Talking about Sexual History and STIs:

A Provider's Guide

praxis Training for Massachusetts Addiction Professionals

Let's Talk About Sex

The CDC estimates that there are 20 million new sexually transmitted infections each year, leading to a total of 110 million infections[1]. In order to make informed decisions people need access to accurate information, however stigma around sexuality and sexual activity often results in the avoidance of critical conversations. An international study of 27,500 men and women indicated that individuals generally believe that it is the responsibility of the care provider to bring up sexual health as part of the clinical interaction[2]. Fears of rejection or lack of understanding often prevent clients from initiating discussions about sex and sexual health with service providers[3,4]. Conversations about sexual behavior, sexual health and any associated risk factors are essential to the implementation of the harm reduction framework. We can't help people with risks we don't know about! Strategizing about how best to have candid conversations with our clients about their sexual activity and health is essential.

Key Principles of Effective Intervention

While a majority of individuals want their service provider to initiate sexual health conversation, many have also had negative experiences with

PERSON CENTERED APPROACH: THE BASICS

1. **Getting to know the client as a person:** This focuses on building a relationship between the service provider and the patient/client.
2. **Sharing of power and responsibility:** This realizes that the client is the expert of hizns about care, treatment or outcomes.
3. **Accessibility:** Clients should be given timely and accurate information in order to help them make their own choices about their care.
4. **Coordination and integration:** Working with clients as partners helps to clarify the clients' needs and reduce the duplication of services. To accomplish this, providers must work "seamlessly" with other systems/providers behind the scenes to maximize patient outcomes and provide them with a positive experience.
5. **Environments:** The environment refers to both the physical and the organizational environment. The physical space should be clean, private and organized in a manner that reduces the implication of a hierarchy. The organizational environment should.

Adapted from: State Government of Victoria, Department of Public Health (2008) Person Centered Practice. Retrieved from: http://www.health.vic.gov.au/older/toolkit/02PersonCentredPractice/docs/Guide%20to%20implentating%20Person%20centred%20practice.pdf

1 The Center for Disease Control (2013) *Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States*. Retrieved from: http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf

2 Althof et al., (2013) *Standard Operating Procedures for Taking a Sexual History*. Journal of Sexual Medicine. 10:26-35

3 Association of Reproductive Health Professionals (2010) *Sexual Health Fundamentals: Talking with patients about sexuality and sexual health*. Retrieved from: http://www.arhp.org/Publications-and-Resources/Clinical-Fact-Sheets/SHF-Talking

4 Friedman, A & Bloodgood, B (2010) *"Something we'd rather not talk about": Findings from CDC exploratory research on sexually transmitted disease communication with girls and women.* Journal of Women's Health. 19:10. DOI: 10.1089/jwh.2010.1961

other systems and previous providers. Repeated negative experiences with healthcare systems and providers understandably make people reluctant to try disclosure again. In order to build trust and gather accurate sexual histories from out clients it's important to understand that hierarchal relationships- in which the provider dictates what the client should and should not do- can be particularly harmful[5]. Many clients also fear being judged by their service provider and will therefore withhold information about risk behavior[6]. In order to maximize the efficacy of intervention with clients, it is recommended that providers employ a person-centered approach (PCA). A PCA recognizes the inherent value and uniqueness of each client. Clients are viewed as the experts on their own inner state and are actively engaged in the planning process. Providers using the PCA are encouraged foster a strong provider/client relationship through self-disclosure, consistent positive regard and empathy.

Ask Questions!

Open-ended questions give individuals the space to share their own perspective on issues and opportunities. This helps the service provider understand the client's thoughts and feelings, which enable both the provider and the client to begin planning reasonable treatment goals.

Opening Questions	Follow-Up Questions
• What would you like to talk about? • Would you mind telling me a little bit about what's been going on in your life? • Do you have any questions about your sexual health that you'd like to discuss? • To make sure that we're discussing issues that are important to you, I'd like to ask you some questions from our sexual history assessment? Is this ok? You do not have to answer any questions that you feel uncomfortable.*	• How much does this issue bother you? • If you've sought treatment for this before do you mind if I ask what your experience has been like? • What was your partner's response to this? • Do they have any sexual health concerns? • How would you like to see this problem resolved? • What kind of help would you like from me?

* If you or your agency would like assistance drafting, reviewing or implementing a sexual history risk assessment, please contact Praxis at praxis@c4innovates.com.
Adapted from: Althof et al., (2013) Standard Operating Procedures for Taking a Sexual History. Journal of Sexual Medicine. 10:26-35

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5 Fisher, J; Cornman, D; Osborn, C; Amico, K; Fisher, W; Friedland, G (2004) *Clinician-initiated HIV risk reduction intervention for HIV-Positive Persons*. Journal of Acquired Immune Deficiency Syndrome. 37:2

6 Casemore, R (March, 4 2011) *Person-Centred Counselling in a Nutshell*. SAGE Publications.