



SAMHSA-HRSA Center for Integrated Health Solutions

Supporting Clients in Sexual Health

A Provider Action Brief

This brief was developed by Chad Morris at the University of Colorado for the SAMHSA-HRSA Center for Integrated Health Solutions to disseminate to SAMHSA-funded Primary and Behavioral Health Care Integration grantees.

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), in partnership with the University of Colorado Behavioral Health & Wellness Program, offers a series of briefs on:

- Making healthy food choices and increasing physical activity
- The importance of prevention and health screening
- Understanding sexual health
- Managing diabetes

Sexual health is important in overall happiness, wellbeing and longevity, and should be a part of general health care and management. This brief provides clinicians, case managers, peer support specialists and other providers guidance for supporting clients to take achievable steps toward improving sexual health. This can be done through education and self-management training based on assessment of risk and needs. The brief provides practical examples of how to raise awareness, activate self-management, and promote new behavior based on risk level and personal strengths.

Why Talk to Clients about Sexuality and Sexual Health?

According to the Centers for Disease Control (CDC), more than 110 million Americans have a sexually transmitted infection (STI) with 20 million new infections occurring each year. Some of these infections can lead to serious conditions such as infertility and liver, cervical, and prostate cancers (Weström, 1993; Perz, Armstrong, Farrington, & Bell, 2006; Dillner, et al., 1997; Hayes, et al., 2000). The CDC estimates that more than one million people in the U.S. are living with the Human Immunodeficiency Virus (HIV), and about one in six are unaware they have been infected (2013). Additionally, despite the efforts of policy makers and health educators to promote family planning, still about half of the pregnancies occurring in the U.S. every year are unintended (Trussell, 2009).

Many of these adverse outcomes are preventable with education and support to develop healthier sexual behaviors such as vaccination, screening, hormonal birth control, condom use, and effective partner communication.

Communication with a provider and appropriate interventions can improve sexual health, and a lack of such interactions can be a risk factor for the contraction of HIV and other STIs (American Social Health Association, 1994). Providers have an opportunity to raise awareness about the importance of making healthy sexual choices to reduce risk to clients and their partners.

Why are Behavioral Health Populations at Greater Risk?

People with behavioral health conditions have higher than expected rates of sexually transmitted infectious disease, are more likely to experience an unplanned pregnancy and are more often victims of sexual violence. Prevalence studies show that people with behavioral health conditions are up to eight times more likely to test positive for HIV (Walkup, Satriano, Barry, Sadler, & Cournos, 2002), and up to 76 percent of women with severe and prolonged mental illnesses have experienced sexual abuse or coercion as an adult - nearly three times the national average (Weinhardt, Bickham, & Carey, 1999).

Those who are suffering from behavioral health conditions may be more likely to engage in risky sexual behaviors such as sex with casual or high-risk partners, sex in exchange for money or goods, and infrequent condom use (Mead & Sikkema, 2005; Higgins, Barker, & Begley, 2005). This could be because of co-morbid substance abuse, lack of education, or the inability to

advocate for themselves (Regier, et al., 2004; Carey, Carey, Maisto, Schroder, Vanable, & Gordon, 2004). Symptoms commonly associated with certain behavioral conditions may overlap with risk factors for engaging in less safe sexual practices, such as poor impulse control, codependency in relationships and erratic behaviors (Harned, Pantalone, Ward-Ciesielski, Lynch, & Linehan, 2011).

Social dynamics also play a part. The stigma associated with behavioral health conditions may contribute to real or perceived social undesirability and low self-esteem. This can cause a reduction in advocating for safer sex practices and discernment in partner choice.

There may also be an association between a client's behavioral health conditions and sexual history or current status. For instance, sexual or domestic abuse, an ongoing infection, sexual dysfunction, unwanted pregnancy and discrimination based on sexual orientation or status can all contribute to mental and emotional distress (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Mullen, Martin, Anderson, Romans, & Herbison, 1993). Although sexual and emotional intimacy are basic human needs, providers often fail to address these issues when working with those who have behavioral health conditions (Tennille, 2013). The success of sexual education and intervention programs in behavioral health provider settings suggests that giving information, motivational exercises and skills acquisition can be very effective in reducing high risk behaviors and improving sexual health for those with behavioral health conditions (Higgins, et al., 2006).

How do I Talk to Clients about Sexual Health?

Sexual health is a complex and delicate subject. Many providers are hesitant to talk about sexual concerns because they are uncomfortable, feel they lack the training or fear offending the client (Gott, Galena, Hinchliff, & Elford, 2004). Paying attention to language can help create a supportive environment in which the client feels safe to communicate openly and honestly. Assessment of sexual history and current practices is based almost entirely on self-reported measures. There must be an open dialogue that supports the client in disclosing and discussing the issues truthfully and accurately.

Although it is essential to speak candidly, it can be difficult to do so while also avoiding judgment and blame. Stick to the facts and use language that is clear, appropriate, empathetic and non-judgmental. Use open-ended (as opposed to "yes-or-no") questions to facilitate a client-led conversation, and allow his or her concerns to come forward. Reflect back to a client what you think is being communicated, and validate his or her experience. Listen for indications that the client may be interested in altering risky behaviors, and reflect any "change talk" (i.e., statements the client makes indicating he or she is willing to consider taking actions to reduce risk).

Starting the Conversation

- *"Can you say more about that?"*
- *"It sounds like you grew up in an environment that didn't support you in advocating for yourself. That must have been hard."*

Be Specific and Check for Understanding

There are a wide variety of phrases to describe sexual activities, body parts, and different diseases. When deciding what language to use, it is necessary to recognize and consider to whom you are talking. Different demographics will respond differently to the use of language when talking to a provider about sex. For instance, less educated clients may not know anatomical terms, and younger clients might not recognize more dated expressions.

It is also important to be specific and make sure the client understands. For example, there are many ways to interpret the word “sex” (e.g., the provider may intend to refer to vaginal sexual intercourse in particular, but the client might take this to include other sexual acts). Use precise phrases and ask follow-up questions to ensure accurate information is being conveyed. Because of the sensitive nature of the topic, clients may be hesitant to ask questions or admit when they do not understand. Check to confirm clients are making sense of what you are asking or telling them.

Be patient and receptive – this may be the first conversation the client has had about his or her sexual health.

Starting the Conversation

- *“What questions do you have for me?”*
- *“Do you know what I mean when I say _____?”*
- *“Let me explain how I’m using the word/phrase _____ to ensure we understand each other.”*
- *“I know these issues can be very personal, but I want us both to be as specific as possible so we can get a full picture.”*

Avoid Stigmatizing Language

The words chosen during a sensitive discussion can be impactful. Although a provider may be accustomed to using the term “high risk population,” clients may be offended by being put in such a category. Instead, personalize your statements and questions to the individual’s situation. There has been a shift in clinical practice away from referring to a client as “infected.” Discussing “the infection,” on the other hand, can reduce the risk of a client feeling stigmatized or alienated. Also, using the phrases “protected”/“unprotected” sex can send the message the client should feel guilty or ashamed of previous actions. Simply talking about “risk reduction” is more accurate, as all sexual activity carries some level of inherent risk.

Special care may need to be taken when working with someone who is positive, or presumed to be positive, for HIV. There is widespread misunderstanding and prejudice about the disease that can result in discrimination, social isolation and even violence against those individuals. Avoid the phrases, “AIDS victim/ sufferer/carrier,” and HIV/AIDS (with no distinction). Instead refer to an “HIV-positive person,” or “person living with HIV,” and talk about “HIV and AIDS.” Although slang terms like “pos” may be acceptable in some communities, even when clients use these words it is a good idea to err on the side of respect and professionalism (EngenderHealth, 2004).

Avoid Judgment and Assumptions

Although the aim is to assess risk and influence subsequent sexual behavior, imparting a sense of shame or blame on a client may cause him or her to lie about activities or status, or shut down further communication. Any suggestion the client is being judged reduces trust and lowers the likelihood of adherence and follow-up.

Using inclusive language indicates acceptance and openness. Do not make assumptions about a client’s sexuality, sexual orientation, or gender identification. In deciding what pronouns to use in referring to transsexual or transgendered clients, it is always best to ask what they prefer. Do not make other assumptions about the client’s feelings, attitudes, or behaviors.

Use language that shows you understand the client's position, respect their views, and are not there to judge previous or future behavior. Demonstrate that you are willing to follow their lead, helping them to improve their sexual health in whatever ways they decide are useful and feasible. To help a client feel safe and comfortable talking to you, it is also important to "normalize" a client's experience by assuring his or her thoughts, feelings, and actions are common and understandable (Resnicow, Dilorio, Soet, Borrelli, Hecht, & Ernst, 2002). For example, "You're not alone in thinking/feeling those things."

Terms and Strategies to Use:

Person with an infection
Risk reduction
HIV and Aids
Person with HIV
Are you seeing anyone/do you have a partner?
Risk of the behavior
Open questions
Inclusive language

Terms and Strategies Not to Use:

Infected person
Protected or unprotected sex
HIV/Aids
AIDS Victim
Do you have a girlfriend/ boyfriend?
Risk of the population
Yes/No questions
Assumptions

The 5A's Model

The 5A's model ("Asking, Assessing, Advising, Assisting, and Arranging") is a practical structure for addressing wellness issues. Using this model, providers can increase clients' abilities to make lasting healthy changes. Below, we offer an overview of how you might build these strategies into daily practice. For more information, see the 5A's section of the [DIMENSIONS: Well Body Toolkit for Healthcare Providers](#).

I. How Do I Ask About Sexual Health?

It is essential to lay the foundation for a trusting rapport, as the relationship you have with the client is one of the most vital elements of lasting behavior. **Asking questions** is a great way to establish mutual trust when approaching the subject, especially since sexuality is associated with private and intense emotion, and often self-consciousness. Attitudes, feelings, and experiences surrounding these issues vary widely, and can feel deeply personalized. To start, you can ask permission to talk about sexual health in general. This is a good time to remind the client of confidentiality, and give him or her a chance to voice concerns (these are often fears about parents, partners, employers, insurance companies, etc. getting private information).*

*In accordance with mandatory reporting laws where you live, be sure to mention your responsibilities and limits to confidentiality when talking to a minor.

Point out that sexual health is an integral part of overall psychological and physical wellbeing, and highlight the importance of lowering risk. Make sure to convey that your purpose is to inform and help clients make choices that are best for them, not to judge or force change.

Before taking a sexual history (or asking general questions about sexual health, depending on the nature of the client-provider relationship and goals of the visit), give the client a chance to tell his or her story. There may be nothing in particular they wish to bring up, but letting them begin the discussion is empowering, and shows you are going to allow the client to set the agenda and determine the pace and depth of the conversation. At the beginning ask the client to let you know if he or she feels

uncomfortable answering one of your questions or discussing a topic you bring up. If this happens, respect his or her feelings and move on. (Note: If you suspect your client may have been the victim of sexual trauma and are not equipped to handle such a conversation, refer the client to a specialist).

Starting the Conversation

- “I talk to all my clients about their sexual health. Is there anything in particular you’d like to discuss?”
- “Have you ever talked about your sexual health?”
- “I’d like to discuss your sexual history, which I know can be personal. Is that ok?”

II. How Do I Assess Clients’ Risk?

The **5 P’s** is a model for taking a brief sexual history in order to **assess** the client’s engagement in risky sexual activity. Some examples of questions are provided to ask for each section, but be sure to take into account the client’s needs, concerns, and time-constraints. Again, it is important to check to make sure it is ok if you ask some questions. Normalizing language is more likely to get a truthful response.

When warranted, clinicians can utilize the full 5 P’s model or clinicians can individually use questions that are relevant during specific clinical encounters.

<p>Partners</p>	<p>“In the past 12 months, how many sexual partners have you had?”</p> <p>“Have you or any of your sexual partners injected drugs?”</p> <p>“Have you ever had sex when you didn’t want to?”</p> <p> If yes: “Did you tell anyone about it?”</p> <p>“How do you communicate with your sexual partners about protecting yourselves? What do you talk about? What do you want to talk more about?”</p>
<p>Practices:</p>	<p>These can be especially personal, so you may want to ask again, “So I can make sure I understand, is it ok if I ask you what kind of sex you’ve had recently?”</p> <p>If yes: “In the past 12 months have you had:</p> <ul style="list-style-type: none"> ○ Oral sex?” ○ Vaginal sex?” If yes: “how often do you use condoms?” ○ Anal sex?” If yes: “how often do you use condoms?” • If no for either condom question: “why not?” • If sometimes for either condom question: “under what circumstances do you use them?” <p>“Do you see a gynecologist/primary care physician at least once a year?”</p> <p>If no: “why not?” or “do you think that would be helpful for you?”</p>

Past STIs:	<p>Make sure the client knows what is meant by sexually transmitted infection (give examples if necessary).</p> <p>“Have you ever been diagnosed with a sexually transmitted infection or HIV?”</p> <p>If yes: “How do you think you became infected?;?”</p> <p>“Did you seek treatment?”</p> <p>“Do/did you tell your partner/s?”</p> <p>“Have you had a test since then?” or “Do you plan to get tested again?”</p>
Pregnancy	<p>“Are you or your partner trying to become pregnant?”</p> <p>If no: “What are you doing to protect yourself or your partner(s) from becoming pregnant?”</p> <p>If yes: “Are you/your partner getting prenatal care?”</p>
Protection:	<p>“What do you do to protect yourself from STIs and HIV?”</p> <p>“How do you think you could be better protected?”</p>

III. Assess Willingness to Change

Identify Risky Behaviors

Now that there is more of an understanding of a client’s sexual history, practices, and current status, a provider can better gauge which behaviors would be useful and feasible to change. If the individual has expressed interest and readiness to change, proceed to **Assist** (below).

If you and the client have not already identified which behaviors might be useful to target, ask him or her about it.

Starting the Conversation

- “Would you be open to some information about the risks involved in [risky behavior]?”
- “Are you worried about getting STIs/HIV/pregnant? Why/why not?”
- “What changes would you be willing to make to keep yourself protected?”

Ambivalence

If the client seems unsure about change, explore the ambivalence. Pointing out discrepancies in a client’s behaviors and desires for their own wellbeing can be a powerful tool. This strategy may plant internal seeds of change, without putting outside pressure on a client to do things differently.

Starting the Conversation

- *“It seems like you’re saying you don’t use condoms often, yet you want to stay protected against HIV. Is that accurate?”*
- *“It sounds like the fear of getting pregnant is causing you a lot of anxiety, but you think you can’t afford birth control. Do you want to talk about some options?”*
- *“What would be the good things about discussing _____ with your partner? What are your concerns?”*

If the client’s risk level seems high, some more direct questions may be helpful:

- *“How would you feel if you got pregnant right now?”*
- *“Suppose you don’t tell your partners about your HIV status. What’s the worst thing that might happen?”*
- *“What do you think about the prospect of contracting HIV or STIs?”*
- *“Which, if any, of those behaviors worry you?”*

Education is of great importance in improving sexual health. Many clients are not aware of the risk level involved in their behaviors, the possible outcomes, or how to change unhealthy sexual behaviors. Once you have a good idea of what behavior changes might improve the client’s health as well as which they are willing to work on, ask if you can make a plan together.

Using condoms correctly is one of the single best ways to reduce the risks of sexual activity. Use this opportunity to refer the client to other providers and services (some are listed at the end of the brief). Share local resources such as free or sliding-scale reproductive health clinics in the community and peer-education programs that offer social support on an ongoing basis. Whole Health Action Management (WHAM) is a training program and peer support group model developed by CIHS that provides peer support professionals and volunteers a format for peer support meetings. Consumers engage in 8-week WHAM groups to support one another as they work toward, achieve, and maintain whole health goals. For more information, visit [the website](#).

It may be also helpful to have educational materials on hand that can be reviewed together if time allows.

Another important skill to stress is assertiveness in sexual encounters. Make sure clients know they have the right to make choices, and help them build skills to increase feelings of confidence, deservedness, and self-efficacy (Senn & Carey, 2008). Role-playing might be useful for this.

“Would you be open to learning some skills to help you talk to your partner/s?”

“Although it might seem obvious, using a condom correctly is actually harder than most people think. Would you like more information about this?”

Key Messages

Using condoms *correctly* is highly effective in prevention of pregnancy, STIs and HIV.

Self-advocacy and effective partner communication can reduce the risk of disease as well as improve relationships, foster positive self-image, and promote a sense of agency.

V. How Can I Assist Clients to Develop Achievable Sexual Health Goals?

Keep it simple

Together, discuss possible strategies for reducing risk and maintaining health. Ensure that any plans to change behaviors are simple and concrete.

Encourage client to stop or reduce some behaviors, focusing on those that:

- Are posing the highest risk
- The client wants to change
- Are achievable

Develop skills to:

- Advocate for oneself (e.g., saying 'no' to sexual encounters, asking a partner to use protection) and avoid peer pressure
- Communicate clearly and effectively with partner(s)
- Manage difficult emotions
- Plan ahead and improve impulse control

Throughout this process, it is important to promote the client's sense of control and self-efficacy. If they feel they are able to make changes, they will be more likely to try and implement them. Reinforce the client's ownership of his or her plans to change behaviors.

Starting the Conversation

- *"You're showing a lot of strength and courage to be willing to set these goals for yourself."*
- *"What are some of your strengths that might support you in making these changes?"*
- *"I noticed you quit smoking, which is a very difficult thing to change. How could you use whatever helped you do that in this situation?"*
- *"The fact that you're concerned about HIV is important."*
- *"Look how much you're already doing to protect yourself!"*

Action Plan Examples:

- I will get an STI/HIV screen every time I have a new sexual partner.
- I will talk to each new partner about how we will prevent pregnancy and STIs/HIV.
- I will visit my primary care provider or OB/GYN for my yearly exam before the end of the month.
- I will carry condoms with me whenever I think I might have a sexual encounter.
- I will take prenatal vitamins every day.
- I will limit my sexual partners to only those who are willing to use protection.
- I will join a support group for sex addiction.
- I will attend a sexual health skill-building workshop this month.
- I will go to my local community health clinic to get birth control before the next time I have vaginal sexual intercourse.
- I will plan for sexual safety and prevention before using alcohol or drugs.

Documentation and Supervision

Given the sensitive nature of providing assessment and treatment regarding sexual health, it is particularly important that you fully document all interventions in the treatment record. While important for any clinical care, it is also highly recommend that clinicians providing sexual health treatment have regular documented supervision.

Harm Reduction

Clients may be resistant to changing behaviors, for various reasons. It is important to be receptive, respectful, and accepting. Encourage any positive behaviors, no matter how small. For instance, perhaps a client is not willing to consider using condoms, but can set a goal to get tested for STIs and HIV, and talk to his or her partner about their status.

Starting the Conversation

- *“How can I support you?”*
- *“I hear that you do not want to start using condoms right now. Do you want to talk about the effectiveness of the withdrawal method in preventing pregnancy?”*
- *“What do you think we could work on in order to reduce your risk of contracting HIV?”*
- *“How achievable is this plan for you? Should we change it in any way?”*

VI. Arranging for Following up

Make a plan to track and follow up with a client on their progress. Asking questions focused on sexual health on an ongoing basis provides opportunities for both preventative care and early detection of high-risk behaviors and health problems. No matter what happens in between sessions, stay positive and focused on the client’s goals. Congratulate any successes, even if they seem minor, and encourage continued effort. Ask the client how the change impacted them and what they would like to continue to work on. Encourage reporting setbacks and looming high-risk situations.

DO:

- Explore challenges
- Ask what the next steps might be
- Provide Feedback

DON'T:

- Shame the client for not meeting goals
- Give a prescription for action
- Express judgments

Starting the Conversation

- *“What has supported you to meet these goals? What challenges did you face?”*
- *“How do you feel now that you’ve made this change? How has it affected your life?”*
- *“You’ve taken the first steps. Great job!”*

Cultural Considerations and Special Populations

Among different cultural and religious groups, issues related to sexuality may be treated very differently, and it is important to respect the client’s beliefs and priorities. Cultural norms and practices vary widely, so try not to make assumptions or express judgments. For example, in Latin cultures it is often socially acceptable, even desirable, to become pregnant at a young age.

Therefore, it is likely some members of that population do not consider teen pregnancy a “problem.” Do not make assumptions about a client based on racial, ethnic, or cultural factors. To find out about the clients beliefs and attitudes, just ask. If some of the risk-reduction methods will not work for a client for whatever reason, suggest alternatives.

Starting the Conversation

- *“What are your feelings about monogamy?”*
- *“I heard you say your religious beliefs prevent you from using hormonal birth control. Do you want to talk about other ways to keep you protected, like vaccinations, frequent testing, commitment to a single partner, and diligent partner communication?”*

Resources

STI/HIV screening and pregnancy testing

- CDC free STD check by zip code: <https://gettested.cdc.gov/>
- AIDs Healthcare Foundation (free STD check by zip code): www.freestdcheck.org/
- Planned Parenthood (may be free/reduced, depending on state): www.plannedparenthood.org/

Sexual Abuse

- National Sexual Abuse Hotline: 1.800.656.HOPE or www.rainn.org/get-help/national-sexual-assault-hotline
- Moving to End Sexual Assault: www.movingtoendsexualassault.org/

Condoms

- Free condoms: www.condomusa.com/4free.asp
- Condom use handout: www.mckinley.illinois.edu/handouts/condom_spermicidal_jelly/condom_spermicidal_jelly.html

LGBT

- Local and state groups and resources: www.lgbtcenters.org/localstatenational-groups.aspx
- Talking to Patients About Sexuality and Sexual Health: www.arhp.org/publications-and-resources/clinical-fact-sheets/sexuality-and-sexual-health
- How to talk about sex with patients who are not heterosexual: www.ncbi.nlm.nih.gov/pmc/articles/PMC1070933/

Additional information and resources

- Talking with Your Patients about Behavioral Risk Factors for HIV and AIDS: http://chfs.ky.gov/nr/rdonlyres/bf4b88d1-5654-469d-9416-6e861b08000a/0/cover_risk_factor_v1.pdf
- Planned Parenthood's "In Case You're Curious" allows people to text questions. Visit www.plannedparenthood.org/planned-parenthood-rocky-mountains/information-teens/icyc-case-youre-curious to find your local phone number.
- Educational material: Sexual Activity: a Personal Decision: www.mckinley.illinois.edu/handouts/sexual_activity_personal_decision.htm
- CDC STD info: www.cdc.gov/std/default.htm
- Handout on STDs: www.mckinley.illinois.edu/handouts/sexually_transmitted_infections.html

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