**A QUALITATIVE EXPLORATION OF CLINICIANS’ EXPERIENCE ADMINISTERING THE SSKAAT-R**

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**Objectives:** The Socio-Sexual Knowledge and Attitudes Assessment Tool-Revised (SSKAAT-R; Griffiths & Lunsky, 2003) was designed to examine the socio-sexual knowledge of people with intellectual/developmental disabilities. It was developed to support the evaluation of sexual education programs, to be used for research purposes, to identify socio-sexual needs for treatment planning, and as part of a comprehensive assessment. Although commonly administered by clinicians, less is known about how clinicians use the SSKAAT-R in their practice with clients. As such, the current study aimed to explore how the tool is utilized by clinicians in their daily work. The current study is part of a larger project aimed to update the SSKAAT-R.

**Method:** Semi-structured interviews were conducted with 17 clinicians with experience administering the SSKAAT-R. Clinicians' job titles included psychologist, behaviour analyst, behaviour therapist, behaviour consultant, psychotherapist, case manager, and social worker. The interview guide included questions such as ‘In your opinion, what are the strengths of the SSKAAT-R? In your opinion, what are the weaknesses of the SSKAAT-R? and are there specific topics that you believe should be added to a revised version of the SSKAAT-R?’ Interview data were coded inductively and analyzed using thematic analysis (Braun & Clarke, 2006).

**Results:** Using thematic analysis, four themes were identified. Overall, clinicians used the tool in a versatile manner guided by clinical judgment, meaning that many clinicians chose to administer the full scale or select specific subtests related to client needs. Furthermore, clinicians often used the SSKAAT-R to identify client vulnerability or to inform forensic risk assessments. When asked about the two different sections of the SSKAAT-R, both the knowledge and attitudes sections were identified as integral to the tool, but for different reasons. More specifically, the knowledge section of the SSKAAT-R was helpful to identify clients’ strengths and skill gaps to inform treatment planning. On the other hand, the attitudes section aided in better understanding their clients’ beliefs as part of relationship building and advocacy, or to help understand their sexual behaviour.

**Discussion/Conclusions:** People with intellectual/developmental disabilities often have gaps in socio-sexual knowledge. As found in this study, clinicians described the SSKAAT-R to be a versatile tool, informing both assessment and treatment to address these gaps. Results from this paper will be used in the development of a revised measure that is responsive to the needs of clinicians and their clients with intellectual/developmental disabilities.

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