**Guide to Having Conversations about Sex and Relationships Post-Stroke and Neurological Condition Diagnosis.**

This document has been created following the advanced session on sex and relationship training. We have captured the themes that were discussed and shaped them into a practical guide on how to approach and navigate these conversations with patients.

The aim is to support clinicians in having open, respectful, and meaningful discussions around intimacy, sexuality, and relationships post stroke and neurological diagnosis.

**1. Managing Expectations**

Patient-Centered Approach: Recognise that each patient’s experience and needs are different. Avoid assumptions and let the patient define what intimacy and relationships mean for them.

Set Realistic Hopes: Be honest about what recovery may look like in terms of sexual function and relationship dynamics, while highlighting the potential for positive change over time.

**2. Gradually Build the Conversation**

Start Small: Build rapport before diving into more sensitive topics. Let trust and comfort guide the pace.

Avoid Rushing to “Fix” Things: The goal is to listen first and understand the patient’s concerns before offering solutions or interventions.

Revisit When Needed: If the patient is not ready, offer to come back to the conversation during a follow-up appointment. Timing is crucial.

**3. Approaching the Topic with Sensitivity**

No Need to Apologise: Approaching the topic without embarrassment helps normalise it. Avoid starting with “Sorry to ask…” or “This might be awkward…”

Be Clear and Respectful: Use direct, simple language that avoids euphemisms but stays sensitive to the patient’s comfort.

Use Gentle Prompts: e.g., “Many people notice changes in their relationships or intimacy after a stroke—has anything changed for you?”

**4. Creating a Safe and Supportive Space**

Privacy Matters: Ensure a quiet, private setting with minimal interruptions.

Hold Space with Silence: Silence can be powerful—allow the patient time to think or respond without rushing to fill the gaps.

Validation is Key: Let the patient know their feelings are valid, and that concerns about sex and intimacy are normal and important.

**5. Encouraging Patient Openness**

Read Subtleties: Patients may hint at concerns rather than state them outright—listen actively for these cues.

Use Open-Ended Questions: “How have things been between you and your partner?” or “Are there any changes you’ve noticed in how you feel about closeness or touch?”

Respect Boundaries: If the patient is not ready, respect that. Let them know the door is always open.

**6. Overcoming Clinician Assumptions**

Reflect on Your Own Biases: Acknowledge your beliefs about sex, disability, age, or relationships and how they might affect your approach.

Stay Curious and Non-Judgmental: Every patient’s story is different. Avoid projecting assumptions about what they should feel or want.

**7. Interdisciplinary Support**

Team Awareness: Different professionals may approach this differently. Share insights across the care team to ensure consistency and appropriate referrals.

Know When to Refer: If needed, signpost patients to specialists such as sex therapists, psychologists, or counselors who can offer targeted support.

**8. Useful Resources**

Educational Materials for Patients and Partners:

- Stroke Association – Sex and Relationships: [www.stroke.org.uk/sex-and-relationships](http://www.stroke.org.uk/sex-and-relationships)

- American Sexual Health Association: https: [www.ashasexualhealth.org](http://www.ashasexualhealth.org)

- Disability and Sexuality Network: [www.ds-network.org](http://www.ds-network.org)

**Conclusion**

This guide is intended as a living resource—something to return to, adapt, and grow with as we continue to improve how we support patients with their intimate lives post- stroke or neurological diagnosis.