2018 KARRN Conference

Lets Talk About Sex
Pro Tips for Positive Sexual Health

Jason Jones
Liz Schmidt
Lindsey Catherine Mullis
Introduction to Jason Jones
Introduction to Liz Schmidt, MOT, OTR/L
Introduction to Lindsey Mullis, MS
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<th>Who is in the room?</th>
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<td>Speech Pathology</td>
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<td>Self-advocate</td>
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<td>Family Member/Caregiver</td>
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What is the first thing that comes to mind when you hear the word sex?
What is the first thing you think of when you hear "sex and disability?"
What is Sexuality?

Sexuality means more than intercourse or sex.

It's about intimacy, connection, and belonging.

It's about relationships. Friendships and sexual.

It's about how we feel about being the gender we are.

It's about how we feel about others and ourselves.

It's about sexual expression and behavior.

It's the total of who we are, what we believe, what we feel, and how we respond.
“The Sexual rights of all persons must be respected, protected, and fulfilled.”

World Health Organization
The right to love is not equal, can be restricted, and not respected

- Romantic relationships have both personal and social functions
- Many adults with IDD hold the expectation that such a relationship will form part of their life, but stable intimate relationships are elusive for many people with IDD

- **Research suggests that an absence of significant social relationships may be as detrimental to health as smoking, high blood pressure, and obesity**

Barriers Faced

• Negative Views
  • Self
  • Others Perceptions

• Restrictions
  • Privacy
  • Expressions
  • Options & Opportunities

• Lack of Education
  • Individuals with IDD
  • Caregivers
    • Family & Paid Supports
Benefits to romantic relationships

• Individuals with disabilities possess same needs and desires
• “Impairments in the physical and mental capacities may alter day to day functioning but they do not eliminate the basic of human drives and desires for love, affection, and intimacy
  Milligan & Newfeldt (2001)
• Relationships resemble expected relationships of those without disabilities

Gilmore & Cuskelley, 2014; Hall et al., 2005; Kelly, 2009; Lafferty, 2013; Milligan & Newfeldt, 2001; Rushbrooke et al., 2014b; Jones et al., 2010; McClelland et al., 2012; Morentin, Arias, Jenaro, Rodriguez-Mayoral, & McCarthy, 2008; Munro, 2011; Rushbrooke et al., 2014b; Ward, Bosek, & Trimble, 2010
What influences attitudes about sexuality?
Influences on Attitudes About Sexuality

- Family/Culture/Religion
- Friends/Community at large
- Direct Education

- Media
  - Books & magazines
  - TV, Movies
  - Songs/Performances
  - Social Networks
  - Internet
    - Pornography
Social influences create confusion
Rehab Providers Role in Promoting Sexuality

Physical Therapy?

- Maintain, restore, or improvement movement
- Enable optimal performance
- Enhance health, well-being, and quality of life

*All relate to engagement in sexual activity!*
Rehab Providers Role in Promoting Sexuality

Occupational Therapy?
  • Health promotion
  • Remediation
  • Modification

*Sexual activity is an ADL!*
Rehab Providers Role in Promoting Sexuality

Speech and Language Pathology?
- Communication skills
- Relationship-building skills

*Includes an understanding of relationships and sexual health!*
Rehab Providers Role in Promoting Sexuality

Nursing? Physicians?

• Promote sexual health
  • Includes preventing STIs and unwanted pregnancies
  • Includes pain and bowel & bladder management

Also includes emotional, intellectual, and social aspects of sexual being that impact quality of life!
Sexuality education

**What to cover:**
- Body parts/functions
- Social rules/behavior expectations
- Types of relationships
- Exploitation risk reduction skills

**How to do it:**
- Informal opportunities for teaching “in the moment”
- Planned teaching opportunities
- Formal Sexuality Education classes
- Universal Design for Learning strategies
Providing sexuality education will encourage people with disabilities to have sex?

TRUE

FALSE
Research shows . . .

Positive outcomes from Sexuality Education:

Decreases in:
- Abuse
- Interpersonal Violence
- Poor Sexual Health

Increases in:
- Social Opportunity
- Healthy Relationship Building
Body Parts/Functions

• Correct terminology/identification
  • Formal – vagina, penis, clitoris, scrotum
  • Cute – lady parts, vajayjay, ding-a-ling
  • Slang – cock, pussy

• Functioning – “plumbing lessons”

• Hygiene – the more independent the less risk for sexual exploitation

• Sexual Health - safe and unsafe sexual practices (Sexually Transmitted Infections)

• Sexual Pleasure – acknowledge good feeling and that is private

• Responsibilities/Boundaries – public and private rules for self and others
The SCI Population

• In the United States, most spinal cord injuries occur to individuals between the ages of 16-45.
• Of those injured, the vast majority are male. Similar statistics are found worldwide.
• The most common causes of injury include motor vehicle accidents, violence, sports-related injuries, and falls.
• It has been assumed the gender disparity is due to more men than women engaging risk-taking behavior that leads to injury. The actual reason for the disparity is unknown.
Sexual Function vs. Sexual Rehabilitation

Two focuses of sexuality after a SCI
1. The Sexual Function area is the maximization and optimization of sexual function after SCI.
2. The next is adjustment or adaptation (to the new self).
3. First, “how far back can I come,”... then “I’m here, now what?”
Societal Changes - Sex & SCI

• In many ways, societal changes over the last 20 years, combined with advancements in technology and pharmaceuticals, have improved adjustments to sexual life after SCI.
Research

• Kim D. Anderson, Ph.D., presented a study “to determine what areas of functional recovery the SCI population would most like researchers to address in order to have a positive effect on their quality of life...”.

• Sexual function was the highest priority among individuals with paraplegia, and second highest priority, after regaining arm and hand function, among individuals with quadriplegia.
How do rehab professionals bring it up?

- Ex – PLISSIT model
  1. Permission giving stage
  2. Limited information stage
  3. Specific suggestions stage
  4. Intensive treatment stage

- Extended: Includes reviewing and reflecting upon each part of the process
Communication

- Always use an individualized approach!!
- Encourage reflection afterwards:
  - What went well?
  - What didn’t?
Evaluation Considerations

• Cultural responsive
• Implicit biases
• Avoid making assumptions about WHETHER OR NOT someone engages in sexual activity and HOW they do!
Modifications

• Sexual devices
• Sensation
  • The biggest sexual organ is your brain!
  • Erogenous zones in your areas of sensation:
    • Ears, neck, lips
    • What else?
Modifications

- Positioning
Modifications

• Additional lubrication
• Certain diseases/illnesses/injuries prevent the body from creating enough natural lubrication
• Education is key!
• Bowel and bladder management
Autonomic Dysreflexia

- A syndrome in which there is a sudden onset of excessively high blood pressure
- Most common for injuries below T6
Autonomic Dysreflexia Cont.

• Preventing AD:
  • Voiding bladder prior to engaging in sexual activity
  • Pain management
  • Proper bowel care to avoid stool impaction
  • Proper skin care to avoid bedsores and infections

• In the event of AD, educate your clients to:
  • Sit straight up,
  • Raise head to look forward,
  • Lower legs
Did you know that guardians **CAN NOT . . . .**

- Consent to an abortion, or sterilization
- Terminate an individual’s parental rights
- Prohibit an individual from registering to vote or casting a ballot
- Prohibit an individual from applying for or obtaining a driver’s license
- Prohibit marriage or divorce of an individual
As a Professional, you Need to . . .

- Acknowledge sexuality and individuality
- Individuals will require access to accurate information
  - In a universal way to help them understand
- Individuals will require ongoing supports
- Don’t be afraid to discuss with parents
  - Supports require collaborative approach
Burning questions and lessons learned.
Let’s Practice!

1. Everyone get into groups

2. Review the case provided and identify:
   • One question you would ask the client to follow up about safe sexual practices
   • One strategy you could provide the client to promote safe sexual practices
Case Study

You are in an inpatient rehabilitation facility with a 26-year old male who obtained a T6 spinal cord injury 6-weeks ago due to a motor vehicle accident. He wants to know what he can do to return to engagement in sexual activity with his girlfriend.
References


8. AAIDD Policy Position Statement (www.aaidd.org)


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Thank you!

Please reach out if you have additional questions for us!

• Lindsey Mullis
  • Lindsey.c.mullis@uky.edu

• Jason Jones:
  • Jp.jones@uky.edu

• Liz Schmidt
  • Schmidt.1072@osu.edu