

# WELCOME

*Today's Webinar is:*

## **Intimacy: Sex, Drugs and TBI**

20 March 2013, 1-2:30p.m. (EST)

Sally P. Cummings, Ed.D., FNP

# Continuing Education

This webinar has been approved for the following:

- **1.5 AMA PRA Category 1 Credits™**
- **1.5 Credits for Psychology**
- **1.5 Nursing Contact Hours**
- **1.75 CE Contact Hours for Physical and Occupational Therapists and Assistants**
- **1.5 CEHs for Social Work**

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★ Only those who registered prior to 11:59pm ET on 17 March 2013 are eligible to receive CE credit.

# Continuing Education

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**ON or BEFORE 11:59pm ET on 17 March 2013**

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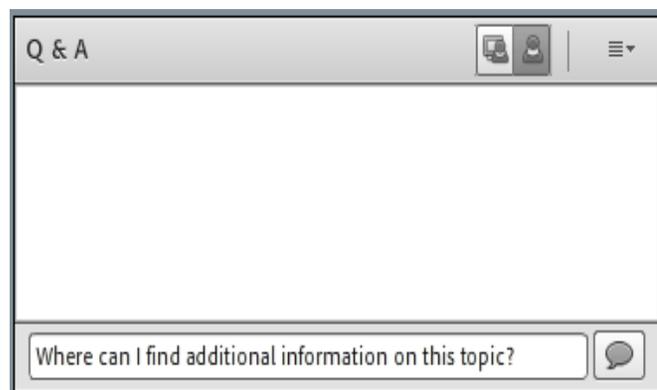
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## Additional Webinar Details

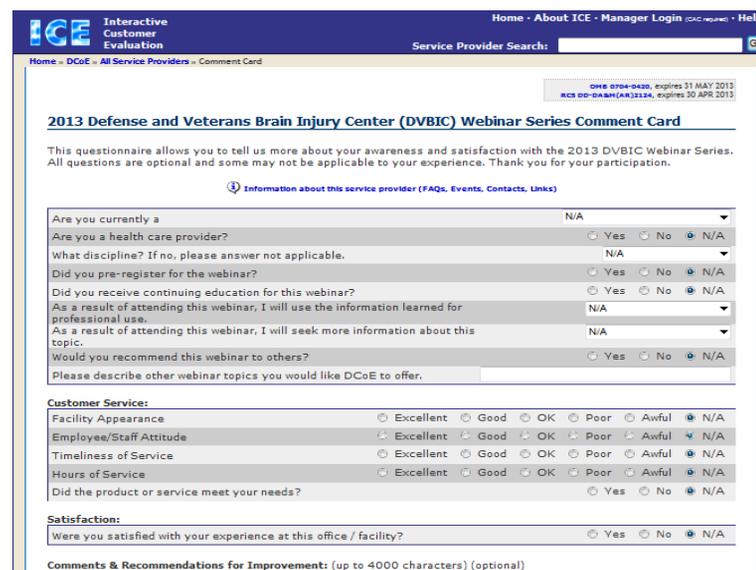
This presentation with audio will be available online beginning 1 April 2013 at <http://www.dvbic.org/online-education>

Please submit your questions using the **Q&A** box located on your screen.



A screenshot of a Q&A interface. The title bar reads "Q & A". Below the title bar is a large empty text area for questions. At the bottom of the box is a text input field containing the text "Where can I find additional information on this topic?" and a speech bubble icon to its right.

Please take the Interactive Customer Evaluation found on the DVbic website.



A screenshot of the "Interactive Customer Evaluation" form on the DVbic website. The page title is "ICE Interactive Customer Evaluation". The breadcrumb trail is "Home > DCoE > All Service Providers > Comment Card". The form is titled "2013 Defense and Veterans Brain Injury Center (DVbic) Webinar Series Comment Card". It includes a navigation menu with "Home", "About ICE", "Manager Login", "Help", and "Service Provider Search". The form contains several sections of questions with radio button options:

- Are you currently a: N/A
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- What discipline? If no, please answer not applicable. N/A
- Did you pre-register for the webinar?  Yes  No  N/A
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- As a result of attending this webinar, I will use the information learned for professional use. N/A
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# Topic Overview



Speaker

## Sally P. Cummings, Ed.D., FNP



Family Nurse Practitioner  
Concussion Care Clinic  
Department of Brain Injury Medicine  
Womack Army Medical Center  
Fort Bragg, N.C.

Dr. Cummings, a family nurse practitioner, has 36 years of experience in medical care, intensive care, post-intensive care, teen health, occupational medicine, family health and TBI.

She taught nursing for 22 years and was an associate professor at the University of North Carolina at Wilmington. She has written test items for the national family nurse practitioner certification exam for the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. She has worked with TBI patients for five years at Womack Army Medical Center in Fort Bragg, N.C.

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**Sally P. Cummings, Ed.D., FNP**

Concussion Care Clinic, Department of Brain Injury  
Medicine, Womack Army Medical Center, Fort Bragg, N.C.



# Disclaimer

The views expressed in this presentation represent the views of the speaker and not those of Womack Army Medical Center, the U.S. Army or Department of Defense.

I do not have a relevant financial relationship to disclose and I do not intend to discuss an off-label/investigative use of a commercial product.

# Objectives

1. Discuss factors that influence intimacy post-TBI
2. Discuss which drugs are the most common culprits in libido and intimacy issues
3. Review alternatives to drugs in treating TBI symptoms
4. Discuss the role of couples counseling in the treatment of intimacy issues
5. List resources for providers who have patients with intimacy issues post-TBI

# Factors That Influence Intimacy Post-TBI

If post-TBI symptoms are present, individuals are more likely to experience:

- Functional difficulties
- Depression and anxiety
- A tendency to isolate and limit themselves to the comfort of familiar surroundings and routines
- Activity avoidance
- Estrangement from spouse and family
- An increased frequency of anger at “the system”
- Suicidal ideations and attempts
- Problems with the law
- A tendency toward re-injury

# PHYSICAL

## Signs and Symptoms of Mild TBI

- Headache
- Dizziness
- Visual disturbances
- Sleep disturbances
- Fatigue
- Ringing in the ears
- Balance problems
- Nausea/vomiting
- Light sensitivity

Source: [www.dvbic.org](http://www.dvbic.org)

# COGNITIVE

## Signs and Symptoms of Mild TBI

- Slowed thinking
- Poor concentration
- Memory problems
- Word finding difficulty
- Disinhibition/hypersexuality

Source: [www.dvbic.org](http://www.dvbic.org)

# EMOTIONAL

## Signs and Symptoms of Mild TBI

- Anxiety
- Depression
- Irritability
- Mood swings

*“Stuck in sick role” feeling*

Source: [www.dvbic.org](http://www.dvbic.org)

# Headaches

Post-traumatic headaches are:

- Are subjective and individualized
- Present in over 70% of mild TBI patients and sometimes the hardest to treat
- Caused by tension, anxiety, depression, muscle tension from the neck/scalp, and embarrassment from their injuries/deficits
- Often treated with Triptans as rescue medication
- Sometimes treated with anti-epileptics and anti-hypertensives or referred to osteopaths, physical therapists, or chiropractors.

*“Not tonight dear, I have a headache...”*

# Sleep Disturbances

- Recent studies show sleep hygiene/stimulus control is more beneficial than pharmacological treatments.
- 50-80% of TBI patients develop insomnia symptoms <sup>1</sup>
- Rule of thumb: If you are not sleeping, you are not remembering.

## **NONBENZODIAZEPINES**

ZOLPIDEM  
ESZOPICLONE  
TRAZODONE

## **BENZODIAZEPINES**

DIAZEPAM

## **TRICYCLIC ANTIDEPRESSANTS**

AMITRIPTYLINE

## **DIBENZOTHIAZEPINE**

QUETIAPINE

<sup>1</sup> Ouellet, M.C., Beaulieu-Bonneau, S., & Morin, C.M. (2006). Insomnia in patients with traumatic brain injury: frequency, characteristics, and risk factors. *The Journal of Head Trauma Rehabilitation*, 21(3), 199-212.

# Dizziness/Balance Problems

- Ataxia
- Vertigo
- Migrainous vertigo
- Nausea/vomiting with dizziness
- May limit physical activities

# Visual Disturbances

- Gaze convergence insufficiency
- Accommodative insufficiency/paresis of accommodation
- Photosensitivity

Audience Participation: Please submit your answer via the polling box on your screen.

***Which post-concussive symptom is often the most challenging to treat?***

- A. Dizziness
- B. Headache
- C. Sleep disturbances
- D. Visual deficits

# Behavioral Health Issues

- Depression
- Anxiety
- Post-traumatic stress reaction

# Medications

- **Selective Serotonin Reuptake Inhibitors (SSRIs)**
  - Sertraline (Zoloft)
- **Non-SSRI**
  - Bupropion (Wellbutrin)
- **Tricyclic anti-depressants**
  - Amitriptyline (Elavil)
- **Anti-anxiety**
  - Buspirone (Buspar)
  - Venlafaxine (Effexor)
  - Clonazepam (Klonopin)

# Fatigue

- Neuroendocrine changes
- Sleep problems
- Tired brain
- Medications
- Emotional factors/symptoms

# COGNITIVE Symptoms

- Affect communication skills
- Vary in severity
- Usually temporary and will improve with time and treatment
- May involve frontal or temporal brain lobes

## **COGNITIVE Symptoms** *continued*

- Attention
- Judgment
- Social skills
- Self-awareness
- Memory
- Reasoning
- Problem solving
- Organizing
- Planning
- Emotional regulation
- Disinhibition/hypersexuality

## **COGNITIVE Symptoms** *continued*

- Attention and memory may improve with time
- May be influenced by medications for sleep, pain and headache
- New ways of communicating may need to be learned
- Use of assistive devices may need to be learned
- Treated with counseling, speech/cognitive therapy, vocational rehabilitation

# Intimacy

- A process taking place over time
- A “journey of discovery in a relationship”
- Being emotionally close
- Connected with a partner to share concerns and feelings

Source: [www.relationships.org.au](http://www.relationships.org.au)

# Systems Theory

- What affects one member of the family also affects other members of the family.

*“When one of the family becomes disabled, all members of the family must cope with the effects. Families serve as the major source of support, socialization and assistance for the person with TBI.”*

Source: Jacobs, 1989

# Stage of Development Considerations

Burdens can be objective, subjective, emotional, physical

## Affects:

- Family routines
- Activities
- Health
- Financial and housing conditions
- Caretaker stress
- Quality of life

# Post-deployment Intimacy Issues

Partner may experience:

- Anxiety
- Isolation and loss
- Lack of social interaction
- Decreased friendships
- Lack of social outlets

Source: Marcia Liss and Barry Willer. Traumatic brain injury and marital relationships: A literature review. *International Journal of Rehabilitation Research* 13, 309-320 (1990)

# Post-deployment Intimacy Issues

- Emotional reaction three months post injury: ANXIETY
- Significant depression in spouses in first year post- injury
- Marital separation and divorce and family discord are higher among family members of TBI when compared to general population

*“This is not the person that I married... they are different!”*

# Frequently Asked Questions from Intimate Partners

1. Will they go back to being the same person I knew?
2. Will they recover completely?
3. Will I be able to handle the extra responsibilities I now have?
4. Who will take care of ME?
5. What if they have to be medically discharged, what will we do?
6. Will we ever have a sex life like we used to?
7. Will my partner be able to work for a living to pay our expenses?
8. Will I ever feel like I am again in control of my life, my destiny?
9. What will become of our plans for the future?
10. What will be our quality of life?
11. Do I want to stay in this relationship with this changed person?

# Talking To Patients About Sex...

- May ask along with other body functions
- May start with orienting sentence: “When was the last time you had intimate physical contact with your partner?”
- Ask about interest and satisfaction
- Ask about problems, timing, severity, setting and other factors
- Ask about practices (especially related to symptoms)
- Determine length of time since deployment

# Talking To Patients About Sex...

- Consider length of relationship: may indicate degree of comfort level
- Ask about perceptions of partner support
- Explain how sexual dysfunctions may be due to medications
- May invite partner to appointment (or refer to social worker)
- Educate about TBI, communication, post-deployment readjustment

Audience Participation: Please submit your answer via the polling box on your screen.

***A 21 year old soldier hit his head on a parachute jump and was unconscious for 15 minutes. After one month, he still has headaches, memory loss, and insomnia. He also admits to frequent arguments with his wife at home and frustration at work. His relationship with his wife can be affected by:***

- A. Increased work stress due to his inability to perform his work duties
- B. Reduced desire for sexual activity due to issues with anger and frustration
- C. Problems remembering what he was told
- D. All of the above

# Intimacy Issues

- TBI is a process with many levels
- Adjustments will need to be made based on degree and number of deficits
- Assessment of pre-morbid relationship of significant others
- Two necessities: Time and Education

# Communication

- Education
- Resources
- Physical, emotional, behavioral

# Communication and Cognitive Deficits

- Easily frustrated
- Faulty judgment
- Impulsive
- Self-focused

## Influenced by other deficits such as:

- Sleep problems
- Fatigue
- Headaches

# Factors Playing a Role In Communication Problems

- Behavior
- Thinking skills
- Memory
- Attention
- Judgment
- Social skills
- Coping skills
- Medication

# Communication Tips

- Speak slowly and simply
- Make sure you have their attention
- Allow time for word finding
- Ask open-ended questions
- Be clear and concise

# Communication Tips

- Reduce distractions
- Short talks
- Do not rely on non-verbal communication
- Give positive reinforcement when given attention and appropriate responses
- Keep patient, calm and have a sense of humor

# Behavioral Problems

- Depression, anxiety, emotional lability
- Be calm and patient
- Offer support, understanding and encouragement
- Encourage expression of feelings

# Improving Intimacy in a Relationship

- Compromise when in disagreement
- Be respectful
- Designate a daily time for “partner time”
- Plan a date night
- Empathize and validate
- Take an interest in each other

# Improving Intimacy in a Relationship

- Spend free time doing things together
- Spend time on physical touching with eye contact
- Focus on the positive
- Stop critical language
- Give positive reinforcement after appropriate behaviors
- Spice things up and try something different!

# Resources

Whether in a remote clinic or within a interdisciplinary team, a referral to the following providers are beneficial for individual therapy and/or couples counseling:

- Case managers
- Social workers
- Behavioral health

A great resource to find nationwide providers is the “**Military TBI Case Management Resource Guide**”:

[http://www.dcoe.health.mil/Libraries/Documents/Case\\_Managers\\_Resource\\_Guide\\_Compedium.pdf](http://www.dcoe.health.mil/Libraries/Documents/Case_Managers_Resource_Guide_Compedium.pdf)

# DVBIC Resources

[www.dvbic.org](http://www.dvbic.org)

- **Addressing Family Needs**
- **Talking With Children About Moderate or Severe TBI**
- **Talking With Children About TBI**
- **Taking Care of Yourself While Caring for Others**

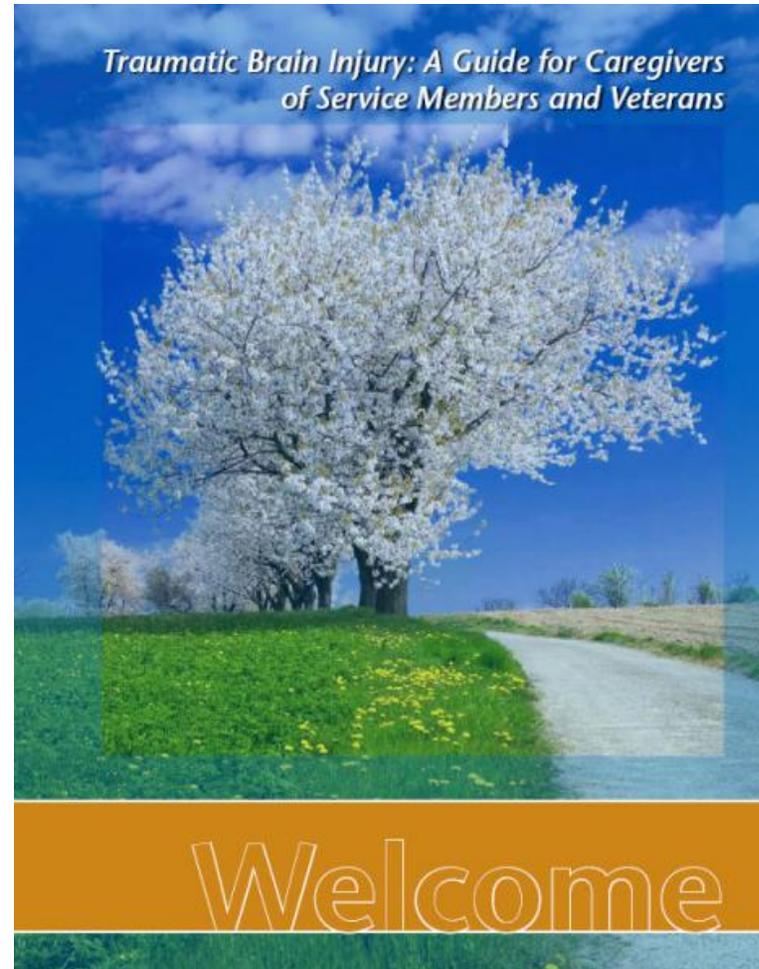


# DVBIC Resources

[www.dvbic.org](http://www.dvbic.org)

## Family Caregiver Guide

The guide provides caregivers with information and resources not only to care for their loved ones, but themselves in the process.



# Additional Resources

- [www.onlymyhealth.com](http://www.onlymyhealth.com)
- MyHealtheVet ([va.gov](http://va.gov))
- <http://www.cstsonline.org/tag/intimacy>
- [Brainline.org](http://Brainline.org)
- [Brainlinemilitary.org](http://Brainlinemilitary.org)
- [Militaryonesource.mil](http://Militaryonesource.mil)

# Summary

- Varying degrees of TBI severity
- Early intervention essential to progress
- Medication may help alleviate one symptom but worsen another symptom
- Adequate use of resources important
- Asking basic sexual history questions may help patient express concerns and identify problems

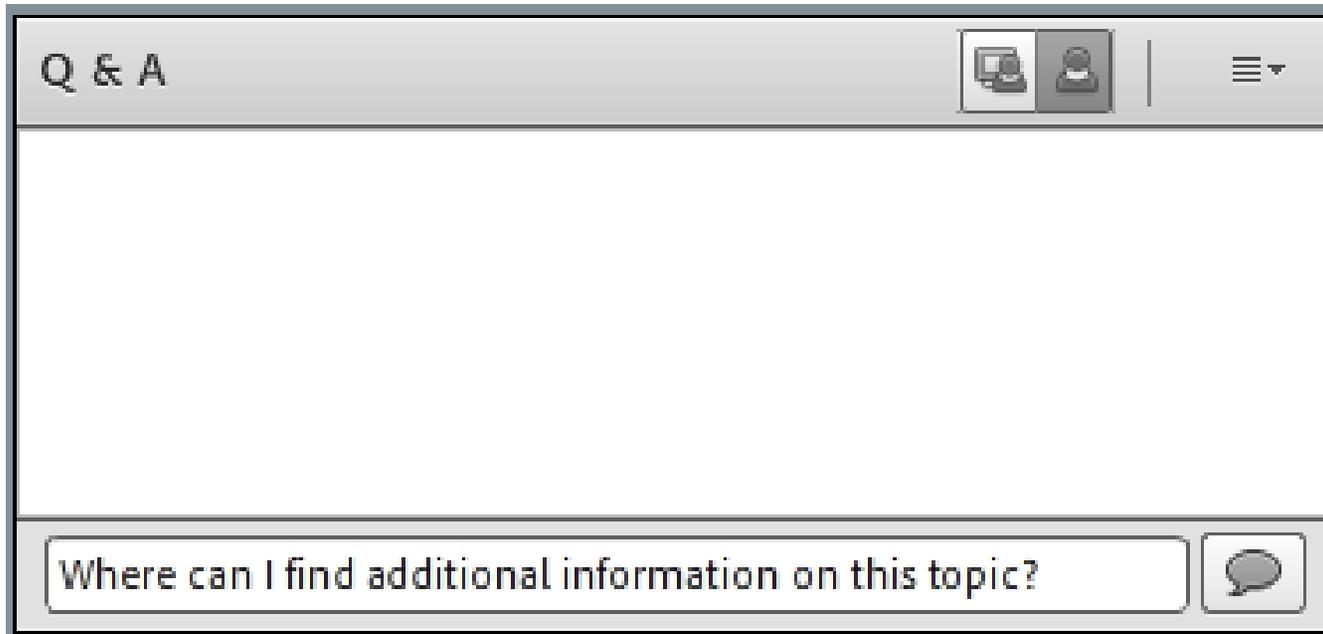
## Summary *continued*

- Education, symptoms, treatment, usual recovery pathway, effect of medication on symptoms and recovery is important
- Assessment of coping skills/style important to helping relationships and intimacy
- The positive outcomes of partners actively communicating may enhance TBI recovery from the reciprocal emotional support

*Helping with relationship and communication strategies can improve intimacy and partners may face recovery from TBI with a stronger relationship than prior to TBI.*

# Questions?

Please submit your questions to Dr. Cummings via the Q&A box located on your screen.

A screenshot of a Q&A interface. The top bar is grey and contains the text "Q & A" on the left, a camera icon and a person icon in the middle, and a hamburger menu icon on the right. Below the top bar is a large white rectangular area for questions. At the bottom of the interface is a text input field with the placeholder text "Where can I find additional information on this topic?" and a speech bubble icon to its right.

Q & A

Where can I find additional information on this topic?

For additional  
TBI information  
and resources,  
visit

The screenshot shows the DVBIC website homepage. At the top right, there are links for "Shopping cart", "Contact Us", and a search bar. The main header features the DVBIC logo and the text "DEFENSE AND VETERANS BRAIN INJURY CENTER". Below this is a navigation menu with categories: "Service Members & Veterans", "Family & Friends", "Medical Providers", "About DVBIC & TBI", "Educational Materials", "Research", and "DVBIC Locations". A prominent banner for a "FREE WEBINAR" on "INTIMACY: SEX, DRUGS AND TBI" is scheduled for "MARCH 20" and includes a "Register Now >" button. To the right of the banner is a "Find a DVBIC location near you" button with a map of the United States. Below the banner are several smaller buttons: "Family & Friends", "Service Members & Veterans", "Medical Providers", and a red "Crisis Intervention (24/7)" button.

[dvbic.org](http://dvbic.org)

The screenshot shows the DCoE website. At the top, there is a "Sign up" button and an email address input field. The header includes the DCoE logo and the text "DEFENSE CENTERS OF EXCELLENCE For Psychological Health & Traumatic Brain Injury". Social media icons for Google+, Facebook, Twitter, YouTube, RSS, and LinkedIn are displayed. A navigation menu contains: "About DCoE", "Psychological Health", "Traumatic Brain Injury", "Service Members & Families", "Media Center", "Training & Conferences", and "24/7 Help". The main content area features a "VIDEO" section titled "Interview with T2 Leadership" with a "More >" link. Below this are three logos: "DHCC" (Deployment Health Clinical Center), "T2" (National Center for Telehealth and Technology), and "DVBIC" (Defense and Veterans Brain Injury Center), each with a brief description of their mission.

[dcoe.health.mil](http://dcoe.health.mil)



# Presentation and Audio

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**Beginning 1 April 2013**

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# DVBIC Winter Webinar Series

**[Archived at www.dvbic.org](http://www.dvbic.org)**

The Battle Within:  
TBI, PTSD and Violence Risk

Post-traumatic Headaches in the  
Military Population: Initial Management  
and Alternate Approaches

Overview of Imaging for TBI from  
Current Standards to Advanced  
Techniques



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We want your feedback!

Please take the Interactive Customer Evaluation found on the DVBIC website:

[www.dvbic.org/winter-webinar-series-hot-topics-traumatic-brain-injury](http://www.dvbic.org/winter-webinar-series-hot-topics-traumatic-brain-injury)