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I.- HOW TO USE THIS GUIDE “PLAYMOBIL METHODOLOGY”

This methodology block wants to provide you with all the tools and supports to launch group sex education sessions with disabled people. You will find the individual teaching units with their theme, their objectives, their development, their support materials and also the adaptations for the different support needs. There is no limit of time for each methodology because we consider that time is not important and each group has its own pace. We recommend that the sessions do not exceed fifty minutes, the dynamics can be left unfinished and be continued in the next session.

These didactic units are only a proposal, which allows to adapt them anytime you consider it appropriate.

In this block 10th section, “Educational unit packages on sexuality education for group sessions” you have several grouping proposals:

- Sessions by type of groups: disabled people, families.
- Sessions by themes: general sexuality, emotional education, love bond, sexual identity.
- Cross-sectional sessions: Beginning, continuity

In our case, we like to use Playmobil methodology to give you the freedom to generate your own dynamic packages, each one of them can work for separate and also joint together with others, but some need a previous activity to be able to carry it out in this case a “Previous DU nº” signal appears. This message means that for a better development of this dynamics the group should have previously done the didactic unit referenced. It does not have to be in the same group dynamics or in the same year but it is interesting for a better content comprehension to have that previous background.

In this table you can see how the teaching unit is structured:

Didactic unit: Previous DU	
Basic cognitive skills; support needs	Occasional Extensive
Life Period	
Topic	
Content	
Goals	
Development of the methodology: Methodological adaptations. Necessary resources: Link to notebook.	



Block II. Group sex education methodology.

In the square when we talk about "basic cognitive skills; support needs ", we refer to cognitive educational support, not functional support. We have established two groups; one with occasional support needs and another one with extensive ones. This information table is given on the suitability of the dynamics, some of them are designed only for people with occasional support needs, others can be carried out indistinctly and others have a methodological adaptation, in these ones a pictogram with two calls appears with back and forth arrows pointing each other, each time this pictogram appears in the box, you will have the adaptation in the development section.

This group denomination was made together with the San Xerome Emiliani 's center psychologist, Joana Lopes Sobrosa Pereira, who explains the rationale for this process on the next paragraph:

["The sessions for people in need of occasional support are aimed at people who receive specific cognitive support in understanding concepts or in order to participate in the activity appropriately. This support ceases to be carried out at the moment when the person overcomes the specific difficulty and can participate in the dynamics normally. The activities presented in this cases have a fast, fluid and flexible dynamic that allow timely clarifications when necessary. The dynamics aimed at people with extensive cognitive support needs must offer: support in understanding all the concepts, when carrying out the activities, as well as systematic doubt clarification. These activities allow to adjust the rhythm to the learning abilities of the people. Clarifications are supported by visual and auditory records; the dynamics allow the participation of the person at their own pace as well as the introduction of other audiovisual tools for their adequate perception. These dynamics offer the concepts linked to the proposed themes in a cognitively accessible way to this group of people. These adjustments are made based on the Support Model (Thompson et al 2010), this time focused on supporting the intellectual skills that are a fundamental requirement for full participation in the dynamics.]

The dynamics are intended for different life stages groups, in the section of the didactic unit table we will identify these groups as; teens, adults and families.

The necessary resources section of each unit also provides you with a link to simple writing manuals, that can serve as a reading prior to the session. Finally, G you will also have a photograph of the methodology used.

When we talk about "basic cognitive skills; support needs", we refer to cognitive educational support, not functional support.



II.- INTERVENTION MODELS IN THE SEXUALITY FIELD.

Félix López Sánchez is the head professor of Evolutionary and Educational Psychology, he has a background of thirty years in the field and was the first professor of Psychology of Sexuality in Spain, where he combines his teaching work with research. His numerous articles, conferences and books show his career and his contributions to the field of sexology and psychology.

Professor Félix López summarises the intervention models in four types; those who consider that intervention should only be made when specific problems are observed, those who think that sexual education should focus on abstinence for disabled people, those who do their best to radically transform the situation and prescribe the need for activity sexuality and, finally, his proposal: the "biographical / professional model" that starts from the principle that it is necessary to respect people's biography and, based on it, help them achieve a better and greater degree of well-being, with or without sexual activity.

"This biographical / professional model is based on a positive concept of health, understood as well-being and promoting quality of life. People have the right to receive information and tools, to make decisions and carry out behaviours that promote their sexual well-being. These options and behaviours can be very diverse, depending on the beliefs and characteristics of each person and situation. Respecting this diversity and helping each person to be freer and more responsible in promoting their well-being and social well-being is, ultimately, the main intention of this model."

The most important thing, for Félix López, is to maintain an erotophilic attitude (which implies a positive discourse on sexuality), professional (of continuous search for the most and better-founded scientific knowledge), of respect (of acceptance of diversity of concrete forms and practices of living sexuality (as long as they do not violate human rights) and ethics (in which we professionals are responsible for exercising the degree of freedom that we put into practice).

The Professional Biographical M has as its central axis the person and, at his side, forming a team are the family and the professionals. The person has a fundamental role, either as a subject of rights or as a subject of decisions.

From the beginning of our professional activity we have followed the biographical model of Félix López, which is why we have deemed it convenient to make this review of his pedagogical approach.

**The person
has a
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III.- IMPLEMENTING SEXUAL EDUCATION AT THE CENTRE (FADAS program)

Sex education, from our perspective, has to go far beyond a few hours of sexuality workshops a year carried out by personnel from outside the center or by the center's own personnel. Sexuality is something integral to the person, it accompanies many dimensions of life and for disabled people, professional support in this area is useful. Until now, centres didn't give the necessary attention to the sexual issue, this manual tries to provide a theoretical framework, experience and the necessary resources for the center to be able to carry out a responsible sexual education. For this to be carried out with the necessary guarantees, a complete center program will be developed in which the intervention in the sexuality field is depicted with the detail and professionalism that the subject requires. The implementation of a sexuality education program must be gradual and continuous over time, we recommend taking the steps safely and establishing the different phases of implementation.

Before continuing, allow me a little linguistic note; In Galician FADAS means FAIRIES, it seemed to us that the acronym brings an ideal and romantic air to our work, magic and illusion that are always good companions on a creative journey. This guide is originally thought and lived in Galician, later it was translated into Spanish and I think many of you will be reading it in other languages, I don't really know how the acronym of Sexual Affective Development Training and Support will be in your language, but I hope that it does not lose the magical roots with which it left Galicia.

FADAS (Sexual Affective Development Training and Support) is a program for the integration of sexual education in the center's curricular program. We offer tools in favor of social integration, resources that facilitate the gymnastics of the senses, emotions, and sensitivity. Our program tries to trigger a centrifugal reaction: from the core (the person) towards the external (the environment). A consciousness reaction, to search for resources which will allow filtering and distinguishing them from the truly important and the disposable resources.

Our pedagogy is also centripetal, at the center there is always the person but we cannot forget their periphery, only through it we can train and enable the pieces that make up the emotional ecosystem that are the disabled person's family and professionals. Our line of work is fundamentally organic and also implies the context training, who is formed by the professionals of the educational center. A pedagogical intervention is carried out with all of them.

FADAS (Sexual Affective Development Training and Support) is a program for the integration of sexual education in the center's curricular program.



Block II. Group sex education methodology.

It is necessary to obtain their support and commitment, also an active participation from each one of them that favours our project success.

In the development of this program we propose a series of measures that allow us to prepare people to live in society according to certain rules that enable them to exercise the senses, emotions and sensitivity, so that they learn to distinguish the good, what has value, from the bad, that which does not have it, always from the acceptance of being sexual beings, with capacities to feel, discern, enjoy, but also with responsibilities. These measures have as their central axis the education and training of disabled people and their human, professional and family ecosystem, without neglecting society of which we are all part and in which our aspiration is to have a space to share.

Phases of the FADAS program:

1st Phase. Center's specific program design, justification of the program and objectives.

2nd Phase. Identification of the team of professionals in charge of the new service.

3rd Phase. Training of professionals.

- ♦ First training meeting with all professionals.
- ♦ Second Specific training meeting with the professionals directly involved in the project

4th Phase. Identification of users and family member who will participate in the first year and at the start of the group intervention.

5th Phase. Evaluation.

1st Phase. Program specific design of the centre

A. Rationale of the program

In the development of the program, a series of pedagogical strategies are proposed which will allow us to prepare people to live in this society. These strategies are designed as a training for the senses, emotions and sensitivity, always from the acceptance of the fact of being sexual beings, with capacities to feel, discern, enjoy, but also with responsibilities. The central axis of these measures focus on education and training of the people who make up the human ecosystem of the disabled person.

For this training activity the different parts involved will be: the center (management and professionals), families, and users. We will carry out an educational intervention with all of them. Then, we need the support and commitment to actively participate in the execution of the project.

In sexual and affective education, an ideal model has to be based on professional and scientific action and the knowledge being transmitted needs to be serious and rigorously contrasted. This professional and scientific approach must also include the methodological procedures and the design of educational interventions, all this within the bosom and scrupulous respect for the freedom of choice of the other person, one of the fundamental ethical values.

In the development of the program, a series of pedagogical strategies are proposed which allows us to prepare people to live in this society.



Block II. Group sex education methodology.

At this point it is essential to work with tutors / family members who will be taken very seriously in this program since they are the starting point of it. The sexual biography of the intellectually disabled person is the one of the family he or she depends on; the field of cognitive diversity has not yet achieved the social advances needed to change this situation. For us there is an irrefutable fact, parents have the right and duty to advise and transmit values, from this point of view, they must tell their children what they think and try to educate them in the sense they consider most appropriate. But it is no less important for parents to be aware that each child is another person and not an extension of themselves. For all the above, an important part of the program will be to support families throughout this process.

To conclude this section, we ratify ourselves on the certainty that sexual training for disabled people has to be carried out together with the family and professionals of the centre. We will find an agreement on the contents included in the educational programs, and we will work with the families to promote a positive attitude towards the training project at the centre, reinforcing the work started in the classroom at home, when working in groups or in individual sessions when sexual itineraries or MAD (Discrepancy Analysis Method) are carried out.

In most centres, systemic work is fundamental because it will not be possible to carry out a sexual education training project against the will of the family. The educators of the centres are those who handle the pedagogical method adapted to the learning needs, the professionals of sexology those who have the knowledge about human sexuality for its transmission, the professionals accompany the learning, and it is the family the one that accompanies the experience. In our way of understanding, the director of this team must be the intellectually disabled person.

This entire process, where professionals from the centers and their families are included, will be supervised by a professional specialist in sex education and with experience in the field of cognitive diversity, who will accompany the entire process and will support the development of projects with a follow-up and an evaluation of the training activity.

B. Service Objectives

- ♦ Enable users of the centre to lead a sexual life according to their wishes, needs and what they can control.
- ♦ Train professionals on erotophilic, scientifica, respectful and ethical sexual affective education.
- ♦ Support families in understanding and supporting the development of the sexual dimension of their sons and daughters providing them with tools for sexual education.

We ratify ourselves on the certainty that sexual training for disabled people has to be carried out together with the family and professionals of each centre.



Block II. Group sex education methodology.

- ♦ Implement both group and individual affective sexual education programs with the users of the centre.

Phase 2. Teams of professionals

Coordinating team of the care service for affective-sexual development.

It will be composed by the coordinators of the different services of attention of the specialised centre, the person in charge of the psychology department and in the first months of implementation of the programme there should be a specialist in sexual education in people with intellectual diversity as an external adviser of the programme.

Functions of the coordinating team:

To define the group of people who will participate in each phase of the programme (individual work, group sessions).

To canalise all the information about the sexual manifestations of the users of the centre.

- ♦ Defining the intervention strategies in each specific case.
- ♦ Intervention in the Individual Sexual Pathways and the Discrepancy Analysis Method.
- ♦ Coordinate communication and work with families.
- ♦ Design together with the team of educators the group sexuality education programmes and the follow-up of the sessions.
- ♦ Evaluate the progress of the programme.
- ♦ Carry out the design of the programme in the coming years.

Team of educators in charge of the group sessions: (It will be made up after the first training meeting with all the professionals).

Functions of the educators in charge of the group sessions: (Two educators in charge of the training work with each group).

- ♦ Planning together with the members of the coordinating team assigned to each service the group work sessions.
- ♦ To carry out the group sessions.
- ♦ Individual monitoring of each participant during the development of the sessions, supported by the specific register drawn up for each occasion.
- ♦ Monthly evaluation of the sessions and planning of the following month's sessions at the same meeting.

All team members will receive specific training in content and methodology before starting the work. The didactic units will be those included at the end of this thematic block. Monthly meetings will be held to evaluate the work already done and to design the following sessions.

All team members will receive specific training in content and methodology before starting the work.



3rd Phase. Training of the centre's professional

First training meeting with all professionals (4 hours long)

To get the support of all the people working at the centre, it will be necessary to hold a meeting where all of them are present; administration department, cleaning, kitchen, caregivers, educators, maintenance. Our proposal is clear, it is the full support from the management of the program, so at first it is the management who will take the initiative and present the proposal to the rest of the professionals. Subsequently, the management will take the opportunity to make the presentation of the service coordinating team, then the need to carry out the program will be substantiated, explaining at the same time why the involvement and support of everyone is important. To end this first meeting, an outline of what the intervention will consist on, by commenting each step of the program. After the presentation, professionals should be allowed time to express their opinion about what was discussed during the meeting. It is very important to know what the feelings of the center's professionals are, and encourage their participation.

It is essential to establish a dialogue with all professionals to make them realise that the basis of the program is a team response to users of the center sexuality, a response based on the basis of the program that we are developing in this document; erotophilic, professional, respectful and ethical intervention. All professionals at the center must be aware of this intervention in order to respond as described in the program when they witness a behaviour that is could derive to an object of reeducation. An intervention is not educational if each professional in the face of the same behaviour of the same person reacts in a different or antagonistic way.

Contents of this first training:

- ♦ Presentation of the FADAS project.
- ♦ Justification for the need of sexual education at the centre.
- ♦ The sexual rights of disabled people.
- ♦ Integral sexuality concept.
- ♦ Acknowledgment of experiences of other centres
- ♦ Viewing of videos from other centres where sexual education was implemented and where disabled people, their families and professionals give their own version of the experience.

Second specific training meeting with the professionals directly involved in the project (12 hours of training)

We now unwrap the contents of this second training phase in which the coordinating team and the team of professionals who will be in charge of the training sessions of centre's users group.

It is essential to establish a dialogue with all professionals to make them realise that the basis of the program is a team response to users of the centre's sexuality.



Contents:

Sexuality concept. Expressions of sexuality on disabled people.

- ♦ Sexuality concept. dimensions of sexuality: sexual, emotional identity, pleasure.
- ♦ The educator concept.
- ♦ Sexuality in disabled people.
- ♦ Is there a peculiar sexual manifestation of the disabled person?
- ♦ Detect the most frequent situations in which behavioural problems related to sexuality arise.
- ♦ Working towards what you want to achieve and not only for what you want to avoid.

Sex Education.

- ♦ What is sex education?
- ♦ Sex education models. Félix López's biographical professional model.
- ♦ Sex education through family.
- ♦ Experiences of sexual education in other centres of Galicia.
- ♦ Guidelines for the development of a sexual education program.
- ♦ Evaluation and monitoring systems.
- ♦ Reflection on the application of a program of these characteristics in our centres. SWOT analysis

The intervention. An approach to practice

- ♦ Sex educator: attitude and necessary training.
- ♦ Consensus in the intervention of the three systems: family, centre, caring system.
- ♦ Types of families: facilitator, denier, passive.
- ♦ Contents and methodology of work with families.
- ♦ Diagnosis of the level of knowledge and detection of training needs for the group of people in the area of affective-sexual education.
- ♦ Group work, according to cognitive level: medium or light.
- ♦ Training needs in the affective-sexual area for each of the groups
- ♦ Individual work with severely affected people: Method of analysis of discrepancies and sexual itinerary (in this first phase, only presentation of the methodology in future training will address training in this type of intervention).

**Sexuality
concept:
Expressions of
sexuality on
disabled
people.**



Block II. Group sex education methodology.

4th Phase. Identification of users and family members who will participate in the first year of program implementation, training start.

In the first year of project implementation, it is necessary to limit the number of participants. As we have already developed in the corresponding section within the functions of the program coordinating team, who will be the people participating in group sessions. The groups should not have more than seven participants and the grouping criteria will be based on cognitive maturity and sexual maturity, it is important that those group are as homogeneous as possible. Indeed, three or four groups can be created if necessary.

Within the group formation proposal is the creation of a group of family members to work with them for the number of sessions that the team considers appropriate. Sessions could be extended at the request of the participants.

The timing for work with the groups will be decided by the coordinating team based on the activity of the centre, our recommendation will be once a week for a quarter trimester.

5th Phase. Evaluation

Professional training phase evaluation.

After each training session, the professionals will be given an evaluation questionnaire to find out their assessment of the project in general, the training in particular, their capacity for involvement and their contributions to improve the service.

Intervention phase Evaluation.

Each participant in group work will be constantly monitored with an individual recording chart of the sessions. Using the table "**sex education sessions individual monitoring evaluation**" that appears on the next page.

As part of the
group
formation
proposal is
the creation
of a group of
family
members



Block II. Group sex education methodology.

Cuadro seguimiento individual de evaluación de las sesiones de educación sexual.

SEGUIMIENTO INDIVIDUAL DE LA RESPUESTA EN EL GRUPO DE EN EDUCACIÓN SEXUAL						
Nombre:						
Fecha	NIVEL DE PARTICIPACIÓN		NATURALIDADE ANTE EL TEMA		SUS RESPUESTAS	
Unidad didáctica.	Hace preguntas	1 2 3	Se ríe.	1 2 3	Acertadas	1 2 3
	Da su opinión	1 2 3	Se avergüenza.	1 2 3	Oportunas	1 2 3
	Interacción con compañeras	1 2 3	Inquieto/a	1 2 3	Concentración	1 2 3
Observaciones sobre este día:						
Fecha	NIVEL DE PARTICIPACIÓN		NATURALIDADE ANTE EL TEMA		SUS RESPUESTAS	
Unidad didáctica.	Hace preguntas	1 2 3	Se ríe.	1 2 3	Acertadas	1 2 3
	Da su opinión	1 2 3	Se avergüenza.	1 2 3	Oportunas	1 2 3
	Interacción con compañeras	1 2 3	Inquieto/a	1 2 3	Concentración	1 2 3
Observaciones sobre este día:						
Fecha	NIVEL DE PARTICIPACIÓN		NATURALIDADE ANTE EL TEMA		SUS RESPUESTAS	
Unidad didáctica.	Hace preguntas	1 2 3	Se ríe.	1 2 3	Acertadas	1 2 3
	Da su opinión	1 2 3	Se avergüenza.	1 2 3	Oportunas	1 2 3
	Interacción con compañeras	1 2 3	Inquieto/a	1 2 3	Concentración	1 2 3
Observaciones sobre este día:						
Fecha	NIVEL DE PARTICIPACIÓN		NATURALIDADE ANTE EL TEMA		SUS RESPUESTAS	
Unidad didáctica.	Hace preguntas	1 2 3	Se ríe.	1 2 3	Acertadas	1 2 3
	Da su opinión	1 2 3	Se avergüenza.	1 2 3	Oportunas	1 2 3
	Interacción con compañeras	1 2 3	Inquieto/a	1 2 3	Concentración	1 2 3
Observaciones sobre este día:						



Block II. Group sex education methodology.

Regarding individual work, the coordinating team will be in charge of a constant evaluation since this is essential when establishing the next steps of the intervention.

Service final evaluation.

At the end of the school year, a general assessment will be made on each of the phases of the project which includes: objectives achieved, the continuity of the services and the changes and adaptations necessary in the future.



IV.- ΣΤΟΧΟΙ ΤΗΣ ΣΕΞΟΥΑΛΙΚΗΣ ΔΙΑΠΑΙΔΑΓΩΓΗΣΗΣ

Οι στόχοι του ατόμου που συμμετέχει σε ομαδική σεξουαλική εκπαίδευση

- Απόκτηση βασικών γνώσεων για τη σεξουαλικότητά του.

Σκοπός της σεξουαλικής αγωγής είναι να διευρύνει την έννοια της σεξουαλικότητας, να υπερβεί τα γενετήσια όργανα και τη σεξουαλική συμπεριφορά και να προσεγγίσει τη συναισθηματική διάσταση της σεξουαλικότητας και τη συνειδητοποίηση της σεξουαλικής ταυτότητας του ατόμου. Το άτομο θα αποκτήσει σφαιρική αντίληψη της σεξουαλικότητάς και θα αναγνωρίζει τις διασυνδέσεις μεταξύ σώματος, συναισθήματος, αυτοεκτίμησης και επιθυμίας. Το άτομο είναι σημαντικό να εκπαιδευτεί για την απόκτηση των ακόλουθων γνώσεων.

Συναισθηματική διάσταση: Να γνωρίζει πώς να κατονομάζει τα βασικά συναισθήματα, να τα αναγνωρίζει στον εαυτό του και να τα εντοπίζει στους άλλους. Γνώση της συναισθηματικής διαδικασίας (κατάσταση-συναισθημα-αντίδραση-ορθολογική σκέψη-ορθολογική επανερμηνεία). Να μάθει και να προβληματιστεί σχετικά με το δεσμό αγάπης, να εντοπίζει τις δικές του ανάγκες, καθώς και τις ανάγκες του ζευγαριού. Να μάθει να διαπραγματεύεται στο πλαίσιο του δεσμού αγάπης. Να αναγνωρίζει τα συμπτώματα μιας προβληματικής ερωτικής σχέσης. Να ξέρει τις πόρτες εξόδου όταν βρίσκεται σε μια τοξική σχέση. Να απομυθοποιεί τον ρομαντικό έρωτα και να καλλιεργεί την αγάπη προς τον εαυτό του.

Ερωτική διάσταση: Γνωστική (τι έχω στο μυαλό μου όταν σκέφτομαι το σεξ), συμπεριφοράς (τι κάνω για να νιώσω ευχαρίστηση), συναισθηματική (πώς αισθάνομαι όταν έχω μια σεξουαλική σχέση), φυσιολογική (πώς αντιδρά το σώμα μου όταν διεγείρεται). Γνώσεις σχετικά με τους κινδύνους των σεξουαλικών συμπεριφορών και τους μηχανισμούς πρόληψής τους. Αντισυλληπτικά. Γνώση του τρόπου με τον οποίο οι ταινίες ενηλίκων διαστρεβλώνουν την εικόνα της ερωτικής συμπεριφοράς, την αντικειμενοποίηση του γυναικείου σώματος, την απαίτηση ισχύος του ανδρικού σώματος.

Διάσταση ταυτότητας: Να γνωρίζει τους διαφορετικούς σεξουαλικούς προσανατολισμούς (ασεξουαλικότητα, ομοφυλοφιλία, αμφιφυλοφιλία, ετεροφυλοφιλία). Να γνωρίζει τη δική του ομάδα, Η ομάδα ΜΟΥ: τα δυνατά μου σημεία, οι αδυναμίες μου, οι φόβοι μου και τα όνειρά μου. Να γνωρίζει την ομάδα των άλλων, Η ομάδα ΜΑΣ, οι σημαντικοί άνθρωποι που μετέχουν στην ομάδα της ζωής μου. Πώς να καλλιεργήσει την αυτοεκτίμηση. Σεξουαλικές ταυτότητες (διαφυλικά άτομα, αμφιφυλόφιλα άτομα, άτομα με απροσδιόριστο, μη τρανσέξουαλ άτομα). Φύλο: το να είσαι γυναίκα και το να είσαι άνδρας είναι πάντα διαφορετικά αλλά ποτέ ξανά άνισα.

Οργανική διάσταση: Να αποκτήσει γνώση για τα σεξουαλικά όργανα και το δέρμα που τα περιβάλλει, την πραγματική διάσταση της κλειτορίδας και τη λειτουργία της. Να μάθει επίσης για τον γυναικείο ωθητικό κύκλο, όπως και τα εσωτερικά κανάλια του σώματός μας, τα ανδρικά και γυναικεία εσωτερικά όργανα.



Block II. Group sex education methodology.

- **Develop a positive and natural vision of both one's own and social sexuality.**

Debunking myths about porn, pleasure, true love. Dismantle the taboos that, like a wall, have enclosed us away from the natural and unique sexual experience. Society and its views on the sexuality of the disabled person. Dismantling prejudices. Reinforce the need for respect for all kinds of sexual expressions and orientations.

- **Adopt strategies for the development of sexuality in private, safe and trustworthy environment.**

Distinguish the displays of affection in each social group (family, friends, partner, work). Identify the appropriate places for sexual practice and acknowledging the social consequences if we do not take them into account. Moreover, knowing the risks of the non-responsible use of social networks.

- **Communication skills training on the sexual question.**

Socio-sexual skills in love relationships: to flirt, to maintain the relationship, to get out of it when it becomes toxic. Identify your own needs within the relationship and express them to your partner. Acquire peaceful conflict resolution strategies. Communicate our feelings clearly, respond effectively to criticism, and understand the point of view of others. .

Dismantle the taboos that, like a wall, have enclosed us away from the natural and unique sexual experience.



V.- SEXUAL EDUCATION PROGRAM CONTENTS AND SKILL DEVELOPMENT FOR EACH OF THE DIFFERENT AREAS

Luckasson (2002) adaptive skills area have their origin in the development of existing curricula and programs in special education and social services in recent decades, and the three areas that are proposed (conceptual, social and practical) respond largely to the curricular approach proposed and disseminated by Verdugo in the development of Alternative Behavioural Programs (PCA), with the Social Skills Program, the Daily Life Skills Program and the Work Orientation Skills Program.

Below we present the material provided by GAUTENA in which the sexuality content adapted to each of the adaptive areas is established

1.- Communication.

Development and maintenance of "xestual" communication: identify and point out gestures related to the vocabulary of the program. Identify vocabulary: body parts, body changes, sex differences. Give notices to people in my family. Learn ways of rejection. Express emotions, feelings, moods. Write whasaps and manage social networks well. Being able to communicate interests and needs that have to do with sexuality.

2.- Self-care.

Personal appearance, shaving, moisturising, waxing. Acquire comfortable cleaning habits during menstruation and after erotic or autoerotic encounters. Use of the toilet, leave the bathroom clean, leave properly dressed, use the bidet.

3.- Home life skills

Living with family, colleagues and the neighbourhood: Respecting one's own privacy and that of others, respecting others sexually, using the comfortable places in the house for one's own sexual activity, understanding the different types of relationships between family, friendship and partner. Home security; do not open the door to strangers, communicate strange events. Home duties; develop tasks without distinction of gender.

**We present
the material
provided by
GAUTENA in
which the
sexuality
content
adapted to
each of the
adaqptive
areas is
established**



4.- Social skills.

Interpersonal relationships; be able to deal with issues of everyday life related to sexuality. Respect for privacy; Control the approaches (prosémica), make suitable comments. Establish friendly relationships, attend and understand the needs of others, establish meaningful relationships with other people. Impulse control and self-control; Do not touch others without their consent, learn to wait and postpone the sexual impulse if the occasion is not the ideal one, carry out sexual practice at the right time, place and with the right person. Understanding of social norms; Maintain a behaviour in accordance with the patterns of our culture, safeguard one's privacy in public, distinguish the well-off moments from those not well-suited for expressions of affection and sexual behaviours.

5.- Community use.

Sexual behaviour accommodated in each of the public places, cinema, sports facilities, transport, bathrooms, etc. . . Know the uses of the different community services for their needs; pharmacy, drugstore, health centres, sexual counselling centres (LOVE YOU CENTRES). Centres where I can ask for help in case of need 112, local police, etc. . .

6.- Self-direction.

Choice of interests; having conversations, approaching people appropriately, rules of courtesy, and meaningful details. Association from contexts to activities; know the ideal place for your intimate or sexual activities. Problem resolution; be the one to notify the person of reference about problems or needs, communicate their discomfort in situations that upset them. Self defence skills; recognise when you are being subjected to inappropriate sexual contact situations, learn to reject and avoid situations. Request for help; learn ways to ask for help in difficult situations, inform the reference person of these situations.

7.- Health and safety.

Recognise and identify symptoms in the genital areas. Know the comfortable use of medications. Tolerance to gynaecological or urology examinations (in each case). Have a peaceful and conciliatory relationship with the menstrual process. Have a previous transit through the clinical check-ups before having to use the gynaecology and urology services.

**Establish
friendly
relationships,
attend and
understand the
needs of others,
establish
meaningful
relationships
with other
people.**



Block II. Group sex education methodology.

8.- Functional academics.

All the trainings that we have just related and the following ones have to do with this area since the learning will be a high percentage of recognising the concepts and consequently being able to live each of the situations in a pleasant, satisfactory and healthy way.

9.- Leisure and free time.

Encourage interactions with people of your interest and behave with them appropriately. Discern between times and places for leisure for these interactions to happen. Go to parties and recreational activities that facilitate meeting and interaction. Choose activities and people..

10.- Work.

Differentiate the relationships and codes of work interaction from the ones between friends or family.



VI.- THEORETICAL REFLECTIONS ON THE FACT OF LOVE.

How to approach a matter as private and personal as love relationships from a scientific point of view? Love, intangible as it seems, has always been treated in literature and arts with an author's vision and as something creative and poetic. These sources are not the ones we are looking for when working on the sex education training. In the search for scientific texts on love relationships, we realise the difficulties that authors from branches such as psychology, sexology, sociology, anthropology and neurology have to scientifically approach something as difficult to quantify or qualify as love. I appreciate the effort of these professionals because I recognise my inability to produce my own material on this topic.

Although at first it may seem an impossible and even a dehumanising mission, we want to provide a resource for our work in the classroom, which allows us to support people in constructing positive love relationships. What are the pillars on which a love relationship is based? Can we look at love from an objective prism? Applying reason to emotions will detract the naturalness and freshness of our relationships? Are we sure that we love as we want and that we are not directed and conditioned by centuries of romantic literature? It is not about looking for the reasons why we love, but about realising that some type of love can go against our emotional and physical health. We firmly believe that reviewing our love scheme can help us find our own way of loving. The first step is the terminology being used, talking about love is talking about an intangible, let's leave the concept of love behind and focus on the action of loving.

After numerous readings, and with the danger of losing perspectives and becoming a female version of Don Quixote in search of the winds that move human windmills in the inertia of love, I think I have found a variety of sources that can serve as a reference to propose love issues in the classroom from a scientific perspective or at least as far as possible from romantic literature. What I relate below is my personal fusion of the texts of love thinkers as; Punset, Zapiain, Walter Riso, Jeffrey Weeks, Foucault, Zygmunt Bauman, Beatriz Preciado, Ulrich Beck, Mari Luz Esteban, Alain de Botton and António Damásio.

The romantics had always transferred the ideal of an unconditional love to us, insisting on chimeras such as true love, on affirmations such as that love is the only important thing, unlimited, eternal and almighty love.

Personal fusion of texts by thinkers of loving such as; Punset, Zapiain, Walter Riso, Jeffrey Weeks, Foucault, Zygmunt Bauman, Beatriz Preciado, Ulrich Beck, Mari Luz Esteban, Alain de Botton and António Damásio..



Block II. Group sex education methodology.

The romantics had always transferred the ideal of an unconditional love to us, insisting on chimeras such as true love, on affirmations such as that love is the only important thing, unlimited, eternal and almighty love. Our culture captured all these messages and incorporated them into the loving model, this apology for unconditional love leads us into very dangerous ideas: "Whatever you do, I will love you the same." This idea of loving possession here there is hardly any room for free decision must be modified, not only love possesses us, we can also possess it: no one is a victim of love without their own consent.

We do not intend to annihilate romantic love, what we want is to advocate for its relocation, trying to put it in its rightful place, which is none other than the literary field or emotional science fiction. From education we have a clear objective which is to see the act of loving as something just and pleasant that does not imply the annihilation of the individual's own essence. Love is not everything. For this, it is necessary to reflect on the paradigms that we have within love relationships, review the conceptions about couple love. Approaching the search for good love as a question of quality and not of quantity, "don't love me so much but love me well." Philosopher Alain deBotton, author of "Love", goes on to say that "The desire to love precedes the loved one, and necessity invented its own remedy." The appearance of the beloved is only the second act of a largely unconscious need, to love or be loved by someone.

Before continuing the scrutiny on the act of loving I would like to bring to our reading a skeptic like Zigmund Bauman; He fundamentally points out two perversions in love: one is the kind of association that, due to laziness, fear of people or a propensity for comfortable relationships, leads people to simply try to please the other by avoiding any subject of controversy.

And the second great perversion consists directly in wanting to change the partner. Bauman concludes that this is the consequence of a consumer culture like ours, in favour of products ready for immediate consumption, quick solutions, immediate satisfaction, all-risk insurance and money-back guarantees. All this leads us not to work on our own love ties but to reproduce the model as it is sold to us on television. Being born in the age of spare parts that leads us to not know how to repair damage. Furthermore, love should not find its meaning in things already made or instituted models, if not in the impulse to participate in the construction of things, in the own elaboration of personal relationships.

Zapiain's theory of attachment proposes a way to explain the love bond. "The attachment system is a set of behaviours that are directed for the search for closeness in the figure of attachment and the communication of needs, all this in order to ensure security, peace and well-being."

"We do not intend to annihilate romantic love, what we want is to advocate for its relocation, trying to put it in its rightful place, which is none other than the literary or science fiction"



Block II. Group sex education methodology.

The couple is a structure, an organised system for the satisfaction of individual and group needs. It responds to the satisfaction of affective needs in terms of stability and emotional support typically those functions correspond to attachment figures and erotic satisfaction in terms of pleasure experiences.

Each member of the couple, as an element of the system, must contribute to the satisfaction of their own needs but also of the other member of the relation. For this they must have the ability to read the other's needs in an ideal way and know how to express their own. For this, each member of the couple must be able to maintain two different positions and possess sufficient psychological flexibility to be able to jump from the support position to the dependent position.

At this point we link with the approaches of "Journey to love" by Punset, in this text he tells us that the root of the impulse of fusion, and therefore of love, is not found in the need for surrender and sacrifice, if not in the need of every individual to survive the loneliness and abandonment imposed by the environment. Genes determine potential behaviour and the environment can shape the loving behaviour practice. For Punset the most important part of life does not touch the domain of consciousness even remotely. Loving behaviour is anchored in the subconscious and is designed for survival.

Punset's love approach is a search of the origins of love and it gives us a biological theory about it with an important support in the biological and therefore hormonal fact that I am going to try to summarise here.

Faced with an external stimulus, the primordial part of the brain activates a feeling of well-being. For this to become a love sensation or an emotion of happiness, it is necessary for the thought to search in the memory similar data or memories. If the mind does not find out anything that could compare to this external stimulus in beauty, feelings or capacity to love, then love is born that fuses the couple. For Punset love is fundamentally past and memory. It suggests that the most recent love experience must always exceed the threshold of depth and complexity reached by the previous ones. As with drugs, each higher doses are required to calm the withdrawal syndrome.

In this search for memories and comparisons Punset reminds us that the brain is not designed to search for the truth but to make predictions necessary to survive. Brief review of the influence that hormones have on loving: Making love, oxytocin is secreted, which plays a fundamental role in sexual behaviour, since it present itself in all its phases.

Each member of the couple, as an element of the system, must contribute to the satisfaction of their own needs but also of the other member of the relation.



Block II. Group sex education methodology.

Vasopressin, key to love and couple consolidation Testosterone, is an enigma, it behaves differently according to the sexes. In the man in love it decreases while in the woman in love it increases. To conclude, dopamine, it is fundamental in the biology of love, particularly in the one that it refers to mechanisms of signalling and pleasure (partner choice).

According to Punset, this entire neurological hormonal network is configured to block the mechanisms of reason since the body is designed to pursuit pleasure and survival and if for this it has to annihilate reason, it is annihilated and that's it. All this framework is at the service of the protection of the nest and survival of the offspring. "Love is in charge of eliminating conscious thought."

Taking into account all the contribution made already, it seems very important to know what the scientific mechanisms of love are, if in principle our brain is designed to survive and not to seek the truth, we can use our consciousness to counteract all this biological support. When we speak of consciousness we are alluding to the ability to interfere with instincts from the area of reason. An individual who is self-aware is someone who knows the power of their emotions and has the ability to manage them.

To solve any relationships problem we need in addition of affection, other cognitive and behavioural skills:

- Conflict Resolution Strategy.
- Peaceful management.
- Learn to adjust individual differences without major castrations of vital approaches.
- Establish alliances and loving agreements.

A healthy love is an equal love. The culture of sacrifice of living for and for the other and attending more to the interests of the other person than to one's own, at the cost of happiness and self-forgetfulness, is an attack on mental health. Lovers do not belong to each other, rather both of them participate in the love relationship, being emotionally united implies having a bond that, however close it may be, maintains the differences. People who participate in a love bond, no matter how much they love each other in that union, will never be able to go against mathematics, two will always be two and will never be one, the latter, apart from being an attack against mathematical logic, seems to us an involution of the human being.

In principle our
brain is
designed to
survive not to
seek truth.



The heartbreak..

In an anthology related to the fact of love, a section dedicated to heartbreak could not be missing.

"Heartbreak is programmed to die." But to die when? António Damásio suggests a new therapy: [the best way to precipitate the end of a negative emotion is to generate another emotion of the same intensity but of the opposite sign. Instead of rushing into the meticulous interpretation of the nightmare, one must seek the glimmer of a new splendour].

When they stop loving us, the emotions of abandonment and contempt flood us. It is very difficult to estimate the extent of the negative emotion of contempt. In the history of evolution, contempt implied expulsion from the cave and therefore certain death. Let us remember here that according to Punset at the root of the impulse of fusion, and therefore of love, there is not the need for surrender and sacrifice, but rather to survive the loneliness and abandonment imposed by the environment. Heartbreak brings with it the spectre of loneliness and abandonment.

Returning to the biological-hormonal approach. When heartbreak occurs, the hypothalamus secretes the corticotropin-releasing hormone called corticoliberine, a substance considered by many scientists as the molecule of fear; It is produced by the hormone adrenocorticotropin, the latter reaches the adrenal glands and stimulates them to synthesise and release cortisol, which is a stress hormone, among other substances.

When does love lose its vital sense?

- When they don't love you.
- When your personal fulfillment is hampered.
- When your principle of life are violated.

If it is evident that they do not love you, either because they tell you with words, or because they tell you with deeds, and you are still waiting the love relationship to resurrect, I think it is clear that you are on the other side of reason. There are moments in life when you do not give up in the effort to demand the fulfilment of your needs from the other person, how many times are we going to demand the same? If after a time in which you have clearly expressed your needs, you have no counterpart, then there is no doubt, they do not want us, and someone has to leave.

**When does love
lose its vital
sense?**

**-When they
don't love you**

**-When your
personal
fulfillment is
hampered**

**-When your
principles of
life are
violated.**



Block II. Group sex education methodology.

Some conclusions to finish the disquisition on the fact of loving.

As professionals, it is not our mission to value the love relationships of our users, nor to direct them, our function is to support the person in constructing their love bond and respecting the precept that everyone has the right to make their own mistakes, and not I have not been mistaken, I have consciously used the word mistakes instead of the word decision. The job of the sex educator is to accompany the person in the acknowledge and assumption of the consequences of our decisions, not to warn him if they are the right or wrong decisions. We do not manage life or trace paths, we simply provide vital knowledge for individual experiences.

For a positive development within an attachment relationship, the person must know how to handle himself in the following areas.

- Emotional management: recognition of one's own emotions and those of others, good management in the expression of feelings, knowing how to regulate positive emotions, and knowing how to channel negative emotions towards better ones.
- Self-knowledge: we cannot support the person in the development of its own personality if it is he or she who does not acknowledge himself or herself. This identity work is basic in the maturity and growth process of each individual. If we assume that love relationships are made up of adults, it leads us to suppose that if someone shows interest in starting a relationship of this type, they must be attributed sexual maturity.
- Care: Expression of one's own needs and satisfaction with those of the partner. As we already developed in the previous section, within the bond of attachment, each member of the couple has a double role, which are receiver and sender of care. In the previous section we worked on self-knowledge, in this we must emphasise the knowledge of the other party and empathy, in order to identify their needs. In this section, as professionals, we must work on the idea that meeting the needs of the other does not conflict with our own needs and values. If this situation occurs, the person should know how to ponder, concessions are necessary but not to the point of canceling ourselves.
- Regulation within the couple: negotiation and conflict resolution. As adults we must know how to handle conflicts within the couple, to be able to articulate a structure within the relationship in which the people who form the couple are identified and there is no power situation of one over the other.
- Freedom and autonomy. Two are not one. The romantic myth of the better half goes against the laws of logic and common sense. Two people can never form a unit. Human beings are autonomous and complete individuals. The fact of having a loving relationship can empower you but never annex you, this can be confused with a phenomenon of unconditional surrender and an abandonment of the "I" for the "us".

**"Everyone has
the right to
make their own
mistakes"**



VII.- BEFORE STARTING WORK, A DIRECT MESSAGE TO THE PERSON IN CHARGE OF THE ACTIVITY.

As professionals we work for intellectually disabled people; It is true that most of the centres are run by families or by the administration, but the focus of our work, the guidelines we take, must always be at the service of the interests of disabled people. If you have taken the time to read all this documentation, I hope that your interest coincides with ours, after many years of intervention and different directions that have been taken from the care centres, I think it is time to work for and from the person. This can have many meanings, in fact the new intervention strategies say that they are based on the person, person-centered plans, individual support plans, how many do you know that make the approaches to the sexual experience of the person? how many questions about their sexual life are we raising them? How many supports are we designing so that they can really have access to their sexual experience?

On the other hand, if we ask questions about their sexual needs, we must make sure that the person is aware of the greatest number of response options, if we do not do so, we may be distorting the intervention by thinking that asking certain questions is enough. This is basically the objective of group sex education, to know the concept of sexuality in favour of personal self- knowledge in this dimension of life.

Sex education provides people with access to understand themselves and their environment, to find their own responses from free will. As professionals we have to be aware that sex education is not enough, after education comes the opportunity to put what we have learned into practice. It is useless for us to learn how to drive a car if the garage doors cannot be opened. Our experience throughout all these years has taught us that as professionals we can teach to drive but the garage doors are opened by families. Professionals and family members must understand that the direction that the person takes is part of their freedom to choose, their decisions do not have to coincide with ours and that the fear of crashing is legal but we have to learn to live with it, because the other option is to give them the false idea that they lead their life while the family or professionals manage it with a remote control.

The methodology that we provide in this guide is the beginning of a work that we believe never ends, the support change as the person develops, when we achieve some needs, new ones appear and we as professionals have the job of accompanying and designing, together with the person, new supports.

Sex education provides people with access to understand themselves and their environment, to find their own responses from free will.



Block II. Group sex education methodology.

Sex education is the first part, once we accompany them to the understanding of sexuality, the next step is to accompany them in achieving their sexuality. We have explained in several sections of this documentation that individualized intervention will be what brings people closer to their own experience, but we must take each step in time, first the training, then the experience.

I think we should also prepare for a reality bath; not all people will be able to participate in the training, on the other hand there will be many people who participate in the training and cannot continue advancing towards their sexual experience. Now, knowing this reality in advance leads us to paralysis? We may think that it makes no sense to open knowledge to some people if they will not be able to apply it in their lives later. This seems a demoralising thought, but if we continue with the premise which we started this section, let us stop thinking for others and ask people if they want to know, if they want to start sex education group work. Because although it is true that not all people are going to have the possibility of conducting their sexual experience, it is also true that as professionals we have no certainty about who will advance and who will not, so let us work for the yes and let time play its part.

If you are going to start sex education programs, I hope you enjoy the process as much as we do; If at first you see yourself overwhelmed, breathe and move a little further because the good is very close. After overcoming vertigo and shame, the group will find a space where they can talk about an important issue for them that has been silenced for too long, you will find respect for the opinions of all people, the group's sisterhood, mutual support, growth personal, joy and appreciation.

If you are going to start sex education programs, I hope you enjoy the process as much as we do; If at first you see yourself overwhelmed, breathe and move a little further because the good is very close. After overcoming vertigo and shame, the group will find a space where they can talk about an important issue for them that has been silenced for too long, you will find respect for the opinions of all people, the group's sisterhood, mutual support, growth personal, joy and appreciation.



VI. SEX EDUCATION TEACHING UNIT PACKAGES FOR GROUP SESSIONS.

Family sessions

We present a first approach when working with families. The objectives with the group of families is to know what their concerns are, respond, as far as possible to their fears, open the concept of sexuality and bring them a little closer to the support needs of their daughters and sons. We recommend that the groups of families organise themselves according to the affectation of their daughters and sons; create a group of families of children with occasional support needs and another group of families of children with extensive support needs. This will help our responses to be better tailored to the specific concerns of parents.

Once these didactic units have been completed, it is important to present to the families other successful experiences in sexual education with intellectually disabled people that are available within the materials of the European Sexinlife project.

In section 4.4. From Block I of Theoretical Bases we offer a series of experiences with families that can be interesting to carry out if we have an active group of families willing to advance and continue working.

I think it may be appropriate for the conductors of the dynamics with the family group to carry out the preliminary readings that we present at the end of this section. If the professionals deem it appropriate, they can draw topics from these readings to present to the group of families.

**Curiosity is
limitless why
would be
sexuality any
different
from it.**



Block II. Group sex education methodology.

DU. Presentation
DU. Family fears of sexuality.
DU. Frame.
DU. Pictogram sexuality.
DU. Everything depends on the eye with which you look.
DU. Me in my mirror.
DU. Cut roads.

Link to pre-work readings with family groups. . . .
Index block I. Theoretical bases.

2. The sexuality of intellectually disabled people
 - 2.1 Sexuality and disability; a "queer" territory?
 - 2.2 The filtration between the secondary and primary processes. The tv school of confusion.
 - 2.3 Eternal winter, the igloo effect.
 - 2.4 As a provisional conclusion, on the edge of inconsistency.
3. Expression of sexuality in the different degrees of affectation.
 - 3.1 Basic cognitive skills; occasional support needs.
 - 3.2 Basic cognitive skills; extensive support needs.
 - 3.3 Basic cognitive skills; continued support needs.
4. Sex education
 - 4.1 Sexological bases.
 - 4.2 The family before sex education at home.
 - 4.3 Walk through the hall of mirrors and the house of fear.
 - 4.4 Proposals for families.

INDIVIDUAL

Cross-sectional sessions Initiation.

DU. Presentation.
DU. Frame
DU. Pictogram sexuality.
DU. Sexuality
DU. Personal flag.
DU. Chart of relationships and affections
DU. Evolutionary changes in the sexual growth of the person.
DU. I recognize emotions
DU. Five senses for five emotions.
DU. Bright and vibrant genitalia

Cross-sectional sessions Continuity.

DU. Pictogram.
DU. Sexuality.
DU. My personal box.
DU. Situation, emotion, reaction, thought bulb.



Block II. Group sex education methodology.

DU. Care at the center of life. The good treatment and the bad treatment.
DU. It all depends on the eye with which you look
DU. Everyone looks, everyone thinks, so do we.
DU. The path of the ovum and the sperm.
DU. Emotions in motion.
DU. Elements of the love bond.

Cross-sectional sessions Continuity II

DU. Pictogram.
DU. Sexuality.
DU. Me in my mirror.
DU. Elements of the love bond.
DU. Love in black is not love.
DU. Human fertilization
DU. Contraceptives
DU. Sexual pleasure
DU. Roads cut in sexuality, map of new routes.

GROUP

GROUP Thematic sessions General sexuality.

DU. Pictogram.
DU. Frame.
DU. Sexuality.
DU. Evolutionary changes in the sexual growth of the person.
DU. Table of relationships and affections.
DU. Everyone looks, everyone thinks, so do we.
DU. Bright and vibrant genitalia.
DU. The path of the ovum and the sperm.
DU. Human fertilization. DU. Contraceptives.
DU. Sexual pleasure
DU. Roads cut in sexuality. Map of new routes.

Thematic sessions Emotional education.

DU. Five senses for five emotions.
DU. I recognize emotions.
DU. Situation, emotion, reaction, thought bulb.
DU. Emotions in motion



Block II. Group sex education methodology.

Thematic sessions love bond.

DU. Elements of the love bond.

DU. Love in black is not love.

DU. Roads cut in sexuality, map of new routes.

Thematic sessions sexual identity.

DU. Personal flag.

DU. Evolutionary changes in the sexual growth of the person.

DU. Me in my mirror. DU. My personal box.