

Putting the QFP into Practice Series:



STD Services in the Family Planning Setting – Assessment, Counseling and Education

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Anna Alston, MSN, ARNP



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Disclosures

PROVIDER UNIT: Cardea Services

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- Attending the entire CNE activity;
- Within two weeks of the CNE activity allow 10 minutes to submit an online evaluation;
- Within two weeks of the CNE activity, submit a CNE request.



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Today's Webinar will be approximately 1 hour long including breaks for Q and A – one in the middle, and one at the end. In order to receive Continuing Nursing Education, participants must attend the entire event, within two weeks complete the online evaluation at the end of the webinar, and submit an online CNE request within two weeks of the webinar. At the conclusion of the webinar we will give information on how to request CNEs.

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STD Services in the Family Planning Setting - Assessment, Counseling and Education

Objectives:

- Describe the five steps in conducting a sexual health assessment;
- Identify techniques for delivering high intensity behavioral counseling;
- List specific considerations for client-centered counseling with diverse populations



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Our objectives for this Session are that attendees will be able to:

- **Describe the five steps in conducting a sexual health assessment;**
- **Identify techniques for delivering high intensity behavioral counseling;**
- **And, list specific considerations for client-centered counseling with diverse populations, such as adolescents and LGBTQ clients**

This Webinar is designed specifically for health educators, counselors, medical assistants, clinic managers, nurses and other members of the health care team. However, it's also applicable to all staff interested in the basics of offering STD services, and in learning more about our series, "Putting the QFP into Practice".

Presenter



Anna Alston, MSN, ARNP

Assistant Director of Health Services

Planned Parenthood of the Great Northwest and the Hawaiian Islands



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Anna has been in clinical practice as a nurse practitioner for 15 years. In her current role as the Assistant Director of Health Services with Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNHI), she co-manages a clinical staff of 60+ providers. She serves as a clinical expert and resource for clinicians within PPGNHI, and works collaboratively as a member of the Clinical Services Administrative and Medical Leadership teams. She is responsible for the training and supervision of licensed staff, and also provides direct patient care.

STD Services in the Family Planning Setting - Assessment, Counseling and Education: An Overview

- STD Services and the QFP
- The 4 Steps of STD Services: Sexual Health Assessment
- The 4 Steps of STD Services: Provision of Risk Counseling
- Summary and Additional Resources



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First- I'd like to start today with an overview. I will briefly review the providing quality family planning services recommendations, also known as "the QFP", and how these intersect with providing STD services.

Second -I'll discuss how prevention of STDs begins with obtaining an accurate and comprehensive sexual health assessment.

Third - I'll review how to effectively counsel clients regarding STD risk reduction.

And Fourth- I'll tell you about the rest of the "Putting the QFP into Practice" webinar series, as well as other resources that are available.

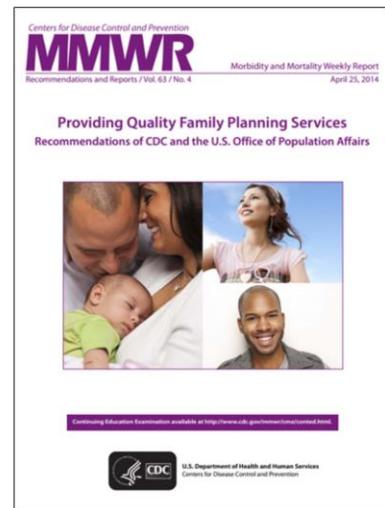
Quality Family Planning Services Recommendations

Also known as the
“QFP”

Developed collaboratively by the CDC and the Office
of Population Affairs of the U.S. Department of
Health and Human Services.



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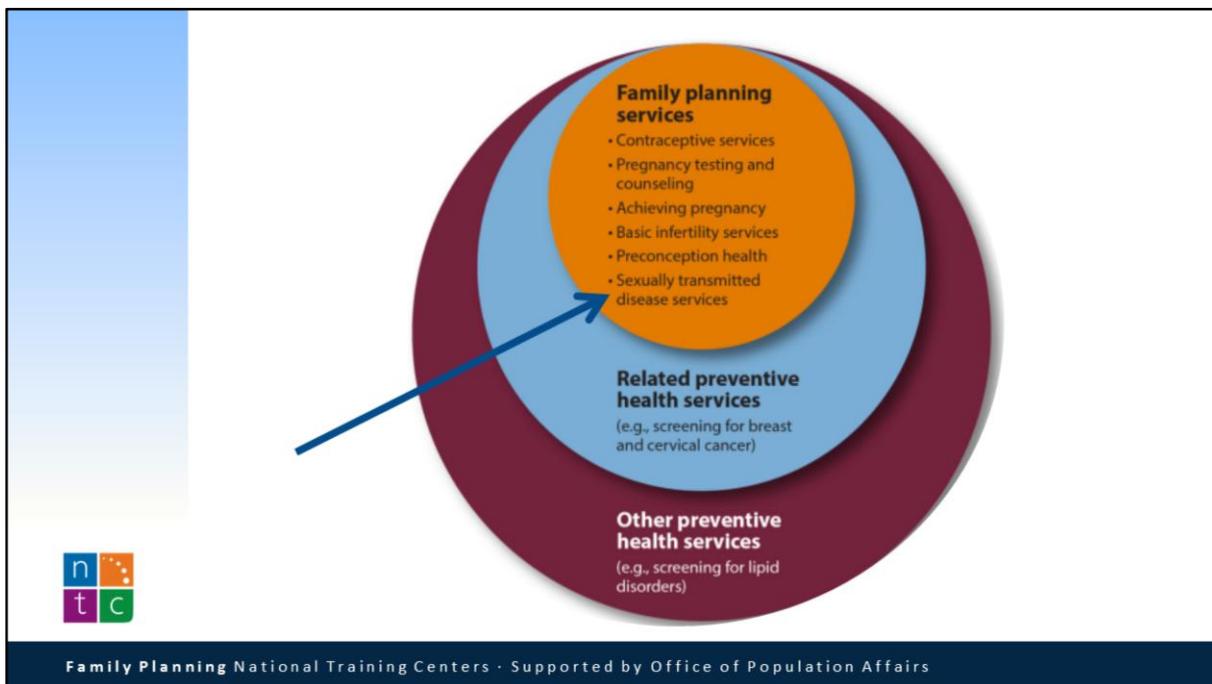


Let's next discuss the QFP, as today's session and the webinar series have been based on these Recommendations.

Some of you may not be familiar with the QFP. Or you may know about it, but have questions about how best to apply these recommendations in your own agency or clinic setting.

The Providing Quality Family Planning Services Recommendations were published in the CDC's Weekly Report in April 2014.

They were developed collaboratively by the CDC, and the Office of Population Affairs of the U.S. Department of Health and Human Services.



The QFP provides comprehensive recommendations to assist providers in offering family planning services that will help women, men and couples achieve their desired number and spacing of children, and increase the likelihood that those children are born healthy.

This figure illustrates, in graphic and narrative form, how family planning services are embedded within a broader framework of preventive health services.

Given the comprehensive nature of the QFP Recommendations, where do we begin?

Determining how STD services are appropriate to offer as a part of family planning is an important first step.

Why deliver STD services as a core Family Planning Service?



STD/ HIV services improve men's and women's health, and can influence ability to conceive or have a healthy birth outcome.



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Why should we offer STD services?

STD and other preconception health services are considered **family planning services** because they improve men's and women's health, and can influence ability to conceive or have a healthy birth outcome.

Who is at risk for STDs?

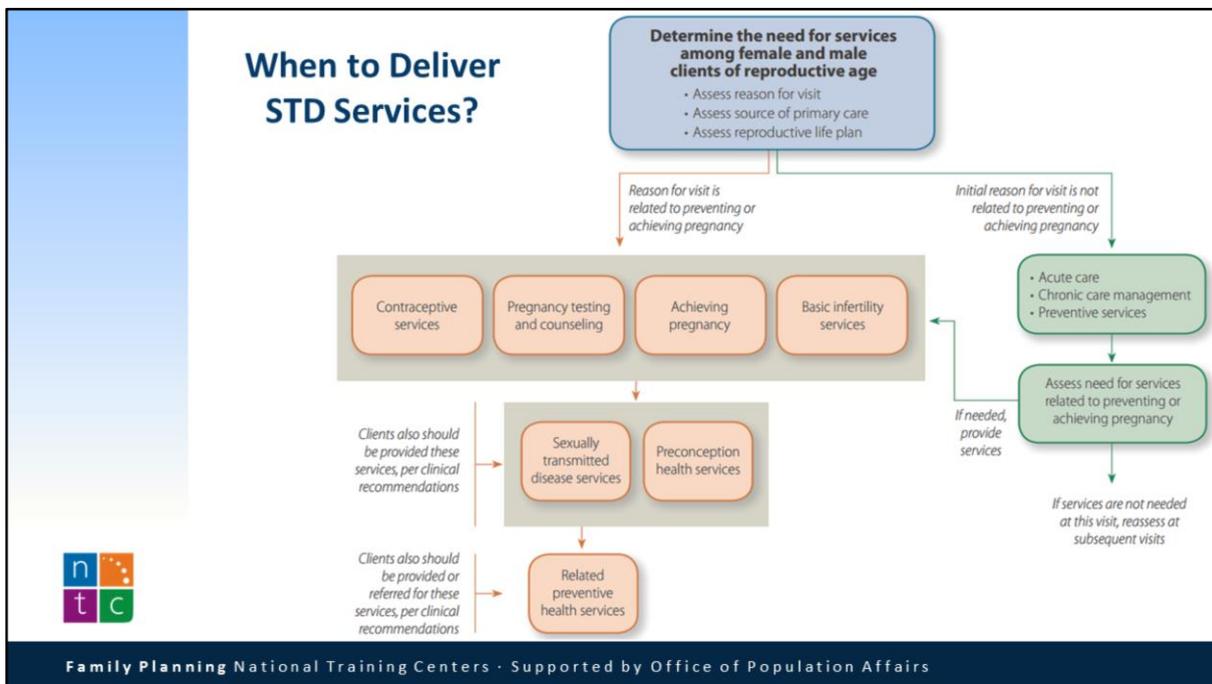
- Sexually active adolescents
- Adults with specified risk factors
 - Multiple sexual partners
 - Non-monogamous relationships
 - Sexually active in high prevalence community
 - Current STD, or history of STD in past year



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Who should receive STD services?

We'll talk more about this later, but risk factors for STDs include client age, behaviors and history. Many clients seen in family planning settings have these risk factors.



When should we deliver STD services?

The QFP provides an algorithm, known as the Clinical Pathway, which can be helpful in “determining a client’s need for services.”

- First, we should determine the need for services for female and male clients of reproductive age:
 - Is the reason for visit related to preventing pregnancy or achieving pregnancy?
 - Or, is the reason for visit NOT related to preventing or achieving pregnancy?
- If the reason for the visit is related to preventing or achieving pregnancy, the client would then receive services in the top row of four orange boxes on the left.
- These might include contraceptive services, pregnancy testing and counseling, achieving pregnancy, and/ or basic infertility services. Clients presenting for any of these services should also be assessed for the need for STD services.
- If the client’s need for services is not related to preventing or achieving a pregnancy, staff should address the primary concern but also assess the client’s need for other services. Other services may then occur as part of the current visit or on return visits. An example would be a client presenting for STD treatment/ exposure, who may return later for contraceptive services if time is not available.

When to Deliver STD Services?

- Consider at each visit
- To persons with or without signs or symptoms
- However, should not become a barrier to a client's ability to receive services related to preventing or achieving pregnancy.



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The QFP recommendations further state that:

- The need for STD services, including HIV testing, should be considered at each visit.
- STD services should be provided to persons with or without signs or symptoms. An example would be a client who reports no symptoms, but discloses risk factors such as multiple partners.
- And, that delivery of STD services should not be a barrier to a client's ability to receive services related to preventing or achieving pregnancy.

Four Steps in Providing STD Services

Step 1: Assess

Step 2: Screen

Step 3: Treat

Step 4: Provide Risk Counseling



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The QFP recommends STD services include the following steps, which should be provided at the initial visit and at least annually thereafter:

Step 1: **Assess**- The client should have a sexual health assessment.

Step 2: **Screen**- A client who is at risk of an STD should be screened in accordance with the CDC's recently revised STD Treatment Guidelines. Clients should also receive recommendations on reproductive health immunizations based on ACIP Guidelines.

Step 3: **Treat**- A client with an STD and his/ her partner(s) should be treated in accordance with the CDC's STD Treatment Guidelines.

And, Step 4: **Provide Risk Counseling**- If the client is at risk for, or has an STD, counseling for sexual behavioral risk reduction should be provided in accordance with USPSTF recommendations.

Four Steps in Providing STD Services

Step 1: Assess

Step 2: Screen

Step 3: Treat

Step 4: Provide Risk Counseling

This Webinar will focus on Steps 1 and 4, as these are the areas where non-clinicians typically have the greatest role; additional information for providers on Steps 2 and 3 can be found in the QFP and 2015 CDC STD Treatment Guidelines.



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This Webinar will focus on Steps 1 and 4, as these are the areas where non-clinicians typically have the greatest role; additional information for providers on Steps 2 and 3 can be found in both the QFP and 2015 CDC STD Treatment Guidelines.

Agencies or clinics may assign the roles of client assessment, education, and counseling to various staff, depending on training, licensure or agency needs. If your clinic role does not include direct provision of these services, it is still helpful to understand what is included in providing STD services in family planning settings.

Starting the Conversation...

Use of **Transitional Statements**:

- Statements that help bridge from one topic to another
- Can assist staff in moving comfortably from addressing stated needs to other needed services
- Example: Client presents for contraceptive services, addressing need for STD counseling and education.



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Before moving into **Step 1- the sexual health assessment**, let's first discuss how to start the conversation.

The challenge for many of us is how to move comfortably from addressing your clients' stated need or reason for visit, to talking about other possible services, and determining when and if they are needed.

I'll provide examples of **transitional statements** as a way to bridge from one comment or topic to another, and **questions** to help you assess your clients' needs for STD services.

Starting the Conversation...

Use a **Transitional Statement**, such as:

- *(If pregnancy desired)* “Having a healthy pregnancy and baby starts with keeping your body healthy. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all clients these questions so that we can provide the best care possible”.
- *(If pregnancy not desired)* “The same things that put you at risk for being pregnant may also put you at risk for getting an STD. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all clients these questions so that we can provide the best care possible”.



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Examples of transitional statements are seen here.

Making the Client Comfortable...

Effective techniques for facilitating rapport with clients include the use of:

- **Open-ended questions** (e.g., “Tell me about any new sex partners you’ve had since your last visit”);
- **Understandable, nonjudgmental language** (“Are your sex partners men, women, or both?”);
- And **normalizing language** (“Some of my patients have difficulty using a condom every time. How is it for you?”).



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We should also strive to establish and maintain client rapport. Understand that some clients may not be comfortable talking about their sexual history, sex partners, or sexual practices. We should acknowledge this, and try to put clients at ease. Let them know that taking an accurate and complete sexual history is an important part of providing comprehensive reproductive health services. Explain that these are questions we ask of all clients.

Step 1: Assess

The “Five P’s” Approach to obtaining a Sexual Health Assessment:

- **Partners**
- **Practices**
- **Pregnancy Intention**
- **Protection from STDs**
- **Past STD History**



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We will now discuss how to obtain a sexual health assessment. The CDC recommends the “5 Ps” approach.

The topic of partners is often a comfortable place to begin, but it may be more natural to begin with another section based on a client’s reason for visit. For example, if a client presents for pregnancy testing, you may first begin with Pregnancy Intention.

Step 1: Assess

Assess Partners

- *Do you have sex with men, women or both?*
- *In the past 2 months, how many partners have you had sex with?*
- *In the past 12 months, how many partners have you had sex with?*
- *Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?*



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The first “P” is for **PARTNERS**, and should include the following questions.

Please note, that the term “partner” may need to be defined for some clients, or consider using other appropriate terminology.

If a client has been sexually active in the past, but is not currently active, it is still important to obtain a sexual health assessment as past contacts and/ or behaviors can also affect risk.

And, if a client is in a mutually monogamous relationship that has lasted for more than 12 months, risk-reduction counseling may not be needed. We’ll discuss that later.

Step 1: Assess

Assess Practices

To understand your risk of STDs, I need to understand the kind of sex you have had recently.

- *Have you had vaginal sex, meaning “penis in vagina”?*
- *Have you had anal sex, meaning “penis in rectum/ anus”?*
- *Have you had oral sex, meaning “mouth on penis/vagina”?*
- *Have you or any of your partners ever injected drugs?*
- *Have you or any of your partners exchanged money or drugs for sex?*
- *Is there anything else about your sexual practices that I need to know about?*



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The second “P” is for sexual and social behaviors, or **PRACTICES**.

You will note the first statement is transitional, and also helps to explain intent. The following questions should then be addressed.

Asking about practices will guide the assessment of client risk, risk-reduction strategies, and (for providers) the determination of necessary testing and/or treatments.

Step 1: Assess

Assess Pregnancy Intention:

- *What are your current plans regarding pregnancy?*
- *Do you plan to have (more) children?*
- *(If not planning) What are you doing to prevent pregnancy?*



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The third “P” is for **PREGNANCY** plan, and should be addressed with any client accessing family planning services. Questions would include those listed here.

Remember the Clinical Pathway reviewed earlier, and discussion of pregnancy intentions in determining a client’s need for services. Based on their responses, you may assess that the client is at risk of becoming pregnant or of fathering a child. If so, we should first determine if a pregnancy is desired, whether now or in the future.

Step 1: Assess

Assess Protection from STDs

- *What are you doing to protect yourself from STDs and HIV?*
- *Do you use condoms always, sometimes or never?*
 - *(If inconsistent) In what situations do you use condoms?*
 - *(If never) There are many reasons why people might not use condoms; what might be your reasons?*



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To learn more about the fourth “P”, protection from STDs, start with this open-ended question.

Then, you could transition to barrier use by asking. Note the additional follow up questions for use as appropriate.

Based on the client’s answers, you can then discern which direction to take the dialogue and the appropriate level of risk-reduction counseling.

Step 1: Assess

Assess Past History of STDs

- *Have you ever been tested for STDs?*
- *Have you ever had an STD?*
- *Have your partner(s) been tested for STDs?*
- *Have any of your partners had an STD?*



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And finally, the fifth “P” addresses **PAST HISTORY**, and includes STD testing and diagnoses with the following questions.

Case Study #1

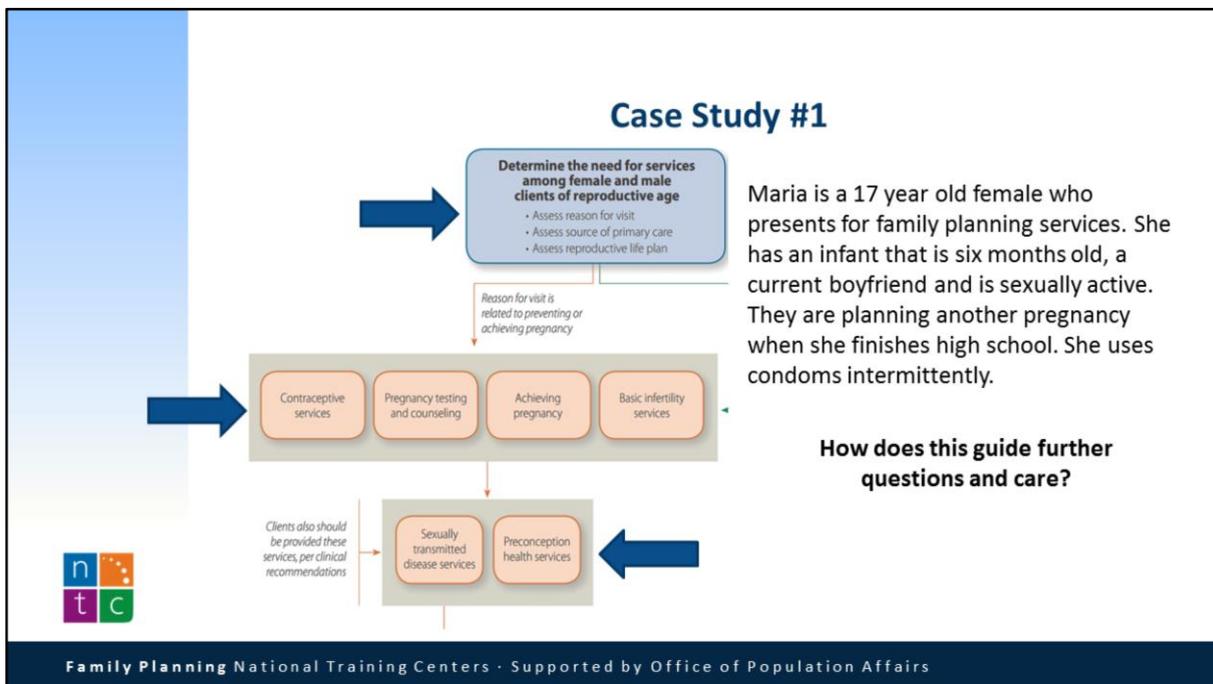


Maria is a 17 year old female who presents for family planning services. She has an infant that is six months old, a current boyfriend and is sexually active. They are planning another pregnancy when she finishes high school. She uses condoms intermittently.



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We will next move on to Case Studies to demonstrate what we have reviewed.



How does Maria’s history guide further questions and care?

Recall from the earlier discussion on “determining a client’s need for care” that we should first ask if the client’s need for services is related to preventing or achieving pregnancy.

As Maria’s reason for visit is related to preventing (now) *and* achieving pregnancy (later), today’s visit might include contraceptive services and pregnancy testing. Maria should also be assessed for the need for preconception care, including STD services.

Case Study #1

Maria is a 17 year old female who presents for family planning services. She has an infant that is six months old, a current boyfriend and is sexually active. They are planning another pregnancy when she finishes school. She uses condoms intermittently.

What would be a transitional statement we could use to assist us with moving the conversation with Maria from contraceptive, to STD counseling and education?



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As we need to complete a sexual health assessment, using a transitional statement can assist us with moving the conversation with Maria from contraceptive, to STD counseling and education.

What would be an example of transitional statement we could use?

Case Study #1 – Knowledge Check

Choose a transitional statement:

- A. “You mentioned that you do not want to get pregnant until after you finish school. Pregnancy is not the only thing you need to be thinking about. You could have also gotten an STD. You need to be really careful if you’re not using condoms every time. Does your partner have other partners? Has he been tested?”
- B. “You mentioned that you do not want to get pregnant until after you finish school. The same things that put you at risk for being pregnant may also put you at risk for getting an STD. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all our clients these questions so that we can provide the best care possible.”



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Ok, It appears most participants are preferring B, which is correct.

Why? Statement “B” begins the discussion in a nonjudgmental, non-blaming way. It also lets Maria know that the questions to come may feel personal, and explains WHY we ask these questions— because we want to provide her with the best care possible.

Special Populations - Adolescents

- Services for adolescents should be provided in a “youth-friendly” manner.
- Discussions concerning sexual behavior should be **appropriate for the client’s developmental level** and should be aimed at identifying risk behaviors (e.g., multiple partners; unprotected oral, anal, or vaginal sex; and drug-use behaviors).
- Careful, **nonjudgmental**, and thorough counseling is vital for adolescents who might not feel comfortable acknowledging their engagement in behaviors that place them at high risk for STDs.
- Stress **confidential** nature of services, following mandatory reporting obligations.
- Encourage abstinence, dual-method use with contraceptive counseling.
- Encourage parental/ guardian involvement.



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Despite high rates of STDs among adolescents, many providers often fail to inquire about sexual behaviors, assess risks, and provide effective risk-reduction counseling. To address these concerns, the QFP recommends:

- That centers are youth friendly – the clinic environment And staff should welcome and support youth
- That discussions concerning sexual behavior are appropriate for the client’s developmental level, and are aimed at identifying specific risk behaviors.
- Nonjudgmental counseling, as adolescents might not feel comfortable acknowledging their engagement in behaviors that place them at high risk for STDs.
- That adolescents should be reassured regarding the confidentiality of their histories, and any services provided
- That avoiding sex (abstinence) and dual-method use (such as a hormonal method plus barrier), often incorporated in contraceptive counseling, can also be effective in prevention of STDs.
- And, that parental involvement and support is encouraged.

Special Populations - Adolescents

- High rates of Chlamydia, Gonorrhea, and HPV
- Contributing factors include:
 - Multiple partners
 - Short term relationships
 - Inconsistent barrier use
 - Increased susceptibility to infection
 - Barriers to health care



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The CDC also provides specific recommendations regarding adolescents and risk, including that:

- Rates of chlamydia and gonorrhea are highest among females during their adolescent and young adult years, and many persons acquire HPV infection at this time.
- Persons who initiate sex early in adolescence are at higher risk for STDs, along with adolescents residing in detention/ treatment facilities, those who use injection drugs, and young men who have sex with men (YMSM).
- And that factors contributing to this increased risk during adolescence include having multiple sexual partners concurrently, having sequential sexual partnerships of limited duration, failing to use barrier protection consistently and correctly, having increased biologic susceptibility to infection, and facing multiple obstacles to accessing health care.

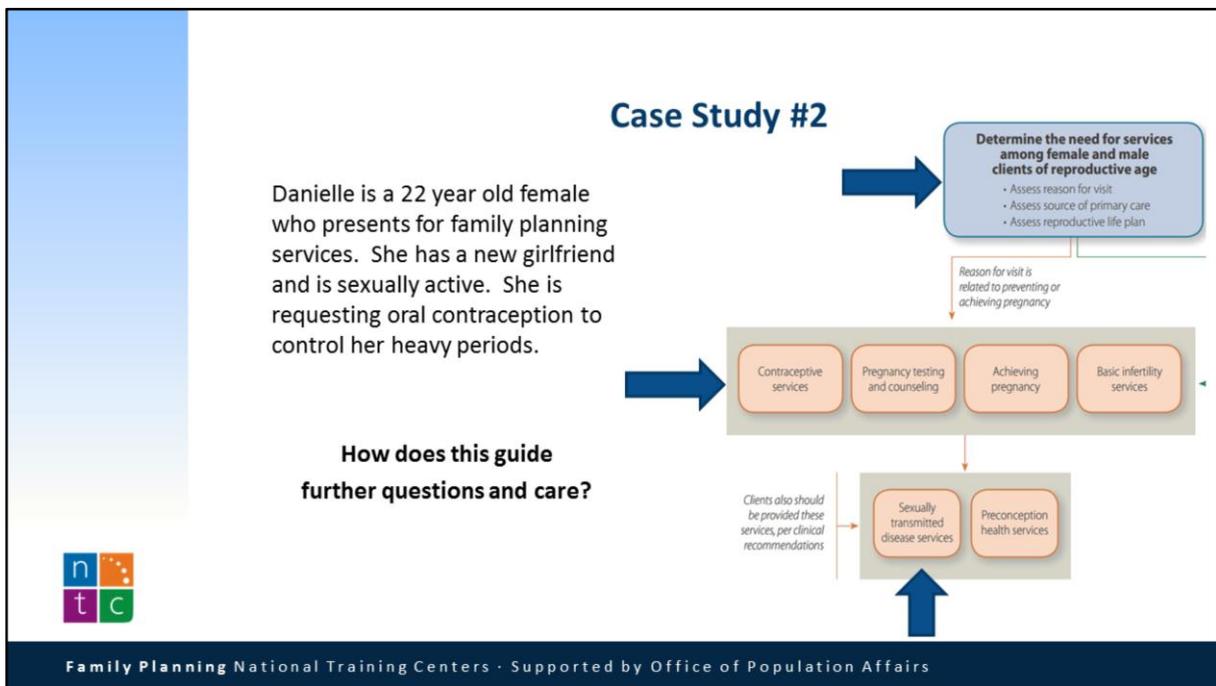
Case Study #2

Danielle is a 22 year old female who presents for family planning services. She has a new girlfriend and is sexually active. She is requesting oral contraception to control her heavy periods.



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In the next Case, we meet Danielle...



How does Danielle’s history guide further questions and care?

Again, we should first ask if the client’s need for services is related to preventing or achieving a pregnancy.

Since Danielle has stated that her reason for seeking contraception is to control her heavy periods, you might ask questions to clarify Danielle’s pregnancy intentions or reproductive life plan.

If Danielle had responded that she does not want to get pregnant at this time, it would be important to conduct a thorough sexual health assessment to determine her risk for unintended pregnancy, as well as her risk for STDs.

We should never make assumptions about a client’s sexual practices or sexual orientation. Although Danielle currently has a female partner, she may have or have had, male partners. She may also have STD risk factors.

Case Study #2

Danielle is a 22 year old female who presents for family planning services. She has a new girlfriend and is sexually active. She is requesting oral contraception to control her heavy periods.

What would be a transitional statement we could use to assist us with moving the conversation with Danielle to sexual health assessment?



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Using a transitional statement can assist us with moving the conversation with Danielle from her stated needs around controlling her periods to a more thorough sexual health assessment.

What would be an example of transitional statement we could use?

Case Study #2

Danielle is a 22 year old female who presents for family planning services. She has a new girlfriend and is sexually active. She is requesting oral contraception to control her heavy periods.

Transitional Statement:

“You mentioned that you currently have a female partner. Women with female partners may also be at risk for getting an STD. I’d like to ask you some questions about your sexual health. They may feel like very personal questions, but know that we ask all our clients these questions so that we can provide the best care possible.”



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Here is an example of a transitional statement we might use with Danielle.

Note, that the statement is non-judgmental, avoid assumptions, and attempts to normalize the discussion.

After transitioning into the assessment, we will next review appropriate questions from the “5 Ps” that will assist us in obtaining an accurate sexual history.

Case Study #2 – Knowledge Check

Which of the following questions from the “5Ps” should be included in a sexual health assessment:

- A. You mentioned that you currently have a female partner. In the past, have your partners been female, male or both?
- B. (*If past partners have included men*) Have you ever had vaginal sex, meaning “penis in vagina”?
- C. Do you use condoms or barriers always, sometimes or never?
- D. Have you or your partner been tested for STDs?
- E. All of the above should be included.



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Ok, It appears most participants are preferring E, which is correct. All of the listed questions would be appropriate to include. Danielle’s answers will then help us to discern which direction to take the dialogue and the appropriate level of risk-reduction counseling indicated.

Special Populations - LGBTQ

- The QFP reinforces the need to deliver services in a **culturally competent** manner so as to meet the needs of all clients, including those who are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ).
- **Avoid making assumptions** about a client's gender identity and sexual orientation.
- Preconception care, including STD services, should also be offered to men and women with same sex partners.



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The QFP specifically addresses Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (or LGBTQ) care, and recommends we avoid assumptions about a client's gender identity, sexual orientation or practices.

LGBTQ clients should be viewed as partners in family planning, and may have special needs regarding STD services. If not actively seeking to achieve or prevent pregnancy, these services can still contribute to the overall health of women and men through reduced transmission of STDs and HIV.

Special Populations - LGBTQ

- MSM clients at higher risk for HIV and bacterial STIs due to practices. Contributing factors would include receptive anal intercourse, inconsistent barrier use, multiple partners and substance use.
- WSW are more variable in sexual behaviors, but are still at risk for acquiring HPV and other infections. Contributing factors would include current or prior male partners, in addition to practices.
- Transgender individuals should be assessed based on current anatomy and practices. High rates of HIV found in TG women, particularly African-American.



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The CDC also provides specific recommendations regarding LGBTQ individuals and risk, including that:

- Men who have sex with men (or MSM) are at high risk for HIV infection and bacterial STDs because MSM may practice anal sex, and the rectal mucosa is uniquely susceptible to certain STD pathogens. In addition, multiple sex partners, substance use, and sexual network dynamics of some MSM, may increase risk in this population.
- Women who have sex with women (or WSW), particularly adolescents and young women, as well as women with both male and female partners, might be at increased risk for STDs based on reported risk behaviors. WSW are at risk for acquiring HPV from both their female partners, and from current or prior male partners.
- And, that providers caring for TG clients should assess STD- and HIV-related risks based on current anatomy and sexual behaviors. Studies also suggest high rates of HIV among transgender women.
- The take home message is to “remember your 5 Ps” when assessing sexual risk. While we shouldn’t make assumptions, we should always consider follow-up questions that are appropriate to each client’s special situation or circumstances.

How to Deliver Effective Counseling

QFP Principles of Effective Counseling:

- **Principle 1** - Establish and maintain rapport
- **Principle 2** - Assess client's needs and personalize discussion
- **Principle 3** - Work with client interactively to establish a plan
- **Principle 4** - Provide information that can be understood and retained
- **Principle 5** - Confirm client understanding



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Next, we will move on to discuss how to provide effective risk reduction counseling.

The QFP offers five key principles of providing quality counseling that should be used when providing family planning services. Although developed specifically for providing contraceptive counseling, the principles are broad and can be applied to health counseling on other topics, such as STD services. Although the principles are listed here in a particular sequence, it is necessary at every point in the client encounter to determine whether it is important to readdress and emphasize a given principle.

You will note that several principles overlap client assessment, with effective counseling, techniques.

Four Steps in Providing STD Services

- 1 - Assess
- 2 - Screen
- 3 - Treat
- 4 - Provide Risk Counseling

Relevant information from Steps 1-3 will guide Client-focused Risk Counseling and Education.



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Recall the QFP steps in providing STD Services.

Relevant information gathered from the client during Steps 1-3 will help to guide us in effective risk reduction counseling.

Step 4: Provide Risk Counseling

Who is at risk for STDs, including HIV?

- Sexually active adolescents
- Adults with specified risk factors
 - Multiple sexual partners
 - Non-monogamous relationships
 - Sexually active in high prevalence community
 - Current STD, or history of STD in past year



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To review, many of our clients may be at risk for STDs, including.

Infections, such as chlamydia and gonorrhea, may have additional risk factors which include:

- Being Female under 25
- Being MSM
- Having a new partner
- Or a partner with an STD
- And pregnancy.

Risks specific to other infections, such as syphilis, HIV and hepatitis, can be referenced in both the QFP and 2015 CDC STD Treatment Guidelines.

Why Provide Risk Reduction Counseling?

Who has the time?

Will clients feel uncomfortable?

Does it really make a difference?



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Why should family planning services agencies provide risk counseling?

We might question its value, and the use of agency time and resources. We might also question how this would be interpreted by clients.

Family planning providers are unique in that they routinely screen for reproductive health concerns, and are able to identify those clients at greatest risk for STDs.

For these reasons, the QFP recommends STD counseling and education for all adolescents and at risk adults, and because studies have shown that these interventions can reduce a person's likelihood of acquiring an STD.

High-Intensity Behavioral Counseling

High- Intensity Behavioral Counseling includes:

- Assessment of actual and self-perceived risk
- Behavioral goal setting
- Interactive risk reduction plan



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The most successful counseling approaches provide basic information about STDs and STD transmission; assess the person's risk for transmission; and provide training in pertinent skills, such as condom use, communication about safer sex, problem solving, and goal setting.

One approach known as “**high- intensity behavioral counseling**” has been recommended by the USPSTF for STD prevention and control. This type of counseling:

- is directed at a person’s risk,
- at the situations in which risk occurs, and
- involves the use of personalized goal setting strategies.

Project RESPECT Study

- Original study: Two to Four sessions (30 minutes to 2 hours) over several weeks
- Staff and resource intensive
- Outcomes: *
 - Lower rates of STDs
 - Lower rates of unprotected intercourse
 - Fewer new partners

** A second study conducted 10 years later (Project AWARE) was unable to replicate these outcomes.*

- Brief prevention messages may also be effective and should include:
 - Client-centered counseling
 - Motivational interviewing



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One high-intensity counseling model specifically referenced in the QFP is known as “Project Respect”.

The original Project Respect study was time and resource intensive, with evidence that benefits increased with intervention intensity. However, the most recent CDC STD Treatment Guidelines note that another study conducted 10 years later in the same settings but different contexts was not able to replicate Project Respect’s results.

Although we have less evidence around low intensity interventions, they may be more easily operationalized in family planning settings.

Client centered counseling and motivational interviewing, whether intensive or brief, can help clients move toward achievable risk reduction.

Three Steps for Risk Reduction Counseling – Project RESPECT Model

- 1. Focus on personal risk assessment**
 - *Ask clients to identify own risk*
- 2. Identify safer goal behaviors**
 - *Ask client what they could do that would be safer*
- 3. Develop a personalized action plan**
 - *Negotiate small, realistic risk-reduction steps*



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The Project Respect Model, based on high-intensity behavioral counseling techniques, is shown here.

This 3- step model includes personalizing a client’s assessments and goals, and developing a plan of action.

The benefits of this model include that (for clients) it can help individuals to focus on small changes, and (for staff) it is easy to remember and put into practice.

Also keep in mind that an intervention may occur over several visits, or you might also apply the basic principles and steps of this model into a lower-intensity approach that could be easily incorporated into a single visit.

Ask Client To Identify Risk

- *What are the riskiest things that you are doing?*
- *What are the situations in which you are most likely to be putting yourself at risk for HIV or STDs?*
- *When was the last time that you put yourself at risk for STDs/HIV? What was happening then?*



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Using the Project Respect Model, we can first use these types of questions to help clients identify higher risk behavior.

Ask Client to Identify Safer Goal Behaviors

Risk Behavior → Safer Goal Behavior

- *How would you like to change that?*
- *What would you like to do differently?*
- *What might be better for you to do?*
- *How could you make sex (or drug use) safer for yourself?*



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Next, these types of questions can help clients identify safer goal behaviors.

Sample Goal Behaviors for STD/ HIV Risk Reduction

- Reducing # of sexual partners
- Increasing condom use with all or certain partners
- Partner testing
- Monogamy
- Abstinence
- Entering drug/ alcohol treatment program
- Using needle exchange
- Not sharing needles



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These types of goal behaviors can then help clients develop a personalized action plan.

Help Client Make a Plan

Risk reduction plans must be.....

- Realistic,
- Client-driven,
- Based on clients' history,
- Readiness, and
- Ability to adopt safer behaviors.



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Client motivation, readiness and “buy in”, will be critical to their success.

Sample Action Plan Questions

- *How will you go about that?*
- *What is the one thing you could do to begin?*
- *What will you need to do first/ next?*
- *When will be a good time to try/ begin this?*
- *Who can you talk to about this for support?*



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And finally, these questions can help clients put a Plan into action.

3 Steps for Risk Reduction



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Here you will see an example of an STD risk reduction intervention using the 3 steps from the Project Respect Model.

First you will encourage the client to assess their own risk, then you will help to identify safer goal behaviors, and finally, work together to develop an attainable action plan based on their chosen goal.

Key Educational Messages for STD Prevention

- Clients using or considering contraceptive methods other than condoms should be advised that these methods do not protect against STDs and HIV
- Clients not in mutually monogamous relationships with uninfected partners should be encouraged to use condoms
- Clients who do not know their partner's infection status should be encouraged to get tested, and use condoms or avoid sexual intercourse until their infection status is known



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To review, counseling is a process that enables clients to make and follow through on decisions. Education is an integral component of the counseling process that helps clients to make informed decisions. Providing quality counseling is an essential component of client-centered care.

Key client educational messages from the QFP for STD prevention include those listed here.

Key Educational Messages for Infected Clients

- Refrain from intercourse during the period of STD treatment.
- Encourage partner (s) to be screened, or get treatment as soon as possible, in accordance with CDC STD Treatment Guidelines if partner was not evaluated concurrently.
- Return for retesting in 3 months.
- Recommend testing for other STDs, including HIV.



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There are also key educational messages for clients receiving treatment for an STD. Common treatable infections that may be encountered in family planning settings include chlamydia, gonorrhea and trichomonas.

Infected clients should be counseled to:

- Abstain from sex during treatment
- Encourage their partners to be tested, or get treatment, as soon as possible
- Return for repeat screening in 3 months
- And, to consider screening for HIV and other STDs as indicated by community prevalence and individual risk factors.

Additional information regarding infection-specific education can be found in the 2015 CDC STD Treatment Guidelines.

Case Study #1



Maria is a 17 year old female who presents for family planning services. She has an infant that is six months old, a current boyfriend and is sexually active. They are planning another pregnancy when she finishes high school. She uses condoms intermittently.



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We will now return to our Case Studies. Using the Project Respect Model, what follow-up questions could be used with Maria in effective risk reduction counseling?

Case Study #1

Maria is a 17 year old female who presents for family planning services. She has an infant that is six months old, a current boyfriend and is sexually active. They are planning another pregnancy when she finishes high school. She uses condoms intermittently.

Ask Maria to assess her own risk:

- *What is the riskiest thing that you are doing?*
- *What are the situations in which you are most likely to be putting yourself at risk for STDs?*
- *Or, when was the last time you put yourself at risk for an STD?*



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We would first begin with asking Maria to identify her own risks with these types of questions.

Maria had stated she was only using condoms intermittently, what would be your next steps?

3 Steps for Risk Reduction: Maria



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Here you will see an example of a risk reduction plan for Maria using the 3 steps from the Project Respect model.

First you will encourage her to assess her own risk, then you will help to identify safer goal behaviors, and finally, work together to develop an attainable action plan.

Case Study #2

Danielle is a 22 year old bisexual female who presents for family planning services. She has a new girlfriend and is sexually active. She is requesting oral contraception to control her heavy periods.



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Next, we will return to Danielle.

Using the Project Respect Model, what follow-up questions could be used with Danielle in effective risk reduction counseling?

Case Study #2

Danielle is a 22 year old bisexual female who presents for family planning services. She has a new girlfriend and is sexually active. She is requesting oral contraception to control her heavy periods.

Ask Danielle to assess her own risk, then identify safer sex goals. Examples:

- Increasing condom/barrier use with all or certain partners
- Partner testing
- Monogamy



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We would first begin with asking Danielle to identify her own risk, then to identify a safer sex goals such as.

If Danielle had responded that her new partner had not been recently tested for STDs, what would be your next steps?

3 Steps for Risk Reduction: Danielle

Risk Behavior
New, Untested partner

➔

Safer Sex Goal
Partner testing

↓

Action Plan

Have a talk with her about it.

When? Today.

What will you say? I'll tell her that having a negative test is a safe and honest way to start a new relationship, and to keep ourselves healthy.



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Here you will see an example of a risk reduction plan for Danielle using the 3 steps from the Project Respect model.

First you will encourage her to assess her own risk, then you will help to identify safer goal behaviors, and finally, work together to develop an attainable action plan.

Remember, Danielle's readiness and motivation will be critical to success.

Summary

- STD Services are a key component of family planning services
- Consider the need for STD Services as part of each visit (although should not be a barrier to pregnancy-related care)
- Provide interactive, client-centered assessment, counseling and education



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To summarize, the QFP states that STD services are a key component in provision of family planning services.

We should consider the client's need for STD services as a part of each visit.

And, that we should strive to provide client-centered assessments, counseling and education, as these have been demonstrated to reduce the risk of STDs.



Remaining client-centered, and following the clinical recommendations, is key to providing quality family planning services.



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My goal today was to discuss STD services that are included in the QFP Recommendations. I shared examples of transitional statements and key questions, to help you perform an accurate sexual health assessment and provide effective risk reduction counseling.

That said, questions and education should always be tailored to your clients. Being respectful, compassionate, and nonjudgmental toward all patients is essential when taking a sexual history and offering effective prevention messages. Remaining client-centered, and following the clinical recommendations, is key to providing quality family planning services.

Putting the QFP Recommendations into Practice Series

Recorded Webinars

- [How to Begin – Determining the Client’s Need for Services](#)
- [Integrating Reproductive Life Planning \(RLP\) into Your Family Planning Session](#)
- [Achieving Pregnancy – Assessment, Counseling and Education](#)

Family Planning Training Centers website:

fpntc.org



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If you missed previous webinars in the Putting the QFP into Practice Series, please visit the Family Planning National Training Center Website to access the recordings.

- [How to Begin – Determining the Client’s Need for Services](#)
- [Integrating Reproductive Life Planning \(RLP\) into Your Family Planning Session](#)
- [Achieving Pregnancy – Assessment, Counseling and Education](#)

Providing Quality Contraceptive Counseling and Education A Toolkit for Training Staff

- Five Principles of Quality Counseling
- Communication skill-building
- Training activities (with step-by-step instructions)
- Training materials (worksheets and practice scenarios)



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Another resource that will be offered is a “Toolkit” on Providing Quality Contraceptive Counseling and Education.

The materials in the toolkit include job aids on the principles of quality counseling and communication skill building, and training activities and materials that you can do together with staff during a staff meeting or training, to practice using the knowledge and skills described in the series.

Although the toolkit will be framed around contraceptive counseling and education, many of the principles and skills can also be applied to counseling clients on STD risk reduction.

References and Additional Resources

MMWR: Providing Quality Family Planning Services: Recommendations of CDC and US Office of Population Affairs, Recommendations and Reports; April 25, 2014/ 63 (RR 04); 1-29. www.cdc.gov/mmwr/pdf/rr/rr6304.pdf

MMWR: Centers for Disease Control and Detection: STD Treatment Guidelines, 2015; June 5, 2015/ 64 (3); 1-140. www.cdc.gov/std/tg2015/

Kamb, M.L., et al., for the Project RESPECT Study Group. (1998). Efficacy of Risk-Reduction Counseling to Prevent Human Immunodeficiency Virus and Sexually Transmitted Diseases: A Randomized Controlled Trial. *Journal of the American Medical Association*, 280:1161-67.

Recommendation Summary. U.S. Preventive Services Task Force. September 2014. www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/sexually-transmitted-infections-behavioral-counseling1



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On this slide, we have references and additional resources, including the 2015 STD Treatment Guidelines, which should be referred to for additional information on screening and treatment for STDs (Steps 2 and 3).

- MMWR: Providing Quality Family Planning Services: Recommendations of CDC and US Office of Population Affairs, Recommendations and Reports; April 25, 2014/ 63 (RR 04); 1-29. www.cdc.gov/mmwr/pdf/rr/rr6304.pdf
- MMWR: Centers for Disease Control and Detection: STD Treatment Guidelines, 2015; June 5, 2015/ 64 (3); 1-140. www.cdc.gov/std/tg2015/
- Kamb, M.L., et al., for the Project RESPECT Study Group. (1998). Efficacy of Risk-Reduction Counseling to Prevent Human Immunodeficiency Virus and Sexually Transmitted Diseases: A Randomized Controlled Trial. *Journal of the American Medical Association*, 280:1161-67.
- Recommendation Summary. U.S. Preventive Services Task Force. September 2014. www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/sexually-transmitted-infections-behavioral-counseling1

References and Additional Resources

Continuing Education Opportunities:

2015 STD Treatment Guidelines Overview Webinar

www.cdc.gov/std/training/webinars.htm#tg-overview

You Are the Key to HPV Cancer Prevention: Understanding the Burden of HPV Disease, the Importance of the HPV Vaccine Recommendation, and Communicating about HPV Vaccination

www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention

National Network of STD Clinical Prevention Training Centers (NNPTC)

Upcoming Classes: http://courses.nnptc.org/upcoming_classes.html



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These resources offer additional training on STD prevention and treatment, with continuing education credit available.

- 2015 STD Treatment Guidelines Overview Webinar
www.cdc.gov/std/training/webinars.htm#tg-overview
- You Are the Key to HPV Cancer Prevention: Understanding the Burden of HPV Disease, the Importance of the HPV Vaccine Recommendation, and Communicating about HPV Vaccination
www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention
- National Network of STD Clinical Prevention Training Centers (NNPTC)
Upcoming Classes: http://courses.nnptc.org/upcoming_classes.html

References and Additional Resources

CDC. A guide to taking a sexual history. Atlanta, GA: US Department of Health and Human Services, CDC. www.cdc.gov/std/treatment/sexualhistory.pdf

California Department of Public Health, California STD/HIV Prevention Training Center. (2011). A clinician's guide to sexual history taking. www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Clinician-Guide-Sexual-History-Taking.pdf

High Impact Prevention (HIP) and behavioral interventions: EffectiveInterventions.cdc.gov

Considerations for adolescent clients: Monasterio, E., et al. (2010). Sexual Health: An Adolescent Provider Toolkit. partnerships.ucsf.edu/sites/partnerships.ucsf.edu/files/images/SexualHealthToolkit2010BW.pdf

Considerations for LGBTQ clients: National LGBT Health Education Center, National Association of Community Health Centers. (2013). Taking routine histories of sexual health: a system-wide approach for health centers. www.nachc.com/client/Taking%20Routine%20Histories%20of%20Sexual%20Health%20Toolkit%20FINAL%20May%202013.pdf



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And, this slide includes additional resources to support effective STD risk assessment and risk reduction counseling, including resources with special considerations for adolescents and LGBTQ clients.

- CDC. A guide to taking a sexual history. Atlanta, GA: US Department of Health and Human Services, CDC. www.cdc.gov/std/treatment/sexualhistory.pdf
- California Department of Public Health, California STD/HIV Prevention Training Center. (2011). A clinician's guide to sexual history taking. www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Clinician-Guide-Sexual-History-Taking.pdf
- **High Impact Prevention (HIP) and behavioral interventions:** EffectiveInterventions.cdc.gov
- **Considerations for adolescent clients:** Monasterio, E., et al. (2010). Sexual Health: An Adolescent Provider Toolkit. partnerships.ucsf.edu/sites/partnerships.ucsf.edu/files/images/SexualHealthToolkit2010BW.pdf
- **Considerations for LGBTQ clients:** National LGBT Health Education Center, National Association of Community Health Centers. (2013). Taking routine histories of sexual health: a system-wide approach for health centers. www.nachc.com/client/Taking%20Routine%20Histories%20of%20Sexual%20Health%20Toolkit%20FINAL%20May%202013.pdf

Thank you for your participation!

Anna Alston, MSN, ARNP
Anna.alston@ppgnhi.org



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