Objectives

• Learn the practitioner roles in addressing sexual health in behavioral health care

• Review the evidence on the impact of the providers’ and the youth’s cultural context, life experiences, and health literacy on assessment and dialog.

• Practice tools for assessing sexual health and health risk behaviors for use in peer support models and wrap around services.

• Learn available evidence-based risk and harm reduction strategies that improve health outcomes.
Defining Sexual Health

Sexuality is a natural part of life, and is more than sexual behavior.

Sexual health includes:

» Recognizing and respecting the sexual rights of all

» Access to sexual health information, education and care

» Prevention, care, and treatment options and access

» Having opportunity to experience sexual satisfaction, intimacy

» Being able to communicate about sexual health

Importance of Practitioner Sexual Knowledge

• On average, a well-trained mental health professional has had limited access to formal education pertaining to human sexuality.

• Practitioners often avoid sexual health topics to manage their own anxiety.

• Practitioners need to be aware of the cultural context of sexuality as understood by the client and themselves.

• Practitioners need specific training in sexual health counseling skills to help clients.

Althof, Levine, & Risen, 2003; Braun-Harvey, 2010
Why Is Being Comfortable and Skilled Important?

• When a sexual history is included as a part of a routine assessment, clients may be more comfortable raising questions or concerns in the future.

• When clinical and nonclinical service practitioners are viewed as sensitive and comfortable asking these questions, they would more likely to be seen as a resource for sexual health information and discussion.

Scaccabarrozzi, 2005/2006
What Works

• Address social contexts in addition to risk-reduction interventions
• Be sensitive to individual factors, such as age, internalized homophobia, and sexual identity
• Include client’s emotional state in conversations of sexual health
• Affirm resilience, honor individual client needs, and convey compassionate messages

Jeffries, 2014; Martos, Valera, et al., 2016; Taylor & Munoz-Plaza, 2017
Building Practitioners’ Skills

• Create a safe space for clinical supervision, learning, and support
• Be aware of worker shyness or hostility
• Be alert to suppression of sexual health discussion
• Be alert to assumptions
• Suspend clinical judgments and use client-centered models of care
• Be aware of nonverbal cues (both self and client)

Braun-Harvey, 2010; Grob, 2009
Syndemic – Connecting Sexual Health Behaviors, HIV/AIDS, Substance Use, and Mental Health
Connecting HIV/AIDS and Risk Prevention Education

How people receive HIV health education messages can impact:

• Their sexual practices, as well as their partners
• Raise or lower perceptions about HIV risk
• Acceptability of risk reduction strategies
• Ability to negotiate safer sex practices
• Health-seeking behavior

History of violence, abuse, and/or trauma are factor(s)

Campinha-Bacote, Tapscott, & Vample, 2015
The link to trauma

TRAUMA

- Domestic Violence
- Poverty
- Sexual and/or physical abuse
- Community Violence
- Substance use and recovery
- Significant loss
- Diagnosed with a life-threatening illness
- Others?
Connecting HIV/AIDS and Substance Misuse

For people at risk, or living with HIV/AIDS:

• 8% of new HIV infections are from injection drug use (IDU)
• Decrease in judgment increases high-risk sexual and other behaviors
• Includes, increased risk for infection with hepatitis B virus (HBV) and hepatitis C virus (HCV)
• Compulsive sexual disorder is often found to co-occur with substance misuse

CDC, 2016; Hoenigl & Chaillon, 2016
Connecting HIV/AIDS and Mental Health

A bio-psycho-social approach to HIV treatment stabilizes symptoms and improves health outcomes.

Prevalence of depression among people living with HIV/AIDS (PLWHA) is as high as 57%
  • Often undiagnosed
  • Can impact severity of overall health symptoms
  • Increased substance misuse and high-risk sexual behaviors

Van Leunen, et al., 2017; Bhatia & Munjal, 2014; Saffran et al., 2013
Holistic Approach – The 5 Ps of Sexual Health

• Partners
• Practices
• Protection
• Past history
• Prevention of pregnancy

AETC, 2014
Skill-Building – Sexual Health Assessment

CHIME, 1995; CDC, n.d.
Taking a Sexual and Drug Use History

• Have you had a sexual experience with another person in the past year? If yes:
  • With how many different people in this year?
  • In this year, have you had sex with men? Women? Both men and women?
• Can you tell me about your sexual life before this past year?
• Have you ever had an STI of any kind?
• Have you ever shared a needle or injection equipment with another person for any reason?
• Have you ever felt that a sex partner put you at risk for any reason?
• What do you do to protect yourself from STIs? From HIV?
• What do you do to protect yourself from an unplanned pregnancy?
• Is there anything else that I need to know?

CHIME, 1995; CDC, n.d.
Practitioner Skill Training – Clinical Skills That Help Support Client’s Sexual Health

• Problem solving
• Motivational approaches
• Harm reduction strategies

Braun-Harvey, 2010
Practitioner Skills – Harm Reduction Strategies

• Syringe service programs (SSP)
• Barrier methods to reduce HIV transmission
• 12-step/SMART Recovery
• Buprenorphine
• Naltrexone
• HIV Treatment as Prevention (TasP)
• PrEP (pre-exposure prophylaxis)
• PeP (post-exposure prophylaxis)

CDC, 2017; NIDA, 2012
PrEP (Pre-Exposure Prophylaxis) – Part of Comprehensive Sexual Health

PrEP should be considered for people who are HIV negative and at risk for HIV infection

Discordant / mixed-status couples:
• Conceive with reduced risk of HIV transmission
• Pre-conception care and reproductive health
• When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%
• PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone.
Best Practices – Program Components that Enhance Outcomes

• Provide rapid onsite HIV testing in substance use disorder treatment facilities:
  • Increases the likelihood of clients being tested and of receiving their test results, and engagement in care
• Provide ongoing training to improve capacity of staff to address sexual health in context of substance misuse, HIV, and mental health care
• Provide supportive opportunities for clinical supervision:
  • Create safe spaces for staff discussions/training on aspects of sexual health counseling and skills
Group Discussions - Notes
Resources

Guide for HIV Clinical Care

hab.hrsa.gov/deliverhivaidscare/clinicalguidelines.html

• Mental Health Assessment Tools
  www.integration.samhsa.gov/clinical-practice/screening-tools

• Substance Use Assessment Tools
  www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/additional-screening-resources

• Evidence-Based Practice and Programs
  www.nrepp.samhsa.gov/

• Trauma-Informed Care and Approaches
  www.samhsa.gov/nctic/trauma-interventions

• National HIV and Mental Health Training Resource Center
  https://knowledge.samhsa.gov/ta-centers/hiv-aids-mental-health-resources

• HIV/AIDS
  www.HIV.gov