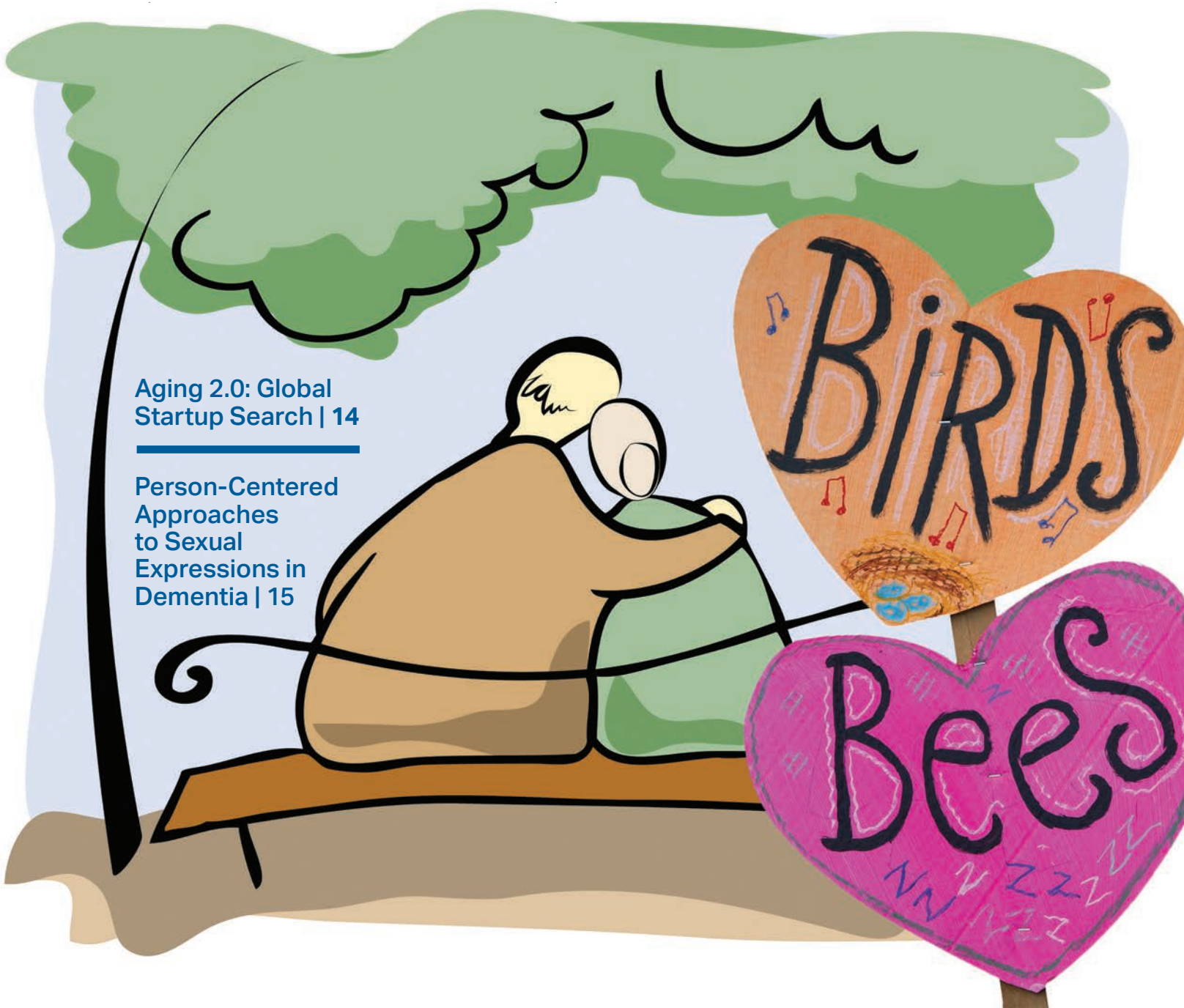


LeadingAge California  
**engage**<sup>TM</sup>

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inspire...serve...advocate

Founded in 1961, LeadingAge California is the state's leading advocate for quality, not-for-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state's older adults. LeadingAge California represents more than 600 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community-based care.

### Mission

It is the mission of LeadingAge California to advance housing and services for older adults and to support and inspire its members through advocacy, education, research and services enabling them to meet changing needs of their clients and communities.

### Vision

LeadingAge California is a catalyst for members to advocate, enrich and advance aging services.

### Shared Values

The values shared by LeadingAge California members include:

- Long term commitment to the security of older adults
- Mission driven
- Mutual support and assistance among members
- Respect of all peoples
- Commitment to socioeconomic and multicultural diversity
- Advocate for not-for-profit status
- Consumer focused
- Dignity and quality of life for older adults
- Community-based



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# A Note From The Editor

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## The Birds and the Bees in Your 80s

This issue of *Engage* examines the often avoided topic of senior sexuality. As housers, caregivers, and service providers we are often brought closely into our residents' lives. However, the topic of intimacy among older adults is often one that presents awkward and sometimes difficult questions. We explore the issues of love, sexuality, and intimacy in this issue with renowned expert Dr. Pepper Schwartz, AARP's Love and Relationship Ambassador, author and professor of sociology at the University of Washington. She asks the question in her article, "Why are we so queasy about sex after 60?"

Dr. Patrick Arbore of the Center for Elderly Suicide Prevention and Grief-Related Services at the Institute on Aging discusses a wide range of issues related to senior sexuality in our "People In Focus" section (be sure to check out the full video interview with Dr. Arbore on our YouTube page). In our "Dear Brenda" column, Brenda Klütz examines the regulatory side of issues related to sex in licensed facilities. Allan Jergesen rounds out the Legal Corner with a very detailed article on the legal aspects issues with dementia and intimacy. Finally, Dr. Cordula Dick-Muehlke expands on the topic of sex and a dementia diagnosis.

We hope you find this issue thought provoking and use it as a tool to further these discussions in your community. If you have thoughts for a topic you

think we should explore, we welcome your feedback. Please contact me at [edowdy@aging.org](mailto:edowdy@aging.org) to share your suggestions.

***Editor's Special Note: We are pleased to announce that future issues of Engage Magazine will be available in limited quantities in print, as well as our digital format. Main contacts at each member community will receive printed copies. If you do not receive yours, please contact Robin Douglas at [rdouglas@aging.org](mailto:rdouglas@aging.org).***

**Eric Dowdy**

Editor-in-Chief

[edowdy@aging.org](mailto:edowdy@aging.org)



## Feature



### Why Are We So Queasy About Sex After 60?

For the vast majority of popular culture, the focus on sex carefully avoids people in the second half of their lives. Sex in the movies almost entirely avoids visions of older people – with the rare exception of an older leading man (think Harrison Ford or Robert deNiro) with a suitably younger woman (about 45 or younger). Yes, Diane Keaton has been shown nude for a microsecond playing a romantic lead next to Jack Nicholson – but generally, the idea of an older couple in love is a rare find.



**From the CEO** Quarterly topic from Joanne Handy: The Nonprofit Difference



**Have you Heard?** Members in their Community; Members in the News; Anniversaries & Milestones



**Guest Article** Person-Centered Approaches to Sexual Expressions in Dementia – Cordula Dick-Muehlke, Ph.D., Cordula Cares

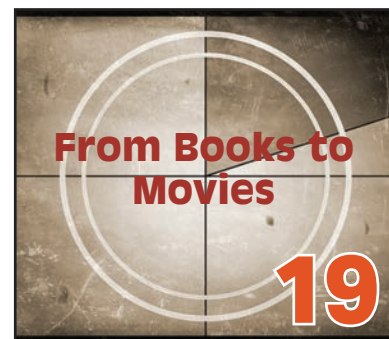
## Sections



**Dear Brenda** Advice column with questions on compliance or care issues from the expert



**People in Focus** Dr. Patrick Arbore: Video interview discussing a wide range of issues related to older adults and sexuality



**Resources** Love and sexuality in older age is often nonexistent in traditional media. But these three selections include positive portrayals of adults exploring sexuality well into their later years





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## Congratulations to LeadingAge California President and CEO Joanne Handy

on receiving the 2016 ASA Award  
from the American Society on  
Aging! This award recognizes  
an individual who has made  
outstanding and ongoing national  
contributions to aging-related  
service, research, administration  
or advocacy.



# From The CEO

## The Nonprofit Difference

I have been in several discussions recently in which the “nonprofit difference” has been challenged and debated. At the core of the dialogue is the question of legitimacy, a moral or philosophical inquiry into the distinctive value we bring to the societal issues we try to address. Obviously, the question has been raised for years.

*“I firmly believe that many of our members can easily answer these questions ... but all need to be able to. We also are called to articulate the essence of the answers into distinctive characteristics that resonate with stakeholders.”*

As a professional whose entire career has been in the nonprofit sector, I used to resent it and retreat behind our white hat image. I have now changed my reaction. Beyond comparing data about staffing ratios and quality metrics, there is enormous value in examining and evaluating the nature of the difference. Board members and leadership teams have a responsibility

to regularly revisit this question, particularly as it relates to our collective impact on society.

One discussion question that aims right for the bull’s eye is: What would happen if our organization did not exist? Who would not be served? Or who would be served differently? What social problems would change or worsen? How would our larger community be impacted?

I firmly believe that many of our members can easily answer these questions ... but all need to be able to. We also are called to articulate

the essence of the answers into distinctive characteristics that resonate with stakeholders.

Lester Solomon, a nonprofit guru, refers to nonprofits as the “resilient sector.” Resilience is the capacity to overcome challenges, renew the sector, reinvent delivery models, and develop innovative solutions to pressing social issues. Isn’t that exactly what we do?

Despite my view that such questions need to be discussed, I firmly believe that there is a difference. And so I thank you for the honor of representing you and the values the nonprofit sector holds dear for the past seven years.

**Joanne Handy**  
President and CEO







# Have you Heard?

**Eskaton** is featured in the KVIE documentary “[The Journey Ahead](#)” which focuses on planning for end-of-life care. Dr. Teri Tift was part of a panel discussion following the film’s premiere in March.

**The Senior Dog Squad** from the Terraces at San Joaquin Gardens was featured on ABC30 Fresno in a segment titled “[Good Sports - Senior Dog Squad](#).”

**Openhouse** announced in March that Seth Kilbourn is leaving the organization [at the end of May](#) after eight years as Executive Director.

**PEP Housing** celebrated the [groundbreaking](#) of their newest project, Sun House Senior Apartments in Ukiah, in March. This project will house 42 seniors in Mendocino County, and 10 of the apartments are reserved for senior veterans.

**The Motion Picture and Television Fund** was featured in a story on NPR titled, “[A Retirement Community Where Hollywood Takes Care Of Its Own](#)” in March.

**Christian Church Homes (CCH)** will host a grand re-opening at [Garfield Park Village](#) in Santa Cruz on May 16. The \$33 million renovation was completed on CCH’s first senior property, constructed in 1964.

**Agape Healthcare Staffing, Inc.** changed its name to [Agape Recruiting, Inc.](#) effective March 28.

**A group of veterans** from Rowntree Gardens were among those treated to flights in restored vintage planes, courtesy of the Ageless Aviation Dreams Foundation. The trip was featured in an *Orange County Register* article titled, “[A flight to remember: Foundation returns veterans to the skies over Orange County](#).”

**Bethany Home** in Ripon was voted ‘[Best Senior Living Facility](#)’ in the *Manteca Bulletin/Ripon Bulletin* in April.



**sodexo**  
QUALITY OF LIFE SERVICES



## Welcome to the 2016-17 EMERGE Class!

Tracy Anderson, *Valle Verde Retirement*; Dianamaria Baciarelli, *Vineyard Village*; Elizabeth Catron, *Eskaton Lincoln Manor*; Victor Ceron, *Los Gatos Meadows*; Ronald Chan, *ABHOW*; Denisa Feddersen, *Episcopal Senior Communities*; Vincent Foresta, *The Terraces of Los Gatos*; Jose Gonzalez, *Beacon Communities - Mount Rubidoux Manor*; John Grimes, *Laguna Honda Hospital*; Adam Hill, *Eskaton*; Jennifer Martinez, *Beacon Communities*; Brian McBee, *St. Paul's Senior Services*; Brian Morrow, *The Reutlinger Community*; Christina Piexoto, *Santa Clara Methodist Retirement Foundation, Inc.*; Miguel Rodas, *Bethany Center*; Denise Rodriguez, *Mt. San Antonio Gardens*; Dawn Shimel, *O'Connor Woods Senior Living*; Nicole Snowberger, *Covenant Village of Turlock*; Jonni Streeter, *The Terraces of Los Altos*; Therese ten Brinke, *Eskaton*

# SCENE

1

Janet Howley, vice president of Community Services and Housing, NCPHS with Shawn McCann, Business Development Manager for Value First.

2

(L-R): Sandy Haskins, executive director and Jenny Applegate, community outreach director for Gold Country Retirement Community with Congressman Tom McClintock and Susan Holt, public policy and grassroots coordinator for LeadingAge California. McClintock spoke at a "town hall" meeting with residents of the community in January.

3

Eskaton Adult Day Health Center celebrated their 20th anniversary in April. Pictured (L-R): Monica Sandgathe, executive assistant; Todd Murch, CEO; and Jill Faust, now retired, who opened the Center 20 years ago.

4

Capitol Public Radio's Ben Adler at the 2016 Policy and Leadership Summit in Sacramento in February.

5

(L-R): Lea Pipes, Motion Picture Television Fund; Therese Brown, St. John's Retirement Village; and Tiffany Karlin, Mueller Prost met with Assemblymember Autumn Burke (second from left) during legislative visits as part of the 2016 Policy and Leadership Summit in February.

6

Eskaton Gold River resident and artist Kathy Young chats with LeadingAge California's art director Darren Lindsey in February.

7

The 2016 EMERGE graduating class poses for a group photo.

8

(L-R): Gary Charland, Masonic Homes of California – Union City; Linda Keefe, Sodexo; and Matthew Neeley, Hillcrest at the 2016 EMERGE graduation ceremony in March.

9

Ancel Romero (far left), president of Beacon Communities, speaks on a panel about Growth Strategies for Operators at the Interface Seniors Housing West Conference in Los Angeles in March.

10

LeadingAge California's Eric Dowdy, Meghan Rose and Jedd Hampton met with Congresswoman Doris Matsui and legislative assistant Catherine Brinkley, Esq. during advocacy day as part of the 2016 PEAK Leadership Summit in March.







2



3



4



6



7



9



10





Love and Relationship Ambassador for AARP, author and Professor of Sociology, University of Washington



**For the vast majority of popular culture, the focus on sex carefully avoids people in the second half of their lives. Sex in the movies almost entirely avoids visions of older people – with the rare exception of an older leading man (think Harrison Ford or Robert deNiro) with a suitably younger woman (about 45 or younger). Yes, Diane Keaton has been shown nude for a microsecond playing a romantic lead next to Jack Nicholson – but generally, the idea of an older couple in love is a rare find.**

What we see onscreen is often a reflection of our culture. We are queasy about sexuality after 60 and downright nauseous when we think of 70 and 80 year olds. Images of Grandma and Grandpa flash in our minds and we become instantly uncomfortable. Many people seem to be much more comfortable with the oldest members of our families if they are effectively neutered. It's not that we don't know that old men can be sexual – but we don't like it. In fact, we have the "dirty old man" phrase to throw around to show our distaste. We simply don't want to acknowledge that Grandma and Grandpa can possess a libido and a healthy sexuality – even lust. We don't want to see it appear in front of us.

But appear it does. Indeed, while the number of people having intercourse decreases as we age, much of that is accounted for by lack of an available partner.

When there is a chance for romance, sex reappears on the agenda – and this has not been entirely welcome in many assisted living environments. For example, I have two friends who are in their 80s who fell in love some years after both of them were widowed. Both are in assisted living, but while they are welcome in her building, she is not welcome in his. They are not married and his living environment is attached to a specific religious group that does not allow for unmarried residents to have a romantic interlude or to stay overnight. Fortunately in this situation, they have access to her apartment – but not his. But what if both of them had that constraint?

Obviously, I am an advocate of sexual rights at any age when a person is capable of informed consent. However, there is the attitude among some that as people age, their ability to give informed consent diminishes – whether or

not they are diagnosed with Alzheimer's. There is also the myth that even if older adults want sex, whether or not they get it isn't a huge priority to the individuals involved and therefore, there is no clear disadvantage to making rules against it. But truly, people can love intensely at any age and want to be sexual in many ways.

### **Health Benefits of Sexual Activity in Older Age**

Actually, older adults need sex even more than they did when they were younger. Why? Because sexual activity and frequency of intercourse are actually associated with lower mortality and morbidity. A 2004 *Journal of the American Medical Association* article did a meta-study (a compilation of many studies) on men and prostate cancer and found that 21 or more "emissions" correlated with lower incidences of prostate cancer. A long-term study in Carphilly,

Wales found men lived longer and healthier if they were having sex and a study by Dr. John Bancroft, former head of the Kinsey Institute, found that women who had had bouts with cancer had lower stress if they were having sex with a partner than if they did not.

Just about every study that's ever been done (and substantiated by the 2009 national study by AARP) finds a correlation between sexual satisfaction, relationship satisfaction and life satisfaction – and that is true at every stage of the life cycle for all kinds of couples – heterosexual and same sex, married, living together, and the list goes on.

## The Power of Touch

This doesn't always mean that frequency of intercourse is the key to happiness. There can be various forms of sexual engagement – after all, as people age, they are more likely to be suffering from diabetes, heart disease, or high blood pressure – all of which have both direct and indirect impact on sexual interest and performance.

Most of the medicines used to combat these conditions are tough on sexual appetite and sexual capacity, but holding that constant for the moment, we should give a nod to human ingenuity and acknowledge that where there's a will there's

a way. And if that way is not through Viagra or Cialis, it can be through sexual aids – or it can circumvent intercourse altogether. Some couples have an enjoyable sex life simply by touching each other or engaging in oral sex. Some will be sexually enriched even if genital sex is infrequent, instead connecting through stroking or cuddling, one of the greatest pleasures in life. Skin contact is something mammals – and certainly humans – need, so massaging each other or just holding hands can make all the difference in the world between feeling lonely or feeling blissful.

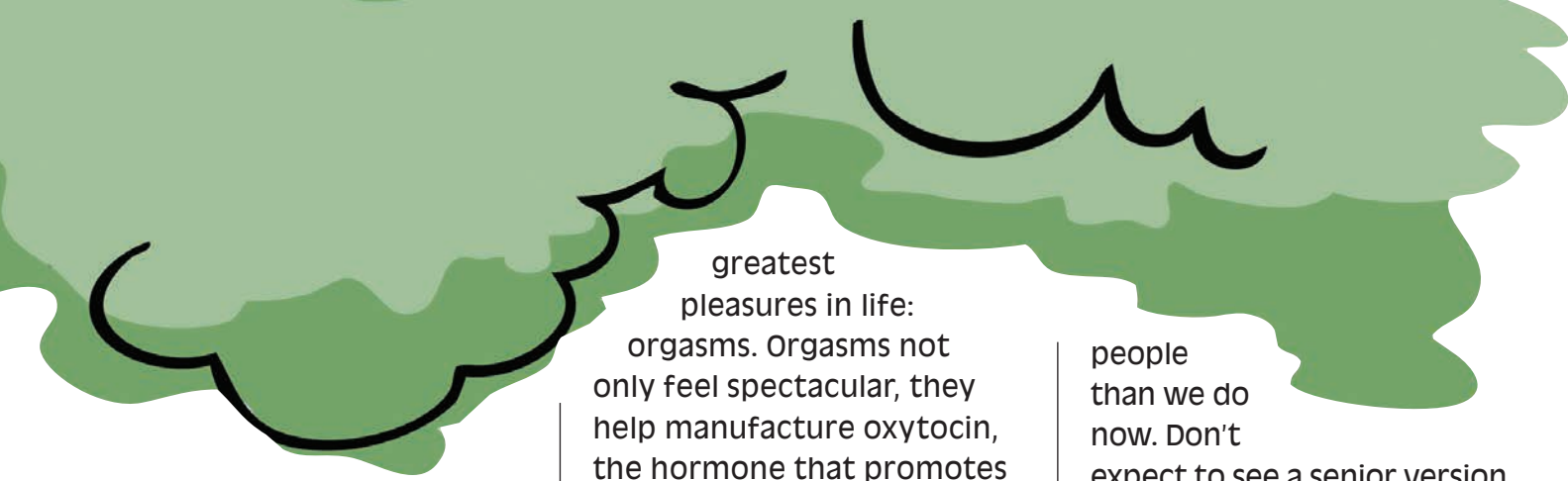
Once again, studies have shown that intimate skin contact will make people healthier. For example, one study done at the University of North Carolina put two groups of couples in two rooms and asked each group to solve a problem. Baseline measurements of blood pressure and cortisol levels (which measure stress) were taken. Couples were asked to watch a nature film to get to a relaxed heart rate and then were asked to deal with some issue between them that was a difficult discussion for them. The couples in the two rooms were quite similar except for one thing: one group just faced each other while they argued about their issue and the other group of couples was told to

hold hands. What happened? The group that held hands ended up with lower cortisol levels, slower heart rates and proved more likely to come to a mutual decision. The act of holding hands is that powerful!

## Raising Awareness

So we should be encouraging our parents and grandparents to hold hands, to have sex, and to know all their options for dealing with issues from ameliorating erectile dysfunction to dry vaginal walls. Supplying condoms (or making them easily available) in older age communities and educating older people about sexual health would be greatly beneficial. The 2009 [AARP study](#) on sex and relationships among older adults showed that only about a third of women, and less than 12 percent of men over 45 were using condoms in an uncommitted relationship or encounter. These older adults had correctly surmised that they had no chance of having an unwanted pregnancy, but they incorrectly guessed that they had no chance of getting a sexual disease. The study showed that about 1 percent of their senior respondents had AIDS – but the numbers were significantly higher for herpes and other sexually





transmitted diseases. So older adults need to know they are not protected merely because of their age.

## Changing Attitudes with the Times

So the question arises - why do we stand for puritanical sexual policies in 60-something living communities and provide little sexual education for seniors? Because while we glibly say that 60 is the new 40, we really don't feel good about older people expressing their sexual needs. We certainly need to get over this! If 70 year olds never talk about sex and have to deny their own sexual desires, or if we sneer at the idea of sexy octogenarians, we do ourselves a great disservice and inhibit the possibility of promoting life-saving sexual acts to people whose sexual urges should be encouraged. When we shut down sexual expression either by policy or by attitudes that shame older adults for wanting to continue their sex lives into their later years, we are denying people one of the

greatest pleasures in life: orgasms. Orgasms not only feel spectacular, they help manufacture oxytocin, the hormone that promotes bonding and bliss. Oxytocin is a byproduct of feeling connected and happy in a partner's company and gives a feeling of contentment and attachment. Why would we ever want to stand in the way of this?

Let's start re-thinking what "appropriate" sexuality is or is not. Let's celebrate the fact that our bodies can reap the benefits of sex throughout the life cycle. Let's encourage sexual access and information in senior living communities and let's give permission to talk about this topic so that knowledge can be shared among older adults and their peers who may be having some of the same challenges.

If sexuality is promoted and celebrated among the old as well as the young, the old will stay younger longer. We actually undermine the humanity of older people to deny that they are sexual beings. Hopefully in the future we will see more positive cultural images of sex and longing and love among older

people than we do now. Don't expect to see a senior version of "50 Shades of Gray" any time soon - but it would be great if there was one!

*The views and opinions expressed in this article are those of the author and do not necessarily reflect the views of LeadingAge California or its employees.*





# AGING<sup>2.0</sup>

## GLOBAL STARTUP SEARCH

Aging2.0's Global Startup Search is a competition to find the best aging-focused startups from around the world. Through a series of local pitch events, online voting and judging, and final showcase featuring the most elite startups, Aging2.0 will crown an entrepreneur with the grand prize: cash, mentorship and an international spotlight.

### ***Here's how it works:***

**PHASE 1 - Local Events (April 1-July 1):** Chapters and partners around the world will host local pitch events and each event will have one winning startup based on judging criteria.

**PHASE 2 - Online voting and expert judging (July 18-August 19):** The winning

startup from each local event will be featured on the Aging2.0 website and the general public will vote for their favorite company. Aging2.0 HQ will also recruit expert judges to evaluate the online profiles of each company.

**PHASE 3 - Final Showcase at Aging2.0 OPTIMIZE (October 13):** The top startups selected will be invited to exhibit and present to 1000+ attendees during the Final Showcase at the Aging2.0 OPTIMIZE conference in San Francisco on October 12-14. Click [here](#) for details.

One winner will be selected to receive \$2,500 and a free one-year membership to the Aging2.0 Alliance!

For information on how startups can apply to pitch, visit the [Aging2.0 website](#).

## Member SPOTLIGHT

### Did You Know...

1. LeadingAge California Associate Members give freely of their time to work on the association's committees and special projects. *Their expertise broadens our perspective and brings additional resources to issues.*
2. Our Enhanced Members have made an important commitment to the association and its members. *They understand that relationships are the foundation upon which to build business.*
3. Our Premier Partners make a sizable investment both financially and with their time to help support the association – *which allows LeadingAge California the ability to do more for you.*
4. Our Approved Vendors go through a rigorous selection process by our Group Services Board. Approved Vendors are considered best in class and are selected specifically because they meet the needs of our members.
5. All LeadingAge California Associate Members provide in excess of **\$200,000** in revenue to the association. *And that revenue positively impacts the ability of the association to deliver programs and services to its members.*

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# Person-Centered Approaches to Sexual Expressions in Dementia

Cordula Dick-Muehlke, Ph.D., Cordula Cares



Responding humanistically to sexual expressions of residents affected by Alzheimer's disease and other forms of dementia is a still under-addressed aspect of person-centered care. As part of the culture change movement, senior living communities are focusing their attention on how to

tailor services – such as recreational activities, personal care support, and dining – to the preferences and abilities of each individual. Basic tenets of person-centered care, in particular to affirm the identity of the person with dementia, respect and support choices, and address universal needs, have yet to be broadly applied to sexual expression.

Sexuality must be recognized as a core aspect of identity and, as such, affirmed and supported throughout life. Certainly, it has been repeatedly asserted that people with dementia continue to have sexual needs and feelings and may express these in a variety of ways, ranging from affection and flirtation to sexual intercourse. Together, ageist attitudes toward sexuality in older adults and the complexities associated with supporting sexual expression in people with dementia have nevertheless resulted in their being predominantly viewed and treated as asexual.

Additionally, when sexual expressions occur in dementia, they are readily labeled as inappropriate and attempts to manage and control them are initiated. Say, Joe, who has moderate dementia, is seen fondling Sarah's breast while they sit together on the couch. Sarah, who is also moderately impaired, is relaxed and smiles. In all likelihood, this interaction would be labeled as "inappropriate" rather than viewed as an expression of this couple's need for intimacy. Simply because Joe and Sarah may have forgotten the etiquette about private versus public behavior does not mean that their interaction is inappropriate. Across research studies, truly inappropriate sexual behavior – such as disinhibition – occurs in four to five percent to 25 percent of people with

dementia and is more common in certain disorders (i.e., the behavioral variant of frontotemporal dementia).

Two primary concerns likely to be foremost in the minds of staff are safety (i.e., protection from exploitation) and capacity to consent to sexual activity. Fear of regulatory bodies, legal action, and family reactions, plus staff lack of knowledge about and discomfort with sexuality in older adults tip the balance scale of safety versus risk toward paternalism and overprotectiveness. While "permission" or "endorsement" of sexual activity between residents with dementia has often been based on traditional approaches to capacity assessment, Laura Tarzia and her colleagues, as well as others, have questioned whether an autonomy-based informed consent process yields a person-centered result. Current guidelines, such as those developed by Peter Lichtenberg, for assessing the decisional capacity of residents with dementia to engage in sexual activity are highly reliant on demonstration of cognitive ability (i.e., requiring a score of 14 or higher on the Mini-Mental Status Examination), verbal communication (i.e., expressing understanding of risks and consequences), and consistency with former values.

It could be argued, as Tarzia and her co-authors do, that decisions about intimate relationships are driven as much by passion/emotion as by reason. Hence, approaches like Lichtenberg's are cited as overly restrictive. Perhaps, they argue, happiness and preferences, as expressed verbally and, as words fail with advancing dementia, through positive body language (i.e., relaxed, smiling, laughter, eyes crinkled) ought to play a greater role in guiding staff and family responses to sexual expressions. In fact, these authors question whether stifling sexual expression through overprotectiveness represents a greater failure in the duty of care than allowing some risk, such as grief if a relationship ends. In the July 2014 issue of Geriatric Medicine, Dr. Douglas P. Wornell asserted, "Specifically, when it comes to long-term care, not permitting residents to express their sexuality constitutes neglect, while failing to protect residents from unwanted sexual expression by another constitutes abuse."

*To continue reading the extended article, visit our blog at [engageheadlines.com](http://engageheadlines.com)*

# Dear BRENDA

*In keeping with the major themes of this issue, I am taking a break from the “Question and Answer” format and diving right into an issue that can generate any number of questions: honoring residents’ preferences related to affectionate relationships, intimacy and sexual expression.*

*I think Dr. Cheryl Phillips with LeadingAge said it best: “We’ll ask them about their religion, the music they like, what kind of food they want to eat. We don’t dream of asking them about their preferences around sexuality and intimacy.”<sup>1</sup>*

There are so many questions that may arise when two residents are attracted to each other and begin a relationship. What steps does the facility need to take to grant privacy? What if one or both of the residents involved have a diagnosis of dementia and may not be able to give consent? How does staff react to different displays of affection? How do the residents’ families and/or legal representatives react to such relationships?

Neither California state or federal requirements specifically address resident rights regarding intimacy and sexual relationships – nor do they provide much guidance. We are all familiar with a resident’s right to: **privacy** [42 CFR 483.10(e)]; **share a room with a spouse**, if mutually-agreeable [42 CFR 483.10(m)], **have access and visitation rights** [42 CFR 483.10(j)(1)(vii) & (viii)], **self-determination and participation** [42 CFR 483.15(b)] and **accommodation of needs** [42 CFR 483.15(e)(1)]. However, a community does not have to provide a private room for each individual resident, and cannot permit a violation of the rights, health or safety of other residents.

As of 2013, there were 18 states that provide the right to a conjugal visit, and four states that provide for non-spousal rights. Some communities have addressed this in a clear and open manner. One community, the Hebrew Home at Riverdale (a LeadingAge member in New York) has developed a formal [Sexual Expression Policy and Procedure](#) as well as a [guide](#) for determining whether the expression constitutes abuse or intimacy. Most communities deal with such questions on a case-by-case basis and do not have related formal policies or staff training. There are several articles or papers that urge facilities to formally adopt policies and procedures so that residents are clear about the community’s policies. One such paper, by the Center from Practical Bioethics, provides general guidelines for the development of policies and procedures. Keep in mind, that Licensing and Certification will measure community compliance of these policies if they are developed.

We’re also providing a [link to several resources](#) that may be helpful, should you choose to consider the implications of developing a formal policy in your community.

<sup>1</sup>Eliza Gray, “Why Nursing Homes Need to Have Sex Policies”, *Time Magazine*, April 23, 2015.

*If you have any questions about this, or any other regulatory issue, please contact Brenda Klütz at: [bklutz@aging.org](mailto:bklutz@aging.org) or (916) 469-3377.*







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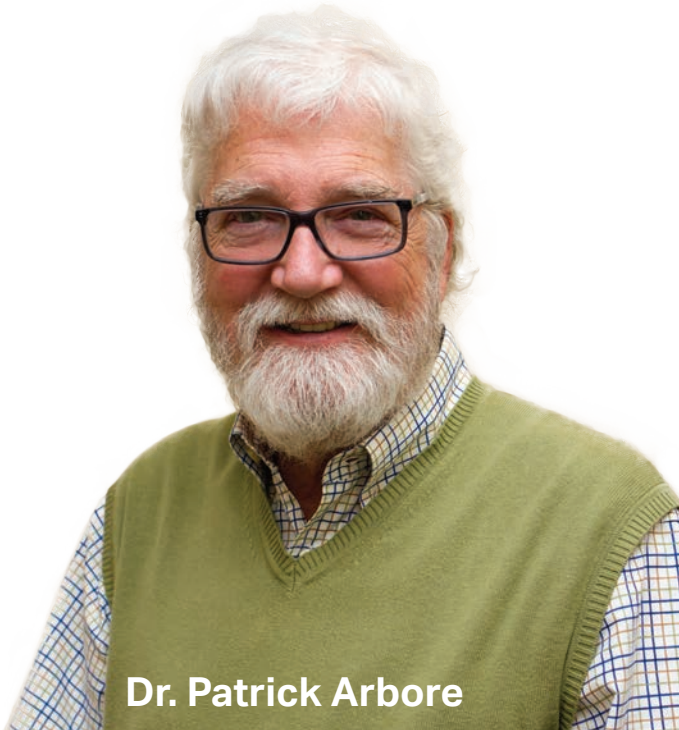
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# People In Focus



**Dr. Patrick Arbore**

We sat down with Dr. Patrick Arbore, director and founder of the Center for Elderly Suicide Prevention and Grief-Related Services at the Institute on Aging, to discuss a wide range of issues related to older adults and sexuality. [Watch the interview here.](#)

## **Patrick, how did you first become involved in presenting on this topic?**

About 20 years ago a colleague and I did some presentations for the American Society on Aging, and we realized this was an area that was very taboo. Yet, we would have older people talking to us about the importance of intimacy in their lives but didn't feel they could bring it up in a more public way. What we heard is that adult children were very against their older parent maybe remarrying if a spouse had died and would be very squeamish about it. 'How could you, at your age, be dating?' As if that's a really bad thing.

## **Would you say this is still taboo in many senior living communities?**

Yes - there's the expectation that older people wouldn't even want that. But research has indicated that when older people are encouraged to have healthy, intimate connections, their quality of life

increases. Yet, even when a couple moves into assisted living, they may not be able to live together. If, say, one of the spouses has early stage or moderate dementia, some facilities may feel it's not appropriate. So when I'm talking to couples who are at that stage of wanting to be part of a senior living situation, I really urge them to find out what these policies are about. And I think we have to educate staff that it's okay for people to care for one another. Connections are what bind us to life. We need to break through these barriers that insist that intimacy and sexuality is only the terrain of younger people.

## **What do you feel are some of the most pressing issues related to sexuality and aging?**

Sexually transmitted diseases can affect older people as well as younger people. From my experience, many older adults don't want to hear that. But we have to talk about STDs and HIV because those issues are real. We also need to make sure that people are having protected sex. I often hear, 'I'm waiting for my primary care physician to have a discussion with me.' And I say they're just not going to bring it up. *You* must talk about it. What I help a lot of people do is to write questions they can ask their primary care physician. How do we find ways that make sexual intimacy at 75 healthy and pleasurable? We've got to ask the right questions.

## **How does the Institute on Aging help promote healthy sexuality for older adults?**

In any of our programs there's a real commitment to supporting the well-being of older people and reminding them that they are valued. In our grief groups, when people lose a partner, what I say to them is it's important that we talk about the loss of affection and intimacy. I can't tell you how many times older men and women say to me, 'No one has asked us that question.' I encourage people that do social work or grief counseling to make sure that is opened up - that's how important intimacy is. We need to honor the loss of it and we need to support the finding of it.

*How prevalent is online dating among older adults? Is it common for older adults to develop feelings for their caregivers? Visit [engageheadlines.com](http://engageheadlines.com) to read the full extended interview.*



# RESOURCES

## From Books to Movies

Love and sexuality in older age is often nonexistent in traditional media. But these three selections include positive portrayals of adults exploring and enjoying their sexuality well into their later years, proving that life doesn't stop happening just because we reach a certain age.



### **Scary Old Sex – Arlene Heyman (2016)**

A woman goes about certain rituals of sex with her second husband, sharing the bed with the ghosts of her sexual past. A middle-aged woman struggles with the decline of her mother. A man finds that his father has died while in the midst of extra-marital sex and wonders what he should do with the body. In this stunning debut, Arlene Heyman, a practicing psychiatrist, gives us what really goes on in people's minds, relationships, and beds. Raw, tender, funny, truthful and often shocking, *Scary Old Sex* is a fierce exploration of the chaos and beauty of life. (summary: [Amazon.com](#))

An interview with Heyman was recently featured on NPR's "Fresh Air." [Download](#) the podcast



### **Grace and Frankie (2015)**

After finding out their husbands (Martin Sheen and Sam Waterston) are not just business partners but have also been lovers for the past two decades, two women (Jane Fonda and Lily Tomlin) are forced to reevaluate their lives and learn to cope with the circumstances together. This Emmy-nominated series, sort of a modern twist on the "Odd Couple" dynamic, is bold and refreshing and embraces a frank and honest approach to female sexuality. Sometimes poignant, at times cringe-worthy and always hilarious, the show tackles love and relationships in a way that people of all ages can appreciate.

Watch the trailer [here](#)



### **Beginners (2011)**

*Beginners* is a film about a morose young man named Oliver (Ewan McGregor) whose father has just come out at the age of 75 following the death of his wife. His father, Hal (Christopher Plummer), who has also just been diagnosed with terminal cancer, begins to embrace life with a joie de vivre that Oliver both envies and is a little bewildered by. Intent on enjoying the life he denied himself for so many years, Hal does his best to instill this newfound enthusiasm into his son during the time he has left. The film deals with Oliver's last few years with his father and what he learns from him as he also begins a new relationship with a young actress (Melanie Laurent).

Watch the trailer [here](#)



# Legal Corner *with*



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## Dementia and Intimacy: Sexual Relationships Involving Cognitively Impaired Residents

by Allan D. Jergesen

An issue of *Engage Magazine* devoted to love and sexuality in retirement communities would not be complete without mention of a difficult question that providers, residents, and families must sometimes face: that of sexual relationships involving residents with dementia or other cognitive impairments. Commentators regularly observe that – despite myth and perhaps the assumptions of younger generations – aging does not turn humans into non-sexual beings with no desire for emotional or physical intimacy. Depending on their health and environment, the elderly may continue to be sexually active as their lives advance.

Residents of retirement communities are no exception. Where they have full mental capacity, participants in sexual relationships at retirement communities have the same rights as they would in the outside world. These include the right to experience sexual intimacy and to have their wishes for privacy respected, as long as there is no disruption to the general community. This applies to all levels of care, with the differences dependent on variations in the physical setting and the involvement of staff in providing care.

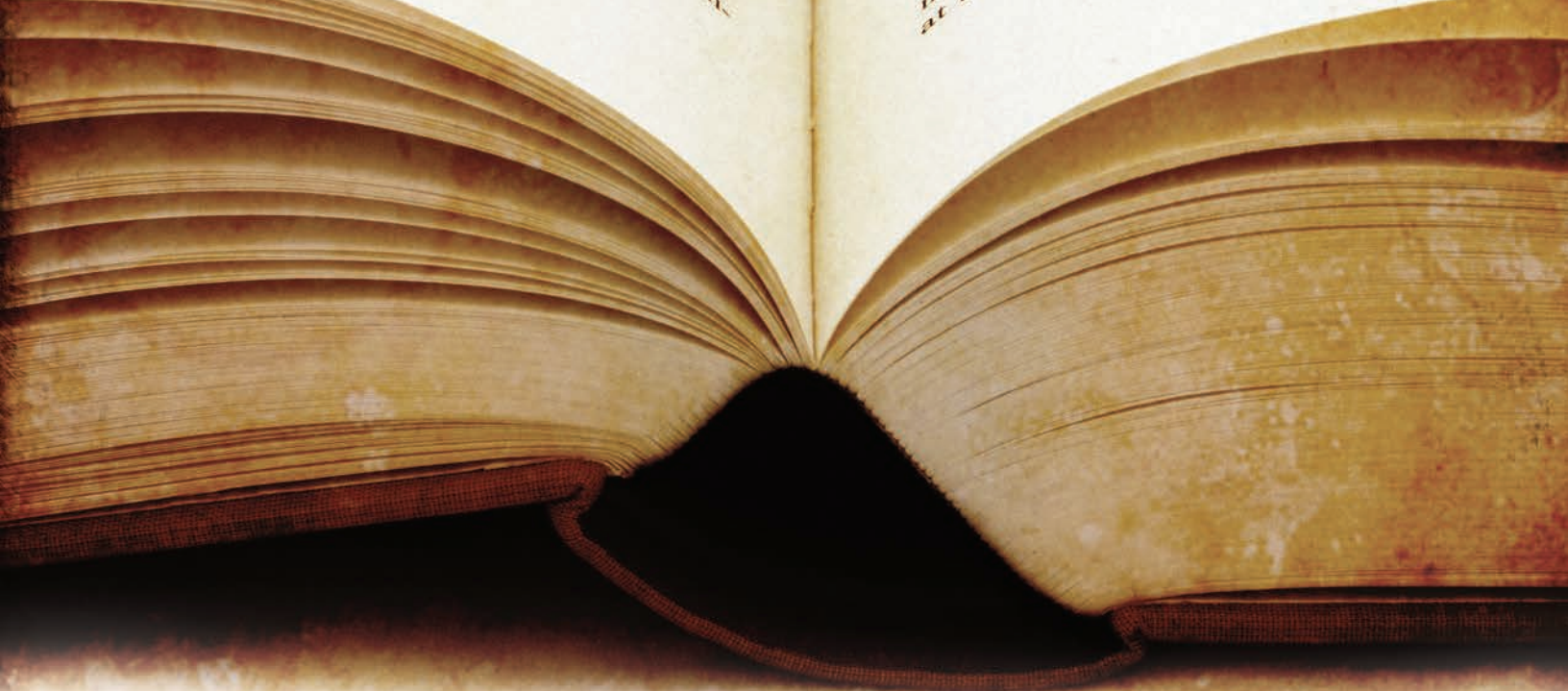
The calculus changes, however, when a resident is cognitively impaired to one degree or another. In those cases, the provider is likely to be drawn in as the entity responsible for providing oversight of its residents and intervening where necessary for their protection.

Where a resident is cognitively impaired, the initial – and primary – legal question involves the capacity to consent. Under California law, legal consent presupposes an intelligence capable of understanding the act, its nature, and its possible consequences. The individual must be able to understand the situation and to act freely and voluntarily. This definition, while fairly straightforward, is of limited use when confronting issues of cognitive impairment and dementia among the elderly. These conditions involve a loss of intellectual function (including remembering, reasoning, exercising judgment, and making decisions) that is likely in one way or another to interfere with the ability to carry out the functions of daily life. An individual with cognitive deficits may fall anywhere along a spectrum, ranging from mild impairment to severe dementia. A person may experience difficulty with some cognitive activities such as remembering the details of daily life, while at the same time retain an emotional ability to understand relationships and their implications. Depending on how these factors interact, a resident may or may not be considered to have the capacity to consent to intimate relationships and sexual activity.

Given its obligations to its residents, a provider that becomes aware of possible or actual sexual activity involving a cognitively impaired resident must give consideration to the matter and deal with its nuances. This includes intervening and providing guidance and limits as necessary. As noted, the initial consideration should be the capacity of the resident to consent







to the relationship. To make this determination, responsible staff should obtain all relevant information, including the opinion of the resident's physician and any consulting mental health professional as well as of employees and others who regularly see and relate to the resident. Staff should inform and consult with family members, recognizing that this can present special difficulties as children and others confront the reality of their parents' sexuality. Specific factors may include the resident's ability to recognize the other person involved in the relationship, to understand what it means to be physically intimate, and to appreciate the emotional and physical risks. The ultimate question may be whether the resident has the ability to say "no" to the relationship or to any part of it. As long as the resident has that capacity, there is less likely to be victimization.

In addition to capacity, there are other factors that should play into a determination about whether to intervene. One is the identity of the other individual involved in the relationship. The most serious situation – and the easiest to resolve – is where that person is a member of the staff. Such relationships are inappropriate regardless of the resident's capacity, constitute reportable elder abuse, and should result in swift and

decisive disciplinary action. However, other relationships cannot necessarily be prohibited outright. A provider would be wise to give special attention to resident sexual relationships with outsiders who visit the resident in the community, in order to ensure that they do not involve abusive relationships or inappropriate or illegal activities.

More often perhaps, the relationship is between residents, one or both of whom may have diminished mental capacity. In that case, the provider must be mindful of its obligations to both parties and to the effect on their families and other residents in the community. Where one or both residents have severe dementia and therefore lack the capacity to consent, the provider must intervene in some way. This is true even if the residents are a married couple. Depending on the circumstances, it may have to report the matter as elder or resident abuse. Where both residents, despite any impairments, have the ability to consent, the provider may have to set conditions and impose limitations, such as where activities occur and under what circumstances. Where the situation is ambiguous, the provider may consider a number of relevant factors, such as any relationship predating the activity, the reaction of the cognitively impaired individual to contact with the other person,

the potential benefits to the resident of a voluntary relationship, and the opinion of family members and other interested persons.

The provider must act with an appreciation of the fact that conditions may change and what is acceptable behavior at one point may become unacceptable as cognitive abilities diminish. This suggests that it must continue to monitor the situation, balancing the resident's rights of privacy and free association against the provider's obligations to provide oversight and protection where necessary. Depending on the situation, it should be mindful of the physical risks attending sexual activity, such as infection or injury. The provider should be prepared to reassess matters and to communicate with caregivers and family as necessary, articulating its approach and the rationale for it. It should document the situation at every point, both as a matter of self-discipline and as a protection in the event that its actions later are subjected to questioning and analysis. If approached properly and forthrightly, these issues give providers an opportunity to enhance the life those who reside in their communities, while providing protections where appropriate and necessary.

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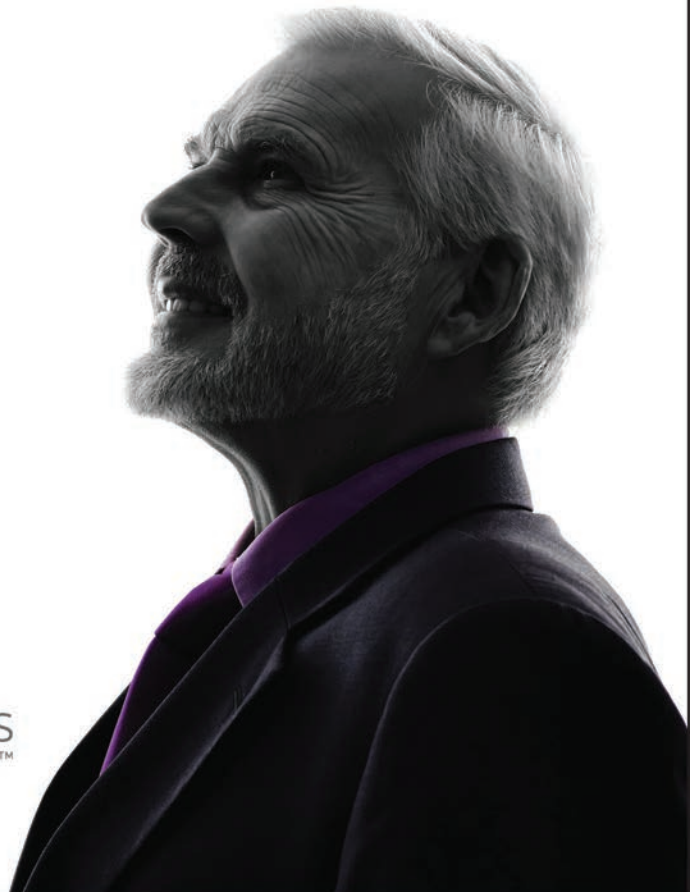
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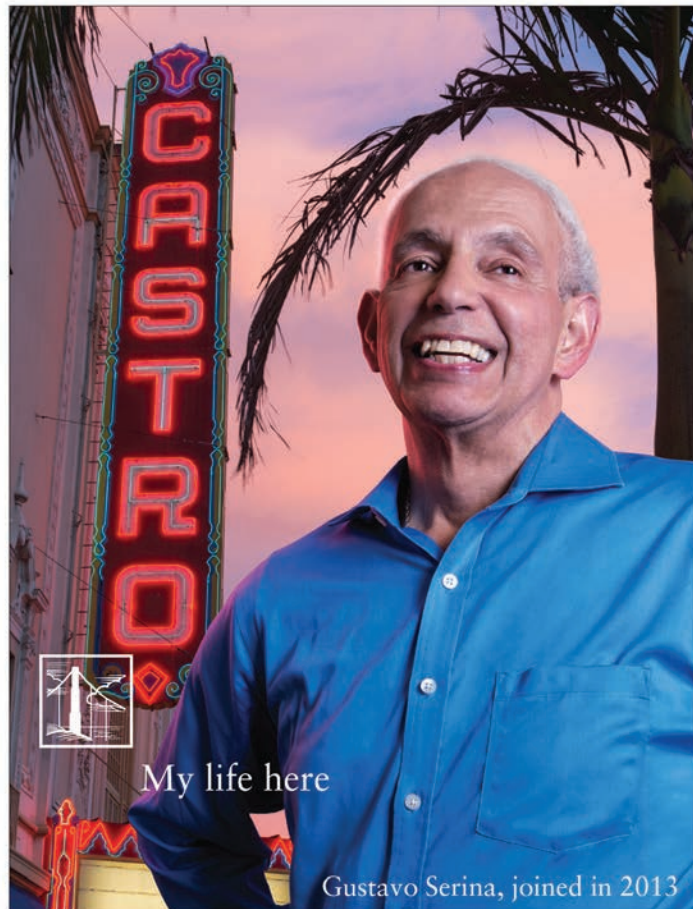
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