



WEBINAR SERIES

Sex and Intimacy After Brain Injury

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Respect
Empowerment
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Disclosure

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Learning Objectives

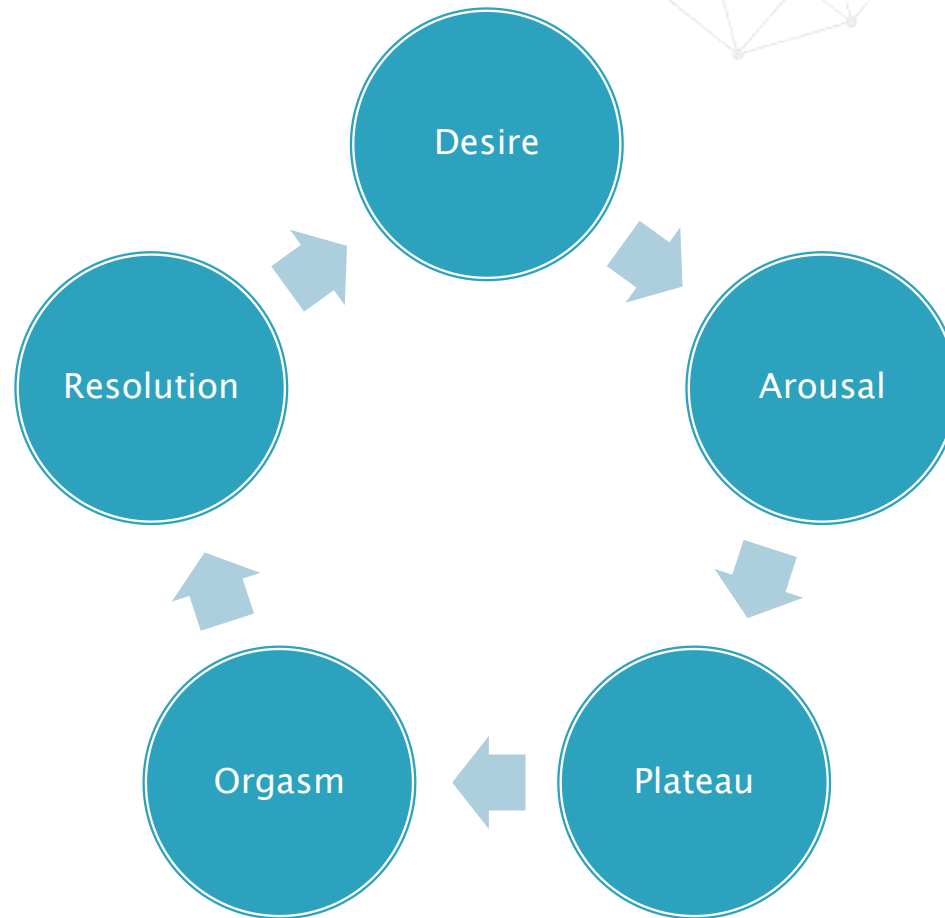
- Identify challenges faced by individuals with brain injury due to changes in sexual functioning, intimacy and relationships.
- Describe assessment and treatment strategies to promote sexual health after a brain injury.
- Address sexuality from a culturally competent biopsychosocial perspective.
- Discuss ideas in integrating sexual healthcare into the post-TBI rehabilitation.



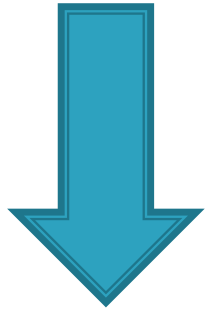
Why are we talking about this?

- Sexuality is a very important part of who we are and how we see ourselves.
- Changes in sexuality are common after a brain injury.

Human Sexual Response Cycle



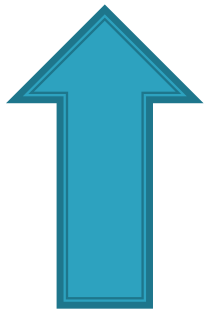
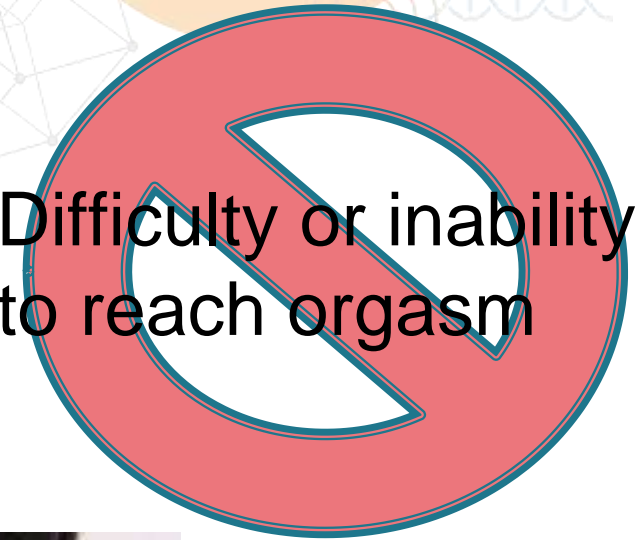
Effects of TBI on the Human Sexual Response Cycle



Decreased Desire

Decreased Arousal

Difficulty or inability
to reach orgasm

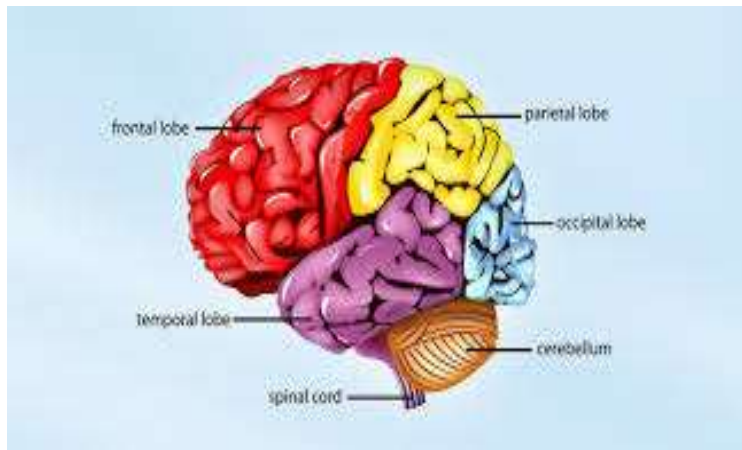


Increased Desire



Reproductive
Changes

What causes changes in sexual functioning after TBI?



- ▶ Damage to frontal and temporal lobes of the brain
- ▶ Changes in brain chemicals



Medication effects



Fatigue



Changes in thinking abilities



Mood Changes



Problems with movement

Self Esteem



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How TBI Affects Intimacy/Relationships

- ▶ Communication Challenges
- ▶ Changing Responsibilities
- ▶ Changing Priorities
- ▶ Emotional & Personality Changes
- ▶ Perception of sex appeal
- ▶ Caregiver stress
- ▶ Psychological reaction to loved one's TBI
- ▶ Time and energy



Healthcare Professionals

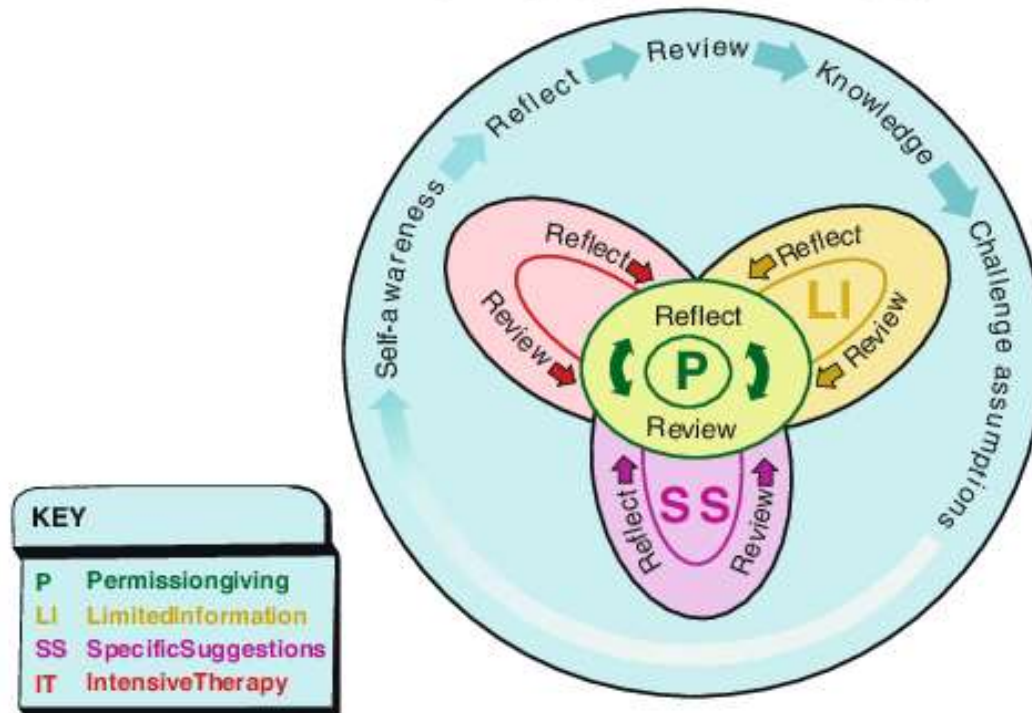
- Rehabilitation staff need to be proficient in discussing sexual concerns with patients.
- Understanding of post-TBI difficulties and expression of sexuality
- Clarify personal values
- Rapport and communication skills

Assessing Sexual Functioning

- Ask.
- A complete evaluation including appropriate medical work-ups to identify all potential factors of difficulty
- Important assessment factors to consider:
 - Pre-injury sexual status
 - Cultural factors
 - Relationship factors
 - Cognitive and emotional factors
 - Physiological factors
 - Pre-existing and present illness
 - Current medications that can affect sexual functioning

EX-PLISSIT Model (Davis & Taylor, 2006)

The Extended PLISSIT Model





Permission-Giving Stage

- First step in addressing the patient's sexual health needs
- Provides patients with the opportunity to voice their concerns
- Gives the patient permission to feel comfortable about a topic or permission to change their lifestyle or to get medical assistance.
- The clinician is a nonjudgmental listening partner, allowing the patient to discuss matters that would otherwise be too embarrassing for the individual to discuss.
- When a clinician overcomes their embarrassment in relation to sexuality, they also give patients permission not to be embarrassed.



Limited Information Stage

- The patient is supplied with limited and specific information on the topics of discussion.
- Information about the impact of injury/disability on sexuality and the effects of treatments on sexual functioning should be discussed.
- Clinicians has the important role of clarifying misinformation, dispelling myths and giving factual information in a limited manner.



Specific Suggestions Stage

- Clinician gives the patient suggestions related to the specific situations and assignments to do in order to help the patient fix the mental or health problem.
- May include suggestions how to deal with sex related infections or information on how to better achieve sexual satisfaction by the patient changing their sexual behavior.



Examples of Specific Suggestions:

- Difficult arthritic stiffness and pain = experiment with different sexual positions and taking pain relievers before sexual activity
- Angina or fear of heart attack during sexual activity = take angina prophylaxis before activity. Avoid a large meal before sexual activity. Partner to take a more active role.
- Sexual activity provoking an asthma attack = use inhaler before sexual activity.
- Muscle spasm from MS interfering with intercourse – experiment with different sexual positions.



Examples of Specific Suggestions:

- Hemiplegia = affected persons to lie either on back or side with the unaffected side uppermost.
- Discomfort or pain in intercourse = use of lubricants and consider full range of sexual activities
- Sexual intercourse with catheter = For men: fold the catheter along the shaft of the penis and then apply a condom. For women: tape the catheter to the abdomen. If this causes excessive clitoral stimulation, alter the position of the catheter.
- Perception that masculinity or femininity have been affected = Discuss what masculinity/femininity means to the individual. Identify what enhances these feelings.



Intensive Therapy Stage

- Refer the patient to other mental and medical health professionals that can help them deal with the deeper, underlying issues and concerns being expressed.
- Referral to sexual dysfunction clinics, psychosexual counseling, sex therapists, sex surrogate therapy
- Reasons to refer:
 - If the issue is beyond your competence
 - Clinical concerns include rape or sexual abuse
 - Relationship problems that warrant marriage/couples counseling



Suggestions for Improving Sexual Functioning and Satisfaction

- Get a comprehensive medical examination
- Arranging a non-distracting environment
- Minimizing fatigue/tiredness
- Compensating for memory problems
- Compensating for decreased ability to fantasize or imagine sex
- Compensating for erectile dysfunction
- Compensating for female sexual difficulties
- Psychotherapy
- Treatment to improvement social communication skills



Suggestions for Improving Sexual Functioning and Satisfaction – Con't

- Alternative sexual behaviors
 - Change of positioning during sexual activity
 - Masturbation or self-pleasuring
 - Gratification through erotic media
 - Cyber-relationships



Increase Opportunities for Social Interaction

Smile and
greet

Focus on the
other person

Invite others
over

Stay positive

Be patient

Safe Sex Practices

- Birth control
 - Medications to prevent pregnancy
 - Birth control pills
 - Hormone injection
 - Hormone patch
 - Implantable devices
 - Insertable options
 - Spermicides
 - Sponge
 - Diaphragm/cervical cap
 - Condoms
 - Other options
 - Plan B Emergency Contraception



**Disability and
Sexuality Health
Care Competency
Model (Mona,
Cameron &
Cordes, 2017)**





Goals of Intervention

- Acknowledge sexuality
- Provide information
- Assess needs
- Teach coping skills
- Redefine sexuality
- Maintain safety
- Link to resources



Sexually Disinhibited Behavior

Sexual Disinhibition

- Loss of inhibition as a result of a brain injury
- Unrestrained behavior resulting from a lessening or loss of inhibitions or a disregard of cultural constraints



Sexually Inappropriate Behaviors After TBI

- Lewd remarks
- Attempts to remove clothing
- Non-consensual attempts to touch, hug, kiss or fondle others
- Exhibitionism (revealing breasts or genitals)
- Masturbation in public
- Repeated or indiscriminate propositioning of others
- Sexually suggestive gestures (e.g. sticking out the tongue provocatively, pantomiming sexual activity)



Sexually Inappropriate Behaviors After TBI

Targets of sexually inappropriate behaviors:

- Staff
- Stranger
- Fellow patient
- Family



Managing Sexually Inappropriate Behaviors

- Maintain professional boundaries
 - Set boundaries on the relationship in a way that reduces ambiguity for the person served and the staff.
 - “I am taking you to the movies because it is my job. I am not your girlfriend.”



Managing Sexually Inappropriate Behaviors

Clear, direct, unambiguous verbal feedback

- Verbal reprimand
- Communicates a sense of urgency, authority, and necessity for immediate behavioral change
- Typically begins with “Don’t.” in a firm voice followed by a short description of the offensive behavior
- Verbal reprimand must match the accompanying facial expression (e.g., stern but kind)
- Follow the reprimand with a calm, quiet and pleasant description of what is a preferred behavior



Managing Sexually Inappropriate Behaviors

- Behavioral plans
 - Scheduled use of rewards
 - Identify triggers
- Structured environment



Rights in Sexuality and Relationships

By: Simpson, G. (2003) You and Me: An Education Program About Sex and Sexuality After Traumatic Brain Injury.

- Persons with brain injury have the same rights as other people to engage in sexual activities and be sexually fulfilled.
- Some people with brain injury are more vulnerable to harm by others, as a result of physical limitations or decreased thinking abilities.
- People have the right to have their sexual needs and preferences accepted and treated with respect.
- People have the right to privacy and confidentiality in all aspects of their lives including their personal relationships.
- People have the right to a sexual relationship with another person if both are over the age of consent.



- People have the right to stop having sex with someone at any time.
- People have a right to marry or live with the partner of their choice and have children.
- People have the right to say no to things that other people do that make them feel uncomfortable or upset, physically and sexually.
- People have a right to get information that they can understand about:
 - Social relationships and communication skills
 - Sexual matters, such as contraception, masturbation, sexual hygiene, pregnancy, and prevention of sexually transmitted infections.
 - Social and legal responsibilities regarding sexual relationships
 - Ways of avoiding sexual exploitation and abuse.

Resources:

- Sexual Functioning and Satisfaction after Traumatic Brain Injury: An Educational Manual. (2011) by Angelle M. Sander & Kacey Maestas
- Sexual Difficulties After TBI and Ways to Deal With It – Aloni, Katz, Thomas (2003)
- Sexual Dysfunction After Brain Injury: Assessment and Treatment Options by M. Elizabeth Sandel in Brain Injury Professional, Volume 3, Issue 1, 2006, pages 28-29.
- Relationship Issues in TBI by Lisa Merritt in Brain Injury Source, Volume 3, Issue 1, Winter 1999.
- Simpson, Grahame (2003). You and Me: An Education Program About Sex and Sexuality After TBI (2nd Edition).
- Taylor, Davis S (2006). Using the Extended PLISSIT Model to address sexual healthcare needs. *Nursing Standard*, 21, 11, 35-40.
- TBI Consumer Report: Coping with Sexual Problems After TBI by Mount Sinai Medical Center
- Lyden, M. (2007). Assessment of Sexual Consent Capacity. *Sexual Disability*, 25: 3-20.
- Sex and Sexuality after Brain Injury. (2017) by Tamsin Ahmad and Giles Yeates.