Taking a Sexual History & Behavioral Risk Assessment

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Center for Health & Behavioral Training – CHBT (www.chbt.org)

- HIV/AIDS Regional Training Center – AI
- HIV Mini-residency Program – AETC
- STD/HIV Prevention Training Center – CDC
- Capacity Building Assistance Agency for State/Jurisdiction Health Departments – CDC
- Also provide public health STD/HIV Prevention Services
Objectives – at the end of this presentation – participants will

1. Recognize that taking a Sexual History/Behavioral Risk Assessment (SH/BRA) is now a standard of medical care in primary care settings to promote sexual health
2. List three main components of taking a SH/BRA
3. List three open ended questions used to ask about sexual, substance use, & health promotion behaviors

Why take a Sexual History?

- To promote sexual health
  - Establish STD/HIV/VH risk & prevention needs
    - STD, HIV, VH screening & vaccines
    - Brief behavioral intervention for sexual risk reduction
    - Partner management
  - Establish pregnancy risk & contraceptive needs
Now Standard of Medical Care

- Traditional sexual history
  - Patient & partner(s)
- Behavioral risk assessment
  - Sex, drugs, health promotion of patient & partner(s) – **Attitudes & Circumstances**
- Brief behavioral counseling for risk reduction

High Intensity Behavioral Counseling for STD Prevention (HIBC)

- **Billable** under Affordable Care Act
- So is STD & HIV Screening
- There is no one model – but requires
  - One-on-one – brief clinic based intervention
  - Sexual Hx & Behavioral Risk assessment
  - Must be interactive, **individualized elements**
    - Education & Skills Development
    - Guidance & support for behavior change plan based on attitudes & circumstances
Self-reported Sexual History-taking by Primary Care Providers *

* Unpublished Survey Data – Gonorrhea Community Action Project

Current Approach to Sexual History Taking

- Don’t Ask! ~ & ~ Don’t Tell!
- Leads to………..
Reduced Sexual Health

19.7 million new STD cases/year in US
50% in young persons ages 15 - 24

STD-related HIV transmission
Adverse pregnancy outcomes
STDs
Impaired fertility
STI-related cancer

Why is Sexual Hx often not done routinely?

• Nearly every provider is uncomfortable at first – but once it becomes routine – it gets easier...
  ➢ The more you do it – the better you get
• Many inexperienced provider’s reaction is...

Just give me the words to say!
Refer to Handouts

1. Elements of a Sexual Hx/Behavioral Risk Assessment
2. Common Principles
3. Common Assumptions to avoid

How do you open the doors to STD/HIV Prevention?
Try this Mnemonic – RN-ACTS

- **R** – current Relationship(s), sexes
- **N** – Nature, Number of partners/types sex
- **A** – patient/partner Hx of & Attitudes towards
  - **C** – Condom use
  - **T** – Testing for HIV/STD/HCV
  - **S** – Substance use

Start with open-ended followed by closed-ended questions

- **What is your current partner situation?**
  - If regular partner
    - How long have you been seeing him/her?
    - What is that relationship like for you?
    - When is the last time you had sex with him/her?
  - How about with someone other than him/her?
    - And what about for him/her?
  - So, how many different partners have you had in the last 3 months? 6 months?
Start with open-ended, followed by closed-ended questions

- **Types of sex?**
  - You can get STDs in your penis/vagina, rectum, and mouth depending on the kinds of sex you have – which helps us know what kinds of tests to do
    - Can you tell me about the kinds of sex you have?
    - Clarify insertive/receptive for Penile/vaginal, Penile/rectal, Oral/penile, Oral/vaginal, Oral/rectal, other

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Start with open-ended followed by closed-ended questions

- **What has your experience been using condoms…with main…others?**
- Tell me about a situation in which you might use a condom vs when you might not
- Do you think it would be a good idea for you to use condoms in your current situation? What does your partner think?
- In order to know what kinds of tests to do, can you tell me what kinds of sex you have?
Start with open-ended followed by closed-ended questions

- What has your experience been with drug use? If some…tell me what you have used? And alcohol?
- How about for 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, or to get money, or other things…?

Start with open-ended followed by closed-ended questions

- Past Hx of STD/HIV? What has your experience been with getting STDs? What is your HIV status?
- What is your partner(s) HIV status?
- When was your last HIV test/results? How about for your partner(s)?
- Have you had STD-related vaccines? HPV? HBV? HAV? Meningococcal?
Documentation

Main
4 years, father of her child

Has other partners on occasion, last contact 1 month ago – uses condoms & has negotiation skills

EtOH/SU, non-IDU; non-IDU; no condom use as main does not know of other partners & needs this relationship, on Depo-Provera; negative HIV test result 3 months ago

EtOH/SU, non-IDU; on-going relationship with child’s mother & unknown HIV status, condom use unlikely

Has other partners

Remember mnemonic – RN-ACTS

- **R** – current Relationship(s), sexes
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  - **C** – Condom use
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  - **S** – Substance use
How about some Case Examples?

- Case One
- Case Two
- Case Three

Use the RN-ACTS Guide

Skills Training

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Training Provided on- or off-site