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1. Project Title and Purpose

Title of Catalyst Grant: Acquired Brain Injury and Sexuality

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<table>
<thead>
<tr>
<th>ONF Clinical Practice Guideline Recommendation: Q1.3</th>
<th>Project Purpose</th>
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<tr>
<td>Q 1. Psychosocial/ Adaptation Issues</td>
<td>Educate ABI patients, caregivers, and families on sexuality post-ABI. Funding was used to:</td>
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<td>&quot;A discussion about sexuality should be carried out with individuals following TBI. The discussion should be initiated by an appropriately trained clinician and should cover the following aspects of sexuality.</td>
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<tr>
<td>- Physical aspects</td>
<td>1. Develop educational content (i.e. supporting documents and tools)</td>
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<td>- Psychological aspects</td>
<td>2. Develop the internal capacity to provide the education and group and one-to-one sessions to those living with ABI</td>
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Level of evidence: C

2. Project Description

A. Methods

- Inpatient rehabilitation program with 7 ABI beds
- Interdisciplinary group (OT, PT, Behaviour Therapist, Program Manager, Nurse) collaborated to develop sexual health module for persons with brain injury in this setting

1. **Stakeholder engagement** included patients, family members, physiotherapists, occupational therapists, behavioural therapists, medical doctors, nurses and an ethicist to develop an understanding of the need for sexual health education. Interested parties then guided the content development.

2. **Literature Review** was conducted to help with program development which included:
   a. ABI Sexuality PowerPoint presentation to inform the group sessions (see **ABI Sexuality PowerPoint**)
   b. Handout to assist with positioning should there be physical impairments impacting sexual health (see **Handout for Supportive Positioning for Sexual Activity**)

3. Conducted 3 pilot sessions. During each session, one staff member presented the PowerPoint to 5-10 patients and/or family members. Following the sessions, staff made revisions to the presentation and left time for questions and discussion.
   a. 2 for inpatient rehabilitation
b. 1 for outpatient/day program rehabilitation

B. Data Collection Tools

Tools to measure clinical process

1. A tool was created that contains both a screen to attend a sexual health session as well as an evaluation tool. The screen informed when sexual health education should be offered. The evaluation section was only completed if the patient attended the sexual health education session (see Screening Tool and Sexuality Education Evaluation).

Tools to measure clinical outcome

- 

Tools to measure implementation outcome

- 

Tools to measure implementation process:

- Effectiveness of the project was informed by regular informal dialogue amongst team members including:
  1. Patient screening process
  2. Best way to document screening/education
  3. Timing of education delivery to patient during their recovery process. This was assessed and revised throughout the project.

C. Findings (Process and Outcome)

The following program content was developed in part using resources from Westpark’s accredited stroke program. Content included:

- Supportive Positioning for Sexual Activity (see Resources)
- Brochure for ABI and Sexuality (see Resources)

1. Program content was deemed thorough, easy to understand, and applicable. See Westpark Sexual Education Project Data for more details on demographics, evaluation, and feedback.

2. Timing of education was relevant and significant
   o In our pilot, sexual health education was offered at the time of admission to rehab, but patients were less receptive at this time.
   o Patients were re-offered the option to attend the sexual health education session later in their stay.
   o Day Program patients who were much further along in their journey were much more receptive to discussing sexual health – likely related to timing post-injury.

3. Staff comfort with the material also improved with time and practice, particularly their ability to manage questions and answers on the spot.

D. Summary

- Post-ABI sexual health education sessions were deemed beneficial to those who agreed to participate.
Educational timing was unique to each patient as some felt earlier would have been better, while others were not ready to discuss sexuality at the beginning of their recovery. **The key was to re-offer it repeatedly throughout the post-ABI journey.**

- Staff comfort with the educational material was essential.
- Small sample size reflected difficulty in recruiting interested patients in the inpatient setting.
- Providing the education to the Day Program group seemed timelier.
- Hopes of offering the education to the outpatient-ABI population to promote staff competence and sustain a critical mass of interested patients

### E. Lessons Learned

1. Subject matter was delicate and there were varying levels of comfort with teaching and receiving the information. It was imperative the individual leading the session was both comfortable and well-versed on the topic.
2. Multiple formats (i.e., written, pamphlets, one-to-one, group sessions) allowed for greater ease of knowledge translation.
3. Vast subject matter and some patients were more interested in certain aspects. For example:
   - Physical aspects of how to achieve pleasure
   - Medications and associated side effects\(s\) risk
   - Emotional aspects (i.e., loneliness, how to meet someone, whether or not to disclose their ABI to prospective partners)

### 3. Recommendations for Next Steps to Support Full Sustainable Implementation

1. Broad dissemination (i.e., conferences)
2. Internal training of additional staff to provide the education
3. Continue offering group sessions to both inpatients and outpatients with the option of one-to-one sessions.
4. Offer it to our Day Program and Support Group.
5. Consider offering aphasia-friendly sessions.
6. Consider offering multilingual alternatives.

### 4. What Has Been Done to Ensure Sustainability

- Program is now included in Westpark's regular roster of education for our ABI patients.
- Session occurs once a month but is available on a one-to-one basis outside of the scheduled session.
- Written material to support the module is also readily available in our ABI resource centre on the unit.

### 5. Summary of Resources

1. ABI Sexuality PowerPoint
2. Handout for Supportive Positioning for Sexual Activity
3. Screening Tool and Sexuality Education Evaluation
4. Brochure for ABI and Sexuality
5. Sexual Education Project Data