



TBI-BH ECHO

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

Post-TBI Return to Sexuality

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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*



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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?

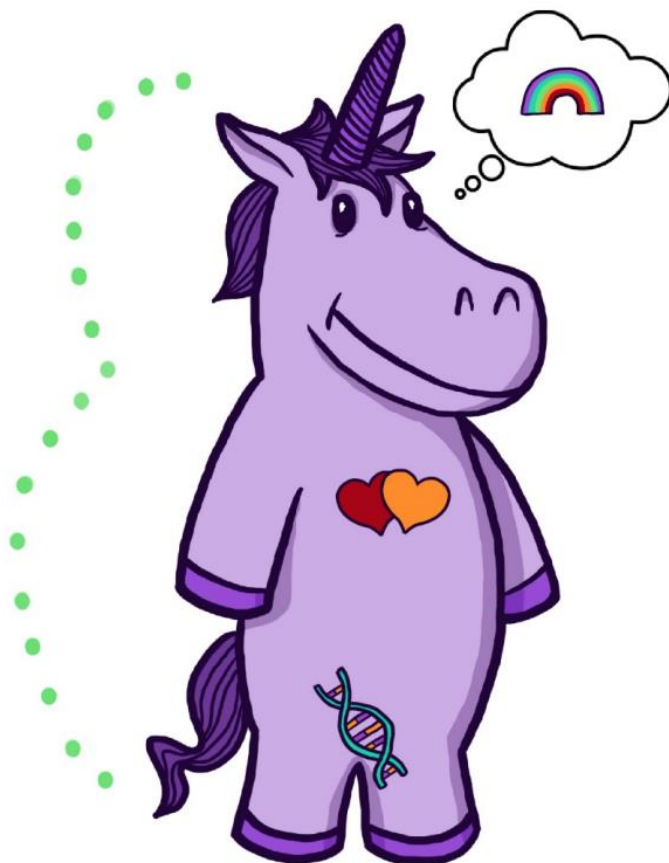
- ▶ One's biological identity
- ▶ Physical manifestations of sexual behavior
- ▶ Sex ≠ Identity ≠ Expression ≠ Attraction



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

Design by Landyn Pan and Anna Moore



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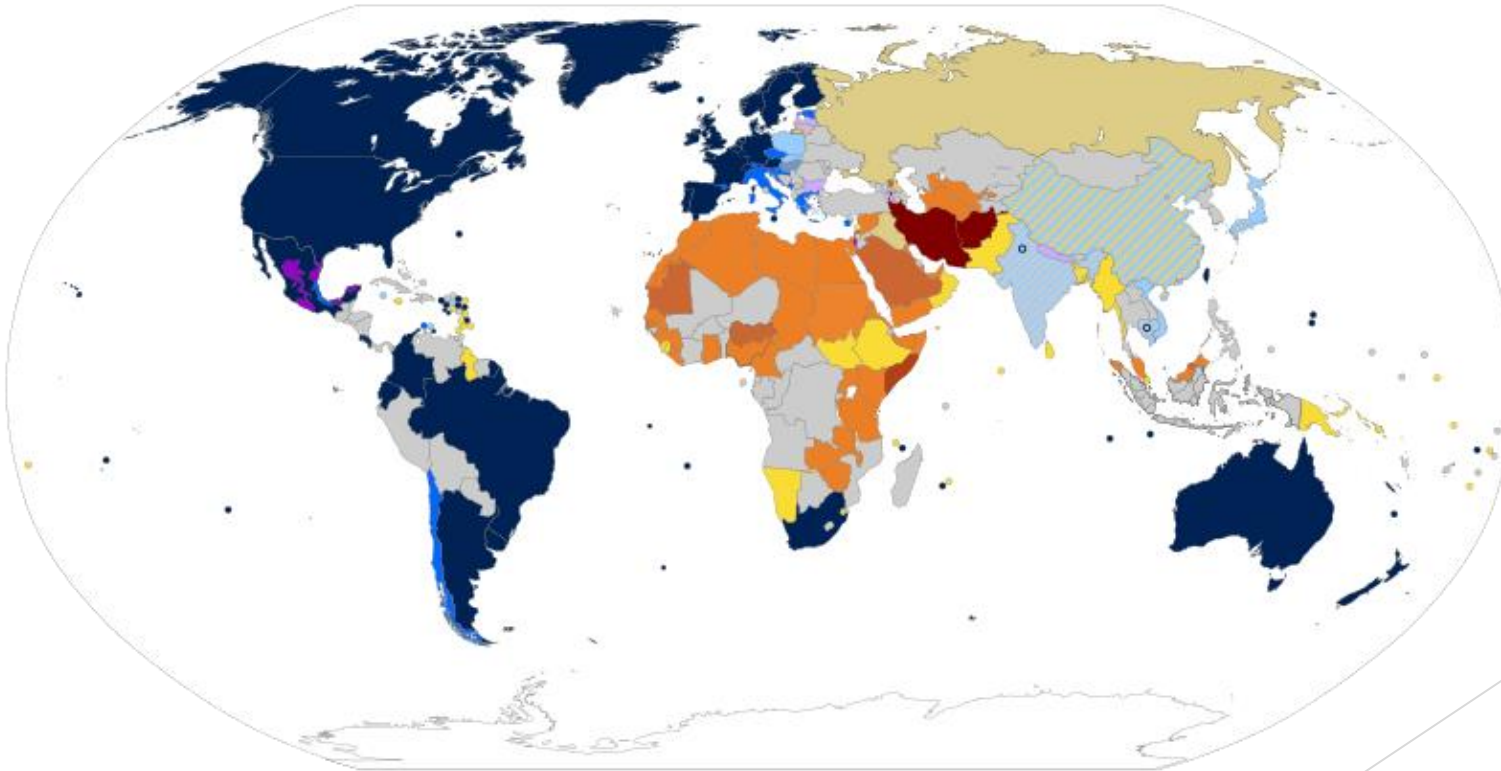
What is Sexuality?

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



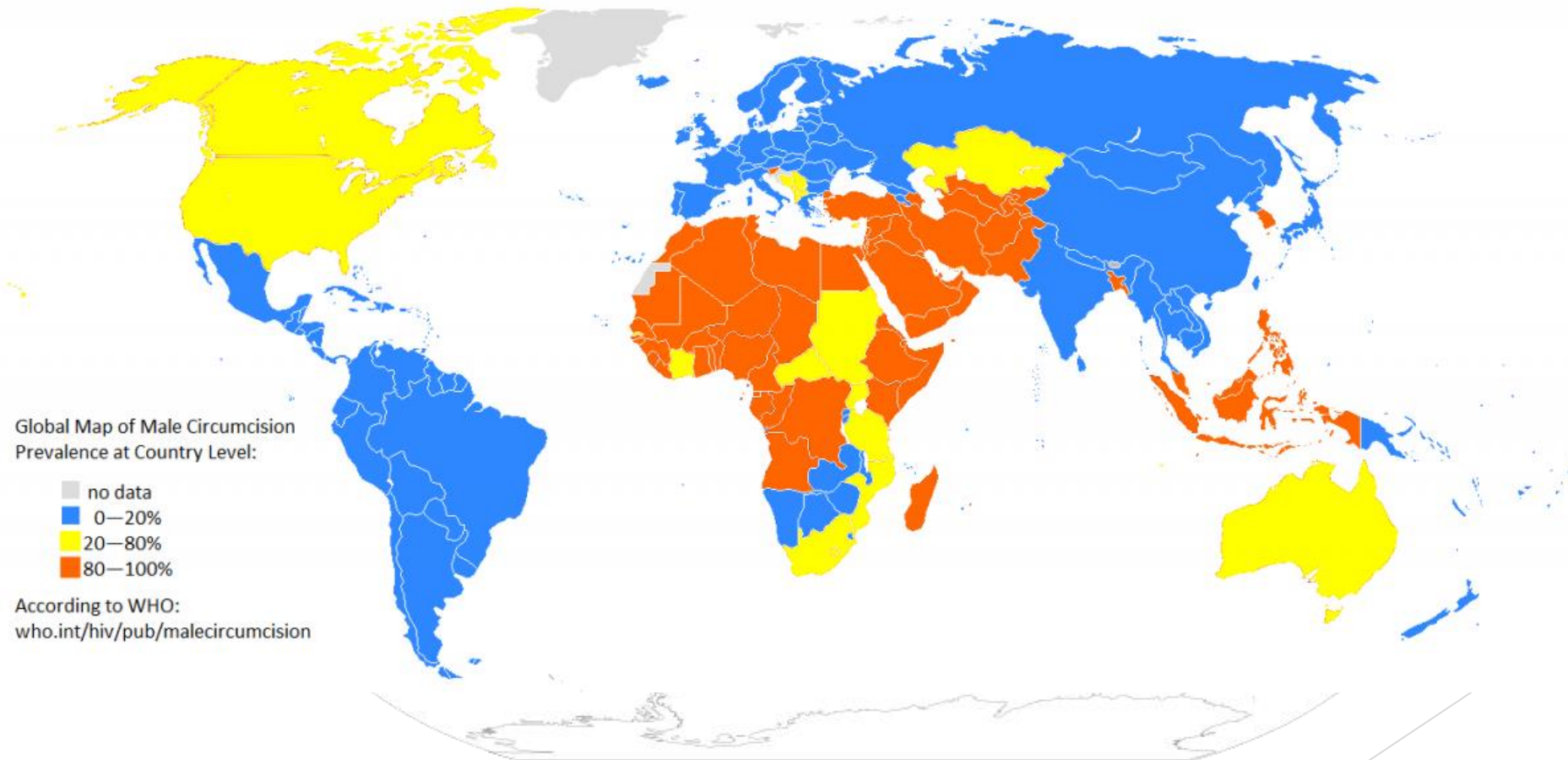
Cultural Differences to consider:

- ▶ 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 in someone's life.



PATÉ/SCOPE



What do these have in common?

- ▶ Depression
- ▶ Cognitive changes
- ▶ 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

- ▶ People with vaginas
 - ▶ Lubrication difficulty
 - ▶ Inability to achieve orgasm
 - ▶ Inability to relax vaginal muscles to allow for intercourse
- ▶ People with penises
 - ▶ 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

- ▶ An inpatient who identified as female and used she/her pronouns, 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

- ▶ Inpatient who identified as male and used he/him pronouns, in his 40s with a severe TBI from a scooter crash
- ▶ 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 asked about 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 post-TBI

PT? **Whose job is it?**

PA?

SLP?

MD?

SW?

OT?

Counselor?

RN?

TR?

ARNP?

Rehab Psych?

P&O?

Voc?



How do we talk about it?

- ▶ Recent study suggested that for the cohort of PT students involved, 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?

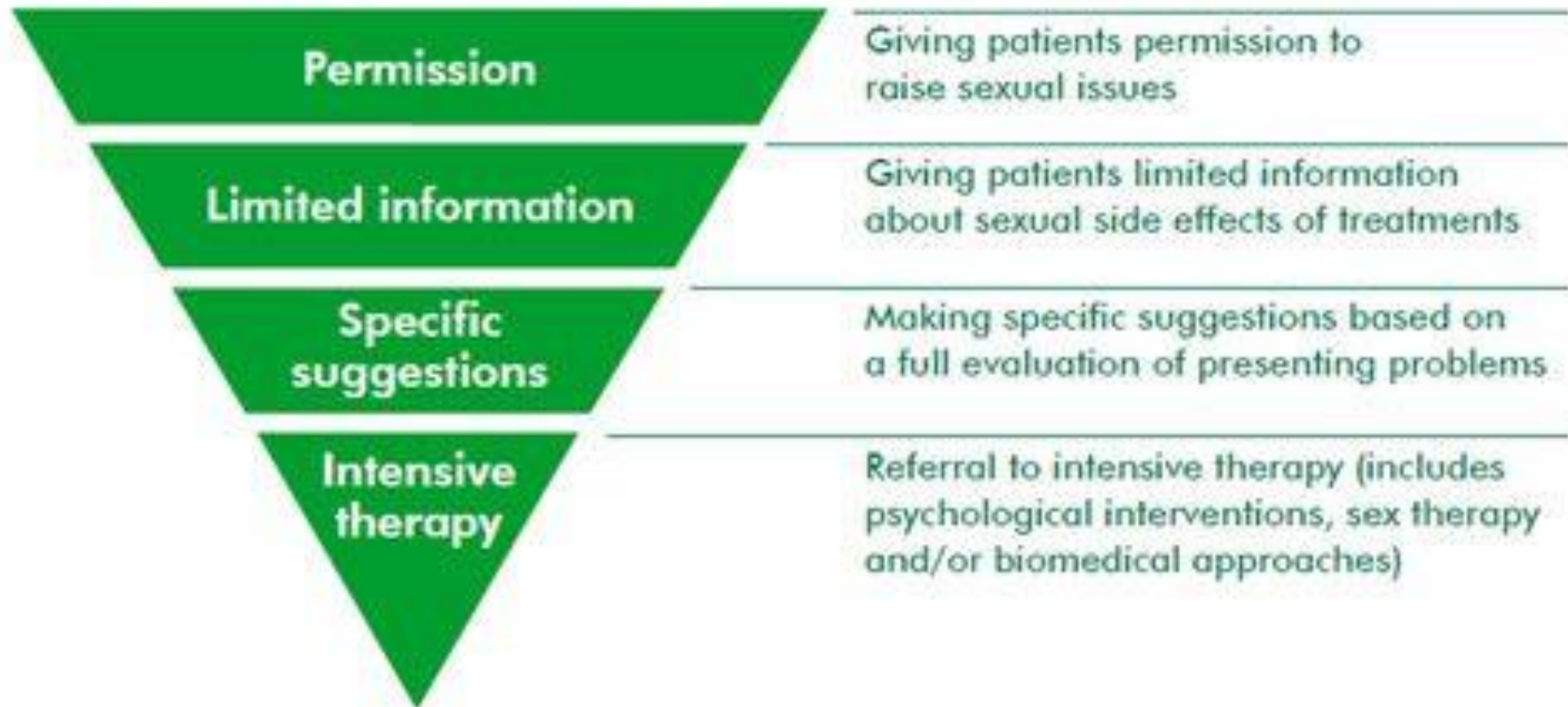


PLISSIT Model (Annon, 1974)

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

Objective #3

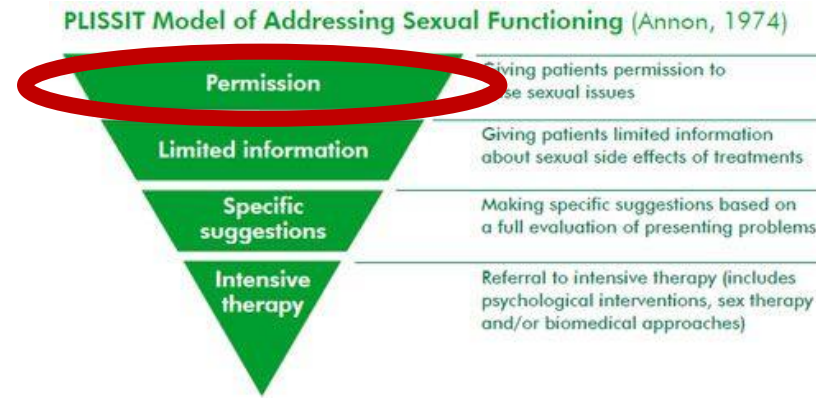
PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



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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



“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:

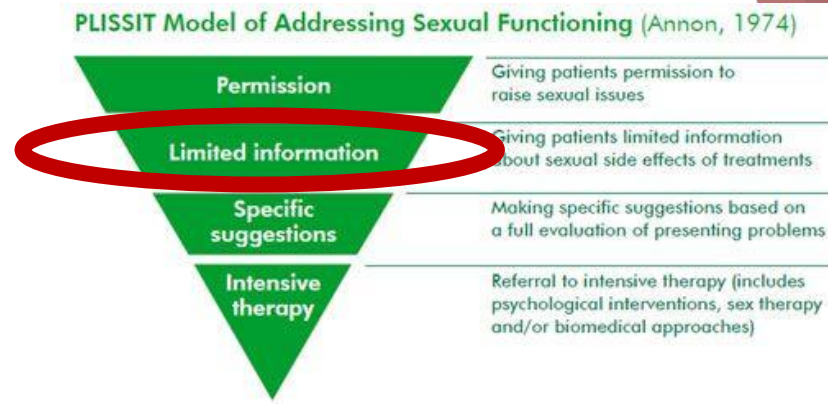
Questions to Try

- ▶ *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 has the TBI affected your expression of sexuality?



Limited Information

- ▶ You should have accurate information 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



Empowering Patients' Self-Advocacy

- ▶ Suggestions per Nick Simkins' article on [Sexual Dysfunction following brain injury | CNS \(neuroskills.com\)](https://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?

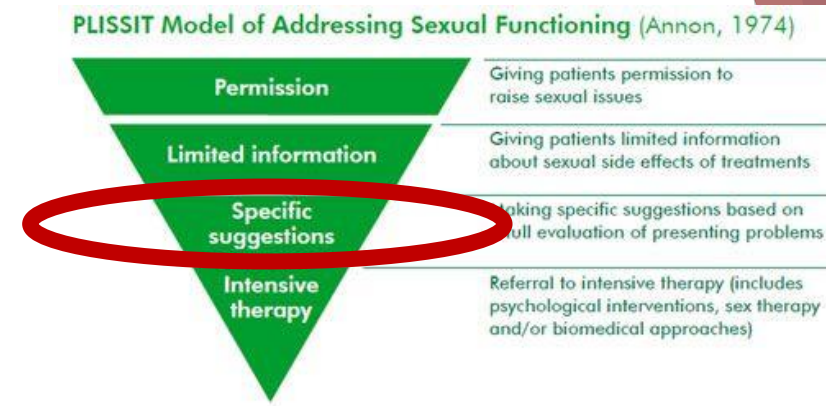
“Then, provide in that same letter, the following information:

- ▶ 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?"



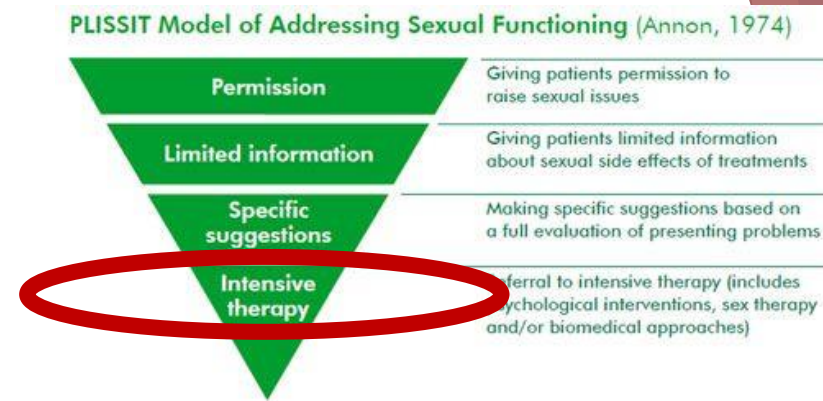
Specific Suggestions

- ▶ 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 have required **training and licensing** in 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/>



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, PA, OT)
- ▶ Use of devices/toys, safety (RN, MD, OT, 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 the wheelchair as a toy,
not an obstacle.”*



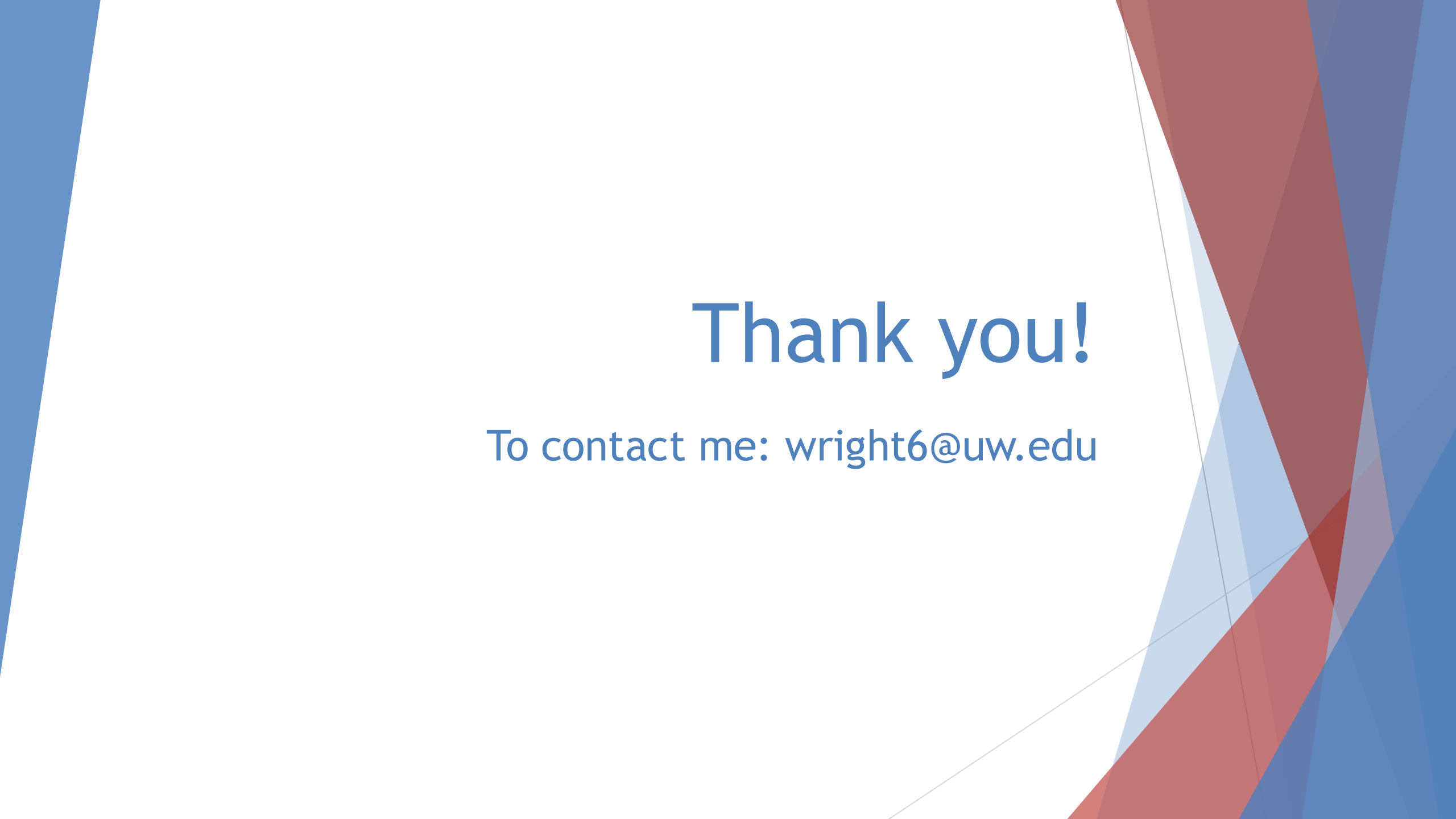
Resources

- ▶ <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://assets2.hrc.org/files/assets/resources/Trans_Safer_Sex_Guide_FINAL.pdf
- ▶ <https://www.aasect.org/>





Questions and Discussion



Thank you!

To contact me: wright6@uw.edu