Sex and relationships

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Sex and Relationships clinic

- 1 clinic second Friday of the month – 1 hour appointments. For patients with neurological diagnosis with needs relating to sex or relationships
  - Psychosexual needs
  - Relationship difficulties
  - Erectile dysfunction
- 1 session a month for ward support
  - PLISSIT model
  - Information leaflets

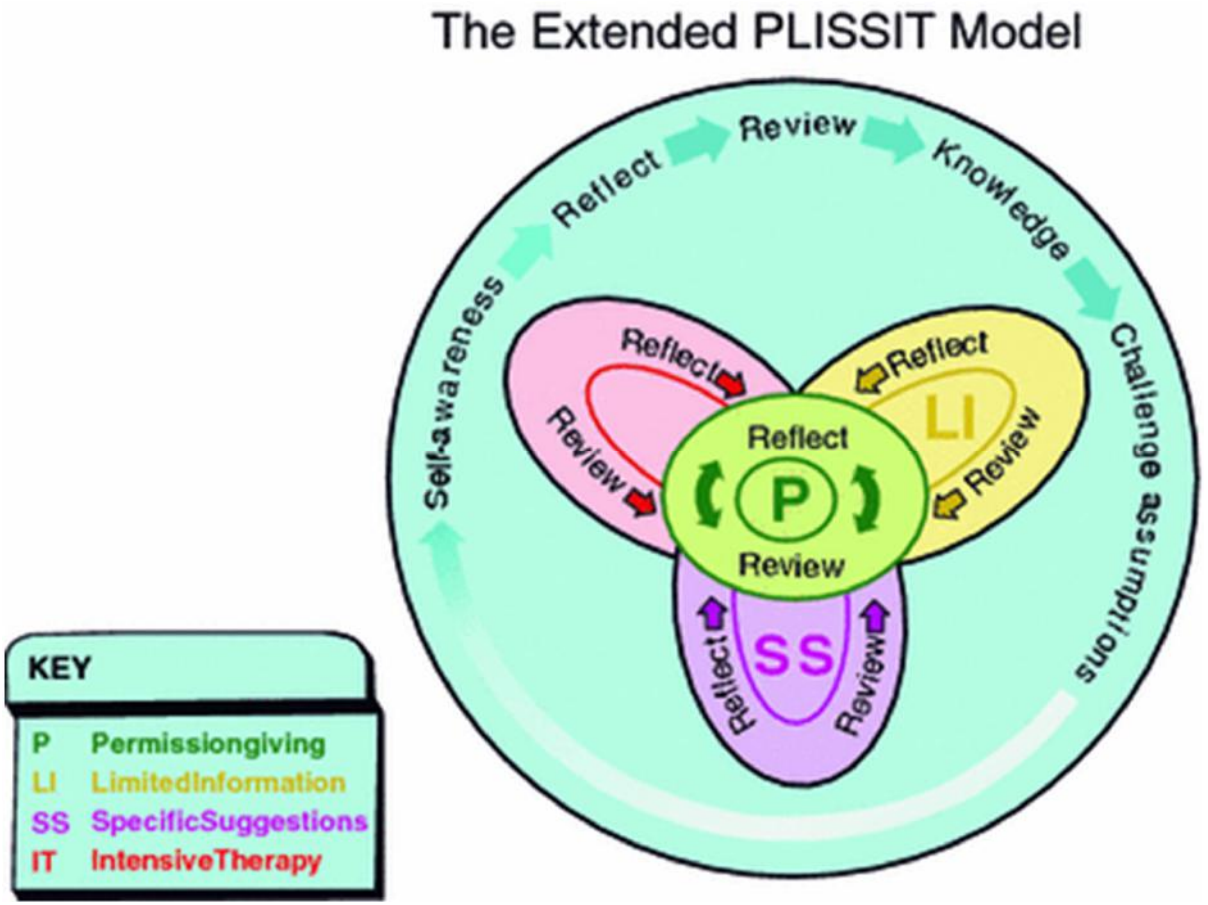
RR1

How to identify sexual wellbeing needs

- PLISSIT model
- 4 levels of intervention
  - Permission (P)
  - Limited Information (LI)
  - Specific Suggestions (SS)
  - Intensive Therapy (IT)

Slide 3

RR1 REAVELEY, RACHEL, 05/11/2019


The Extended PLISSIT Model
Reflect
Review
Knowledge
Challenge assumptions
Self-awareness
Reflect
Review
Reflect
LI
Review
Reflect
P
Review
Reflect
SS
Review
KEY
P Permissiongiving
LI LimitedInformation
SS SpecificSuggestions
IT IntensiveTherapy

Permission

- Normalizing sexuality;
  - 'many people with this condition have concerns about sexuality. Is there anything you would like to talk about or ask?"
  - Or, 'some people experience erectile dysfunction as a side effect of this drug. Is this something you have experienced.'
  - In rehabilitation we often ask everyone intimate questions about how their bowels and bladder are working. We also find that many people going through the rehabilitation process have questions or concerns about how their condition will impact on their relationship or sexual function. Has anyone spoken to you about this already? Was there anything you'd like to ask me?

Limited information

- For example Information leaflet or internet resource relevant to their condition.
  - https://www.macmillan.org.uk/information-and-support/coping/relationships/your-sex-life-and-sexuality
  - https://www.cancerresearchuk.org/about-cancer/coping/physically/sex
- Limited information 'Its normal for sexual activity to continue for people living with non-curable cancer but its also ok if you no longer want to engage in sexual activity.
- Dispelling myths
  - Sexual activity should always involve sexual intercourse
  - Sex must be natural and spontaneous
  - Sexual activity involves a fixed path which should always end in simultaneous orgasm
  - All couples have sexual intercourse several times a week
  - If sex is not good there must be something wrong with the relationship

Specific suggestions – take history

The Sex and Relationship Triad

- The individual presenting the dysfunction
- The partner
- The relationship

- What has the individual's sex life been like?
- What changes have occurred?
- How do they feel about those changes?
- How does the partner feels about the changes.
- Ascertain what the individual or the couple is hoping to achieve.
- Are their goals realistic?
- Do they hold on to myths about sexual functioning?

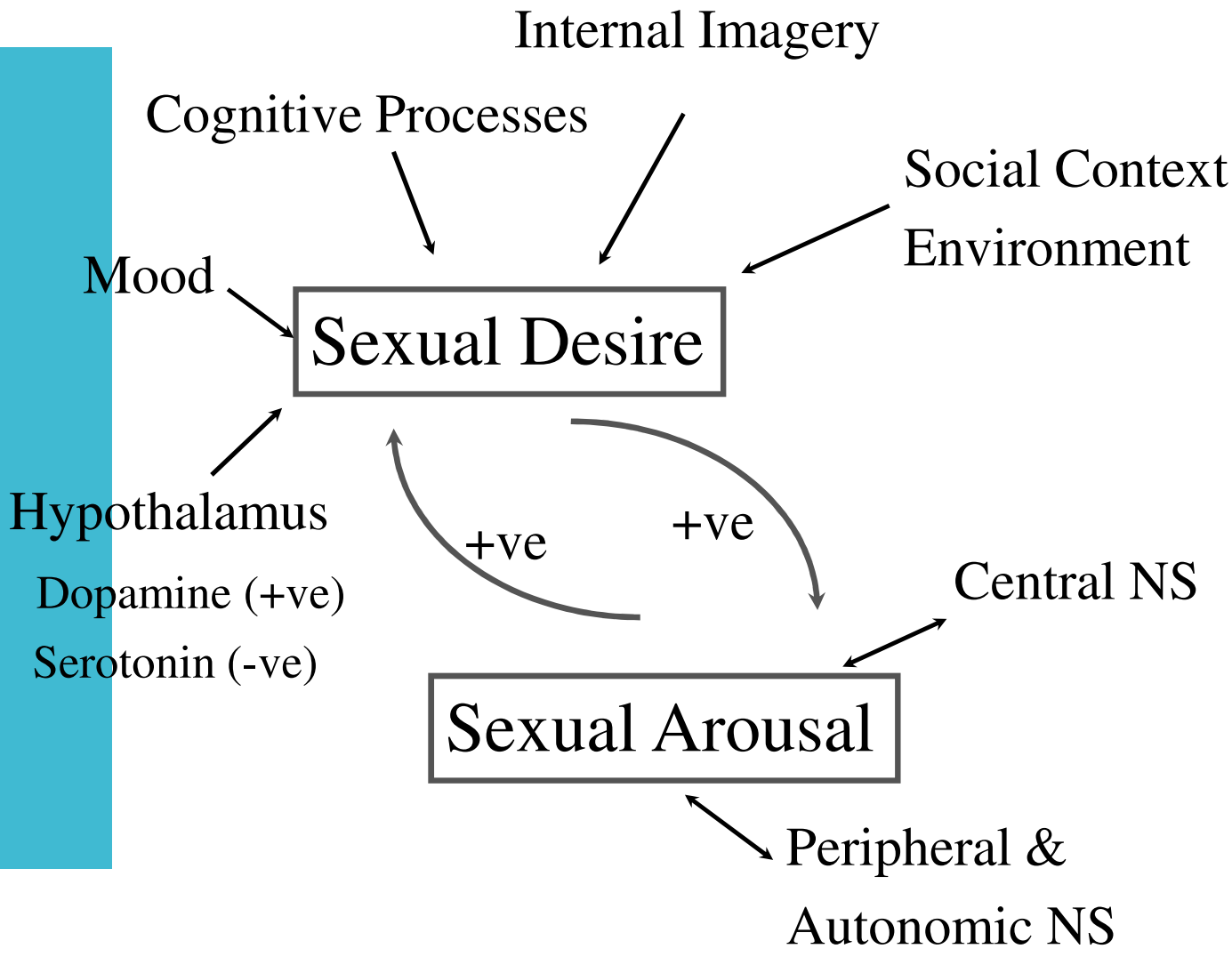
Sexual function

In men this may include:

•a lack of sexual desire
•difficulty getting or maintaining an erection
•premature ejaculation, or other ejaculation problems

For women, this may include:
•a lack of sexual desire
•difficulty climaxing
•pain during sex or being unable to have penetrative sex

Factors impacting sexual desire and arousal



Origins of sexual difficulty

- There can be various causes for sexual difficulties, their origins may be:
- physical (illness, disability, surgery or medications)
- psychological (depression, anxiety or other mental health conditions)
- emotional (unhappiness in the relationship, unresolved grief)
- situational (certain situations or environments)

Sex with indwelling catheters

- For women – tape out the way
- For Man – Leave large loop of catheter at end of penis – so if get errection there is enough catheter for penis to climb, then place condom over it.
- Consider the bag – could clamp and remove, put on extension tube on to move further out the way.
- Other things to consider – could the person use intermittent cateterisation? Would a suprapubic catheter be appropriate?

Sensate focus

- Masters and Johnsoni
- way to help couples learn about themselves and each other,
- Aim to build trust and intimacy within the relationship.
- It emphasises positive emotions, physical feelings and responses while reducing any negative reactions.
- Can help overcome any fear of failure that may have existed previously,
- Both partners feel able to ask for what they want and are able to give and receive pleasure.
- Typically, sessions might last twenty to sixty minutes, two to three times a week, spread over six or more weeks

Sensate focus

- **THE FIRST PARTNER** ("Touched " - "Passive")
- ***Making your body available for your partner's learning***
- The "passive" partner, lie down on your tummy. You are "lending" your body to the active partner in order that he/she may explore the ***sensations and feelings*** evoked by touching, in **ways** that he/she chooses, ***the parts of the body*** that he/she chooses.
- Make sure you are comfortable. Have a soft duvet, sleeping bag or similar underlay, and lots of cushions or pillows. If you need to use the bedroom and the bed, the activity should be done *on top of the bedclothes*.
- For the time being there should be no speaking unless the touched partner is actually hurt by over-forceful touching.
- After fifteen minutes you will be asked to turn over onto your back.

Sensate focus

- **SECOND PARTNER** ("Toucher" or "Active")
- ***Taking for self***
- The second, "active" partner spends fifteen minutes touching, stroking, and caressing the back of the first partner. Start at the head then the neck, shoulders, arms, hands, fingers, and back. Move lightly over the bottom, down the thighs, calves, ankles, feet, to the toes. Try to identify the different *feelings* evoked from touching different parts of the body and from varied ways of touching. Concentrate on *your own* sensations.
- After fifteen minutes the "touching" partner will then ask for the "touched" partner to turn over on to his/her back. (If he/she feels self-conscious about this, he/she may initially close his/her eyes.)
- Now spend a further fifteen minutes, starting as before, touching head, face, neck, shoulders, leaving out breasts, and tummy, leaving out genital areas. Continue down the thighs, legs, feet and toes, again identifying the different sensations and feelings evoked by touching different parts of the body and using different types of touch.

Sensate focus

- The above is the basic Sensate Focus exercise to be used for Sessions 1 and 2. If all goes well proceed with the following:
- Sessions 3,4 Use lotions, oils or talcum powder to the touching exercise
- Session 4, 5 Use different materials (eg a silk scarf, baby brush)
- Session 6,7 Incorporate *skimming* of breasts/nipples, genitals and buttocks. Do not linger on these areas and do not penetrate the body with fingers.
- Session 7,8 Only if all the above exercises have been carried out successfully should you proceed to the next step – which is to touch each other with the intention of arousal. As the sessions have progressed you will have become more familiar with each other's body and what is enjoyable. It may be that the person being touched might like to guide the hands of the toucher (hand on hand technique).
- Session 9,10 'Making friends with the penis'. Male places penis next to female's vagina. Only when both feel ready, male inserts penis into vagina *without movement.* He then withdraws and mutual masturbation can occur.
- Session 11,12 Vaginal penetration with movement – leading to orgasm either inside or outside the vagina.

Intensive therapy

- Could include referral for:
  - Psychosexual therapy
  - Relationship counselling
  - Urology or continence team
  - gynaecology

Summary

- It is likely that patients requiring input from palliative care clinicians may be facing multifactorial challenges to their sexual wellbeing.
- Your role could be giving patients permission to raise concerns or ask questions.
- You may be able to dispel common myths - intercourse is not the only way to be intimate
- You may be able to support people to adapt.
- Don't forget the single person
- Integrating into practice. have leaflets available? Raise the topic regularly?
- My contact details: Rachel.Reaveley@cntw.nhs.uk