Taking a Sexual History And Behavioral Risk Assessment
“The Words to Say”

May 18, 2017

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Thank you for this opportunity
to work with you in this first
Clinical Nursing Conference for STD and HIV Care
No relevant disclosures
Recognize that taking a Sexual History and Behavioral Risk Assessment (SH/BRA) is now a standard of medical care in primary care settings to promote sexual health.

- List three main components of taking a SH/BRA.
- List three open-ended questions used to ask about sexual, substance use, and health promotion behaviors.
- Identify additional resources for SH/BRA.
Why take a Sexual History?

• Sexual health promotion – including
  • Healthy sexuality
  • Identify actual/potential risks for STD, HIV, Viral Hepatitis (VH), injury, violence
  • Identify what STD/HIV/VH screening/testing is needed – depending on the patient’s situation/circumstances
  • Reproductive health needs/concerns
  • Use the information gained to develop patient-centered risk reduction counseling/education
  • Determine needs for referral
“Physicians, nurses, pharmacists and other health care professionals, often the first point of contact for individuals with sexual health concerns or problems, can have great influence on the sexual health and behavior of their patients. Yet, both adolescents and adults frequently perceive that health care providers are uncomfortable when discussing sexuality and often lack adequate communication skills on this topic.

“Health care providers typically do not receive adequate training in sexual aspects of health and disease and in taking sexual histories. Ideally, curriculum content should seek to decrease anxiety and personal difficulty with the sexual aspects of health care, increase knowledge, increase awareness of personal biases, and increase tolerance and understanding of the diversity of sexual expression.”

The World Health Organization defines it as

“Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

http://www.who.int/topics/sexual_health/en/ (3/1/17)
Regarding the US call to improve sexual health – in a commentary in JAMA, adding to the WHO definition – the authors stated

“Sexual health requires basic understanding of anatomy and reproduction, maturity, and communication. It requires social norms that promote healthy behavior and access to services including diagnosis and management of STDs, accurate risk reduction information, contraception, and safe abortion.”

Swartzendruber, A and Zenilman, JM (2010)
Many medical providers are under-educated, lacking in knowledge & skills to address sexual health

- Lanier, Y et al (2014) stated, “less than 40% of providers conduct sexual histories with patients, and many do not receive formal sexual history training in school.” (p 113)
  - Regarding medical school
- Coleman, E et al (2013) stated, “Medical students and practicing physicians report being underprepared to adequately address their patients’ sexual health needs.” (p 924)
• Ford, JV et al (2013), recommended a need to reframed in “subtle but critical ways”, and that “educational efforts for health-care providers...will need to shift to support a more comprehensive approach to understanding and promoting sexual health throughout the life span.” (p 96)
  • Regarding physicians, nurses, and related clinical providers

• Buttaro, TM et al (2014) identified sexuality as a component of emotional & physical intimacy, but “remains a topic that is uncomfortable to discuss for both patients and health care professionals.” (p 480)
  • Regarding nursing & preparation for practice
• Maes & Louis (2011), surveyed nurse practitioners (NPs) and found that only 2% always conduct a sexual Hx with their patients aged $\geq$ 50 years, while 23.4% seldom/never did such an assessment, citing that time constraints and limited skills in communication as barriers.

• Rowniak & Selix (2016) identified the importance of “a detailed sex history” in providing sexual health care for NPs working with high risk populations, including HIV+ patients (p 2)
“Inherent in nursing is a respect for human rights, cultural rights, the right to life and choice, and dignity, and to be treated with respect”.

No History to “Just the Facts”

"The facts, Ma'am. Just the facts."
Why are Sexual Health Assessments often omitted?

• As noted – educational preparation has been inadequate

• Every provider is uncomfortable initially
  • *The more you do it, the easier it gets*

• Many inexperienced providers’ reaction...

“Just give me the words to say...”
Elements of a Sexual History and Behavioral Risk Assessment

- Common principles
- Avoid common assumptions
- Open doors to relevant & important information
- Interactive – using a combination of open- and closed-ended questions
Assessing Sexual Health
Open Doors

Sex

Substance Use

Health Promotion
Try this Mnemonic – RN-ACTS

R = current relationship(s), gender(s)
N = nature, number of partners, types of sex
A = patient and/or partner history of and attitudes towards
   C = condom use
   T = testing for HIV/STD/HCV
   S = substance use
• What is your current (sex) partner situation?
• If regular partner – & – clarify sex
  • How long have you been seeing him/her/that person?
  • What is that relationship like for you?
  • When is the last time you had sex with that person?
• How about with someone other than him/her/that person? Clarify sex of any/all others
  • And what about for that person?
• So, how many different partners would you say you have had in the last 3 months (could add 6 &/or 12 months)?
Sex
You can get STDs in your penis/vagina, rectum, &/or mouth – depending on the kinds of sex you have – which helps us know what kinds of testing to do; can you tell me about the kinds of sex you have (e.g., penis in the mouth)?

- **Clarify insertive (giver) vs receptive (receiver) for each**
  - Penile-vaginal
  - Penile-rectal
  - Penile-oral
  - Oral-vulvar/vaginal
  - Oral-anal
• What’s been your experience using condoms? With your main? With others?

• Tell me about a situation in which you might use a condom as opposed to when you might not use one

• Do you think it would be a good idea for you to use condoms in your current situation with your main partner?
  • What does your partner think? What about other partner(s) you might see?
Patient – Jackie

Condoms
• What’s been your experience with STD/HIV/VH testing? Have you ever been told you have an STD? HIV? VH?
  • What care/medication(s) did you get?
• What is your HIV status?
  • Do you know your partner(s)’ HIV status?
• When was your last HIV test? Results?
  • What about your partner(s)?
• Have you had STD-related vaccines?
  • HPV? HBV? HAV? Meningococcal?
Health Promotion

HIV Testing
• What’s been your experience with drinking alcohol? How much do you drink? How often?
• What’s been your experience been with drugs? Tell me about what you’ve used? Tell me how you’ve used – needles, smoking...
  • And what about your partner(s)?
• Are there times when you have sex when you weren’t planning to because you are drunk/high?
  • Does that influence whether or not you use condoms?
• Have you ever had to have sex in order to get high, to get money, or other things?
Substance Use
Check Your Understanding
Summarize and Check In
Recall the Mnemonic – RN-ACTS

R = current relationship(s), gender(s)
N = nature, number of partners, types of sex
A = patient and/or partner history of and attitudes towards
   C = condom use
   T = testing for HIV/STD/HCV
   S = substance use
Summary – Jackie

Identify patient’s partner situation (main/outside/etc & other partner(s) as needed
Jackie’s Summary for Documentation

R  Current Relationship(s)
   • Regular (who has others) & outside partners
   • All male

N  Number of partners and type of sex
   • 3 (in past 3 months)
   • Receptive vaginal and oral
   • Performs oral sex (fellatio)

A  Attitudes toward and History of

C  Condoms
   • Does not use with Regular – sees a need to do so but cannot
   • Uses consistently with outside partners – initiated by patient

T  Testing for HIV/STD (could add VH)
   • HIV & STD tested ~ 4 years ago (HIV negative & has Genital HSV)
   • Unsure about regular & outside partners

S  Substance Use
   • EtOH, cocaine, THC – no IDU for patient
   • Same for regular & outside partners
Using your RN-ACTS Worksheet Handout as a guide, identify RN-ACTS for Valerie in this audio clip.

Then we will review altogether.
New Patient – Valerie
Identify RN-ACTS
Medical Record Mapping Elements

• Your EMR (or paper record) may need some revising to include easy ways to document the patient’s sexual health assessment information

• The next 2 slides illustrate some possible options to do so
# Documentation Model

<table>
<thead>
<tr>
<th>Partner(s) situation</th>
<th>Regular</th>
<th>Yes – length of relationship</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of last sexual encounter</td>
<td>With Regular</td>
<td>With Other</td>
<td></td>
</tr>
<tr>
<td>No. of partners</td>
<td>During past 3 months</td>
<td>During past year</td>
<td></td>
</tr>
<tr>
<td>Type of sex (Giver/Receiver)</td>
<td>Oral</td>
<td>Vaginal</td>
<td>Rectal</td>
</tr>
<tr>
<td></td>
<td>G R</td>
<td>G R</td>
<td>G R</td>
</tr>
<tr>
<td>Condom use</td>
<td>Yes</td>
<td>No</td>
<td>Sometimes</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Sometimes</td>
</tr>
<tr>
<td>STD history</td>
<td>Yes – identify infections/dates</td>
<td>No</td>
<td>Last tested</td>
</tr>
<tr>
<td>HIV status</td>
<td>No – last test</td>
<td>Positive [date ]</td>
<td>In care [location ] / last seen</td>
</tr>
<tr>
<td>STD/HIV status of Partner(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Substance use
- EtOH
- Cocaine [type/how used]
- Opiate/Opioid [type/how used]
- Methamphetamine [type/how used]
- THC
- Other [specify]

### Sexual behavior with substances
- Yes – circumstances/condoms/unknown partners
- No
- Unsure

### Vaccines
- HPV (☐ UTD ☐ Needs [due ])
- Hepatitis A (☐ UTD ☐ Needs [due ])
- Hepatitis B (☐ UTD ☐ Needs [due ])

For females – OB/GYN (including contraception/current pregnancy & care/last Pap)
Resource on website – addresses Sexual Health and provides useful information and resources

One More Thing – High Intensity Behavioral Counseling (HIBC)

• Billable under ACA (Affordable Care Act)
• No one model but requires inclusion of these specific elements
  • 1-on-1 brief clinic-based intervention
  • Sexual history and Behavioral Risk assessment
  • Interactive session with individualized elements
    • Education & Skills Training
    • Guidance and support for behavior change plan based on attitudes & circumstances
  • STD & HIV screening is also billable (see resources)
More Information

• See Reference/Resource Handout
What questions do you have?
What else can we do for you?

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