

# Implementation evaluation of an affection, love and sex education program for people with moderate intellectual disabilities

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**Abstract. AIM.** The *Programme d'éducation à la vie affective, amoureuse et sexuelle (ÉVAAS)*, an affection, love and sex education program for people with moderate intellectual disabilities (PMID), is widely used in Québec (Canada) and is applied in several locations in Belgium, France and Switzerland. **METHOD.** An implementation evaluation was recently completed as the first stage of a program evaluation. For the purpose, 73 ÉVAAS sessions at five different sites were observed and questionnaires and interviews with 10 group leaders and their supervisors were analyzed. **RESULTS.** It was found above all that the program was normally implemented in accordance with its spirit and objectives. However, it was also noted that follow-up to interventions carried out during ÉVAAS sessions was much less structured and sustained, particularly as regards those intended for friends and family. **CONCLUSION.** The research team formulated seven recommendations regarding the program's implementation framework and adjustments required to ensure the achievement of its objectives. Recommendations concern authors of the program, educators who use it, their supervisors, as well as service managers.

One of the main objectives of the ÉVAAS program is to foster a healthy affective, love and sex life in PMID, taking account of their functional limits and of the risks associated with these limits. It consists of a series of opportunities for intellectual, affective and social learning through graphic material and adapted activities. The topics covered include: knowing oneself and one's body, the reproductive function, interpersonal relations, masturbation, sexual orientation, STI, sexual abuse, sexual norms and sexual rights. These activities are implemented by educator-facilitators (group of 5-6 persons, once a week). Alongside these, there are also activities intended for parents, family and friends of PMID (1 meeting/month).

The theoretical model of the intervention process allowed identifying 27 actions, grouped into 5 categories, that must be performed by the educators: support and accompany participants, convey knowledge, and conduct interventions aimed at changing behaviours, emotions and cognitions. The purpose of our study was to evaluate implementation of the ÉVAAS program. We sought to answer four main questions:

- To what extent is the program implemented?
- What factors influence the flow of the program?
- Are the planned actions carried out?
- How is the follow-up to these actions ensured?

## Method

The evaluation was conducted through direct observation of program sessions, questionnaires and interviews with educators and support personnel.

Tools used	Description
Intervention session checklist	Regards the specific actions expected of the educators during sessions – the research assistant notes their presence/absence, frequency and appropriateness
Facilitator's session evaluation questionnaire (FSEQ)	Six questions completed by educator-facilitators on a 5-point Likert-type scale (flow of activities, possible changes made, estimate of degree to which objectives were reached, satisfaction with flow of activities) and open questions (comments regarding proposed activities)
Semi-structured individual interviews	For collecting qualitative information on program participants, group facilitation, the intervention process, program implementation, program content, supervision mechanisms, and intervention follow-up

Follow-up of 5 groups (31 participants)	In 2 centres, over 12 to 18 months
Document implementation of activities	Follow-up forms and questionnaires completed by educator-facilitators
Observe actions	73 sessions observed and use of observation checklist
Collect viewpoint of educators and other actors	Interviews with 10 educator-facilitators, 7 clinical activity specialists, 4 service coordinators

## Results

The data collected allow us to assert that the ÉVAAS program is being implemented in line with its objectives and planned activities. The observation of sessions and information garnered during interviews evidence that the program is well structured and that the proposed activities are easily applied and deemed relevant by the educators. However, activities intended for parents, family and friends seem manifestly under-utilized. The data collected in the course of this research do not allow clearly establishing the reasons for the less regular application of this component of the program. This issue will need to be addressed taking account of the needs and viewpoints of the principal stakeholders.

## Seven recommendations

1. Specify conditions for program use with clientele other than PMID;
2. Avoid applying program in group mode with clientele of pre-existing couples;
3. Modify activities regarding sociosexual norms and rights by adding more concrete elements for participants;
4. Include in educator-facilitator training the learning of pedagogical strategies adapted to content and clientele (planning and preparing activities, wrapping up a teaching session, using strategies for maintaining discipline in groups);
5. Re-assess and adjust modalities for implicating parents, family and friends in program activities and procedures, as a function of their support needs;
6. Service managers must define and make known the respective roles of educator-facilitators and resource educators;
7. Clinical support staff must be trained in the program's activities and objectives in order to be able to supervise educators responsible for program application.