Sexuality After Traumatic Brain Injury
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Disclosure
Dr. Karen Kepler has no industry relationships to disclose and will not discuss any products or product usage.

Sexuality after TBI
Objectives
Review impact of physiological, neuropsychological, and cognitive changes on sexual functioning after TBI
Review impact of unique physiological and psychosocial changes of the young adult with TBI on sexual functioning
Review research on sexuality after TBI
Provide resources for individuals with TBI on sexual function

Sexuality after TBI
Objectives
Provide resources for the rehabilitation professional, such as social workers, to facilitate communication with individuals and significant others regarding sexuality and relationship issues after brain injury
Provide resources and strategies for rehabilitation professionals such as physicians, nurses and therapists to facilitate education to individuals and significant others regarding physiological, neuropsychological and behavioral changes after brain injury

Sexuality after TBI
TBI Overview
Prevalence
Incidence of TBI affecting young adults
Normal sexual functioning

Sexuality after TBI
Physiological Changes after TBI
Altered Sexual Drive/Desire
Physiological Arousal
Sexual Satisfaction/orgasm
Reproductive changes
Endocrine changes
Sexuality after TBI

Causes of sexual dysfunction after TBI

- Anatomical damage
- Neurobehavioral changes
- Cognitive sequelae
- Physiological changes: spasticity, hemiplegia

Sexuality after TBI

Causes of sexual dysfunction (continued)

- Fatigue
- Relationship changes with spouse/significant other
- Caregiver role vs. romantic partner
- Difficulties finding a new partner
- Changes in parent-child relationship in young adult with TBI

Sexuality after TBI

Research overview of Sexuality and TBI

- Limited information/research possibly attributed to stigma attached to sexuality and disability
- Complexity of sexual behavior difficult to study
- Use of biopsychosocial model of sexuality developed to study sexuality (Gan, 2005)

Sexuality after TBI

Research on sexuality after TBI

- Empirical studies can be divided by perspective studied
  - Professional attitudes
  - Individual with brain injury
  - Individual and partner
  - Significant other

Sexuality after TBI

Treatment strategies

- Holistic approach
- Education
- Psychotherapy/behavioral therapy
- Relationship counseling
- Role playing

Sexuality after TBI

Treatment options

- Pharmacological treatment to optimize fatigue, depression, spasticity, endocrine abnormalities
- Consultation with OB/GYN or urology as appropriate
- Sex therapy as appropriate
Sexuality after TBI

Role of rehabilitation professionals

- Provision of education/information
- Facilitation of open, non-judgemental communication
- Provision of treatment to optimize behavioral health, wellness and optimize physical functioning
- Develop understanding of sexuality concerns of individuals with TBI who are gay, lesbian, bisexual or transgender

Sexuality after TBI

Rehabilitation staff development

- Review of existing resources for enhancing competence and improving comfort level discussing sexuality after TBI especially with needs of young adult
- TBI Model Systems of Care Knowledge Translation Center
- PLISSIT model to provide education/treatment (Annun, 1976)

Sexuality after TBI

Multidisciplinary team approach with social work/psychology as team leader to facilitate communication

- Initiation of education in acute rehabilitation as appropriate extending throughout the brain injury continuum of care
- Evaluation of efficacy of treatment interventions

Sexuality after TBI

Case studies with exploration of sexual dysfunction and potential strategies for optimization of sexual and relationship functioning

- Married female with decreased desire, physical limitations and depressed mood
- Single young male with difficulties finding partner

References


