EDUCATING NURSES: NORMALIZING SEXUALITY IN ADOLESCENTS WITH INTELLECTUAL DISABILITIES

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Spring 2018
Students with intellectual disabilities have a right to knowledge about sexuality issues that is relevant and important to them. They are citizens who should be treated as such, and eventually do become adults capable of making decisions about sexual preferences, independent of their disability. It is a mistake to make the claim that individuals with intellectual disabilities never reach adulthood or that they are not best suited to make decisions about what is enjoyable for them in terms of sexuality. Too often, however, our paternalistic approach to treating these people has perpetuated these myths, most notably in our treatment or avoidance of their sexuality education at school” (Gougeon, 2009)
How do we normalize sexuality?

- Trust that young people are able to make choices about what they want in relation to their sexuality
- Provide proactive support to help them overcome the many hurdles they face
- Assist in developing positive sexual identities during transition to adulthood.
- Understand that it is a hallmark of healthy development regardless of intellectual abilities
My Capstone Project:

My objective:
- Enhance reproductive health for adolescents with intellectual disabilities (ID) by providing educational offerings to nurses that focus on policies, practices, current statistics, and related resources.

Why it is important and significant?
- Legal mandate under IDEIA-access to all programs provided to regular education students in the school district
- Comprehensive reproductive health programs can increasing abstinence and improve other sexual behaviors among youth (Kirby, 2008)
- The attitudes and beliefs of those entrusted to the care of students with ID will affect the appropriateness of the sex education given to individuals with disabilities (Brown & Pirtle, 2008)
- Individuals with disabilities are at risk for abuse. Early education can be key to promoting healthy attitudes (physical, emotional, and social) towards sexuality.
WHAT SUPPORTS MY PROJECT?

- WHO/UNFPA

![Diagram showing five actions towards full inclusion of the sexual and reproductive health of persons with disability.]

Fig. 1. Five actions towards full inclusion of the sexual and reproductive health of persons with disability.
WHY EDUCATE NURSES?

- Knowledge deficit; need for increased education on disabilities in nursing school, as well as continuing education opportunities (Brown & Kalaitzidis, 2013; Singer, 2013)

- Curricula can influence the attitudes of nursing students towards children with disabilities (Cervasio & Fatata-Hall, 2013; Matziou, et al., 2009)

- Many professionals feel underprepared and misinformed as to the “correct” way to provide sex education (East & Orchard, 2014).
EDUCATING NURSING STUDENT: NMNEC CURRICULUM

NMNEC Graduate Learning Outcomes

- Engage in professional nursing practice that is patient-centered and culturally appropriate for individuals, families, and communities.
- Integrate principles of quality improvement and safety into nursing practice within healthcare organizations and systems.
- Demonstrate leadership behaviors through the application of policies that apply to healthcare delivery.
- Engage in effective interprofessional collaboration in the delivery of healthcare for quality patient outcomes.

NMNEC curriculum

- Concept-Cognition
- Exemplars: Intellectual/Developmental Disability and ASD
Method of Delivery

- PowerPoint presentations
- Large group discussion on implicit biases
  - Opened up to unrecognize biases
  - Questioned validity of the testing
- Opportunities for questions and answers
  - Students were actively engaged
  - Shared own stories-both personal and as caregiver
EDUCATING NURSING STUDENT: A DIDACTIC MODULE

Content:

- Neurodevelopmental Disabilities (required material)
  - Classification, prevalence, policy
  - Intellectual disability, ASD
- Pediatric Trauma (required material)
- Reproductive Health Education for Adolescents with ID (supplementary info)
  - content areas refined
Objectives:

- Summarize the diagnostic criteria and prevalence of neurodevelopmental disorders.
- Identify three major US public policies that impact youth with disabilities.
- Summarize the diagnostic criteria, etiology, and interventions for intellectual disorders.
- Summarize the diagnostic criteria, etiology, and interventions for autism spectrum disorders (ASD).
- List co-morbidities and risk factors for ASD.
- Identify major “red flags” for ASD.
- Create an appropriate nursing diagnosis for an individual with ASD.
Intellectual Disabilities (ID)

- Significant limitations in intellectual and functional capacity
- Delayed achievement of developmental milestones
- May result from:
  - Genetic mutations of brain/CNS
  - Prenatal environment (anoxia, infection)
  - Maternal substance abuse,
  - Lack of stimulation in early childhood
- Support/interventions to acquire self-care and adaptive skills
  - Many can be educated, be employed, manage some self-care
OBJECTIVES:

- Recognize attitudes and actions which normalize sexuality for adolescents with intellectual disabilities
- Explore implicit biases in relation to disability
- Identify and explore barriers to reproductive health education for adolescents with ID
- Understand positive approaches to reproductive health for adolescents with ID
- Identify at least two reproductive health resources for individuals with intellectual disabilities
EDUCATING NURSING STUDENT: A DIDACTIC MODULE

Evaluation using a concept map
- organize and represent knowledge
- improve learning and retention
- stimulates use of critical thinking
FUTURE DIRECTIONS

- Provide educational offering to school nurses (as originally intended)
  - Other nursing organizations/groups
- Transform in a nursing journal article
- CEU credits
  - Clinical vignette
  - Post-test questions
- More research specific to adolescents with intellectual disabilities and sexuality
SUMMARY AND TAKEAWAYS

- This project is really about inclusion and a holistic attitude of individuals.
  - Are we providing interdisciplinary, integrative, collaborative supports that facilitate the needs, wants and desires of individuals regardless of abilities?

- Importance of KNOWLEDGE, SKILLS, and ATTITUDES
  - What are our biases—implicit and explicit? What are we doing to overcome them?

- Reinforced the need to critically analyze how we, both as professionals and as individuals, view individuals with disabilities
  - Do we need to move away from “disability” and move towards “ability”?
REFERENCES


REFERENCES (CONTINUED)


