



# TBI-BH ECHO

Traumatic Brain Injury - Behavioral Health ECHO  
UW Medicine | Psychiatry and Behavioral Sciences

## Sex and Sexuality Post-TBI

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TBI-BH ECHO

# Speaker Disclosures

- ✓ No conflicts of interest
- ✓ The following series planners also have no conflicts of interest:
  - ✓ Jennifer Erickson DO
  - ✓ Jesse Fann MD
  - ✓ Cherry Junn MD
  - ✓ Chuck Bombardier PhD
  - ✓ Cara Towle MSN RN MA



# Objectives

1. Sex and sexuality in general
2. Impact of TBI on sex and sexuality
3. How and when should the topic come up for you in clinical practice?

*PLEASE NOTE: This talk is not designed to prepare you to provide sexual counseling or sex therapy*



# Objective #1:

## *Overview of Sex and Sexuality*

- ▶ Sexuality: What is it?
- ▶ Myths about sexuality and disability
- ▶ Factors impacting sexual function



# Let's Talk about Sex! What is it?

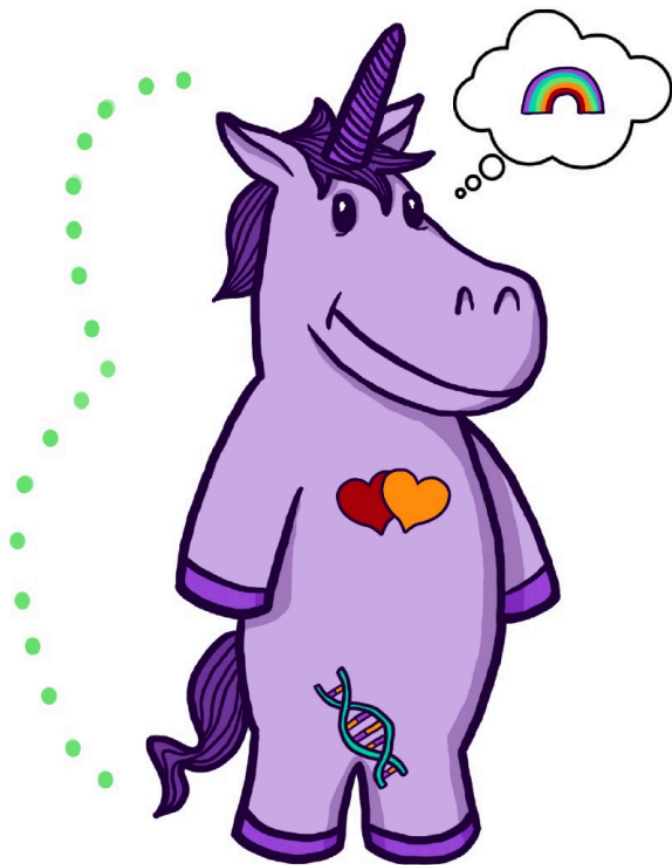
- ▶ One's biological identity
- ▶ Physical manifestations of sexual behavior
- ▶ Sex ≠ Identity ≠ Expression ≠ Attraction



# The Gender Unicorn

Objective #1

Graphic by:  
**TSER**  
Trans Student Educational Resources



## Gender Identity



Female/Woman/Girl

Male/Man/Boy

Other Gender(s)



## Gender Expression



Feminine

Masculine

Other



## Sex Assigned at Birth

Female

Male

Other/Intersex



## Physically Attracted to



Women

Men

Other Gender(s)



## Emotionally Attracted to



Women

Men

Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



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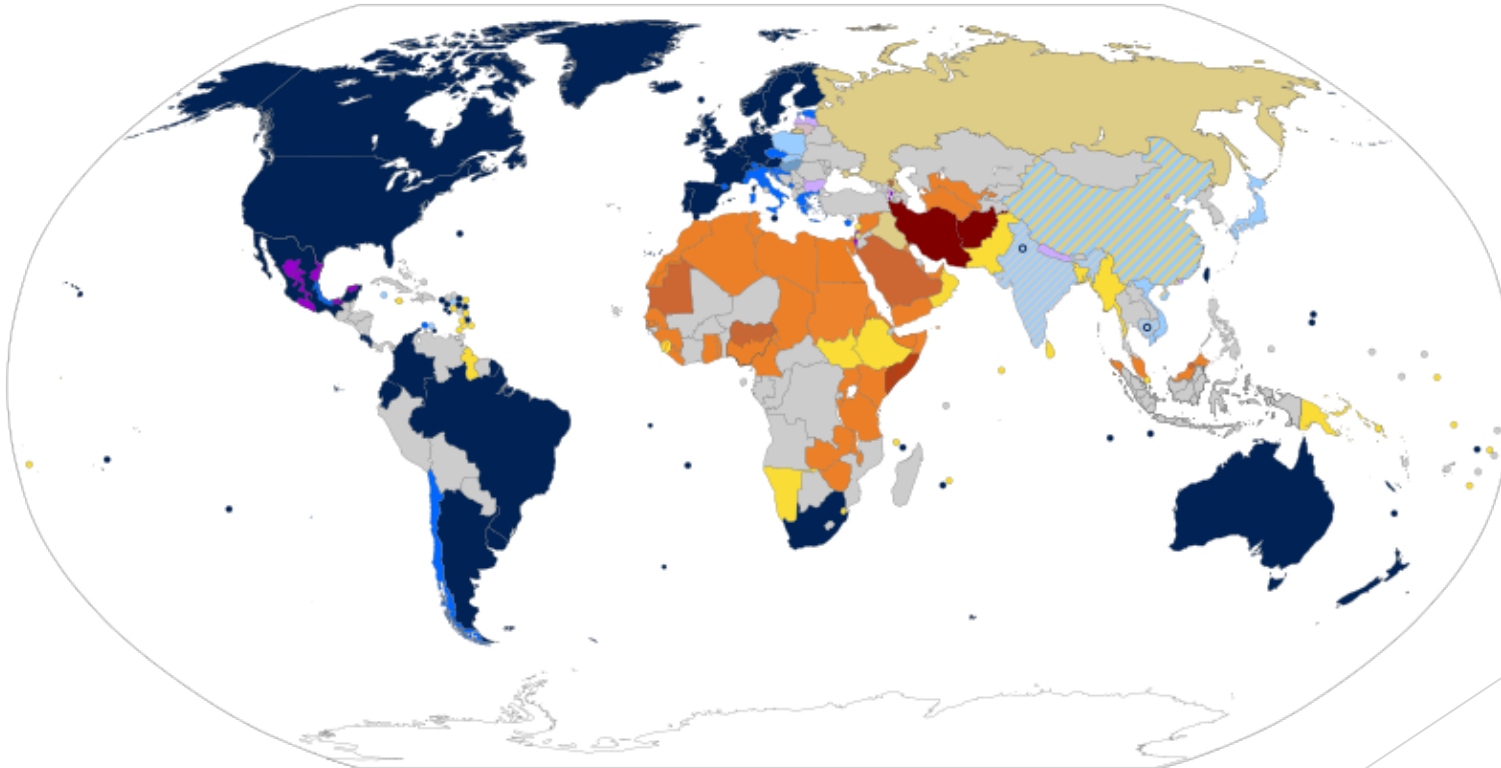
# What is Sexuality?

- ▶ Sexuality is a combination of many factors
  - ▶ Sex
  - ▶ Feelings
  - ▶ Behaviors
  - ▶ Sexual identity
  - ▶ Social expectations/structures (religion, politics, socioeconomic status, medicine)
  - ▶ Personal, individual



# Cultural Differences to consider:

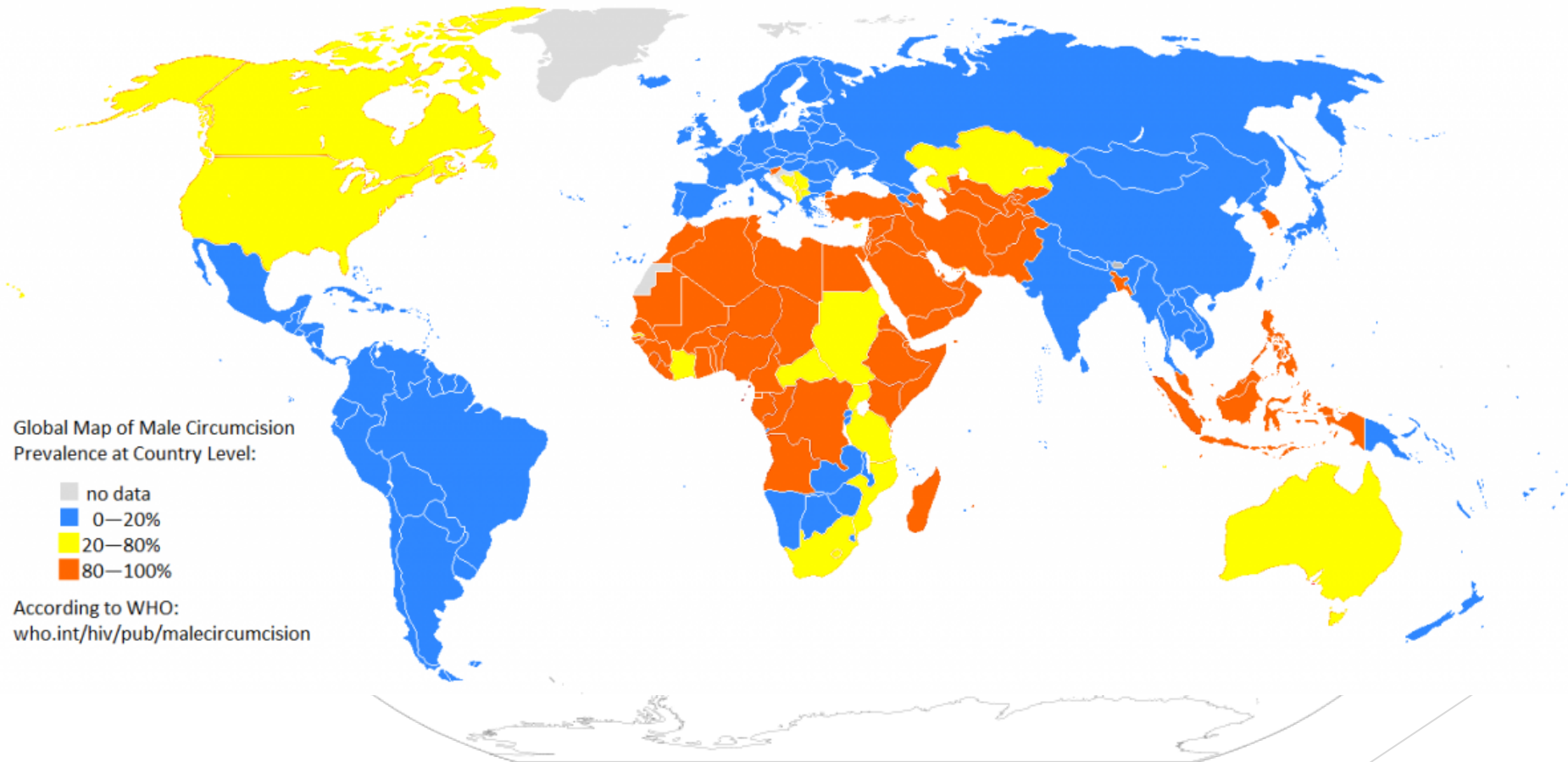
- ▶ Wide spectrum of beliefs and practices globally
- ▶ e.g., legality of homosexual relationships and expression:





# Cultural Differences to consider:

- ▶ Another example: male circumcision



*Take Aways:*

- ▶ Sexual health is key to wellbeing!

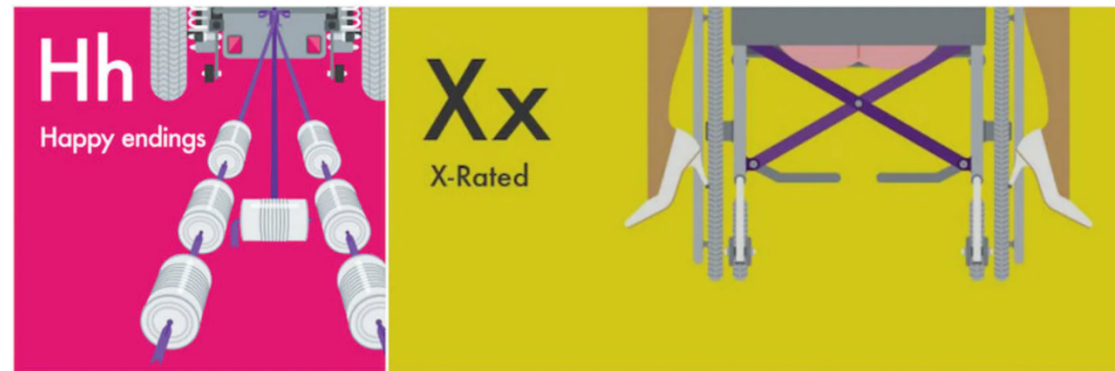
## Myths about Sex and Disability

- ▶ People who have a cognitive or physical disability are asexual; they can't engage in sexual activities and they don't want to.
- ▶ Sex is physically painful for people who have disabilities.
- ▶ Having to plan new positions and strategies for having sex ruins the experience and destroys intimacy
- ▶ *What myths have you encountered?*



# The True Truth

- ▶ Sex is something to consider for **everyone**, with or without a disability.
- ▶ We can't assume anything about the role sex does or doesn't play someone's life.



PATÉ/SCOPE



## What do these have in common?

- ▶ Depression
- ▶ Neurotrauma
- ▶ PTSD
- ▶ Chronic pain
- ▶ Sleep problems
- ▶ Frustration
- ▶ Alcohol/drug abuse
- ▶ Medication
- ▶ Anxiety/stress
- ▶ Financial problems
- ▶ Job problems/loss
- ▶ Relationship problems
- ▶ Medical conditions
- ▶ Body image



# Sexual Dysfunction

- ▶ Women
  - ▶ Lubrication difficulty
  - ▶ Inability to achieve orgasm
  - ▶ Inability to relax vaginal muscles to allow for intercourse
- ▶ Men
  - ▶ Premature ejaculation
  - ▶ Erectile dysfunction
  - ▶ Absent or delayed ejaculation despite sexual stimulation
- ▶ In anyone
  - ▶ Lack of interest or desire
  - ▶ Inability to become aroused
  - ▶ Pain with intercourse



## *Take Aways:*

- ▶ Sex and sexuality looks different and varies in importance across individuals, disability or not
- ▶ There are many biological, social, emotional, and environmental, and cultural factors that can affect sexual health

## Objective #2: *Impact of TBI on Sex and Sexuality*

- ▶ Cognitive changes
- ▶ Physical changes
- ▶ Emotional factors, Sense of Self
- ▶ Social changes





# Sexual Adjustment after Brain Injury

- ▶ Could include traumatic brain injury, stroke, brain tumor, etc.
  - ▶ Frequent impact on frontal and temporal lobes
    - ▶ Limited expression of emotion
    - ▶ Impulsivity
  - ▶ Brainstem impact
    - ▶ Impaired arousal
  - ▶ Can be highly variable: sex drive increase, decrease or disappear
  - ▶ Spasticity



## Possible Impacts of TBI: *Cognitive Barriers to Sexual Function*

- ▶ Decreased affective expression
- ▶ Difficulty understanding nonverbal cues
- ▶ Impaired communication with partners
- ▶ Difficulty self monitoring
- ▶ Difficulty discriminating between public and private behaviors
- ▶ Initiation deficits



# Case Example

- ▶ Female inpatient in her late teens with a severe brain injury (from stroke)
- ▶ Hypersexual after injury
- ▶ Very cognitively impaired with low insight into safety precautions
- ▶ Still technologically savvy, though
- ▶ Strangers coming to the house expecting romantic encounters when she and her mother were home alone



# Possible Impacts of TBI: *Physical Barriers to Sexual Function*

- ▶ Nerve damage
- ▶ Decreased mobility
- ▶ Spasticity
- ▶ Bowel and bladder function
- ▶ Pain
- ▶ Medications



## Possible Impacts of TBI: *Other Factors affecting Sexual Feelings and Behaviors*

- ▶ Depending on the age at which the individual acquired a TBI, sexual development may be affected
  - ▶ Self-exploration may be discouraged or punished
  - ▶ May have less privacy in which to explore
  - ▶ Protectiveness of parents
  - ▶ Limited peer interaction



## Possible Impacts of TBI: *Other Factors affecting Sexual Feelings and Behaviors*

- ▶ Body Image
- ▶ Self-esteem/Confidence
- ▶ Relationship/Communication
- ▶ Mood
- ▶ Role changes re: household tasks, job/finances
- ▶ Overall disruption to sense of self



## Case Example

- ▶ Male inpatient in his 40s with a severe TBI
- ▶ Hospitalized for more than 2 months at the time of this encounter
- ▶ He had received a care package and given the way he described this person, it sounded like this was from a romantic partner
- ▶ When I clarified their relationship, he said:  
“Oh, no, she’s engaged, and frankly, he can offer her so much more. I’m just... nothing now, I would be disappointing.”



## Possible Impacts of TBI: *How Others View Them*

- ▶ Partner “turned off” by changes in person
- ▶ Prejudices of others
- ▶ Role changes may cause tension, affecting libido, arousal
- ▶ Fear over hurting the person with TBI





## *Take Aways:*

- ▶ These are factors that are POSSIBLE post-TBI, but not necessarily true for everyone
- ▶ Everyone is likely experiencing sexual adjustment differently
- ▶ You don't need to remember all of these factors, you just need to ask

## Objective #3:

*How and when should the topic come up for you in clinical practice?*

- ▶ Whose job is it to discuss this?
- ▶ How do we talk about it? PLISSIT Model
- ▶ Putting it into practice



# Addressing Sex and Sexuality

**Whose job is it?**

PT?  
PA?  
MD?  
OT?  
TR?  
P&O?

SLP?  
SW?  
RN?  
ARNP?  
Voc?

Rehab Psych?



# How do we talk about it?

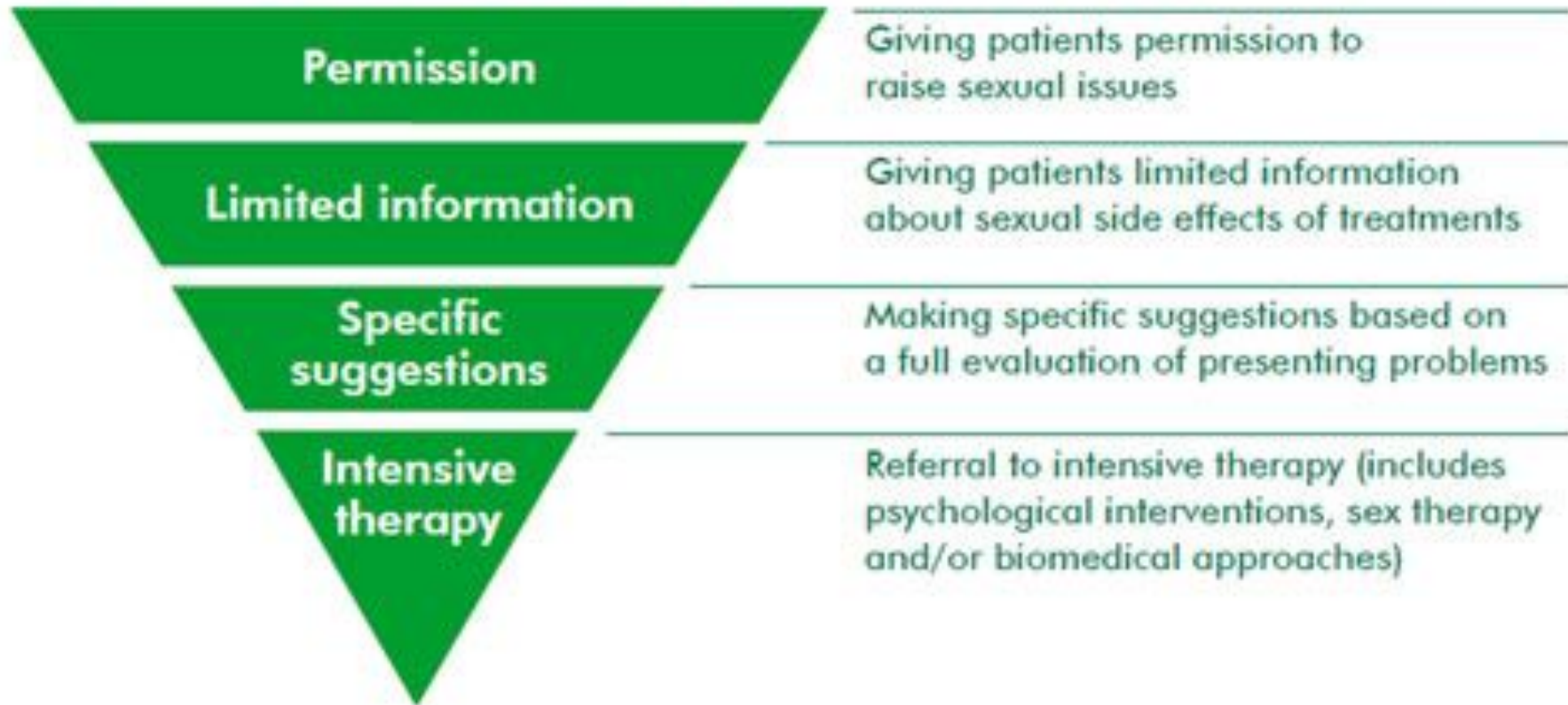
- ▶ Recent study suggested that in PT students, knowledge of sex and disability increased over time, but discomfort with the topic also increased over time in training.
- ▶ So, what do you need to know?



## PLISSIT Model (Annon, 1974)

- ▶ Permission to be sexual
- ▶ Limited Information
- ▶ Specific Suggestions
- ▶ Intensive Therapy

### PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



# Permission

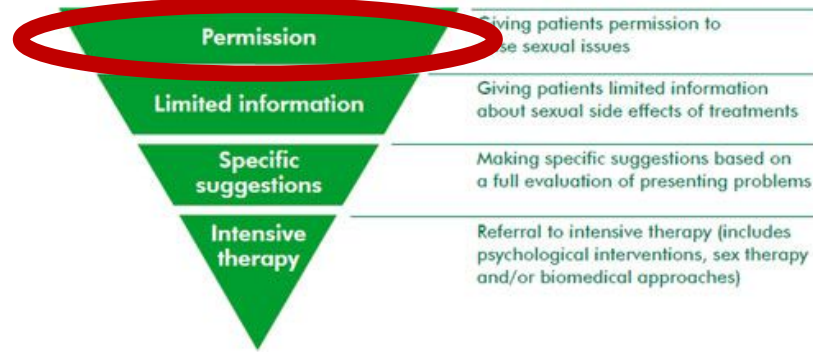
▶ We can all do this level

▶ Be matter-of-fact

▶ Acknowledge sexuality as potentially an important part of life

▶ Normalize having questions/concerns about sexual function

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



*“Many of my patients have questions about sex after an injury like this. Also, if I don’t have the answer, I can always point you to another provider who may.”*



## Two-Person Practice: *Giving Patients Permission to Discuss Sex*

- ▶ An exercise you can test out later with a colleague, friend, or anyone willing to let you practice, if you want to try it out before having this conversation with a patient
- ▶ One person take the role of the therapist
- ▶ Second person take the role of the patient
- ▶ Open up the topic of sex and sexuality



# Two-Person Practice: *Questions to Try*

- ▶ *Possible opener before a question:*
  - ▶ Many people have questions about sex after an injury like this.
- ▶ *Followed by questions like:*
  - ▶ What questions have come up for you about sex since this TBI?
  - ▶ How has the TBI affected your sexual functioning?
  - ▶ Was sex an important part of your life before this?
  - ▶ Is there anything you would want to know or change about sex since this injury? *[response]* Tell me more.
  - ▶ How do you express your sexuality?

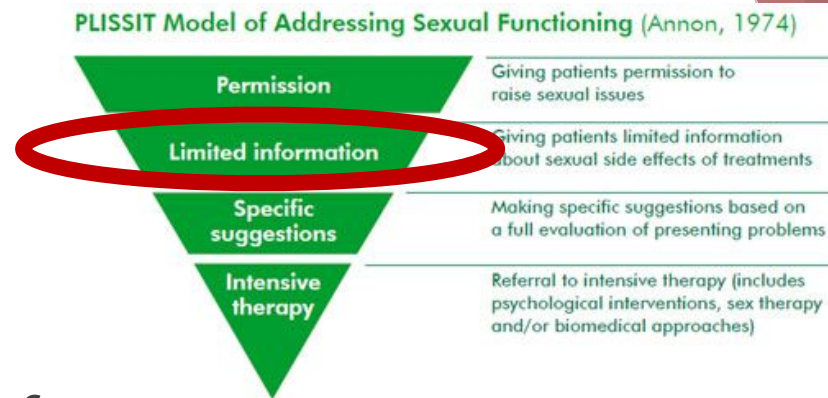




# Limited Information

- ▶ You should have accurate and be comfortable providing that information

- ▶ Basic physiology and pathophysiology of sexual response cycle
- ▶ The importance of accommodating cognitive deficits:
  - ▶ Attention/focus can be important to staying aroused or to achieve orgasm, so setting up the environment to be less distracted
  - ▶ Plan for times of day when all parties are less fatigued and can discuss/plan with more cognitive control



comfortable providing that



# Empowering Patients' Self-Advocacy

- ▶ Suggestions per Nick Simkins' article on [Sexual Dysfunction following brain injury | CNS \(neuroskills.com\)](https://www.neuroskills.com/sexual-dysfunction-following-brain-injury/)
- ▶ Empower your patients to get their thoughts down on paper ahead of meeting with their doctor.
  - ▶ Given that many patients with TBI benefit from additional time or other accommodations to facilitate communication due to cognitive deficits, preparation ahead of time could be helpful.



# Empowering Patients' Self-Advocacy, continued:

- ▶ Example of a such a letter or form to complete and give to their doctor:

“Dear Dr. \_\_\_\_\_:

“Since my injury, I have noticed a change in my sexual functioning, and I am providing you with this information, and any other information that you might need to evaluate my situation. Can you help me, or refer me to a doctor or health care provider who could help me with this change in my sexual functioning?”

“Then, provide in that same letter, the following information:

- ▶ A brief description of your sexual pattern in the year before injury;
- ▶ A description of your sexual pattern since the injury;
- ▶ An honest appraisal as to your desire for sex since the injury;
- ▶ How has the sexual situation been handled between you and your partner since the injury, in terms of any discussion;
- ▶ List all of your medications that you have been on since the injury, and ask "could any of these be affecting my sexual function?"
- ▶ Are there any specialists to whom you could refer me for evaluation of my sexual dysfunction, and treatment;
- ▶ Is there any information that I can provide to you, at this appointment, or at the next appointment, to help you in evaluating, diagnosing, and treating my condition?”

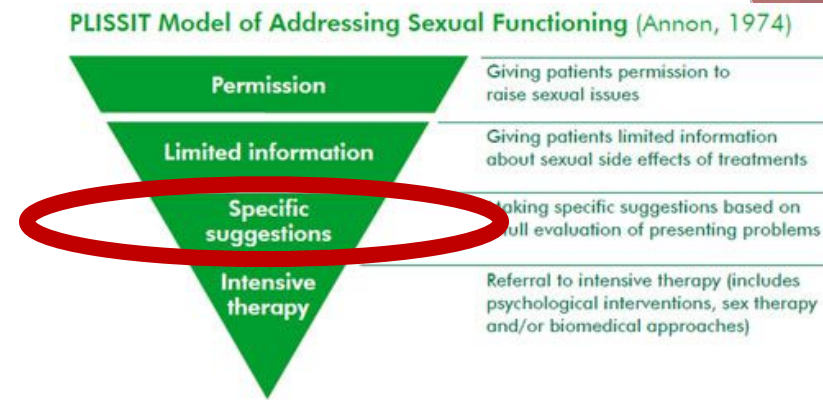


# Specific Suggestions

- ▶ You should meet Limited Info (LI) requirements and have knowledge of the person's TBI and sexual preferences/moral beliefs.

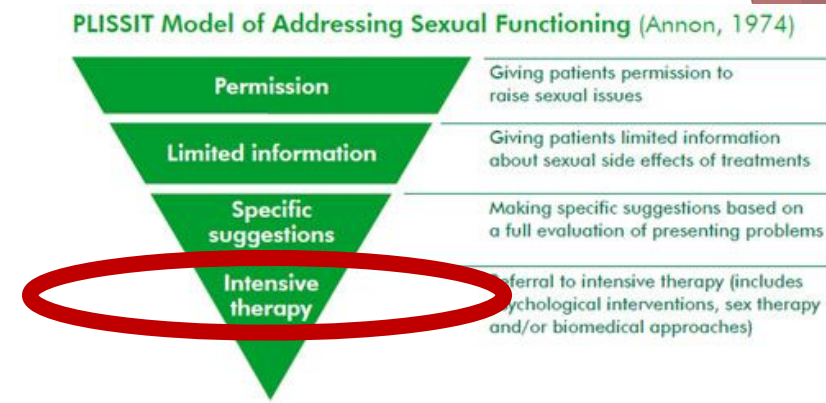
- ▶ Examples:

- ▶ “You can use the process of undressing as a time for foreplay”
- ▶ “Try exploring your body to see what you can feel and what you enjoy”
- ▶ “This handout shows positions that may decrease your spasticity”



# Intensive Therapy

- ▶ You should meet all of the previous requirements plus required **training and licensing** individual and/or couples' therapy
  - ▶ Treat depression underlying sexual problem
  - ▶ Treat relationship issues
  - ▶ Treat body image problems
  - ▶ Sensate Focus
- ▶ If you can't provide this therapy, make a referral:
  - ▶ Find a certified sex therapist in your geographic area through the *American Association of Sexuality Educators, Counselors, and Therapists*: <https://www.aasect.org/>



in



# Common issues that could come up in different types of healthcare visits

- ▶ Mobility/positioning (PT)
- ▶ Clothing management (OT)
- ▶ Managing bowel and bladder (reducing incontinence, foley mgmt, etc.) (RN, MD, OT)
- ▶ Use of devices/toys, safety (RN, MD, others?)
- ▶ Communication (SLP, Mental health, many others)
- ▶ Medical impacts - erection, lubrication, fertility (MD, and more)



# Putting it into practice

- ▶ Comfort with the topic
  - ▶ Are you comfortable with your own sexuality?
  - ▶ Can you be non-judgmental?
  - ▶ Openness, willingness to listen
- ▶ Specific information/suggestions at your level of comfort and competence
- ▶ Referrals to physician, psychologist, sex therapist when indicated



## *Take Aways:*

- ▶ Examine your own comfort with the topic
- ▶ Initiate discussion, give patients permission
- ▶ Be matter of fact
- ▶ Stay in your lane
- ▶ Facilitate referrals
- ▶ PRACTICE, PRACTICE, PRACTICE!



*“We use his wheelchair as a toy,  
not an obstacle.”*



# Resources

- ▶ <https://msktc.org/tbi/factsheets/sexuality-after-traumatic-brain-injury>
- ▶ <https://www.biausa.org/wp-content/uploads/Sexual-Functioning-and-Satisfaction-after-Traumatic-Brain-Injury-.pdf>
- ▶ <http://www.sexualityanddisability.org/>
- ▶ [https://www.drmitchelltepper.com/sex\\_and\\_paralysis\\_video\\_series](https://www.drmitchelltepper.com/sex_and_paralysis_video_series)
- ▶ [https://assets2.hrc.org/files/assets/resources/Trans\\_Safer\\_Sex\\_Guide\\_FINAL.pdf](https://assets2.hrc.org/files/assets/resources/Trans_Safer_Sex_Guide_FINAL.pdf)



# Questions and Discussion



# Thank you!

To contact me: [wright6@uw.edu](mailto:wright6@uw.edu)