**UPDATING THE SSKAAT-R: FOCUS ON CLINICAL UTILIZATION**

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**Objectives:** With knowledge that individuals with intellectual/developmental disabilities often have gaps in sexual knowledge and are vulnerable to exploitation, assessment tools are essential to inform sexual education intervention. The Socio-Sexual Knowledge and Attitudes Assessment Tool-Revised (SSKAAT-R; Griffiths & Lunsky, 2003) is one of the most commonly utilized tools to evaluate socio-sexual knowledge among people with intellectual/developmental disabilities. However, with growth in society’s socio-sexual knowledge and increased use of technology for dating and social interaction, the tool has received criticism for being outdated. The current study is part of a larger project aimed to update the SSKAAT-R.

**Method:** Aligned with the steps employed to update the original SSKAT (see Griffiths & Lunsky, 2003), feedback is being gathered from clinicians who have used the SSKAAT-R (e.g., psychologists, behaviour therapists, social workers) in the form of questionnaires. Data from the questionnaires will be used to understand the strengths and weaknesses of the SSKAAT-R and suggestions for improvement. Additionally, semi-structured interviews are being completed to gain a more in-depth understanding of how the tool is utilized by clinicians, the strengths and weaknesses of the SSKAAT-R content, and suggestions that would improve clinical utility. There is intent to conduct 10 interviews and 20 questionnaires.

**Results:** Data collection is ongoing, but preliminary interview results suggest that clinicians utilize the SSKAAT-R as part of a comprehensive socio-sexual assessment or to address specific referral questions. Many clinicians use the tool in an individualized manner, in that they may choose to administer the full scale or select specific subtests related to client needs. Participants have discussed many of the SSKAAT-R’s strengths, including its comprehensiveness, flexibility and ease of administration, use of photographs and sketches for explicit sexual behaviour, and evaluation of socio-sexual attitudes. Weaknesses cited have included outdated terminology and understanding of intimate relationships (e.g., does not include online dating), along with lengthy sentences and complex words, Recommendations for an improved tool included inclusion of gender, sexuality, and diversity, tablet-based testing and scoring system, and additional subtests (i.e., healthy boundaries, sexual abuse prevention). Furthermore, the use of vignettes or videos have been recommended, especially where facial expressions and body language may not be easily captured in photographs or sketches. Once data completion is finished, questionnaire data will be analyzed using descriptive statistics, such as percentages, means, frequencies, and ranges to evaluate trends in the participants' responses. Furthermore, qualitative data will be evaluated through content analysis.

**Discussion/Conclusions:** Gathering feedback from clinicians will aid in developing a tool that is responsive to the needs of clinicians. Moreover, the updated tool will help clinicians better assess socio-sexual knowledge of their clients with disabilities, address referral questions, and develop individualized treatment plans that improve their safety and quality of life.

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