

# Motivational Interviewing to take a Sexual History

William Hight, Ph.D.

Licensed Psychologist, GA, NC

Staff Psychologist,

Clinical Assist. Prof., Dept. of Psychiatry and Health Behavior,  
Medical College of Georgia at Augusta University

# Objectives

1. List the parts of an inclusive sexual history.
2. Describe principles from Motivational Interviewing that facilitate an inclusive sexual history.
3. Demonstrate through role play the ability to conduct an inclusive sexual history.

# Disclaimer

- I have no conflict of interests to declare.
  - William Hight, PhD



- Based on your experiences, as a client, patient or provider, what are 3 things you would tell a colleague to remember about taking a sexual history?

Your Wisdom . . .

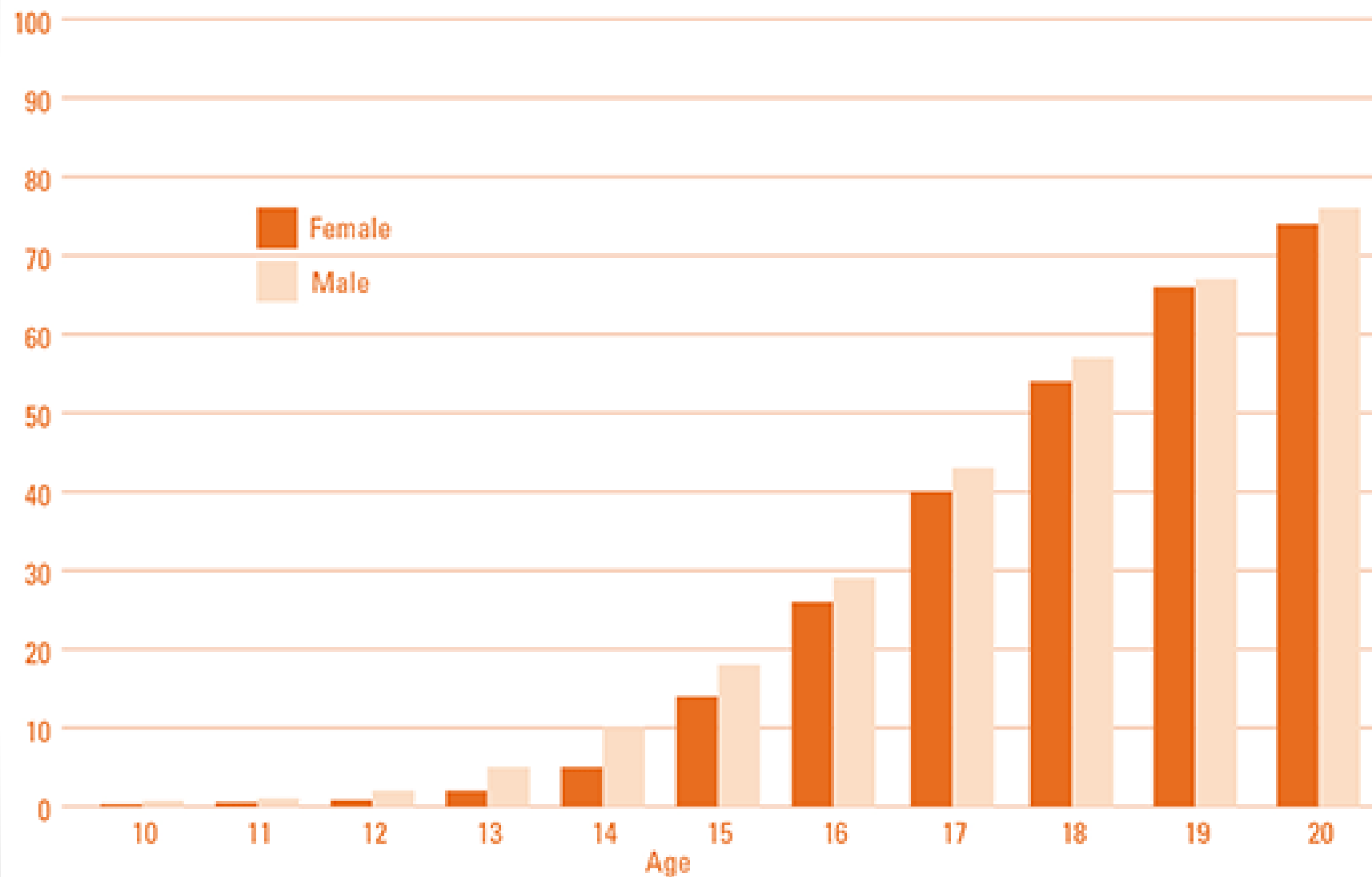
What?

How?

With Whom?

## Adolescence is a time of rapid change.

% of adolescents who have had sex by each age



# And at the other end of the life cycle. . .

## Sex in previous year :

- 73% aged 57-64
- 53% aged 64-75
- 26% aged 75-85
- $>1/2$  aged 57-75 and  $> 1/3$  aged 75-85 gave or received oral sex.

• N Engl J Med 2007



# Clients are ready to be asked...

- A study reported in "The Body": Most adolescents think it is important to discuss sexual health with their doctor.
- Kaiser Family Foundation (1997):
  - STDs rarely discussed during OB/GYN visits (12%).
  - Providers think they should be (83%).
  - Women expect that they will be (86%).

## 2 Aspects of the History

- The Content = What
- The Process = How

# THE CONTENT

## The 5 Ps

- Partners
- Practices
- Protection
- Past history
- Pregnancy

# Partners

- Any?
- Number
- Gender/Genders
- Nature of Relationship(s)

# Practices

- Sexual Activities
  - Oral, Vaginal, Anal, Sex Toys, Other?
- Drug Use/Injections

# Prevention

- Current Strategies:
  - Successes
  - Challenges
- Prior Attempts:
  - Successes
  - Challenges

# Past History

- STIs

- What
- When
- Treated
- Tested for others?

# Pregnancy Plans

- Explore without assumptions
- Discuss birth control as appropriate
- Clarify that birth control is not STI/HIV prevention



# The Process

- Two common strategies
  1. By clinician during visit(s).

# The Process

- Two common strategies
  1. By clinician during visit(s).
  2. Completed by patient in advance, clinician reviews with patient.

# What about using a Checklist?

- The Good



- and The Bad



# The Process: Using Motivational Interviewing

- What is Motivational Interviewing?

# Motivational Interviewing

Originally developed by William Miller, Ph.D. and Stephen Rollnick, Ph.D., 1983/1991.

- What is it? What does it do?
  - A patient-centered, “guiding” communication strategy.
  - Enhances motivation for healthy change by exploring and resolving ambivalence and evoking “change” talk.
  - **Employs respect, acceptance, honesty and concern.**
- What it is NOT:
  - Arguing
  - Offering advice (without permission)
  - Doing most of the talking
  - “Prescribing” an action



# MI: Core Elements

## The Skills

- Open-ended Questions
- Affirming Statements
- Reflective Listening
- Summarizing

## The Principles

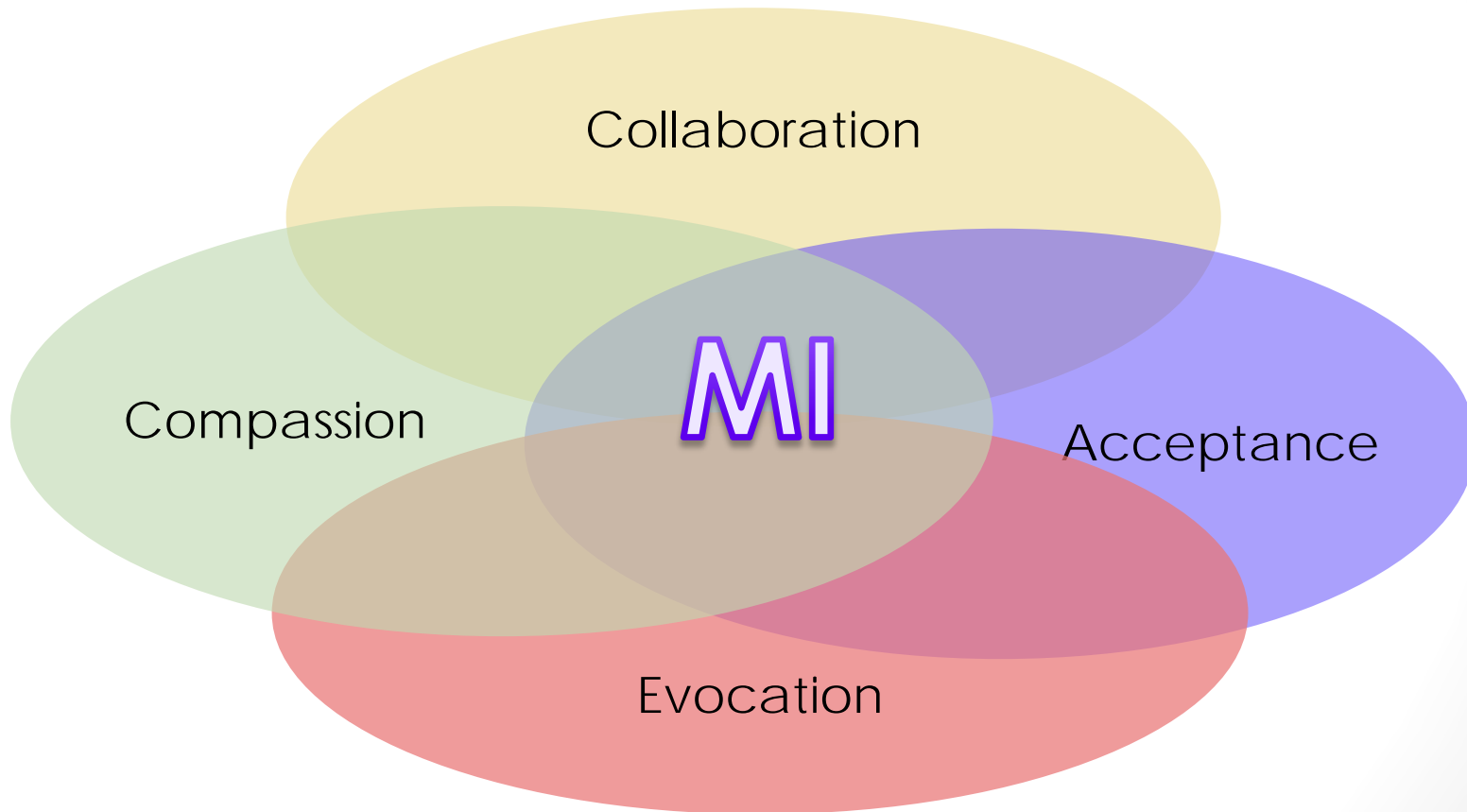
- Express Empathy
- Avoid Arguing
- Develop Discrepancy
- Roll with Resistance
- Support Self -Efficacy

## Four Process Model (2012)

- Engage    Focus    Evoke    Plan

# The Spirit of Motivational Interviewing

*from The Oregon Youth Transition Program*



# Compassion

- Conduct in private space
- Eye-to-eye, e.g. patient clothed, not sitting on exam table
- Warm, conversational style
- Attend to your and their non-verbal behaviors



# Compassion

- **Normalize the experience**
  - *“A person’s sexual health is important to their overall well-being, so I talk about these things with all of my patients.”*
- **Explain Confidentiality**
  - ?

# Collaboration

- **Explain your role**
  - Explain importance and relevance of assessment
- **Elicit client priorities**
  - Acknowledge client's right not to answer
- **Be specific**
  - avoid euphemisms or vague terms e.g. sexual contact, body fluids, protection
- **Support client's knowledge**

# Acceptance

- **Avoid Assumptions**

?

# Acceptance

- **Avoid judgmental terms or tone**
  - **Ask “How many sexual partners do you have?”**
    - Not “Do you sleep with many people?”
  - **Ask “How well do you know your partners?”**
    - Not “Do you know your partners?”
  - **Ask “What has been difficult about using condoms?”**
    - Not “Why aren’t you using condoms?”

# Acceptance

- **Work towards comfort with questions and responses**
  - Practice with colleagues
  - Resist apologizing

# Acceptance

- **Focus on behaviors, not labels**
  - **Ask “Do you have sex with men, women, both?”**
    - Not “Are you heterosexual or homosexual?”
  - **Ask “Have you ever injected drugs or medicine?”**
    - Not “Are you an IV drug user?”

# Evocation

- **Explain Confidentiality**
- **Ease into Challenging Areas**
  - Start with: **“Have you ever had a sexual experience you wish hadn’t happened?”**
  - instead of **“Have you ever been sexually assaulted?”**
  - Start with **“Are you currently taking any medications?”** and **“Have you ever taken medications that weren’t prescribed to you?”**
  - instead of **“Do you inject drugs?”**

# Evocation

- **Focus on Open Questions**
  - **Ask: What have you heard about sexually transmitted infections?**
  - Not: “Do you know there are a number of different sexually transmitted infections?”
  - **Ask: How do you think you could keep yourself safe from sexually transmitted infections, like HIV?**
  - Not: Do you know how to keep from getting a sexually transmitted infection?



# Questions



Review:

THE CONTENT

The 5 Ps

# Review:

## THE CONTENT

### The 5 Ps

- Partners

# Review:

## THE CONTENT

### The 5 Ps

- Partners
- Practices

# Review:

## THE CONTENT

### The 5 Ps

- Partners
- Practices
- Protection

# Review:

## THE CONTENT

### The 5 Ps

- Partners
- Practices
- Protection
- Past history

# Review:

## THE CONTENT

### The 5 Ps

- Partners
- Practices
- Protection
- Past history
- Pregnancy

# Review: The Process

MI



# Review: The Process

Compassion

MI

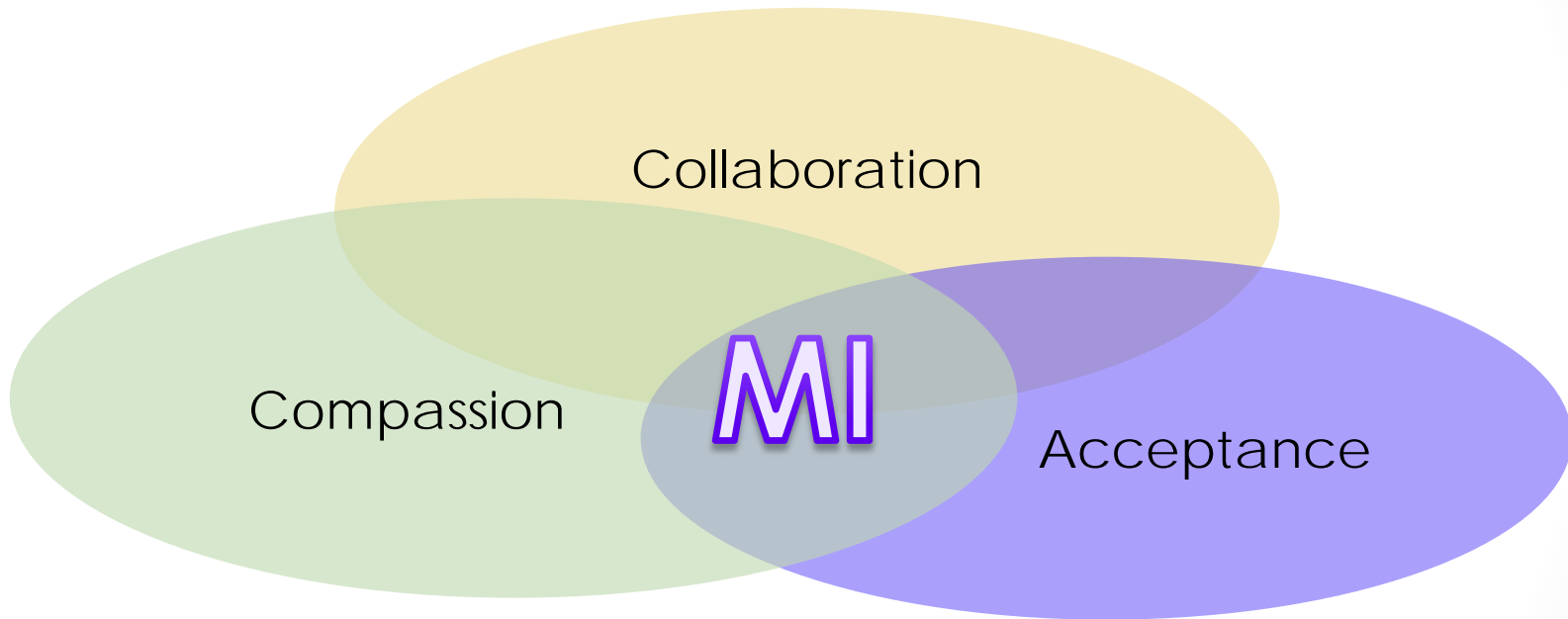
# Review: The Process



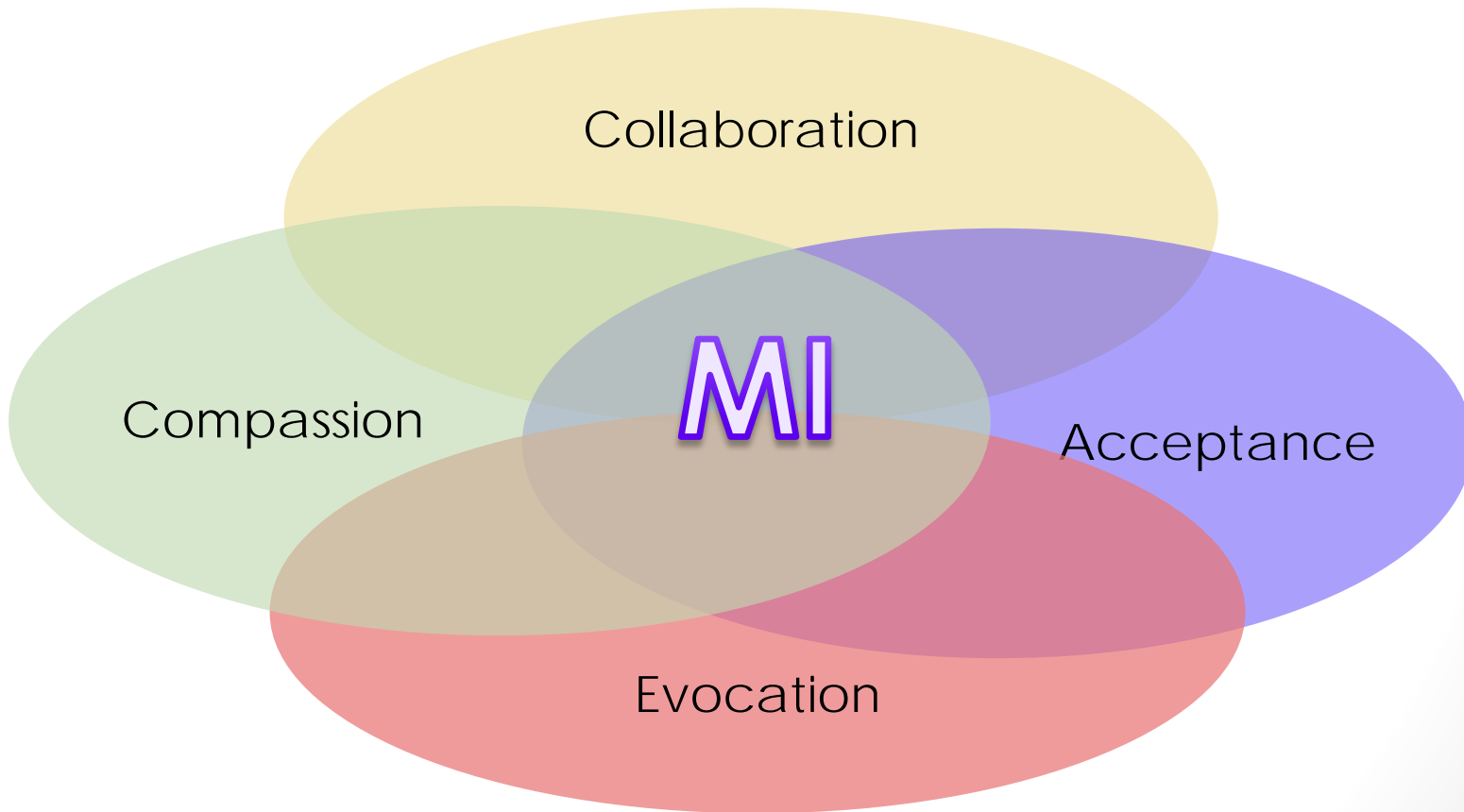
Collaboration

Compassion **MI**

# Review: The Process



# Review: The Process



Practice Time . . .

# Debrief . . .

- As the client, what did your provider do that was helpful?
- As the provider, where did you get stuck? What was challenging?
- What did you learn from these role plays that you will carry forward into your professional activities?
- In what areas do you feel that you need to gain additional experience/practice?

# References

- Ard K, Makadon H. **Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities.** The Fenway Institute, Fenway Health, 2012.
- CDC Publication: 99-8445 **A Guide to Taking a Sexual History.**
- Gallegos A, **AAMC Report Aims to Improve Care for LGBT, Gender Nonconforming, and DSD Patients,** AAMC Reporter, January 2015.
- <http://www.guttmacher.org/pubs/FB-ATSRH.html>
- Hight W. *Drugs Sex and HIV: Asking the Hard Questions.* NC Conference on HIV/AIDS, Chapel Hill NC 2014.
- Lindau S. et al., **A Study of Sexuality and Health among Older Adults in the United States,** N Engl J Med 2007; 357:762-774 August 23, 2007
- Scaccabarozzi L. **Taking Sexual Histories: The Whys and Hows,** TheBody.com, Winter 2005/2006.

Thank

You