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

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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 because it can have an important impact on their overall health. Would it be OK if I asked you some questions about your sexual activities?”
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 sexually transmitted diseases (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

• Asking 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?”
Assess Questions—
Strengths/Weaknesses
Marijuana use

• Tell me about your street drug use.
• When was the last time you used street drugs?
• When was the last time you used marijuana?
• Tell me about your use of marijuana.
Assess Questions—Strengths/Weaknesses

Condom use

• Tell me about your use of condoms.
• How much of the time do you use condoms?
  – Never, sometimes, almost always, always
• Do you usually use condoms?
• Do you use condoms?
Quiz: Develop Questions Using Communication Techniques

• How would you ask someone about his or her sexual activity?
• How would you ask someone whether his or her sexual partners are men or women?
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 in last year, STOP
  – If not used in last year: “Have you ever tried and failed to control, cut down, or stop using alcohol?”
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

C A G E

– Have you ever felt you should Cut down on your drinking?
– Have people Annoyed you by criticizing your drinking?
– Have you ever felt bad or Guilty about your drinking?
– Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eye-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/SUBSTANCE 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 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 (e.g., opioids, synthetic opioids, benzodiazepines, and anxiolytics, stimulants)
STREET DRUGS—Screening

Same approach as with alcohol

• **EVER** used...?
  – Ask: **HAVE YOU EVER USED**... marijuana?, 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

• NIDA-Modified ASSIST

• 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?

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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:
IPV SCREENING

• Most important questions: Whether the patient FEELS AFRAID of his/her current partner or of 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
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 concern, 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 past 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?”
  – “Are you 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
SENSITIVE TOPICS—Quiz

✔ Alcohol, Street Drugs, and Prescription Drug Misuse
✔ Intimate Partner Violence
✔ Sexual Practices and Concerns
Question 1: Reducing Anxiety and Increasing Reliability

• What are five techniques that help prepare or set the stage for asking sensitive questions?
  – Normalizing
  – Transparency
  – Asking permission
  – Opting out
  – Addressing confidentiality concerns
Question 2: Reducing Anxiety and Increasing Reliability

• What are four techniques for wording questions that will decrease anxiety when asking sensitive questions?
  
  – Close-ended
  – Response choice
  – Careful word choice
  – Assume the behavior is already occurring
Question 3: Increasing Reliability

• Name two additional techniques that increase reliability
Question 4: Intimate Partner Violence

• What are the two most important IPV screening questions?
  – Do you ever feel afraid of your current partner?
  – Have you ever felt afraid of a past partner?
Question 5: Alcohol Use

• Alcohol use is typically introduced in what part of the medical history?

• What could you say to prepare the patient?
Question 6: Alcohol Use

• What is the first alcohol screening question you would ask?

• Second screening question?
Question 7: Alcohol Use

• What question would you ask if the patient has not used alcohol in the past year?
  – Have you ever tried and failed to control, cut down, or stop using alcohol?
Question 8: Quantify Alcohol Use

• What three questions would you ask to quantify current alcohol 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?
Question 9: Alcohol Use Dependency

• What screening approach might you use to ask about dependency?
Question 10: Sexual Activity and Practices

• This topic is typically introduced in what part of the medical history?

• What could you say to prepare the patient?
Question 11: Sexual Activity and Concerns

• What is the first question that should be asked about sexual activity?
Question 12: Sexual Activity and Concerns

• What other areas should be screened?
  - Number of sexual partners month; year; lifetime
  - Current and past use of condoms
  - Use of or concerns about birth control
  - History of/concerns about STDs or STDs in partners
Question 13: Sexual Activity and Concerns

• How might you ask about sexual concerns?

Do you have any sexual concerns or worries you would like to discuss?
Question 14: Presenting Problem is a Sexual Problem

• What are four important things to do?
  – Treat like any other presenting illness
  – Prepare them to answer detailed questions
  – Normalize the problem (if possible) and/or the discomfort in answering questions
  – Be transparent
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/uspsf/uspsdrin.htm

• American Medical Association—Violence Related Reports and Policies
  http://www.ama-assn.org/ama/pub/category/3247.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.php
Informational Web Sites

- National Institute on Alcohol Abuse and Alcoholism (NIAAA) [http://www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse (NIDA) [http://www.drugabuse.gov](http://www.drugabuse.gov)
- NIDA-Modified ASSIST (NM ASSIST) [http://ww1.drugabuse.gov/nmassist/](http://ww1.drugabuse.gov/nmassist/)
- Substance Abuse and Mental Health Services Administration (SAMHSA) [http://www.samhsa.gov](http://www.samhsa.gov)