

Why should you sign up?

When asked, 60% of seniors desired to continue intimate or sexual relationships. Learn how to address this delicate topic with residents, families and staff in your long term care facility.

Course Instructors

Don Reynolds, JD – Fellow, Center for Practical Bioethics. Ethicist and leader of the eight-person group that wrote the policy guidance document

Cheryl Parsons, RN, LNHA - consultant with over 30 years of experience in nursing and long term care.. She currently is devoting her career to developing person-centered long term care facilities in Missouri and surrounding states.

Carol Scott – State Long-Term Care Ombudsman and member of the eight-person group that wrote the policy guidance document

Karen Reynolds – Family member and member of the eight-person group that wrote the policy guidance document

CEU's

Approved for 3 PC hours for licensed administrators. TA 029-410

Training Locations

Am sessions run from 9 to 12:15pm;
PM sessions run 1:00pm to 4:15pm

May 13th AM and PM	Cedars at the JCA 13190 S. Outer 40 Road, Chesterfield
May 14th PM	Abbey Road Christian Church 2411 Abbey Road Cape Girardeau
May 26th AM	Cox North Plaza Room
June 1st PM	Missouri Western State University Leah Spratt Hall St. Joseph
June 2nd AM	Calvary Baptist Church 206 Locust St. Chillicothe
July 8th PM	Celebration Center 1701 W. 32nd Sedalia
July 9th AM	Lenoir Community Center One Hourigan Circle Columbia
July 10th AM	Days Inn 3805 S. Baltimore Kirksville
July 23rd AM and PM	Mid America Regional Council 600 Broadway, Suite 200 Kansas City

Considerations Regarding the Needs of Long-Term Care Residents for Intimate Relationships & Sexual Expression

May 13th	St. Louis	AM & PM
May 14th	Cape Girardeau	PM
May 26th	Springfield	AM
June 1st	St. Joseph	PM
June 2nd	Chillicothe	AM
July 8th	Sedalia	PM
July 9th	Columbia	AM
July 10th	Kirksville	AM
July 23rd	Kansas City	AM & PM

Sponsored by
Missouri LTC Ombudsman Program and
Missouri Association of Nursing Home
Administrators

Phone: 800-309-3282 Fax: 573-751-6499
ltcombudsman@dhss.mo.gov

Intimacy Issues in Long-Term Care Homes

Course Outline

	<u>Registration</u>	<u>Course Starts</u>	<u>Ends</u>
AM	8:30am	9:00am	12:15pm
PM	12:30pm	1:00pm	4:15pm

Course starts at 9:00am or 1:00pm

1 hour: Recognize long-term care residents as sexual persons. Case study: *What to do about Charlotte?*

45 minutes Introduce the guideline document - *Considerations Regarding the Needs of Long-Term Care Residents for Intimate Relationships & Sexual Expression*, and present the issues raised in the procedural considerations section of the document.

15 minutes Break

1 hour Demonstrating the importance of the Resident Assessment Instrument and care planning. (Physical needs + social needs + psychological needs = quality of life.)

15 minutes Discussion

Course Cost

\$50 for the first person from a facility

\$40 for each additional person from the same facility (no re-funds; substitutions allowed)

Please apply by filling out the form and either mailing or faxing to:

MANHA
4100 Country Club Drive,
Jefferson City, MO 65109
or fax: 573-634-8590

Descriptive Overview:

The program is based on a policy guidance document: *Considerations Regarding the Needs of Long-Term Care Residents for Intimate Activity*. The Center for Practical Bioethics developed the guidance document in consultation with more than fifty volunteers who helped articulate the issues to which the document responds. The document was written by an eight-member writing group led by Don Reynolds and Linda Wright.

The video, *What to do about Charlotte?*, was created for this program. The video is a visual presentation of a case that forms the basis of this problem-based learning program.

Objectives:

1. Recognize long-term care residents as sexual beings
2. Describe assessment, and advocacy strategies associated with the needs of long-term care residents for intimate relationships and sexual expression
3. Participate in developing a long-term care facility's response to a resident's intimate relationships and/or need for sexual expression

Yes, I (we) will attend the Intimacy Training.

Name _____ Facility Name _____

Name _____ Facility Address _____

Name _____ Facility City/state/Zip _____

Name _____ Facility Phone _____

Class date and location _____ Facility Fax _____

Total amount enclosed _____ Facility Email _____

Method of payment (circle one) Check Visa MC Discover Card Number _____

Name on Card _____ Expiration date _____

Address on Card _____ 3 Digit Security _____