Motivational Interviewing to take a Sexual History

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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

Age: 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

- Female
- Male

Source: www.guttmacher.org
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.

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 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


• 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

Collaboration

Compassion

Acceptance

Evocation
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
• **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
• 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
• **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
Review:
The Process

Compassion
Review: The Process

- Collaboration
- Compassion
Review: The Process

Collaboration

Compassion

Acceptance
Review: The Process

- Collaboration
- Compassion
- Acceptance
- Evocation
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

- CDC Publication: 99-8445 *A Guide to Taking a Sexual History.*
Thank You