

MEDICAL SCHOOL AND RESIDENCY PROGRAM
CURRICULUM RESOURCES ON DRUG ABUSE AND ADDICTION

Talking to Patients About Sensitive Topics: Techniques for Increasing the Reliability of Patient Self-report—*Handout*

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These curriculum resources from the NIDA Centers of Excellence for Physician Information have been posted on the NIDA Web site as a service to academic medical centers seeking scientifically accurate instructional information on substance abuse. Questions about curriculum specifics can be sent to the Centers of Excellence directly. <http://www.drugabuse.gov/coe>

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SENSITIVE TOPICS

- Alcohol use, street/recreational drug use, and prescription drug misuse
- Intimate partner violence
- Sexual activities, practices, and concerns

SENSITIVE TOPICS

- Other examples of potentially sensitive topic areas
 - Physical and sexual abuse history
 - Suicidal and homicidal ideation
 - Other mental health illness

Lecture Objective 1

- Identify and demonstrate understanding of **factors that affect** the reliability and validity of patient self-report when asked about sensitive topics

Lecture Objective 2

- Identify, demonstrate understanding of, and practice **specific communication techniques** that increase the reliability and validity of patient self-report

Lecture Objective 3

- Demonstrate understanding of and practice basic **screening procedures** for alcohol/drug use, intimate partner violence, and sexual activities and concerns as well as approaches to use if a presenting problem is a sensitive topic, such as a sexual problem

OBJECTIVE 1

What factors **affect** reliability and validity of patient self-report?

Overview of Objective 1

Three factors that affect reliability and validity of patient self-report

1. **Your own anxiety** to talk about certain topics
2. The **patient's anxiety** to talk about certain topics
3. The **“how”** of asking questions

Factors that Affect Reliability and Validity of Patient Self-report

1. **Your own anxiety** when talking about certain subjects
 - What might be the cause of your own anxiety?
 - How could your anxiety affect the information obtained during a routine medical history?

Factors that Affect Reliability and Validity of Patient Self-report

2. The patient's anxiety to talk about certain sensitive topics

– Common worries, fears, and concerns:

- Embarrassment
- Being judged
- Topics one rarely discusses
- Confidentiality
- Relevance to care

Factors that Affect Reliability and Validity of Patient Self-report

3. How you ask questions

- Wording
- Order
- Form

OBJECTIVE 2

What specific communication techniques increase the reliability and validity of patient self-report when asking about sensitive topics?

Overview of Objective 2— Communication Techniques

- Techniques that **decrease anxiety** by:
 - Preparing the patient or setting the context
 - Careful, mindful wording of questions
- Techniques that **improve the quality and the specificity of the data** reported by the patient by:
 - Asking for facts rather than judgments
 - Asking in specific rather than general terms

Communication Techniques to Decrease Anxiety

- Techniques that decrease anxiety by **setting the stage** or **preparing** the patient to discuss sensitive topics
 - Normalizing
 - Using transparency
 - Asking permission
 - Option of not answering question
 - Addressing confidentiality concerns

NORMALIZING

- Normalize by using universality statements—normalize the problem (if appropriate) and/or the anxiety
 - “Many people find it difficult to talk about their sexual concerns; activities; practices...”
 - “Many people with chronic illness notice they have problems with sexual function. Have you?”

TRANSPARENCY— Establishes Relevance to Care

- Transparency: Explain why you are asking—be open about your reasons
 - Explain the need in a medical setting to discuss “taboo” topics
 - “I need to ask you some very specific questions about your vaginal discharge in order to better understand your current problem.”

ASKING PERMISSION

- “Would it be alright with you if I asked you some questions about your alcohol use?”

OPTION OF NOT ANSWERING QUESTION

- Can tell patients they have the option of not answering a question if it makes them feel uncomfortable

Normalizing, Transparency, and Permission

- Helpful to use all three together
 - “I ask all my patients about their sexual activity as part of gaining their medical history [REDACTED] because it can have an important impact on their overall health. [REDACTED] Would it be OK if I asked you some questions about your sexual activities? [REDACTED]”

CONFIDENTIALITY CONCERNS

- Not a black and white issue
- Cannot promise patient 100% confidentiality—patients have a right to be informed about this

CONFIDENTIALITY CONCERNS

- Chart documentation: What to document? It depends
 - If important to overall health status or care, need to document information
 - If not important to health care, then decide on case-by-case basis in terms of the patient's wishes

CONFIDENTIALITY CONCERNS

- Mandated reporters of child abuse; reporting abuse from domestic violence—varies by state
- Many STDs automatically reported to public health
- Harm to self or others
- Do not need to report illegal drug use to law enforcement

Communication Techniques to Decrease Anxiety

- **Wording** questions in a way that will decrease anxiety
 - Using closed-ended questions
 - Offering response choices
 - Careful word choice
 - Assuming the behavior is occurring

CLOSED-ENDED QUESTIONS

- Ask **close-ended questions**; open-ended questions tend to increase anxiety and discomfort
 - “Are you currently sexually active? How many partners now? In past year? In life?”
 - “How many drinks of alcohol do you have in an average week?”

OFFER RESPONSE CHOICES

- “How much of the time would you say you use condoms?”
 - “Never, Sometimes, Always, or Almost Always”
- “How much of the time do you feel afraid of your current partner?”
 - “Never, Sometimes, Always, or Almost Always”

CAREFUL WORD CHOICE

Have

you

EVER

used

marijuana

- Use formal anatomical terms and formal terms for activities and conditions, not slang
- Avoid potentially pejorative words—
e.g., “illicit” drugs → street/recreational drugs

ASSUME A BEHAVIOR IS OCCURRING— Gentle Assumption

- “How often do you think about suicide?”
 - (vs. “Do you think about suicide?”)
- “How often do you masturbate?”
 - (vs. “Do you masturbate?”)
- Tends to “normalize” the behavior

ASSUME A BEHAVIOR IS OCCURRING— Gentle Assumption

- Caveat: These are leading questions
 - Generally very effective strategy to use with adults that normalizes a behavior
 - However, because they are leading questions, must exercise caution when using this technique

Communication Techniques to Decrease Anxiety

- By preparing the patient to discuss a topic
 - Normalizing
 - Transparency
 - Asking permission
 - Opting out
 - Addressing confidentiality concerns
- By the careful wording and form of questions you ask
 - Close-ended
 - Response choice
 - Careful word choice
 - Assume the behavior is already occurring

**Techniques that improve the
quality and specificity of the
data reported by the patient:
HOW you ask**

How You Ask

- Ask for facts not judgments (behavioral incidents)
- Use specific close-ended questions (denial of the specific)

Ask for specific FACTS avoid asking for judgments or opinions

- “Do you drink often?”
 - BETTER: How often do you drink in a week?
- “Do you get drunk?”
 - BETTER: How many drinks do you typically have on any single occasion?

Ask for specific FACTS avoid asking for judgments or opinions

- “Do you eat a healthy diet?”
 - BETTER: What do you eat in a typical day?
- “Do you have a good support system?”
 - BETTER: Who do you have in your support system?

Ask for specific FACTS avoid asking for judgments or opinions

- **WHY?** Only the patient knows the meaning of “often,” “drunk,” “healthy,” and “good”—you get no specific factual information

Assess Questions— Facts Versus Judgments

- Is your mother healthy?
- Do you practice safe sex?
- Have you been having bowel movements frequently?
- Have you been sleeping well?

DENIAL OF THE SPECIFIC

- It is more difficult to deny a behavior in response to a specific question than it is to a general question—specificity increases the likelihood of getting accurate information

DENIAL OF THE SPECIFIC

- SPECIFIC—Better
 - “Have you ever used marijuana?”
 - “Have you ever used cocaine?”
- Avoid GENERAL
 - “Have you ever used street drugs?”

OBJECTIVE 3

Demonstrate understanding of and practice basic **screening procedures** for alcohol/drug use, intimate partner violence, and sexual activities and concerns, as well as approaches to use if a presenting problem is a sensitive topic such as a sexual problem

For Screening in All Three Topic Areas:

- Usually ask in **SOCIAL HISTORY**
- Consider **PREPARING THE PATIENT** for discussing a sensitive topic using normalizing, transparency, and/or permission/opt out statements
- Ask the **SCREENING QUESTIONS** paying careful attention to wording and order of questions

SCREENING TOPICS—

Procedure for:

- Alcohol, Street Drugs, and Prescription Drug Misuse
- Intimate Partner Violence
- Sexual Practices and Concerns

ALCOHOL USE—Screening

- Screen when asking about lifestyle
 - diet, exercise, tobacco use, alcohol use, street drug use, prescription drug misuse/abuse ← this is a good sequence for asking about these areas

ALCOHOL USE—Screening Structured Stepped Approach

STEP ONE

- Have you EVER used alcohol?
 - If No, STOP
- When was your last drink of alcohol?
 - If haven't used within last year, STOP assessment of current use (Steps 2 & 3)
- If not used in last year: “Have you ever tried and failed to control, cut down, or stop using alcohol?”

ALCOHOL USE—Screening Structured Stepped Approach

STEP TWO— Quantify use

- On average, how many **days per week** do you drink?
- On a **typical day** when you drink, **how many drinks** do you have?
- What is the **maximum number of drinks** you had on any given occasion during the **past month**?

ALCOHOL USE—Screening Structured Stepped Approach

Quantify use—Maximum Limits

- Males: 14 or fewer drinks/week; never more than 4 drinks per occasion
 - 5+ heavy drinking
- Females: 7 drinks/week; never more than 3 per occasion
 - 4+ heavy drinking
- If exceed limits, go on to Step 3, otherwise STOP here

ALCOHOL USE—Screening Structured Stepped Approach

STEP THREE—Dependency

CAGE

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

(**E**ye-Opener)

OR...

ALCOHOL USE—Screening Structured Stepped Approach

Two-Item Dependency Screen

- Have you ever **used more alcohol than you meant to?**
- Have you ever felt you **needed to cut down** on your drinking in the last year?

ALCOHOL USE—Screening

WHO-Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) and NIDA-Modified ASSIST

- “Have you ever used alcohol?”
- “In the past three months, how often have you used alcohol?”
- “In the past three months, how often have you had a strong desire or urge to use alcohol?”
- “In the past three months, how often has your use of alcohol led to health, legal, social, or financial problems?”

ALCOHOL USE—Screening ASSIST

ASSIST and NM ASSIST

- “During the past three months, how often have you failed to do what was normally expected of you because of your use of alcohol?”
- “Has a friend or relative or anyone else ever expressed concern about your alcohol use?”
- “Have you ever tried and failed to control, cut down, or stop using alcohol?”

SUMMARY— Alcohol Use Screening

- Ever used?
- Most recent usage; usage in last year?
Problems in the past?
- Quantify current use – ask specifics
- Assess dependency if current use exceeds maximum limits

STREET DRUGS— Screening

- Commonly used street drugs
 - Marijuana
 - Cocaine
 - Methamphetamine
 - MDMA—Ecstasy
 - Hallucinogens
 - Inhalants
 - Injected drugs
 - Misuse or abuse of prescription drugs

STREET DRUGS— Screening

Same approach as with alcohol

- **EVER** used...?
 - Ask about EACH specific drug: “Have you ever used marijuana?,” “Have you ever used cocaine?” etc.
- Most recent usage; usage in last year (If no use in last year, STOP assessment of current use Steps 2 & 3)
- If not used in last year: “**Have you ever tried and failed to control, cut down, or stop using [drug]?**”

STREET DRUGS— Screening

- **Quantify** use
 - Frequency
 - Greatest amount used on one occasion in the last month
 - Typical amount used per occasion
- **Dependency** – Two-Item Screen or CAGE questions can be used
- Legal issues?

ALCOHOL USE, STREET DRUG USE, AND PRESCRIPTION DRUG MISUSE—Cues

- Heavy acute intoxication, risky use, and chronic long-term use/dependency
 - Signs of acute intoxication
 - Variety of serious health problems
 - Increased violent/aggressive behavior
 - Legal problems

ALCOHOL USE, STREET DRUG USE, AND PRESCRIPTION DRUG MISUSE—Cues

- Heavy acute intoxication, risky use, and chronic long-term use/dependency
 - Relationship problems
 - Cognitive and emotional function deficits
 - Employment problems
 - Financial problems

SCREENING TOPICS—

Procedure for:

✓ Alcohol, Street Drugs, and Prescription Drug Misuse

• Intimate Partner Violence

• Sexual Practices and Concerns

INTIMATE PARTNER VIOLENCE (IPV)

- Some facts:
 - IPV is a leading cause of nonfatal injury in women (Eisenstat, Bancroft, 1999)
 - 22% women and 7.4% men experience IPV in lifetime; annual rates of 1.3% for women and 0.9% for men (NIJ/CDC, 2000)
 - 22–35% of women presenting to ERs are there for IPV-related injuries regardless of presenting complaint (AAFP)
 - <15% of women are asked about IPV by physicians even though almost 90% say they would disclose if asked (AAFP)

IPV SCREENING

- Difficult to study in males
 - Men and women hit one another with similar frequencies
 - Underreported, often self-defense
 - Less severe injuries than females (females 6x more likely to be seriously injured during IPV)
 - Unintentional injury greater cause of injury and mortality in males

IPV SCREENING—SAFE

- Safe
 - How much of the time do you feel safe in your relationship?
 - Always, Sometimes, Almost never
- Afraid/Abused
 - Have you ever felt afraid of a partner, now or in the past?

IPV SCREENING—SAFE

- Friends/Family
 - If you were hurt, would your friends and family know? Would they be able to help you?
- Emergency Plan
 - Do you have a safe place to go in an emergency?
 - Do you need help locating a shelter?
 - Would you talk to a counselor about this?

IPV SCREENING—PVS

Partner Violence Screen (PVS)

- Have you ever been hit, kicked, punched, or otherwise hurt by someone in the past year?
- Do you feel safe/afraid in your current relationship?
- Is there a partner from a previous relationship who is making you feel unsafe/afraid now?
 - “Yes” to any question is a positive screen

IPV SCREENING

- The **most** significant “sign” or cue of intimate partner violence is:

FEAR

OF A CURRENT

OR PAST PARTNER

INTIMATE PARTNER VIOLENCE Screening

- Most important questions: Whether the patient **FEELS AFRAID** of his/her current partner or a past partner
- Remember these are the **MOST IMPORTANT SIGNS**

SCREENING TOPICS—

Procedure for:

- ✓ Alcohol, Street Drugs, and Prescription Drug Misuse
- ✓ Intimate Partner Violence
- Sexual Practices and Concerns

Talking About Sex

- Sexual activity and practices
- Sexual concerns
- Sexual problem as a presenting problem/chief complaint

Communication Tips

- Delay until you have established rapport (unless it is presenting illness)
- Consider use of preparation techniques normalizing, permission, transparency
- Use screening questions first to determine how much you need to ask
- Less intimate → more intimate

Communication Tips

- Use close-ended questions
- Response choice good for sexual activities and practices
- Use correct anatomical terms and formal names for activities and conditions
 - Vagina, penis, labia, scrotum, erection
 - Intercourse, masturbate, foreplay, arousal

INTRODUCTORY STATEMENTS—Strategies

- As with all my patients, I am now going to ask you some questions about your sexual activities and practices so I can provide you with the best medical care. Is that OK with you? 
- “I know it can be hard talking about a sexual concerns, especially with someone you don’t know very well, but...” 

INTRODUCTORY STATEMENTS—Examples

- “Many people who are sick experience a change in their sexual interest or function. Has this been an issue for you?”
- “A lot of men have sexual problems when they start a blood pressure medicine....”

SEXUAL ACTIVITY— Screening

- “When was your last sexual encounter?”
If the person has never had a sexual encounter—stop here and move on to ask about sexual concerns

SEXUAL ACTIVITY— Screening

- Number of sexual partners last month; year; lifetime
- Current and past use of condoms
 - Please **don't ask**, “Do you use protection?”

SEXUAL ACTIVITY— Screening

- Use/concerns about birth control
- History of STDs or STDs in partners (please state, “sexually transmitted disease” not just “STD”)
 - Any current concerns about STDs

SEXUAL CONCERNS— Screening

- “Do you have any **sexual concerns or worries** you would like to discuss?”
- “Are you having any problems in your sexual relationship(s)?”

Sexual Problem as a Presenting Illness/Chief Complaint

- Take a history of presenting illness as you would for any other problem
 - Libido problems, painful intercourse, erectile dysfunction

Sexual Problem as a Presenting Illness/Chief Complaint

- Prepare the patient to answer specific DETAILED personal questions
- Normalize the problem, if possible
 - “This is a problem I hear about frequently”

Sexual Problem as a Presenting Illness/Chief Complaint

- **Normalize** the discomfort in discussing it and **ask permission**
 - “I know it may be uncomfortable to talk about, but is it OK if I ask you some very specific questions about...”
- Provide **transparency** for why you need to ask very specific questions
 - “...because it will help me to understand exactly what has been going on and how I can help you.”

Sexual Problem as a Presenting Illness/Chief Complaint

- Example: Erectile dysfunction
 - “Are you able to have erections at all?”
 - “Able to maintain erections long enough for intercourse?”
 - “Do you have erections when you wake up in the morning?”
 - “What happens when you masturbate?”

SEXUAL TOPICS—Summary

- Current and past sexual activity and practices
- Sexual concerns
- If chief complaint is a sexual problem, conduct as any other HPI, but take the time to prepare the patient for very detailed questions

FINAL SUMMARY

- Identify and understand factors that affect the reliability and validity of patient self-report when asked about sensitive topics

FINAL SUMMARY

- Identify and **practice** communication techniques that can increase the reliability and validity of patient self-report when asked about sensitive topics

FINAL SUMMARY

- Learn and practice how to screen for alcohol/drug use, intimate partner violence, and sexual activities, including if sexual problem is a chief complaint

Be aware of what is going on in your head and with your own feelings—your own anxiety may prevent getting a thorough history

Informational Web Sites

- Agency for Healthcare Research and Quality—U.S. Preventative Services Task Force
<http://www.uspreventiveservicestaskforce.org/uspstf/uspsdrin.htm>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) <http://www.niaaa.nih.gov>
- National Institute on Drug Abuse (NIDA)
<http://www.drugabuse.gov>
- NIDA-Modified ASSIST (NM ASSIST)
<http://ww1.drugabuse.gov/nmassist/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <http://www.samhsa.gov>

Informational Web Sites

- World Health Organization—Alcohol, Smoking, and Substance Involvement Screening Test (WHO—ASSIST Project) http://www.who.int/substance_abuse/activities/assist/en/index.html
- Association for Medical Education and Research in Substance Abuse (AMERSA) <http://www.amersa.org>
- National Coalition Against Domestic Violence http://www.ncadv.org/resources/ExternalLinks_68.html
- American Medical Association—Violence Related Reports and Policies <http://www.ama-assn.org/ama/pub/category/3247.html>

Additional Reading

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