sexual and emotional relationships.					
	Type on 'X' in one box				
	This guideline is not important at all	This guideline is not very important	I feel neutral towards this guideline	This guideline is important	This guideline is essential
How the panel answered in Round Two	0%	0%	11.7%	5.9%	82.4%
How you answered in Round Two				✓	
Comments others made:					
<ul style="list-style-type: none"> It's also about the impact of not being able to express or satisfy your sexuality/libido etc not just relationships. 					
Round Three answer (Type on 'X' in one box)					
Comment:					

Draft clinical vignettes

8. Give staff the permission to be scared to talk about matters of sexuality, but model how they can be discussed in an open and relaxed way. In doing so it is often important to normalise the diversity of sexual needs and experiences in the general population, and encouraging an awareness beyond the staff's own sexual experiences.

Vignette One:

Adam, 23-years-old, was referred to Jeff (Clinical Psychologist) because he had been masturbating with women's shoes (which concerned staff). Part of Jeff's input was to deliver a short session with the staff team in which, through a short quiz, he presented them with statistics on the prevalence of common fetishes in the general population. He went on to pose the question; if Adam did not have an intellectual disability, with there being no apparent risk to him or anyone else, would this behaviour result in a referral to clinical psychology?

Draft clinical vignettes

8. Give staff the permission to be scared to talk about matters of sexuality, but model how they can be discussed in an open and relaxed way. In doing so it is often important to normalise the diversity of sexual needs and experiences in the general population, and encouraging an awareness beyond the staff's own sexual experiences.

Vignette Two:

During 1:1 intervention work, 31-year-old Paula (who has an intellectual disability) complained that she is not listened to when she asks her support staff for advice on whether she can kiss somebody she likes at day-service. With Paula's agreement, Carla (Clinical Psychologist), invited Paula's keyworker to their next session, who observed the discussion about whether Paula knew if the woman at day service liked her back, how she would know if the woman was consenting to being kissed, and what she would do if she wanted more than a kiss. The keyworker came away from the session reporting a greater appreciation for the genuineness of Paula's desires and a realisation that the matter could be discussed without crossing professional boundaries.

Clinical implications

To draw together examples of good practice that are otherwise not being shared/benefitted from.

Providing Clinical Psychologists with a shortcut to developing the tools to bridge the policy-practice gap.

Reflections on the process so far...

All interviews conducted.

Round Two surveys have been sent.

ALL 51 guidelines appear strong and helpful!

Any questions?

