



Training Material

Module:	Unit:	Group size:	Duration:	Language:
1. Sexuality in the third and fourth age	Introduction	Small group	30-60min	English

Purpose /Aim:

- Reflect on issues related to sexuality
- Become aware of the individual meanings that seniors give to sexuality related issues
- Raise awareness on the importance of sexual wellbeing for seniors
- Reflect on the meanings of sexuality in the third age and on how it is perceived and considered by seniors

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Warming up – associations on sexuality issues
- Powerpoint presentation regarding the importance of sexual wellbeing for seniors
- Open discussion on sexuality related to seniors

Materials: powerpoint presentation, room facilities, basic stationary

Methods: Open group discussion



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Advice for Trainer: The trainer should be prepared to stimulate and lead the discussion allowing the expression of each participant's point of view without any judgment . Trainers should lead participants to their own awareness towards the theme of discussions.

Handouts:

Presentation of key words like SEX, SEXUAL HEALTH, SEXUALITY

Presentation of sexual rights by the World Health Organization

Contributor: UoS (UK)

Source/Literature:

Valentina Tullisso, psychologist, Udine - Italy



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Module:	Unit:	Group size:	Duration:	Language:
Sexuality & Third Age	1	Small group	30-60 min	English

Purpose /Aim:

- To raise awareness about the importance of open discussion with professionals after major life (health) changes
- To help empower seniors around their own intimate relationship with their partner
- To increase understanding of post-operation concerns and to help inform the renewal of intimacy and sexuality in such circumstances

Participants:

- Medical professionals and counselling staff

Description:

1. Warming up – associations between the words surgery and sexuality
2. Divide the group members into small groups of three/four members
3. Through Powerpoint (handout) ask participants to reflect on the case study
4. Ask participants to feedback to the whole group and draw a mind-map of the responses
5. Group discussion and conclusion

Materials:

- Paper, pens, flip-charts, projector, laptop



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**Methods:**

- Group discussion
- Alternatively role play could be used, to include the following roles
- Barbara and her health professional(s)
- Vic and his health professional(s)
- Barbara, Vic and their health professional(s) combined

Advice for Trainer:

In conducting small groups it is important to know the basic rules of group dynamics.

If the exercise will be conducted in a small group as role play, then the trainer should talk and help the participants to reflect on what they learned and to consider how they might integrate this learning into their practice.

Handouts: /

Six months ago Barbara (aged 70) had major surgery, a total hysterectomy, because of a cancerous tumour. The operation was a success and Barbara feels lucky that the cancer wasn't anywhere else in her body as, she says, the womb 'can so easily be removed'. She is also relieved that the cancer was caught at an early stage as she knows that her situation could be very different. Barbara has seen a number of doctors and nurses during her treatment journey, both at the hospital and the primary care surgery. Nonetheless, amongst all the personal discussions Barbara has had with these health professionals, one area has not been raised - either by her or the health professionals - and that is when it is okay for her to resume sexual intercourse.

As she recovered from the surgery Barbara and her husband Vic have grown closer. She says that 'cancer will do that to you'. They enjoyed a good sex life prior to her diagnosis and want to resume that level of intimacy. But both of them are fearful of causing damage: Vic doesn't want to hurt Barbara, and Barbara is unsure if intercourse will 'undo' any of the surgery. They are both starting to believe that they will never enjoy sexual intercourse again.



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Discussion questions for the case study:

1. It is important for Barbra and Vic to be able to have sexual intercourse. Why do you think that is?
2. Should health professionals take a proactive approach to the sexual health of their older clients? If so, how can they do this?
3. Barbra suspects that she hasn't been given sexual advice because of her age. Can Barbra do anything herself to find the answers that she seeks?

Contributor: UoS (UK)

Source/Literature: Integra Institute, Sonja Bercko, NLP spec. neurolinguist, Psychosynthesis Therapist



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Module:	Unit:	Group size:	Duration:	Language:
1. Sexuality in the third and fourth age	2	Medium size group	90 minutes	English

Purpose /Aim:

- Increase understanding and awareness of how the ageing process influences physical, social and psychological changes in seniors
- Reflect on how cultural and social factors in seniors’ own environments can affect their perceptions of themselves and active ageing
- Reflect on possible tools to increase seniors’ awareness of the physical, psychological and social factors that can influence their own sexuality

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Divide the participants into small groups and present the contents for reflection
- Facilitate the following discussion
- Let participants present their own points of view

Materials: room facilities, basic stationary

Methods: Open group discussion

Advice for Trainer: The trainer should be prepared to facilitate and moderate the discussion. Also, if the group is large s/he should stimulate the conversation and starting from his/her own professional experiences and best practices on the main issue, and compare the feedback from participants with the existing literature.



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Handouts:

Reflective Activity 1

Consider your own community and reflect upon the changes that have been experienced by the older people within it. Spend some time identifying these changes and begin to categorize them as: physical, social and psychological. Make a list of the changes and identify how these might relate to one another.

Reflective Activity 2

Choose a magazine or a newspaper from home. Take a look at the images and identify any that feature older people. How are the older people characterized?

Reflective Activity 3

Take a look at the birthday cards below (Figure 1). Whilst they may be amusing there is a more serious side. What do they say about older people and the ageing body? What do they say about the sexuality of older men and women? How are the images constructed to portray decline, worthlessness and asexuality?

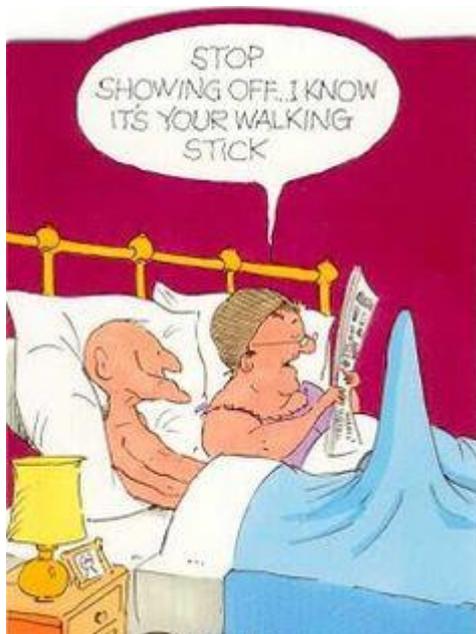


Figure 1: Birthday cards, older people and sexuality



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Contributor: UoS (UK)

Source/Literature:

Valentina Tullisso, psychologist, Udine - Italy



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Module:	Unit:	Group size:	Duration:	Language:
1. Sexuality in the third and fourth age	4	Small size group	90 minutes	English

Purpose /Aim:

- Provide information on the biological, psychological, social and cultural factors that can influence sexuality in the third and fourth age
- Brainstorm on the possible sexual problems linked to age and possible solutions
- Raise awareness of the importance of dialogue with seniors about their bodily changes and the obstacles that they may face
- Increase awareness about the importance for seniors to feel supported and understood with regard to the way they live their sexuality

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Power point presentation with information regarding the changes in sexual behaviours in the third and fourth age
- Powerpoint presentation of a case study
- Open discussion in the group
- Role play simulating a dialogue between a care professional and a senior (Geoff in this specific case) aimed at showing how the professional would conduct the dialogue and what he/she would say and advise

Materials: powerpoint presentation, room facilities, basic stationary

Methods: group discussion / role play/ simulation

Advice for Trainer: trainers should be prepared on ways to facilitate a role play scenario



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Handouts: *Case study*

Geoff is single but he longs to be in a close relationship again. Since Geoff's long-term partner John died two years ago, Geoff has had difficulty keeping an erection. He can no longer masturbate. He first noticed the symptoms where his erection would come, but soon fade, and now he cannot get one at all.

Geoff is 62 years old and does not want to live the rest of his life on his own. He has considered signing up for an online dating website but he wonders whether or not it would be worthwhile. He is worried that if he met someone they might not understand his problem; that he can't get an erection and have sex in that way. Geoff knows that sex isn't just about erections - there are other activities they could do - but he also knows that having an erection indicates to his partner he is desired and that he is aroused by him.

He went on a date with a guy 6 months ago. They both seemed to enjoy it, and Geoff felt a spark. But when they kissed at the end of the night Geoff knew that he would not be able to see him again. How could he explain his erection problems? And who would want to be with someone like him?

Discussion points – use the internet to find answers to the following questions:

1. What is the incidence of erection problems in men aged 60 and older in your country?
2. What can cause erectile dysfunction?
3. Are there any medical treatments available for Geoff to help with his erection problems?
4. Are there any alternative treatment options that Geoff can try?
5. What does Geoff's concern about his erectile dysfunction and his belief that he would not be able to form a new relationship tell us about sex and masculinity?

Contributor: UoS (UK)

Source/Literature:

Valentina Tullisso, psychologist, Udine – Italy



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Module:	Unit:	Group size:	Duration:	Language:
1. Sexuality in the third and fourth age	5	Small size group	60 minutes	English

Purpose /Aim:

- Give up to-date information on STIs regarding people in the third and fourth age
- Present the data on the state of the art
- Start a proactive group discussion
- Draft basic guidelines on the topic for a brainstorming session with seniors

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Presentation of the data, studies and the existing literature on this topic
- Research, sharing and comparison of the prevention campaigns targeting young people and targeting seniors
- Group discussion on the differences found in the different campaigns

Materials: powerpoint presentation, room facilities, basic stationary

Methods: group discussion

Advice for Trainer: the trainer should be prepared to deliver materials and/or links on the topic

Handouts: not-applicable

Activity

Identify four STI prevention campaigns aimed at younger people (there are hundreds to choose from!). Compare them to the four campaigns above that are aimed at older people.

1. What are the key differences between the campaigns aimed at older people and those aimed at younger people?



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2. Why do you think the campaigns are different?
3. Could the campaigns aimed at older people be improved? If so, how would you improve them?

Contributor: UoS (UK)

Source/Literature:

Valentina Tullisso, psychologist, Udine - Italy



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	Unit:	Group size:	Duration:	Language:
1. Sexuality & Third Age	1	Medium size group	30-60 min	English

Purpose /Aim:

To raise awareness and improve professional practice by using materials that foster understanding of the following main scenarios:

- Physiological changes related to ageing
- Cohort effects (historical and cultural effects on those generations)
- Prospects for a sexual life
- Myths about a sexual life in older age

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

Ageing means facing three major categories of change:

- changes in body
- social changes
- psychological changes

These are very delicate issues but at the same time very significant especially when related to intimacy and sexual life of seniors.

The above reported scenarios can be used for:

- taking and using case studies from professional working activities
- developing case studies to stimulate solutions and best practices
- small groups of three/four members
- presentation of individual group outcomes
- group discussion and conclusions

Materials: basic stationary, use of Internet, cards with pictures

Methods: Group brainstorming – small group presentations – group discussion

Advice for Trainer: the trainer should be prepared to find new images/pictures representing the scenarios. The trainer could ask to participants to find the images/pictures themselves.

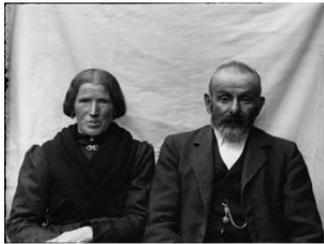


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Handouts:

CHANGES



PSYCHOLOGICAL CHANGES



CHANGES IN PERSPECTIVES
SOCIAL CHANGES



PHYSICAL CHANGES



SOCIAL CHANGES



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Module:	Unit:	Group size:	Duration:	Language:
Relationships & Intimacy	Introduction	Small group	45 min	English

Purpose /Aim:

- To help participants reflect on life-stage differences and different cultural approaches toward sexuality in the third/fourth age
- To raise awareness of different perspectives around culture and sexuality and prejudice
- To assist participants in reflecting on how their pre-judgements may influence their practice

Participants:

- Health and social care professionals, social workers, medical staff

Description:

Step 1: Ask participants to reflect on how different cultures consider different life stages (ie. childhood, adolescence, adulthood and old age) and to consider what expectations cultures may have around intimacy and sexuality at these stages.

Step 2: Encourage participants to develop a counter-argument to any prejudices identified. For instance, participants might consider if there are positive aspects, is there a positive contribution to society or what can we learn from such examinations. For example, if the prejudice identified is that older people are not sexually attractive, ask participants to think of a successful, attractive older person such as an actor/actress or a political or business leader.

Step 3: Ask participants to reflect on how cultural or societal pre-judgements and stereotypes have or may shape practice with older people



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Materials:

- Paper, pen, flipcharts.

Methods:

- Small group discussion

Advice for Trainer:

The trainer should prepare a list of socio-cultural groups that are often exposed to stereotypes, for instance, religion groups, ethnic groups, professional groups or same sex groups. The trainer should also have prepared positive aspects to assist participant reflection.

Handouts: Trainers may wish to include newspaper, internet or magazine articles or images that provide examples of stereotypes.

Contributor: Integra Institute, Sonja Bercko, NLP spec. neurolinguist, Psychosynthesis Therapist.

Source/Literature: adapted from Social Literacy (Beata Hola), 2014.



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Module:	Unit:	Group size:	Duration:	Language:
2. Relationships and Intimacy	2	Medium size group	60 minutes	English

Purpose /Aim:

- Improve understanding of how life changes can influence sexuality in the third age
- Support the importance of intimacy and sexuality in later life
- Understand the influence that socio-cultural factors can have on forming and maintaining intimate relationship

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Presentation of The (ILSE) study, the "Interdisziplinären Längsschnittstudie des Erwachsenenalters" (interdisciplinary longitudinal study of adult age) on the importance of sexuality and intimacy in later life.

Materials: powerpoint presentation, room facilities, basic stationary.

Methods: Presentation of the ILSE study, group discussion and comparison of best practices.

Advice for Trainer: The trainer should present the ILSE study's main findings, possibly with a Powerpoint presentation and, facilitate discussion. Key transitions that older people can confront, such as retirement, divorce or the death of a partner, can be used to encourage health and social care professionals to reflect and discuss these issue from personal or professional experience.

Handouts:

Handouts can draw upon the case studies outlined in the module. These can be used to facilitate health and social care professionals to reflect on the following questions, possibly in small groups.

- ✓ What are the needs, challenges and opportunities you have observed for older people in maintaining intimate relationships?



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- ✓ In your experience, how have key transitions, such as retirement, divorce or the death of a partner, impacted on older people you have worked with?
- ✓ What particular challenges do you think older people without a partner can confront?
- ✓ In your experience, how do wider social influences, such as stereotypes, shape older peoples' approach to intimacy and sexuality?
- ✓ As a health or social care professional, how might you assist an older person in negotiating key life transitions?

Contributor: Institute of Psycho gerontology FAU Erlangen - Germany

Source/Literature:

Valentina Tullisso, psychologist, Udine – Italy



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Module:	Unit:	Group size:	Duration:	Language:
2. Relationships and intimacy	3	Small or medium size group	120 minutes	English

Purpose /Aim:

- Improve understanding of how same sex or homosexual relationships are viewed in various countries and by different social groups
- Raise awareness of how stereotypes and discrimination can impact upon older people in same sex relationships

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

Present information on the social acceptance of same sex relationships in different countries. Describe the challenges that same sex individuals and couples can confront, which often result in the leading of a 'double life'.

Materials: powerpoint presentation, room facilities, basic stationary.

Methods: Presentation of data on the social acceptance of same sex relationships, group discussion and comparison of approaches to engaging with older homosexual people.

Advice for Trainer:

Handouts:

Handouts can draw upon the case studies outlined in the module and/or provide data on the social acceptance of same sex relationships in different countries. These can be used to facilitate health and social care professionals to reflect on the following questions, possibly in small groups.



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- ✓ What social and cultural factors do you think most influence social acceptance of homosexual people?
- ✓ What factors do you think help to explain why same sex relationships are viewed differently in the different countries outlined in the presentation?
- ✓ What stereotypes do you think surround older people in same sex relationships in your country?
- ✓ What particular challenges do you think older people in same sex relationship can confront?
- ✓ As a health or social care professional, how might you assist an older person in a same sex relationship in negotiating societal perceptions?

Contributor: Institute of Psycho gerontology FAU Erlangen - Germany

Source/Literature:

Dr Martin Power, Lecturer, National University of Ireland Galway, Ireland.



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Module:	Unit:	Group size:	Duration:	Language:
Long term Care	2	Small group	90 min	English

Purpose /Aim:

- Visualising the family story of individuals in long-term care to explore potential resources and the family context
- To assist in integrating informal and formal care networks that may be available to an individual

Participants:

- Family caregivers, health and social care professionals

Description:

To facilitate collaboration between family caregivers and health and social care professionals, enhancing person-centred care to an older person.

Materials – flipcharts and pens.

Methods.

Participants draw a family tree and divide into groups of three. Each group member should adopt each of the following roles over the course of the exercise.

Storyteller- presents their family tree and describes the production of it.

Interviewer – explores the connections in the family tree to gain a sense of intergenerational and current connections. The interviewer should also explore beyond the family tree into areas such as friends, neighbours or other networks, to assist in identifying potential sources of support that maybe available to an individual.

Resource collector – records the key connections mentioned for analysis by all three members of the group and leads group discussions on how these connections can be exploited and married with other



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resources available to help support an individual. Resources to be considered can include the skills, competencies and characteristics of the older person, informal carers and formal carers.

Handouts: not-applicable.

Contributor: Integra Institute, Sonja Bercko, NLP spec. neurologist, Psychosynthesis Therapist

Source/Literature: Based on Systemic Family Therapy Technique; adapted from Social literacy (Beata Hola).



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Module:	Unit:	Group size:	Duration:	Language:
Long-term care	Introduction	Small group	90 mins	English

Purpose /Aim:

- To introduce the Selective Optimisation and Compensation model for use in long-term care¹
- To improve team working skills through use of the SOC model

Participants:

- Health and social care professionals.

Description:

- Presentation of the Selective Optimisation and Compensation model
- Role-play as members of a multidisciplinary team working with Peter

Peter is 78 years old. Peter moved into a long-term care facility around two months ago. Prior to this, Peter lived independently and enjoyed an active social life. Over the last few years, Peter started to forget things and this eventually led to him leaving a pan unattended, which started a fire that destroyed his home. Peter’s spirits and zest for life have diminished significantly since he moved into the long-term care facility. Peter initially became very focused on what he saw as restrictions on his life, such as no longer living independently and having to share a room in the long-term care facility. Peter used to complain about missing his friends, not being able to enjoy his previous social life, and no longer being able to invite people to his home. In the last few weeks, Peter has become withdrawn and despondent, he rarely talks to anyone, sits around most of the day and has started to lose weight.

¹ The Selective Optimisation and Compensation model is outlined in IntimAge module two (Relationships and Intimacy). For a more detailed explanation, see Baltes, P., & Baltes, M 1990, ‘Psychological perspectives on successful aging: The model of selective optimization with compensation’, in P. Baltes & M. Baltes (eds), ‘*Successful aging: Perspectives from the behavioural sciences*’, pp. 1-34. New York: Cambridge University Press.





Description of roles.

The role-play should take the form of a case management meeting and can include a combination of roles, depending upon the participants' professional backgrounds. Moreover, while there is only likely to be one or two psychologists or centre managers involved in Peter's care, there are likely to be many nursing and care staff and roles can be allocated on this basis.

Some suggested roles are below and one participant should play the role of Peter.

Psychologist – you are increasingly concerned about Peter's lack of engagement with people. Peter's lethargy and apathy toward communicating with others indicates that he may be slipping into depression.

Nursing staff – that Peter has lost his appetite and is starting to lose weight, along with his forgetfulness is a cause for concern.

Social care staff – Peter initially complained a lot on moving into the long-term care facility, but now rarely says a word to anyone. This increasing lack of engagement, with both staff and other residents, along with Peter's general demeanour have become a source of worry.

Centre manager – you are aware that Peter is not sleeping well, as he has complained to you about his roommate's 'incessant snoring' and the generally absence of privacy that sharing a room involves.

Materials:

- Powerpoint, flipcharts and pens

Methods:

- Powerpoint (SOC model)
- Role play

Advice for Trainer:

The trainer should be familiar with the Selective Optimisation and Compensation model (see Baltes and Baltes, 1990). The members of the multidisciplinary team should be provided with the relevant notes for each of their roles.

Handouts: Selective Optimisation and Compensation model.

Contributor: Sonja Bercko, NLP spec. neurolinguist, Psychosynthesis Therapist.

Source/Literature: Adapted from Psychosocial Rehabilitation Workbook (Integra Institute).



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Module:	Unit:	Group size:	Duration:	Language:
4. Professional Practice	1	Small or medium size group	120 minutes	English

Purpose /Aim:

- Increase awareness regarding the obstacles that seniors can face in their sexuality due to cultural and/or social factors and how these factors could affect in a negative way the communication between seniors and care professionals.
- Recognise the importance of effective communication between seniors and care professionals, particularly around the topic of sexuality and understand how positive communication can be fostered.
- Explore communication strategies to facilitate health and social care professionals in engaging with older people around the topics of intimacy and sexuality.

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Presentation of the PLISST model as a tool to promote engagement between health and social care professionals and older people.
- Encourage familiarity with the PLISST model through participation in role plays.

Materials: power point presentation, room facilities, basic stationary

Methods:

- Power point presentation
- Role play

Advice for Trainer:

The trainer should be familiar with the PLISST model.



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Handouts:

A handout with the stages of the PLISST model, which should include the role play facilitation questions below to assist health and social care professionals in gaining confidence with the PLISSIT model.

Case Study 1-

Mrs. Black is a 65 year old married woman who has come to visit her GP for her annual check-up. Mrs. Black has been on hormone replacement therapy for eight years. This has helped her with problems she previously encountered with lack of lubrication. However, over the past year she has been taking a low dose (20mg) of a selective serotonin reuptake inhibitor (SSRI), citalopram, for mild depression. Since starting these anti-depressants, she has been experiencing a decrease in her libido and is concerned about how this is affecting her marriage.

Case Study 2-

Mr. White is a 68 year old divorced man. He self-identifies as gay, having come out 15 years ago after the break-up of his marriage. He has been with his current partner for five years. He used to take anti-anxiety medication (Xanax) but discontinued using it around four years ago. He is currently taking statins (Lipitor) to control his cholesterol, but otherwise is in good health. He occasionally experiences erectile dysfunction.

Questions that health and social care professionals can use to facilitate role plays.

If it's alright with you Mrs. Black/Mr. White, I'd like to ask you a few questions about your sexual health?

Many patients have issues with their sexual health as they get older, would it be ok if I asked you some questions about how your sexual health has been?

Some of the medications you are currently taking can affect your sexual health, would you mind if I asked you some questions about your sexual health?

What concerns have you about your sexual health?

How has your sexual function changed since your diagnosis with...?

How have your sexual feelings changed since starting your new treatment regime?

Can you tell me how you express your sexuality?

What concerns or questions do you have about fulfilling your continuing sexual needs?



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In what ways has your sexual relationship with your partner changed as you have aged?

What interventions or information can I provide to help you fulfil your sexuality?

Contributor: NUI Galway - Ireland

Source/Literature:

Valentina Tullisso, psychologist, Udine - Italy



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Module:	Unit:	Group size:	Duration:	Language:
4. Professional Practice	2	Medium size group	90 minutes	English

Purpose /Aim:

- Raise awareness about the cultural and religious factors that can influence seniors’ sexuality with respect to the environment they belong to
- Reflect on personal meanings given to sexuality and to possible prejudices to be aware of when communicating with older people
- Promote communication strategies that facilitate communication between health and social care professionals and older people

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Reflection on the cultural and religious factors that can influence communication between health and social care professionals and older people
- Reflection on individual understandings of intimacy and sexuality that may inhibit communication between health and social care professionals and older people
- Presentation and practice with the Culture and Health Assessment Tool (CHAT) to promote and facilitate communication between health and social care professionals and older people

Materials: power point presentation, room facilities, basic stationary

Methods:

- Individual reflection
- Open group discussion
- Power point presentation
- Role play with CHAT Tool

Advice for Trainer:

The trainer should be familiar with the CHAT Tool and the promotion of reflection and group discussion.



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Handouts:

Handout on CHAT Tool to facilitate role plays.

Activities for reflections:

- How important do you think sexuality is to promoting well-being?
- How does your culture view intimacy and sexuality amongst older people?
- How do you think your culture and society have shaped your views of intimacy and sexuality amongst older people?
- Think of a culture that you feel is different to your own. What are the differences? Are there similarities?
- Has your culture shaped how you communicate with older people? If so, how?

Contributor: NUI Galway - Ireland

Source/Literature:

Valentina Tullisso, psychologist, Udine - Italy



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Module:	Unit:	Group size:	Duration:	Language:
4. Professional Practice	4 sexual violence against older people	Small or medium size group	120 minutes	English

Purpose /Aim:

- Raise awareness that older people can be particularly vulnerable to sexual violence
- Understand possible indicators that an older person has been subjected to sexual violence
- Understand strategies for engaging with older people where sexual violence is suspected

Participants: Care Professionals – Trainers for adults and seniors- counselling staff- social workers

Description:

- Highlight studies that show that sexual violence against older people is more common than may be expected and is frequently under-reported
- Provide descriptions of indicators that sexual violence may have occurred
- Provide strategies for addressing potential cases of sexual violence

Materials: powerpoint presentation, room facilities, basic stationary

Methods:

Presentation of estimates of the prevalence of sexual violence against older people and indicators that sexual violence has occurred

Role play with strategies for addressing potential abuse situations

Advice for Trainer:

The trainer should be familiar with data on the estimated rates of sexual violence, indicators that sexual violence may have occurred and the strategies available to health and social care professionals.



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Handouts:

Indicators that sexual violence may have occurred.

- Bruising on the arms and wrists from being forcibly restrained
- Bruising or tenderness of the genital area
- Vaginal or rectal bleeding
- Abrasions, swelling, redness or tears in the perianal area

Behavioural signs of potential sexual violence incidents.

- Indirect statements (as in, for example, “don’t let that man near me!”)
- Sudden behavioural change, including becoming withdrawn, refusing personal care, or retreating into the foetal position
- Displaying a fearful or an ambivalent response towards a suspected abuser
- Displaying a guarded response when asked about abuse
- Becoming upset or distressed while receiving personal care

Contributor: NUI Galway - Ireland

Source/Literature:

Dr Martin Power, National University of Ireland Galway, Ireland



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