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Adolescent Sexual and Reproductive Health: Interviewing Skills

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Objectives

- ◉ Increase comfort with discussion of sexual health topics relevant to adolescents
 - > Sexual History
 - > Contraception
 - > Sexually Transmitted Infections
 - > Options Counseling
 - > Coming Out
- ◉ Begin to apply motivational interviewing techniques to the adolescent population

Motivational Interviewing (MI)

- ◉ Strategy for encouraging behavior change
- ◉ Like dancing rather than wrestling
- ◉ Great for adolescents
 - > Encourages developing independence/autonomy
 - > Collaboration rather than lecture
 - Teens are hungry for this!
 - > Supports development of healthy life skills

The MI Spirit

- Collaboration between experts
 - > The teen is the expert on his experiences, values, beliefs, goals
- Evocation
 - > Guide the patient to identify components of ambivalence, and find his own strategy to proceed
- Autonomy
 - > The teen is the one who will make any change

Principles of MI

- Express empathy
 - > Nonjudgmental, accepting
 - > Avoid the righting reflex
- Develop discrepancy
 - > Reflect on components of ambivalence
- Roll with resistance
 - > Many strategies to avoid arguing
- Support self-efficacy
 - > Express optimism

MI Interviewing Skills: OARS

- Open-ended questions
 - > Allow the patient to direct conversation
- Affirmations
 - > Accentuate, restate the positive; be genuine
- Reflections
- Summaries
 - > Demonstrate listening
 - > Choice of method based on principle needed at that time

Parentectomy

- ◉ Some information should be gathered with the parent in the room
 - > Parent concerns
 - > Family history
 - > Immunizations for this visit or future
- ◉ Sensitive history should be obtained with the adolescent alone
 - > One age is not appropriate for all teens

Parentectomy video

http://www.youtube.com/watch?feature=player_embedded&v=85RzUF53r9o

Male Reproductive Health

- Many young men only seek care for sports clearance.
 - > Assess for rare CV problems
 - > Opportunity for social history/risk assessment
 - > Review use of condoms and contraception
 - > Vaccinations including HPV
- Not sexually active
 - > Affirm value of abstinence in teens
 - > Review non-intercourse options for sexual expression
- Sexually active
 - > Explore types of sex, gender of partners
 - > Offer STI testing if wanted or appropriate
 - Routine HIV testing for patients 15-65

Male Reproductive Health: Tips

- ◉ Assure confidentiality
- ◉ Take the history with the patient dressed
- ◉ Base questions on assessment of development

Sexual History Questions

- ◉ Sexually transmitted infections
 - > Past
 - > Current symptoms
- ◉ Condoms
 - > Use with last intercourse
 - > Problems with breaking, falling off, etc
- ◉ Withdrawal
 - > Use for pregnancy or STI prevention

More Sexual History Questions

- ◉ Hormonal contraception
 - > If partner is female
- ◉ Pregnancy history
 - > Have you gotten a girl pregnant?
 - > Do you have any children?

Male Reproductive Physiology

- ◉ Do you have any concerns about your sexual function?
 - > Trouble getting or keeping an erection
 - > Pain with ejaculation
 - > Premature or delayed ejaculation
- ◉ Have you noticed any lumps or bumps on the penis or scrotum that concern you?
 - > Routine genital exam is not necessary

Male Reproductive Health: Videos

- ◉ James presents for a physical so he can play basketball. This segment is related to the sexual history.

Version A http://youtu.be/ehkY_T_OvXo

Version B <http://youtu.be/SC0NacKIUbg>

- ◉ Sharif presents as a new patient.

Version A <http://youtu.be/tdBIUXpcaul>

Version B <http://youtu.be/y yiAc32tC-U>

Contraception

- ◉ Teen pregnancy has decreased over the last ten years.
 - > Decreased sexual activity: 14%
 - > Increased contraception use: 86%

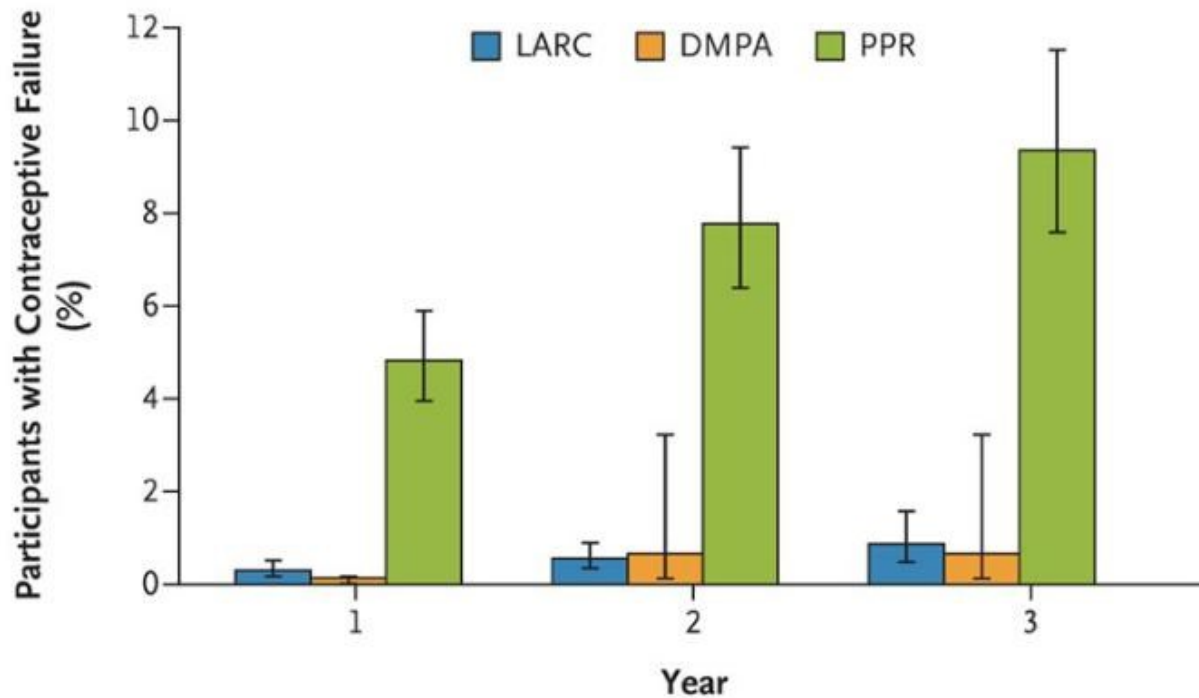


Figure 1. Cumulative Percentage of Participants Who Had a Contraceptive Failure at 1, 2, or 3 Years, According to Contraceptive Method.

Bars depict the cumulative percentage of participants who had a contraceptive failure with long-acting reversible contraception (LARC), depot medroxyprogesterone acetate (DMPA), or pill, patch, or ring (PPR) at 1, 2, or 3 years. Participants using PPR had significantly more unintended pregnancies than those using LARC ($P < 0.001$) or DMPA ($P < 0.001$).

Probability of Not Having an Unintended Pregnancy

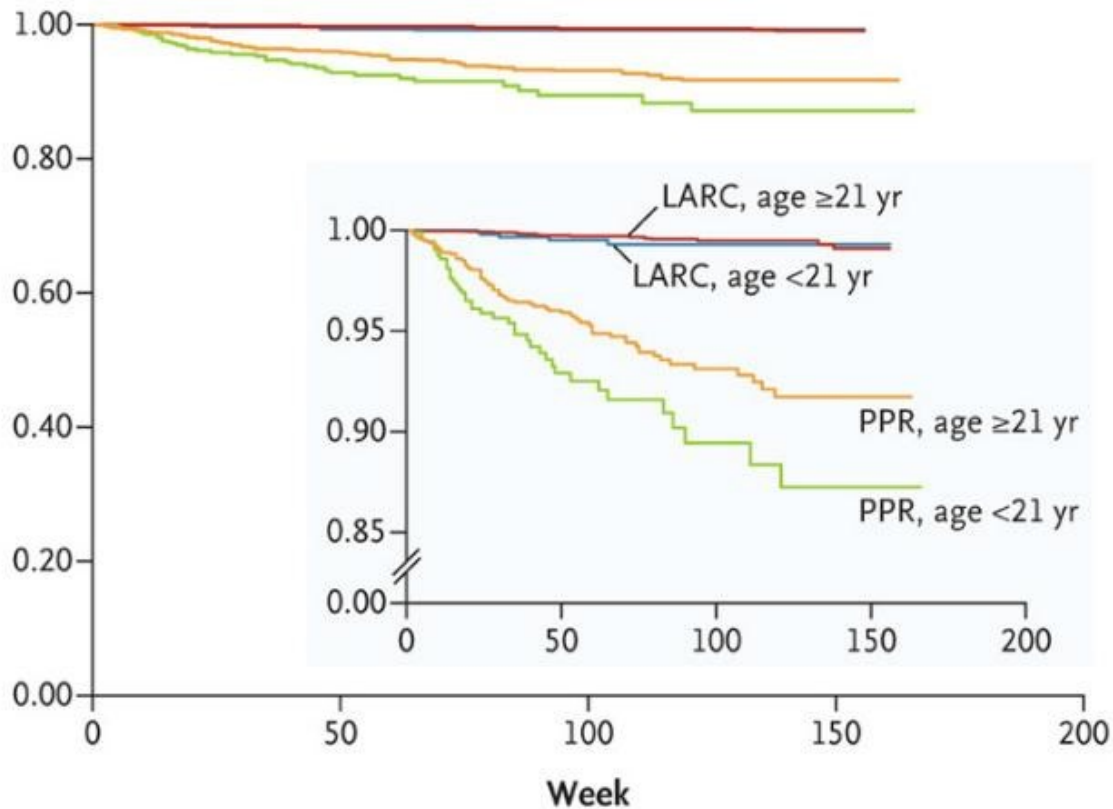


Figure 2. Probability of Not Having an Unintended Pregnancy, According to Contraceptive Method and Age.

Survival curves show the probability of not having an unintended pregnancy, stratified according to age group. LARC methods were the most effective, and failure rates did not vary according to age ($P=0.49$). PPR methods were less effective, and failure rates in participants younger than 21 years of age were twice as great as in women 21 years of age or older ($P=0.02$).

Contraceptive Choice

- Efficacy
- Administration, timing
- Cost, convenience, confidentiality
- Noncontraceptive benefits
- Possible risks / medical history

Contraception Visit

- Full medical and sexual history
- Explore patient-specific issues that would affect choice and efficacy
- Review side effects, validate concerns
- Encourage continued use of condoms
- Test for STIs as appropriate
- Offer emergency contraception (advance prescription, or information on OTC access)

Contraception Videos

- Jennifer is a 13 year old who would like contraception.

Version A <http://youtu.be/llhHhK2DNeE>

Version B <http://youtu.be/bylAlUnsssg>

- Monica is a 19 year old who needs emergency contraception.

Version A <http://youtu.be/xw3qFW2dbrA>

Version B <http://youtu.be/yPW-i6ZQlKU>

Sexually Transmitted Infections

- People 15-24 yo comprise $\frac{1}{4}$ of sexually active population but $\frac{1}{2}$ of new STIs
- Increased risk due to
 - > More partners in a shorter time span (serial monogamy or concurrent)
 - > Inconsistent condom use
 - > Higher biological risk of infection
 - > Barriers to health care

Biologic Risk Factors: ♀

- ◉ Adolescent cervix
- ◉ Less immunity (no/fewer prior infections)
- ◉ Smaller introitus
- ◉ Drier, traumatic sex

Biologic Risk Factors: ♂

- ◉ Presence of foreskin

Cognitive Risk Factors

- ◉ Concrete thinking
 - > Difficulty planning ahead
 - > Limited comprehension of long term effects of STIs

Routine STI Testing: Women

- ◉ All sexually active women 15-65
 - > HIV, one time
 - > Repeat if ongoing risk
- ◉ All sexually active women < 24
 - > Chlamydia
 - > Annual

Routine STI Testing: Men

- ◉ All sexually active men 15-65
 - > HIV, one time
 - > Repeat if ongoing risk
- ◉ Men who have sex with men
 - > Insertive: Urine NAAT for NG/CT
 - > Receptive anal: Rectal NAAT for NG/CT
 - > Receptive oral: Oral NAAT for NG only
 - Oral/rectal not FDA approved
 - > Syphilis
 - > Annual testing

STI Videos

- Tiffany is scheduled for her routine annual exam.

Version A <http://youtu.be/-Sf1uVqxLg>

Version B <http://youtu.be/f3TnQFZkFj4>

- Michael's girlfriend asked him to get tested.

Version A <http://youtu.be/J2vjQ5VEFOQ>

Version B <http://youtu.be/vKkY1RfifWU>

Options Counseling

- ◉ When any patient presents for a pregnancy test, ask what result they are hoping for to guide the rest of the encounter
 - > What are your feelings about the result?
 - > Have you ever wanted to be pregnant?
 - > How do you feel about the sexual encounter that brought you here today?
 - > Do you have any friends who are pregnant or have had a baby? What strikes you about how that experience has been for them?

Teen Pregnancy Risks: Mom

- ◉ Less likely

- > Adequate prenatal care
- > Graduation from high school

- ◉ More likely

- > Maternal mortality
- > Poverty in adulthood
- > Depression
- > Limited resources for child's development

Teen Pregnancy Risks: Dad

- ◉ Worse grades
- ◉ Less likely to graduate high school
- ◉ Fewer financial resources, and decreased potential income
- ◉ Difficulty staying involved in children's lives

Teen Pregnancy Risks: Kids

- ◉ Childhood health problems and hospitalization
- ◉ Developmental delay
- ◉ Academic and behavioral problems
- ◉ Substance abuse
- ◉ More likely to become teen parents

Teen Pregnancy: Complications

- ◉ Low weight gain
- ◉ Anemia
- ◉ Hypertension
- ◉ Postpartum depression
- ◉ Intimate partner violence
- ◉ Premature birth
- ◉ Low birth weight

Options Counseling: DECISION

- ◉ Determine reason for visit
- ◉ Evaluate feelings about test result
- ◉ Confirm result
- ◉ Identify personal circumstances
- ◉ Discuss support services
- ◉ Address immediate concerns
- ◉ Offer timeline
- ◉ Next steps

Try to avoid ...

- ◉ False reassurances: “You’ll be fine.”
- ◉ Over-identification: “I know how you feel.”
- ◉ Medical jargon: “Have you had previous terminations?”
- ◉ Loaded/judgmental statements: “Do you want to keep the baby?”
- ◉ Giving advice: “I think you should ...”

Options Counseling Videos

- Jess thinks she might be pregnant.
Version A <http://youtu.be/JNncwMx0rAc>
Version B <http://youtu.be/GPykr6pe6XQ>
- Kayla hasn't felt well and is worried she has the flu again.
Version A http://youtu.be/BxZb_hm-QE
Version B http://youtu.be/DuY7wdQ_9bQ

Coming Out

- ◉ Assessing sexual orientation
 - > When you imagine yourself in a relationship, is it with a man, a woman, or both?
 - > Have you ever had sexual contact with someone of the same gender?
 - > Are you comfortable with your feelings?

Coming Out Videos

- ◉ Christopher presents with chronic abdominal pain.

Version A <http://youtu.be/Kufo3bH28eE>

Version B http://youtu.be/_dYX4UFgdZk

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