Development of an Interdisciplinary Sexual Health Rehabilitation Program for Veterans with Spinal Cord Injury

Roger D. Williams, PhD\(^1,2\), Jaclyn Jones, OTR/L\(^1\) & Farhad Sepahpanah, MD\(^1,2\)

\(^1\)Zablocki VA Medical Center, Milwaukee, WI
\(^2\)Medical College of Wisconsin, Milwaukee, WI

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Disclosures

• R. Williams, PhD has no financial interest to disclose.

• J. Jones, OTL/R has no financial interest to disclose.

• S. Sepahpanah, MD has no financial interest to disclose.

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Learning Objectives

• At the conclusion of this activity, the participant will be able to:

1. Describe the impetus for creating an interdisciplinary sexual rehabilitation team for Veterans with spinal cord injury (SCI).

1. Describe the function, structure, and procedures of an interdisciplinary sexual rehabilitation program for Veterans with spinal cord injury (SCI).

1. Identify challenges encountered and modifications made in developing this program.
Background

• Education regarding sexuality, sexual functioning, and reproductive health can easily be overlooked during the acute SCI rehabilitation phase.

• Patients, their families, and providers are often highly focused on increasing independence amid the stress of the patient dealing with numerous life-altering challenges.

• Not providing suitable sexual health education deprives patients of the chance to explore and maximize sexual abilities.
Our Starting Point

• Though our team had been providing sexual health education to Veterans involved in SCI rehabilitation, as well as those being seeing for yearly annual evaluations, we realized that our approach was fragmented.

• Veterans were receiving pieces of information from the medical team and psychology providers, and then referred to occupational and physical therapy for positioning and safety.

• Outside of intermittent consultation on a case-by-case basis, there was no formal communication among team members about sexual health treatment goals, interventions, or goal attainment.
Benefits of (Integrated) Sexual Health Rehabilitation

- Research has shown a range of benefits of Sexual Health Rehabilitation include:
  - Improved quality of life (Sale et al)
  - May mitigate depression, anxiety, & lower self-esteem (Hough, Stone, Buse & Barbonetti et al)
  - Avoid general health symptoms associated with sexual dysfunction (Khak et al)
  - Improved knowledge
  - Provision of support
  - Exploration of sexual roles, relationship, intimacy & trust that are not solely body oriented (Leibowitz)
  - Reduce feelings of isolation
  - Reduce unevenness of serviced provided
  - Address varied preferences with regard to timing and presentation
  - Close training gaps to move staff from multidisciplinary to transdisciplinary rehabilitation (Post et al & Fronek et al)
Purpose/Objective

• To address the multi-dimensional sexual health needs of Veterans with spinal cord injury via an interdisciplinary rehab approach. (Tepper)

• Earlier, better-coordinated intervention that aligns with Spinal Cord Medicine’s Clinical Practice Guidelines for Sexuality and Reproductive Health in Adults with SCI.

• Individualize sexual rehabilitation to specific cultural, religious, physical, emotional, cognitive, and gender identity needs.

• Comply with 2017 CARF standards
  – 3.J.8 – Intimacy & Sexual Health issues
What needed to be changed?

• Staff & Veteran education on sexuality based on ex-PLISSIT model
• Standardized interdisciplinary assessment of sexual health and establishment of care plan
• Discuss progress towards sexual health goals in interdisciplinary team rehab meetings
• Use of SCI Independent Living Apartment to address sexual health rehabilitation goals (not a new concept ~ Griffith & Trieschmann)
• Reduce barriers by changing hospital standard operating procedures and policies
PLISSIT Model

PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)

- Permission: Giving patients permission to raise sexual issues
- Limited Information: Giving patients limited information about sexual side-effects of treatments
- Specific Suggestions: Making specific suggestions based on a full evaluation of presenting problems
- Intensive Therapy: Referral to intensive therapy (includes psychological interventions, sex therapy and/or biomedical approaches)
Our Treatment Team

<table>
<thead>
<tr>
<th>Core Members</th>
<th>Consultants</th>
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</thead>
<tbody>
<tr>
<td>Occupational Therapists</td>
<td>Administration</td>
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<tr>
<td>Psychologists</td>
<td>MIO Coordinator</td>
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<tr>
<td>Physician</td>
<td>Pharmacist</td>
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<tr>
<td>Nurse Practitioner</td>
<td>Physical Therapist</td>
</tr>
<tr>
<td></td>
<td>Nursing Staff</td>
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</tbody>
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- Core members meet twice monthly
- Invite consultants when addressing issues outside our scopes of practice (e.g., pharmacist attends when reviewing provision of ED medication as an inpatient; administrator attends when figuring out how to order equipment for educational purposes)
Treatment Process: Inpatient Rehab

1. Veteran is identified via OT/Psych evaluation OR by other team member when Veteran reports interest in sexual health.

2. SCI pharmacist reviews chart to determine possible contraindications to oral ED medications.

3. Interdisciplinary treatment plan initiated.

4. Follow-up occurs within 6 months after hospital discharge. It is completed in-person or via telehealth with providers.

5. "Discharge" occurs when goals are met or treatment options are exhausted.

6. Updates on treatment plan and progress occur at weekly team rehab meetings.
Direct Intervention & Practice

**PREVIOUSLY**

- Veterans received education, were issued medication(s)/prosthetic device(s), and sent home to test effectiveness of such interventions.

- Despite instructions to contact providers with outcomes, questions, etc., they were often lost to follow-up.

**NOW**

Direct intervention & practice!

- PSQ administered (team evaluation)
- Use of ED medications during overnight apartment stay or as outpatients
- Physician assistance and/or OT training with penile tumescent pump
- Positioning assistance during OT session
- Adapting equipment needed for sexual activity during OT session
- Provision of educational videos regarding SCI and sexuality
1. How do you define sexuality? (Attempt to gauge how the patient views the concept of sexuality. After sharing, utilize our definition of sexuality to help give the patient a foundation for discussion).

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2. (A) On a scale from 1 to 10 how would you rate your self-esteem? (see definition on page 1) [1 equals “I have no self-worth and poor self-confidence”, 5 equals “I have some self-worth and average self-confidence”, and 10 equals “I have very high self-worth and self-confidence”] Explain why you gave yourself this score.

(B) Using the same scale as above, prior to your (diagnosis, condition, injury) how would you have rated your self-esteem? Explain why you gave yourself this score.
5. Are you currently in an intimate relationship/s? (Yes/No/It’s complicated)
   If yes/it’s complicated
     i. What everyday activities do you enjoy doing with your partner/s?

     ii. What intimate activities do you enjoy doing with your partner/s?

     iii. Have your everyday activities or intimate activities with your partner/s changed since acquiring your (diagnosis, condition, injury)?

     iv. What types of questions do you have concerning how your (diagnosis, condition, injury) affects intimate relationship/s?

     v. Have you experienced, or do you anticipate any challenges with engaging in sexual activities with yourself or partner/s?
Our Challenges (You Can’t Do That Here)

- Identifying team members that are willing and competent to provide sexual health rehabilitation services

- Collaborating with pharmacy and navigating prescribing ED medications for inpatients and those residing in structured care environments (e.g., nursing homes, state Veterans homes)

- Obtaining equipment for provider training

- Staff receptiveness and clarification of team purpose and aims
Inpatient ED Medication Use

Physician/NP enters inpatient ED medication via SCI inpatient sexual health menu and alerts SCI Pharmacist to review and process medication orders.

SCI Pharmacist or designee collaborate with team to identify the trial time/date. SCI Pharmacist completes education to patient on medication prior to trial.

SCI Pharmacist contacts pharmacy technician to place ED medication in the Pyxis for trial.

Veteran and Nurse communicate to determine when the medication is needed. Nurse to dispense one unit dose of ED medication and one unit dose of Pseudoephedrine 60mg tablet.

Physician/NP to follow oral medication and dose recommendations per SCI inpatient sexual health menu if patient fails previous treatment dose/medication.

If oral ED medication options have been exhausted, then Physician/NP to follow oral medication & dose recommendations per SCI inpatient sexual places consult to urology for further work up and treatment options.
Case Study #1

- 66-year-old African American male
- Level of injury: C3 AIS D (2 months s/p neurosurgery for cervical stenosis)
- No current partner, but interested in new relationship
- Referred via discussion with OT during inpatient rehab
- Interdisciplinary assessment completed as an inpatient in private space with OT, NP, and Psychologist
- Initial intervention plan: ED medications, vacuum pump training, further education (expanding sexuality after SCI) via videos loaded on ECU in his inpatient room
Case Study #2

- 69-year-old African American male
- Level of injury: C5 AIS D (16 months s/p neurosurgery for cervical stenosis)
- Has a long distance partner with a “complicated” relationship
- Had been issued a vacuum pump by Psychology a few months prior, with outstanding sexual health questions and concerns that were conducive to a team approach
- Interdisciplinary assessment completed as an outpatient in private treatment room with OT, MD, and Psychologist
- Initial intervention plan: ED medications, further education (intimacy/sexuality after SCI) via videos during psychology sessions in private space at SCI/D Center
Case Study #3

- 41 y/o Caucasian male
- Level of injury: L1 AIS D (L5-S1 disc herniation s/p decompression and foraminotomy completed in 2006)
- Referred via outpatient primary care provider
- Complex mental health history
- Long-time partner recently passed away, had been involved in new relationship and interested in reproduction
- Has trialed ED medications in past with adverse side effects
- Has never trialed vacuum pump or alternative equipment; has expressed ongoing challenges with self-esteem, intimacy, relationships
- Interdisciplinary assessment completed as an outpatient with OT and Psychologist
- Initial intervention plan: Trial of vacuum pump, further education (intimacy/self-esteem, treatment options), ongoing outpatient psychology services, establish patient goals via follow-up session
QUESTIONS?

Farhad Sepahpanah, MD: farhad.sepahpanah@va.gov

Roger D. Williams, PhD: roger.williams3@va.gov

Jaclyn Jones, OTR/L: jaclyn.jones@va.gov
References


References cont.


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Outcomes

• SCI apartment utilization data (FY16)
  – 46% of veterans who discharged to the community from inpatient rehab had an overnight stay in the apartment
  – 38% of veterans who discharged to the community from inpatient rehab but did NOT have an overnight stay utilized the apartment for daytime training
  – Missed opportunities to utilize an existing resource!

• Patient satisfaction surveys

• Knowledge, Comfort, Approach, and Attitude Towards Sexuality Scale