

General Policy			
Chapter:	Board Service and Program Administration	Policy #	2-8-1
Section:	Interpersonal Relationships	Revision #	2

- I. <u>PURPOSE</u>: To establish practice standards that ensure individual rights, benefits and privileges guaranteed by provisions of the law, constitution of Michigan and the United States are protected, more specifically those related to privacy, interpersonal relationships, and sexuality. To ensure that the individuals we serve have rights to engage in personal relationships.
- **II.** <u>APPLICATION</u>: All programs operated by and under contract with West Michigan Community Mental Health.
- III. REQUIRED BY: None

IV. <u>DEFINITIONS</u>:

<u>Counseling</u>: For the purpose of this policy, a service provided by a psychiatrist, psychologist, social worker, licensed professional counselor or other professionally trained counselor with the intent to assist in decision making and/or problem resolution.

<u>Education</u>: Activities designed to assist an individual in developing knowledge and understanding of a particular topic.

<u>Masturbation</u>: Sexual self-stimulation by manipulation of one's own genitals, which may result in orgasm.

<u>Excessive Masturbation</u>: An act of masturbation which consistently interferes with an individual's participation in his/her daily activities.

<u>Injurious Masturbation</u>: When the act of masturbation results in or has the potential of resulting in injury.

Private Body Parts: Male and female genitals and buttocks, female breasts.

<u>Rights of Privacy</u>: Rights of privacy refer to one's decisions regarding one's self and personal relationships, freedom from having one's personal space invaded and the right to decide who has access to personal information.

<u>Sexual Relations</u>: For the purpose of this policy, sexual relations mean physical sexual contact between individuals that involves genital-genital, or oral-genital, or anal-genital stimulation or penetration.

<u>Training</u>: The use of techniques to strengthen healthy, safe, non-injurious behavior and decrease potentially harmful behavior or to teach new skills in a nonjudgmental, culturally sensitive way.

<u>SMI, SED, SUD, or IDD Acronyms</u>: Severe Mental Illness, Severe Emotional Disturbance, Substance Use Disorder, Intellectual and Developmental Disability.



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V. POLICY:

It is the policy of West Michigan Community Mental Health that:

- 1. Individuals are afforded the same rights as all citizens and shall be encouraged/ assisted to carry out these rights according to their ability.
- 2. Issues regarding sexual activity are private and interventions, plans and discussions shall be conducted in a manner to preserve personal dignity and choice.
- 3. Education, training, and counseling, whether for CMH staff members or individuals, shall be provided by persons who have proper training and credentials. The care team will identify the most qualified person to address the sexual issues with the individual.
- 4. The individual shall be protected from coercive, exploitive, or intrusive practices.
- 5. Education and training for responsible sexual behavior will be designed in a manner that is understood by the individual, and those within their support setting.
- 6. The values of the individual, their family and CMH staff members shall be respected and considered in areas of planning and program implementation.
- 7. CMH staff members shall only use up-to-date and reliable clinical interventions.
- 8. CMH staff members shall comply with current federal, state, and local laws and court decisions.
- 9. Training materials and equipment shall be purchased only through reliable clinical sources.
- 10. CMH shall not provide counseling related to family planning, sexual disorders, or dysfunction.

VI. PROCEDURES:

A. Individuals have rights to engage in personal relationships of their choosing.

1. Personal Relationships

- a. Individuals have choices with whom they wish to associate, and those preferences shall be recognized, respected, and supported.
- b. In order for friendships to develop, opportunities should be provided for their development.
- c. Training and education programs shall be made available regarding:
 - Recognition, treatment, and prevention of sexually transmitted diseases



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- Safe community practices, i.e., street smarts
- How to handle abusive relationships
- d. Community based learning opportunities shall be offered as part of the person-centered planning process.

2. Privacy

- a. All people in the community have rights of privacy.
- b. Socio-sexual behavior and feelings are private matters and CMH staff must ensure that discussions and plans concerning a person's socio-sexual behavior and feelings are confidential and conducted in a non-judgmental way preserving personal dignity.
- c. Education and information shall be provided, as necessary, to assist individuals in exercising their rights of privacy and decision-making, choices, personal space, and discussions of personal information.
- d. CMH shall follow all applicable laws and regulations related to, but not limited to, physical and sexual abuse, duty to warn and contagious diseases.
- e. Personal care services (e.g., assisting an individual with toileting, bathing, etc.) shall be provided privately to the greatest extent possible (e.g., closing the bathroom door, using privacy screens, same sex provider when possible, maintaining a respectful distance in monitoring, etc.).

3. Staff Responsibilities

- a. Advocate that individuals have the same right to sexual expression as all citizens.
- b. Foster behavior that is socially responsible.
- c. Respect the values of individuals, family, and staff.
- d. Represent the organization and know how to address community concerns related to the social sexual expression of individuals.
 - i. Staff who request not to implement an individual's socio-sexual expression training plan due to cultural values or religious beliefs shall do so in writing.
 - II. The request shall be made to the staff member's immediate supervisor.
 - III. The decision on the request shall be documented and placed in the staff member's personnel file.
 - IV. The staff member making the request shall be protected from reprisal from CMH or other staff members.



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B. Persons whom we serve have the right to masturbate.

Masturbation is appropriate in one's own bedroom or private location and in a healthy and safe manner. Masturbation taking place in community settings, public areas of a residence, at work, or otherwise infringing on the rights of others, shall not be viewed as acceptable behavior. Individuals who engage in excessive masturbation or in injurious masturbation, are considered to be in need of counseling, education and/or training in appropriate masturbation. Applicable universal precautions related to the transmission of body fluids shall be used.

1. Procedures

- a. Individuals desiring to masturbate shall be allowed to do so when the location and degree of privacy are appropriate and when he/she is not otherwise infringing upon the rights of others.
- b. CMH staff members shall redirect individuals, in a non-punitive manner, who are masturbating in an inappropriate time and/or place.
- c. Individual Plans of Service will be developed following an assessment and interventions for excessive or injurious masturbation, shall be developed by professional staff members with the appropriate credentials and approved by the individual's Care Team. This plan will be evaluated on a routine basis.
- d. Behavior treatment interventions employing aversive, intrusive, or restrictive techniques shall require the review and approval of the Behavior Treatment Review Committee.
- e. Behavior plans shall have the consent of the consumer or guardian and be part of the consumer's Individual Plan of Service.
- f. If an injury is reported or suspected, CMH staff members shall submit a Critical Incident Report to their supervisor within 24 hours.
- g. Proper disposal of body fluids and the use of universal precautions shall be included in educational and training programs.

C. Sexual Relations

- 1. Sexual relations shall be recognized as a choice consenting adults may make to express their sexuality.
- 2. Sexual relations are appropriate to particular times and places and are appropriate under the following circumstances:
 - Both individuals have consented to the behavior:
 - The behavior does not interfere with the rights of others:
 - The behavior is conducted in private;



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- The behavior is not injurious or exploitative;
- The behavior is not clinically contraindicated.
- 3. Sexual relations between people who do not consent is under all circumstances, criminal.
- 4. If staff observe sexual relations in a CMH program or contracted service, he/she will complete an incident report identifying the following:
 - Are both individuals adults?
 - Did both individuals consent?
 - Is the behavior injurious?
 - Were safe sex practices implemented?
 - Did the behavior take place in a private area?
- 5. Individuals choosing to engage in sexual relations shall be provided opportunities for education and training in the following areas:
 - Birth control
 - Use of condoms;
 - Prevention of Sexually Transmitted Diseases;
 - Protection from sexual abuse and from exploitation; and
 - Definition of criminal sexual conduct.
- D. Sexuality Education, Training and Counseling for Consumers
 - 1. Is based upon the assessed need, abilities, and capacities of the individual.
 - 2. Shall be designed to lead to a healthy understanding of human development and to enhance the appreciation of respect for one's self and others.
 - 3. Shall address the learning of appropriate skills based upon the individual's expressed needs.
 - 4. May be provided only by individuals who are qualified and approved by the consumer's care team when provided by WMCMH staff members.
 - 5. The education and training shall be goal directed, competency based, with defined measurable outcomes.
 - 6. CMH shall not provide counseling related to family planning, abortion, adoption, sterilization, contraception, sexual disorders, or dysfunction.
 - 7. Treatment of sexual issues is approved by the care team and is directly related to a SMI, SED, SUD or IDD primarily diagnosis.

VII. SUPPORTING DOCUMENT: None



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VIII. POLICY/PROCEDURE REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
	Unknown		03/2011
	Unknown		05/2014
	Unknown		01/2017
	Unknown		10/2019
1	COC	Procedure	05/2021
2	COC	Definition Update	03/2022
2	COC	Annual Review	02/2023
Board Approval Date: 07/15/1997			

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approved of policy # <u>2-8-1</u> Revision# <u>2</u>.

CEO: <u>Lisa A. Williams</u> Approval Signature: