Sexuality, Intimacy, and Disability

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Disclosures

Linda R. Mona, Ph.D. has no financial interest or relationships to disclose.
Learning Objectives

- At the conclusion of this activity, the participant will be able to:
  - Define “comprehensive” sexual health care
  - Describe two ways to alter clinical practices to consistently address sexual health needs
  - Describe three ways to adapt sexual practices within the context of disability
Obtaining CME Credit

• If you would like to receive CME credit for this activity, please visit:

http://www.pesgce.com/PVAsummit2011/

• This information can also be found in the Summit 2011 Program on page 8.
The Burning Questions

- Why are we here today?
- Reality is….
  - Cognitive, behavioral, emotional and physical components of injury/disability can significantly affect sexual activity and intimate relationships
- PVA Clinical Practice Guidelines: Sexuality and Reproductive Health in Adults with SCI
- How much do you care?
  - Job duties?
  - Ethical responsibility?
My Team!
Agenda

- Explore comprehensive sexual healthcare
- Broaden existing knowledge
  - Sexuality and SCI
- Provide strategies for conceptualization
- Challenge personal views and professional roles
Messages from Veterans

“Sex is one of the few experiences that makes me feel whole again as a guy living with SCI. At first it mattered that I had to do things differently but now I am past that.”
“Sex is so much different now that I have a spinal cord injury. I feel more in some ways—I know that is weird to say because I am paralyzed. Tell those folks that it may take some time but with the right partner sex is awesome. Don’t lie to them doc, tell them the truth, I really do it three times a day!”
Comprehensive Sexual Health Care in Rehabilitation

- Addresses sexuality from a biopsychosocial perspective
- Uses an interdisciplinary team approach
- Is incorporated into the overall rehabilitation program
- Patients have services readily available to access as needed

The New Paradigm locates disablement and enablement within the interaction of the person and several dimensions of the environment.

Conceptualization: New Paradigm Considerations
(Olkin and Pledger, 2003)

1. Focus on well-being, wholeness, thriving
2. Identity:
   – Disability is integral to individual identity
   – Disability identity is not static
   – Disability is a collective minority cultural identity

Overview:
Sexuality and SCI in Rehabilitation Settings

- Making sexuality an essential item on the rehabilitation menu
  - Disability and Family
- Multiple mind and body changes
- Your self-assessment as a provider begins here!
Psycho-Sexual Issues after SCI

- Body image
- Redefining roles as lovers and partners
- Changes in sexual self-esteem
- Cognitive genital dissociation
  - When is sexual activity over?
Treatment effects of SCI related to sexuality

- Scarring
- Ambulate differently with devices
- Wheelchairs, braces, leg bags, trachs
- Pharmacological side effects
  - Pain
- Clothes, clothes, clothes!
SCI and Treatment of Sexual Concerns

- Masturbation—experimentation and pleasure
- Fantasy (e.g., Flirting, “Eye therapy”)
- Treatment for ED
  - PDE5s
  - Intracavernosal injections
  - Vacuum device
  - Penile Implants
TBI Sexuality Issues

- Sexual energy, desire, and drive are low
- Reduction in sensation and orgasm
- Problems with positioning, movement, and pain
- Changed body image
- Reduced sexual self-esteem
- Sexual disinhibition
- Hypo and Hyper sexuality

www.traumaticbarinjury.net
Cognitive Changes Affecting Sexual Relationships and Expression

- Attention /Concentration
- Memory
- Impaired recognition of sexual cues
- Planning ability
- Problem solving
- Influences desire and arousal
Impact of Mental Health Issues

- PTSD, Depression, substance abuse
- Marital or relationship instability
- Poor family adaptation
- Sexual dysfunction
- Emotional withdrawal/numbing, avoidance
- Physical withdrawal (e.g., sleeping in separate beds, fear of harming others due to anger)
- Sexual side effects of antidepressants
- Partner /psychological distress
Multicultural competence

1. Cultural identities and contexts include: Race, ethnicity, immigration status, SES, religion, gender, gender identity, sexual orientation, disability status, age, and their interactions

2. Providers’ beliefs and attitudes about sexuality may interfere with culturally sensitive sexual health care
Older Adults: Intimacy

- Psychological changes with aging
- Physiological changes with aging
- Cognitive Changes
  - Sexual consent
- Death and Dying
- Negative societal views of gero sex
Assessment

- **What questions do you ask?**
  - What questions do you have about sexuality as it relates to your disability/health condition?
  - To what degree are you satisfied with your sex life?

- **Psychosexual history**
  - Comprehensive account of sexual behavior and activity
  - Comprehensive account of sexual attitudes and beliefs
  - Ways that disability has affected self-perceptions and experiences

- **Sexual relationship history**
Treatment Planning in Rehabilitation Settings

- Dialogue with patient, family, and/or care providers
- Monitor progress of team members or referrals
- Monitor patient satisfaction
- Use discretion in charting and team at meetings
- Define appropriate treatment goal
- Evaluate treatment goal success
Sample Patient Treatment Plan

- **Problem**: Altered sexual function
- **Patient Goal**: “I want to be able to have sex”
- **Long Term Goal**: Satisfying intimate relationship
- **Short Term Goal**: Complete appropriate referrals (e.g., Urology and Psychology)
- **Nursing Intervention**: Ranges from initiating referrals to offering specific suggestions
Obstacles at Health Care Facilities

- Accessibility of facilities
  - OB/GYN tables
  - Room size for privacy
  - Accessible bathrooms

- Access to non-prejudicial providers
  - Fertility/Pregnancy
Welner Table

- 650 pound capacity
- hi-lo 18" to 39"
- 54"x 32" top surface
- 10" foot extension
- radio-translucent tops

- powered back section
- powered pelvic section
- pendant control
- comfort pad
- anti-static surface

- integral accessory rails
- 18"x 18" side rails
- full foot/calf boot
- storage drawer

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Sexual Products and Accessories

- Sex is supposed to be fun….just in case you forgot
- Experiencing pleasure and sexual activity are ADLs… WHAT?
- Finding a product that works
  - Sexual products as adaptive equipment: Novel concept?
  - Impairment type
  - Functional limitations and abilities
  - Comfort and desire for product
For Sex Play
Sexual Positioning Cushions
For Privacy
Ergonomic Vibrators
Extender Toys for Easy Reach
Enhancement Products
Remote Control Devices
The Real Accessibility Issue

- Full inclusion means access to pleasure
- Establishing and/or maintaining sexual relationships
Summary

- Sexuality is a crucial component of comprehensive health care
- Professionals have an ethical responsibility to address sexuality
- Importance of exploring personal belief system
  - Sexuality
  - Disability
Resources

- www.MyPleasure.com
- www.comeasyouare.com
- Is Fred Dead (Baer, 2003)
- Sexual Difficulties After Traumatic Brain Injury and Ways to Deal with it (Aloni & Katz, 2003)
- The Ultimate Guide to Sex and Disability (Kaufman, Silverberg, & Odette, 2003)
- Sexuality and Reproductive Health in Adults with SCI: What you should know (PVA; Consortium for spinal cord medicine, 2011)
Resources

- The Emotional Survival Guide for Caregivers (Jacobs, 2006)
- Sexual Difficulties After Traumatic Brain Injury and Ways to Deal with It (Aloni & Katz, 2003)
- The Ultimate Guide to Sex and Disability (Kaufman, Silverberg, & Odette, 2003)
- www.mypeasure.com
- Defense and Veterans Brain Injury Center, http://www.dvbic.org
- American Veterans with Brain Injury: http://avbi.org/
Contact Information

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The Wonder Pets: “What's Gonna Work ... Teamwork”