

# The Use of the Ex-PLISSIT Model to Address Sexuality and Sexual Health within Stoma Care

Andrew Bird - Lead Stoma Care Nurse, NUH (andrew.bird@nuh.nhs.uk)

## Introduction

The Ex-PLISSIT model (Davis and Taylor, 2006) is an extension of the frequently used PLISSIT model (Annon, 1976) that can be used to help healthcare professionals meet the sexuality and sexual health needs of their patients. The model identifies four levels of intervention: Permission-giving, Limited Information, Specific Suggestions and Intensive Therapy with explicit Permission-giving central to the other levels with review and reflection being key elements of its successful use.

### P PERMISSION GIVING

- This is central to the model. By broaching the subject early in the professional relationship (preoperatively if possible) you can convey your approachability, interest and openness to discussing the topic.
- Identifying that some people with a stoma have concerns around sexuality can also make the ostomate feel more at ease with discussing their own issues.
- Ask the question: 'Have you got any questions or concerns about sex, relationships, intimacy or body image?' at each appointment as this can help to normalise discussing sexuality.

### IT INTENSIVE THERAPY

- In contrast to the PLISSIT model, Intensive Therapy can, and should if needed, be offered at any stage without having to progress through all stages.
- Acknowledge your own comfort zones, competence, strengths and limitations and refer on when appropriate.
- Possible referral routes are specialist services such as:
  - Psychosexual Therapy,
  - Relationship Counselling e.g. at Relate
  - Urology
  - Genitourinary Medicine
  - Continence
  - Gynaecology

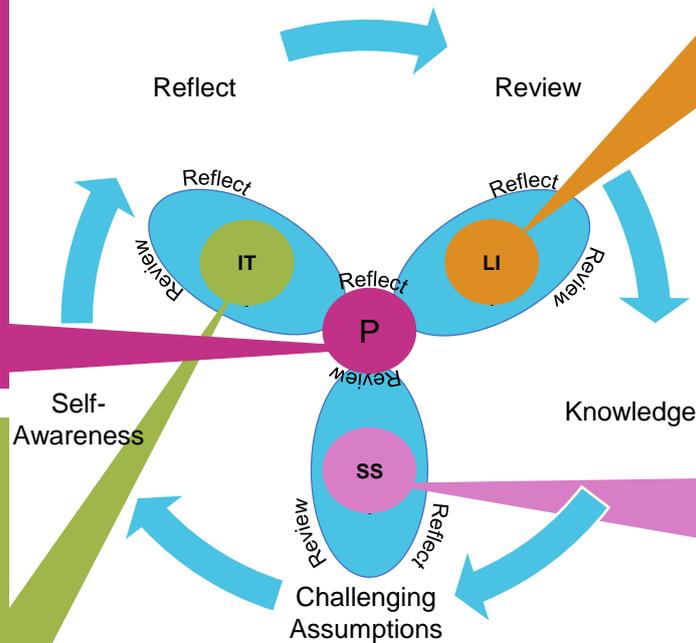
### LI LIMITED INFORMATION

- Working within your comfort zone and sphere of competence you can give general information about sexual issues
- Given in the form of leaflets or directions to websites etc., this information can prove useful in identifying concerns but Permission giving must take place to ensure the information given is relevant as well as offering a catalyst for discussion.

### SS SPECIFIC SUGGESTIONS

- Simple solutions specific to your knowledge and specialty can be offered. These can include:
  - Altered body image – Lingerie, support garments, caps, plugs
  - Painful intercourse – lubricants, vaginal moisturisers, alternative positions
  - Performance issues – treatment for erectile dysfunction via GP
  - Reduced energy levels – set realistic expectations
  - Altered sensation possibly due to surgery but don't rule out emotion or fatigue as this may lead to permanent disengagement
- Be comfortable saying 'I don't know' and referring to other specialist resources (See IT)

## Adapted from Davis & Taylor (2006)



### REFLECTION & REVIEW

- Reviews should take place at the end of each consultation and on future consultations,
- Seek the perspective of the ostomate – this is a further opportunity for Permission giving,
- Reflecting on the interventions with the ostomate and also your own attitudes either alone or with peers can lead to:
  - A greater knowledge and understanding
  - Your (and others) assumptions being challenged
  - An increased self-awareness

## REFERENCES

- Annon, J.(1976) The PLISSIT Model: a proposed conceptual scheme for the behavioural treatment of sexual problems. *Journal of Sex Education and Therapy* 2(1), 1–15
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- Taylor, B., Davis, S. (2007) the Extended PLISSIT Model for Addressing the Sexual Wellbeing of Individuals with an Acquired Disability or Chronic Illness. *Sexuality and Disability* 25(3): 135-139