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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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.

Round Two survey item

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

<table>
<thead>
<tr>
<th>Importance</th>
<th>Informed</th>
<th>Not informed</th>
<th>Very important</th>
<th>Medium</th>
<th>Low important</th>
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</thead>
<tbody>
<tr>
<td>Guidance</td>
<td>not</td>
<td>not</td>
<td>not important</td>
<td>not</td>
<td>not essential</td>
</tr>
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</table>

Note: This guideline says the same thing as guideline number ___.
Round Three survey item

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 this 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

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Vignette Two:
During 5.1 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, Caris (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?