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**AFC Case Manager
Training:
Working with Older Adults
Living with HIV/AIDS
(OALWHA)**

Session 4: Sexual Health

200 WEST JACKSON BLVD. | SUITE 2100 | CHICAGO IL 60606 | TEL 312-922-2322 | FAX 312-922-2916 | AIDSCHICAGO.ORG

Session Goals AIDS
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Learners will understand:

- Sexuality and sexual expression are a healthy, positive part of older adult life
 - *Misconceptions **about** and **among** older adults*
 - *Older adults may have varying degrees of comfort in discussing sexuality with case managers*
- Ways to support clients' positive relationship with sexuality
- Unique sexual risk factors that develop with aging and strategies to promote sexual health

What You Should Be Able to Do or Know AIDS
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- Understand changes in sexual functioning common to aging
- Recognize potential sexual health risk factors unique to older adults
- Create a positive environment for discussing sexual health/taking a sexual health history
- Develop care plans with clients to address sexual health wishes and needs
- Coordinate care with other professionals to promote clients' sexual health
- Refer clients to appropriate resources and services

Key Terms/Definitions AIDS
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- *Sexuality*: capacity for sexual feelings and attraction, sexual orientation or preferences
 - *Diverse definitions and personal experiences of sexuality*
- *Sex*: sexual activity, intercourse
 - *Definitions and preferences vary greatly across people*
- *Intimacy*: closeness, friendship, familiarity

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Sex Positivity

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Reflection Activity-Part 1 

Take a moment to listen to the following audio segment

Try to imagine the following world...

Reflection Activity-Part 2
Try to imagine the following world:



Again, take a moment to listen to the next audio segment

Try to imagine the following world...

What does it mean to be sex positive?



- The idea that all sex, as long as it is healthy and explicitly consensual, is a positive thing.
 - A social and philosophical movement that advocates these attitudes.
 - Advocates sex education and safer sex as part of its campaign.

Ways to be Sex Positive with Clients



- Reflect on your values about sex and sexuality.
 - How do they impact your practice?
- Don't express judgement
- Use inclusive language
- Create a physical space that is sex positive
 - Educational and marketing materials
 - Vision, mission, values
- Ask for and accept feedback
 - Identifiable and/or anonymous

Sexuality and Older Adults AIDS
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- 1. Myths about Older Adults and Sexuality
- 2. Sex and Aging

De-Bunking Myths: Older People are Having Sex 

	Men 50-59	Women 50-59	Men 60-69	Women 60-69	Men 70+	Women 70+
Received oral sex from men	8%	34%	3%	25%	2%	8%
Received oral sex from women	49%	1%	38%	1%	19%	2%
Vaginal intercourse	58%	51%	54%	42%	43%	22%
Received penis in anus	5%	6%	1%	4%	2%	1%
Inserted penis into anus	11%	n/a	6%	n/a	2%	n/a

De-Bunking Myths: Sexuality is an integral and enjoyable part of older adulthood 

- Sexuality and need for sexual intimacy remains as we age, while physical capacities may change
- Sex remains enjoyable and important avenue to intimacy, health and well-being
- Sexual expressions may change as we age:
 - Focus on pleasure vs. achieving orgasm
 - closeness and enjoyment associated with cuddling and “spooning”
 - sexual positions to reduce strain/discomfort and maintain sexual activity

De-Bunking Myths: A Video Clip AIDS FOUNDATION OF CHICAGO

- For discussion of sex and older women

Physical Changes in Sexual Functioning: Challenges and Risks



- Physical Changes and Decreased Condom Usage
 - *Erectile dysfunction (ED) inhibits effective use of condoms*
 - *Lack of need for birth control*
 - *Vaginal dryness increases risk of tears and transmission*
 - *Greater female: male ratio*

Physical Changes in Sexual Functioning: Challenges and Risks, continued AIDS FOUNDATION OF CHICAGO

- Many chronic health conditions can interfere with sexual functioning/enjoyment
 - *Mobility limitations*
 - *Orgasm difficulties*
 - *Urinary incontinence during sex*
- Polypharmacy can also impact sexual functioning and libido

“Age is strictly a case of mind over matter. If you don’t mind, it doesn’t matter.”

-Jack Benny

Sex and Aging: Challenges and Risks



- Emphasis on youth in partner selection can leave older clients feeling left out
- Exchange sex as means to sexual contact and intimacy
- Negotiation of positive status and sexual activity
 - disclosure; steps to reduce risk
- Grieving and loss within sex life
- How can case managers help?
 - Empathic Listening, Linkage to Emotional Supports, Risk Reduction Counseling, Communication Skill-Building

Low Testosterone “Lo T”

- Levels of testosterone gradually decline around 30; for some older men levels can drop below the “normal” range
- Lo T is common among HIV-infected individuals
- Symptoms of Lo T: fatigue, decreased sex drive, ED
- Physical Changes Due to Lo T: decreased bone density, reduced muscle mass
- Treatment Options for Lo T:
 - Testosterone supplement therapy
 - Exercise and weight loss
 - Medication for erectile dysfunction






Low Testosterone “Lo T”

- Erectile dysfunction (ED) medications may be prescribed to address lo T and related symptoms and enhance quality of life
 - Address depression, concentration
- Potential drug interactions between HIV and ED medications
 - May be possible to take both HIV and ED medication if carefully dosed and monitored
- How can case managers support clients?
 - assess client’s satisfaction with sexual functioning/experience of lo T symptoms
 - Refer to health professional who can support whole client

Prostate Cancer Treatment & Sexual Functioning



- Approximately 1 in 7 men will be diagnosed with prostate cancer in their lifetime, most as older adults
 - Survival rates for prostate cancer are very high
 - ED is common post-treatment
 - Significant improvement in functioning within 1 year for most men with intact nerves
- How case managers can support clients (before, during and after treatment)
 - Education on treatment options and impacts
 - Referrals to appropriate supports
 - Experienced treatment providers, emotional support, ED medication assistance

Transgender Clients: Special Considerations



- Many treatments to align gender identity and appearance are safe and effective
- Caveat: Surgical transition later in life carries same risks of surgeries in general with older adults
- Hormones and HIV Medication
 - Impact of long term gender affirming hormone usage on health isn’t reliably known yet
 - Monitor early signs of conditions more likely to be impacted by long term hormone usage: heart attack, cancer and liver disease
 - Drug interactions occur between some gender affirming hormones and HIV medications; Impact = reduced viral suppression
- Case manager Role
 - coordinate with health care provider re: client well-being, drug interactions, long term impact of hormone usage

Transgender Clients: Special Considerations AIDS FOUNDATION OF CHICAGO

- Transgender older adults may be more likely to experience (have experienced):
 - *Physical health concerns*
 - *Difficulty accessing healthcare*
 - *Lesser social support/sense of community belonging*
 - *Depressive symptoms*
 - *Lesser income/greater job discrimination*
 - *Police harassment/incarceration*
 - *Survival sex, sexual assault, risky sex*
- **Why?** Multiple, overlapping forms of stigma, discrimination and mistreatment
 - *Employment, housing, legal/criminal justice, healthcare, stigma among community and family*

Let's Practice: Brief Sexual Health Scenarios Homework AIDS FOUNDATION OF CHICAGO

- **Assignment:** Practice case management skills with mock clients, addressing sexual health/functioning concerns that we've just learned about
- **What you'll be given:**
 - *Mock clients' mini sexual health scenarios*
 - Handout titled: Sess 04 Activity 01Sex.Health.Mini.Scenarios_CM.Version
 - *3 questions to answer re: care planning*
- **What you'll need to do:**
 - *Describe how you would support client*
 - *Return responses to:*
 - Email: trainings@aidschicago.org
 - Fax: 312-784-9052

Supporting Open Discussion of Sexual Health among Older Adults and Providers 

- *Most physicians overlook sexual health as an aspect of older people's health care.*
- *Some potential reasons...*
 - *Older adults' embarrassment discussing sex with a younger care provider*
 - *Providers' discomfort or lack of training in sexual health*
- *Generational differences in views on sex, sexuality, sexual orientation*

Benefits of Assessing Client's Sexual History



- Identify and address challenges to functioning; needs for intimacy
- Understand sexual risk behavior
- Opportunity to identify areas where sexual health education may be needed
- Demonstrate openness toward client and build trust
- Plan for client's optimal sexual health
 - Refer to appropriate care and service providers

"Do's" of Discussing Sexual Health with Older Adults



- *Demonstrate an accepting and affirming attitude*
- *Normalize discussion of sexual health*
 - Topic case manager discusses with all clients
 - Sexual health is connected to overall health and well-being
- *Ask permission to discuss sexuality with client*
 - May I ask you about...
 - Respect client's right to decline discussion
- *Explain purpose: promote health, not to be a voyeur*

"Do's" of Discussing Sexual Health with Older Adults



- Ensure confidentiality
- Use inclusive language
 - Ex: partner vs. spouse
- Use open-ended questions that promote conversation
 - Ex: What concerns did you want to discuss today in meeting your needs for sexual health and intimacy?
- Ask clarifying questions if you don't understand
- Offer information and resources

“Don’ts” of Discussing Sexual Health with Older Adults



- Assume Client’s Sexual History
 - Orientation, Partners, Behavior
- Express Judgment for Client’s Sexuality/Sexual Activity
 - *Be aware of your own feelings and judgments about sexuality, sexual activity; try to minimize their role in conversations with clients*
 - *Be aware that judgement can be expressed in many ways*
 - Verbal communication
 - Non-verbal communication
- Center conversation around health vs. judgement
 - *Goal is to understand client; not judge them*
 - *Behavior may be “health promoting” or “risk taking” vs. “right” or “wrong”*

Video: What Old People Think about Gay Sex

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Taking a Sexual History: Topics to Assess

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- Relationship Status
- Gender of Past and Present Sex Partners
- Number of Past and Present Sex Partners
- Sexual Orientation
- Protection and Risk Reduction Techniques
- HIV/AIDS Status
- STI History
- Frequency and Type of Sexual Behavior
- Desire for Sexual Activity

See handout “Sess04 Sex History.AFC.HIV.CM.doc” as a tool to use with clients

Case Scenario: Tina 

- *Case Scenario 1: Tina is a 60-year-old African American female. Tina has been in and out of jail several times over the past 2 decades, usually on prostitution or possession charges. While in jail, she always tests for STIs and HIV/AIDS. She has repeatedly tested positive for chlamydia and has received treatment numerous times. Despite the treatments for the STI, she continues to test positive.*
- *During her most recent incarceration she was diagnosed with pelvic inflammatory disease, had an abnormal Pap smear, and tested positive for HIV. Other than being a little underweight she looks good and states that she feels fine with the exception of some abdominal pain.*
- *She is dating a new boyfriend and reports some friends but that they don't stay in close contact.*
- *Previously you focused more on Tina's physical health concerns; here we're going to focus care planning more around her sexual health concerns*

Instructions for Completing Case Scenario 

- Open Template Case Scenario document: "Sess04 Activity 02 Tina.Case.Scenario.Sex.Health_CM"
- Save a version of case scenario document with your first name and last initial at the end
- Review Case Scenario
- Provide responses to questions in template document
- *Submit responses to:*
 - Email: trainings@aidschicago.org
 - Fax: 312-784-9052

Steps to Sexual Health Maintenance Planning 

- Discuss client's sexual history
- Consider client's actual vs. ideal situation
 - *sexual health*
 - *sexual activity*
 - *expression of sexuality*
- Assess knowledge of safer sex strategies
- Plan for sexual health and well being
- Provide resources and referrals as needed

Sexuality in Older Adult Care Facilities



- Sexuality is under-addressed in older adult care facilities
- Factors to Consider:
 - *Balancing privacy with safety*
 - *Openness to LGBT sexual activity and expression*
 - *Regulations about sexual activity*
 - *Client/partner capacity to consent to sexual activity*
 - *Disclosure of HIV status with partners*
 - *Staff cultural competence*
- Case Manager Role: coordination, care planning and advocacy for clients' needs, rights and wishes

Sexuality and Public Housing



Public (Senior) Housing

- Less monitoring than older adult care facilities allows for greater exploitation of older adults
 - *Desire for sex/intimacy*
 - *Benefits payments*
- Ex: exchange sex visits coincide with SSI check distribution
- Case Manager Role: assess for sexual relationships that may be unsafe or exploitative

How Can Case Managers Help? Advocacy Skills for Sexual Health Rights



- *Advocacy: a type of problem solving designed to protect personal, and legal rights, and to insure a dignified existence*
 - Self Advocacy: supporting clients in developing skills to advocate for themselves
 - Individual Advocacy: advocating on behalf of another person
- *Asset Based Problem Solving*
 - Define the Concern Your Client is Facing and Potential Causes
 - What are the options for potential solutions?
 - How does your client evaluate or prioritize these options?
- What are your clients' values and strengths with regard to the concern?

How Can Case Managers Help?
Advocacy Skills for Sexual Health Rights



- *Build Expertise/Capacity: Educate yourself and your client about the concern being faced. What are your client's rights?*
 - What do you/your client need to know to make informed decisions?
 - What challenges might you face in addressing this concern?
 - Help client anticipate the implications of their choices.
 - Locate supports that will help client work through their concern
- *Keep Good Records*
 - Support client in keeping written documentation of all types of communication about their concern; this may "make their case" down the road

How Can Case Managers Help?
Advocacy Skills for Sexual Health Rights



- *Know the Key Players and Resource People*
 - Ombudsperson
 - Long Term Care/Assisted Living Facility Staff
 - Family/Friends
 - Legal Resources
- *Collaborate*
 - Working with other stakeholders may provide more comprehensive advocacy and problem-solving support.

How Can Case Managers Help?
Advocacy Skills for Sexual Health Rights



- *Communication Skills*
 - Demonstrate respect for others (client, stakeholders in concern)
 - Express genuine empathy for client's concern
 - Engage in active listening
 - Pay attention to an individual's body language; identify what they are not saying aloud.
- *Confidentiality*
 - Respect the integrity of information shared by clients. Only share information that the client explicitly authorizes.
- *Be Persistent*
 - Advocacy takes follow through to ensure agreements are made, promises are kept and solutions are implemented
- *Be Positive*
 - Advocates can take a lot of heat for pressing an issue; remember the good in what you're doing

Conclusions/Take Aways AIDS
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- Sexuality and sexual expression change as we age
- Creating a sex positive environment for clients is an important factor in determining and supporting their sexual health wishes and needs
- Case managers play an important role in assessing potential sexual health risks and promoting positive sexual health

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"Beautiful young people are accidents of nature, but beautiful old people are works of art."

-Eleanor Roosevelt

Resources AIDS
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- Session Handouts:
 - *Sexual Health History Template*
 - *PPT Presentation: Taking a Sexual Health History with Older Adults*
 - *GLMA Guidelines for care of LGBT Patients*

Session Evaluation

•Please take a moment to complete our session evaluation...

Thank
you

Session Evaluation Questions

•Knowledge and Skills Gained by Participants

•1. After completing this session, how would you rate your capacity in the following areas working with older adults (ages 50 and older) living with HIV/AIDS?

Session Evaluation Questions

Creating a sex positive context for OALWHA clients	Mindfulness of myths about sexuality, using inclusive language, withholding personal judgment for client's sexuality/sexual behavior	Excellent capacity	Good capacity	Limited capacity	No capacity
Assessing OALWHA knowledge re: 1) HIV/AIDS/STIs & risk factors for acquisition, 2) strategies to prevent transmission	Vaginal dryness & increased risk of transmission, erectile dysfunction and challenges to condom use	Excellent capacity	Good capacity	Limited capacity	No capacity
Educating OALWHA about risk misconceptions, safer sex strategies	Risks that result from physical changes in sexual functioning, STI prevention	Excellent capacity	Good capacity	Limited capacity	No capacity
Advocating for OALWHA clients' sexual health rights	Problem solving to protect the rights of OALWHA clients, (e.g. transgender clients or clients living in assisted living settings)	Excellent capacity	Good capacity	Limited capacity	No capacity

Session Evaluation Questions AIDS
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• **Application**

2. This session highlighted content knowledge and skills useful in working with older adults living with HIV/AIDS. How confident are you that you could apply this knowledge/skill set in your case management practice?

- Responses:
 - Very confident
 - Somewhat confident
 - Not very confident
 - Not at all confident

3. What more would you want to know about this content area in working with older adult clients living with HIV/AIDS?

4. What can we do to make this session better in the future?

Acknowledgement AIDS
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