### Talking Comfortably, Acting Early: Communication Skills to Combat Rising STIs in Youth

**ANAC Clinical Practice Committee** 

Adam Leonard, MS, MPH, CPNP, AAHIVS

July 30, 2025

Agenda

State of youth sexual health

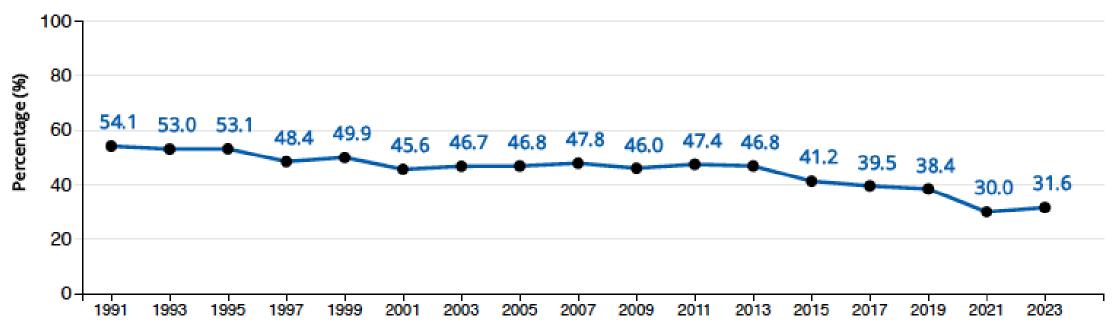
Revisiting the sexual health history

Relationship-centered communication principles

Motivational interviewing techniques

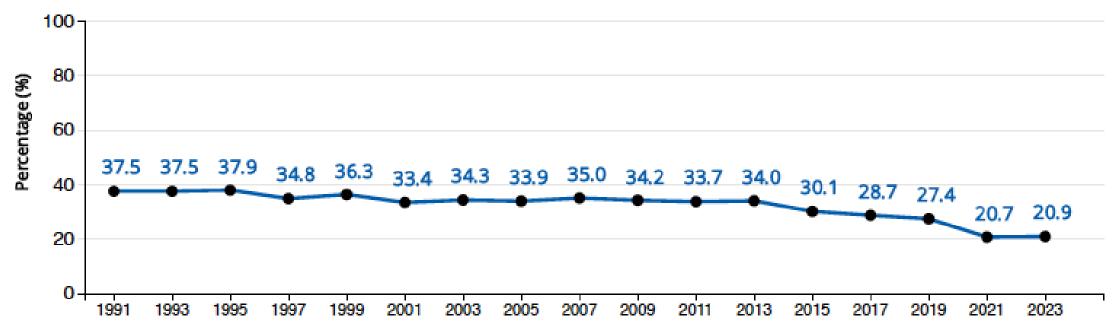


### High School Students Who Ever Had Sexual Intercourse, CDC YRBSS



<sup>&</sup>lt;sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2003 to 2023. The direction of the trend line changed in 2013. There was no change, from 2003 to 2013. There was a decrease from 2013 to 2023. Any indicated increase or decrease is statistically significant.

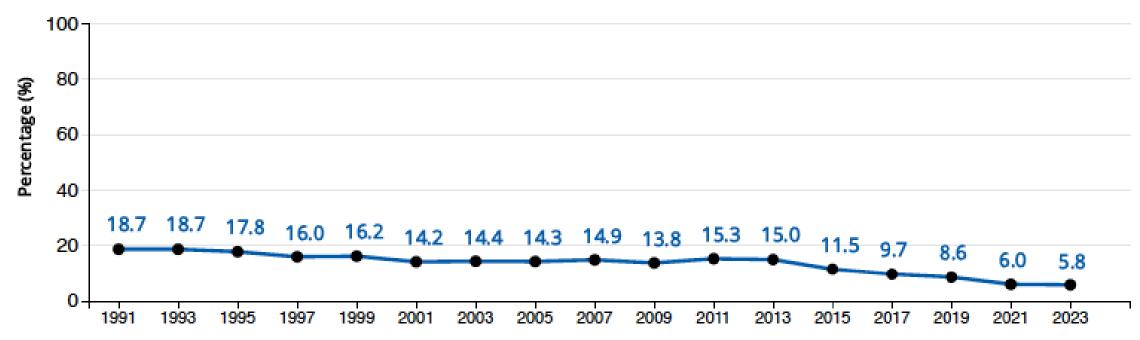
### High School Students Who Were Currently Sexually Active, CDC YRBSS



<sup>\*</sup> Had sexual intercourse with at least one person, during the 3 months before the survey.

<sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2003 to 2023. The direction of the trend line changed in 2013. There was no change, from 2003 to 2013. There was a decrease from 2013 to 2023. Any indicated increase or decrease is statistically significant.

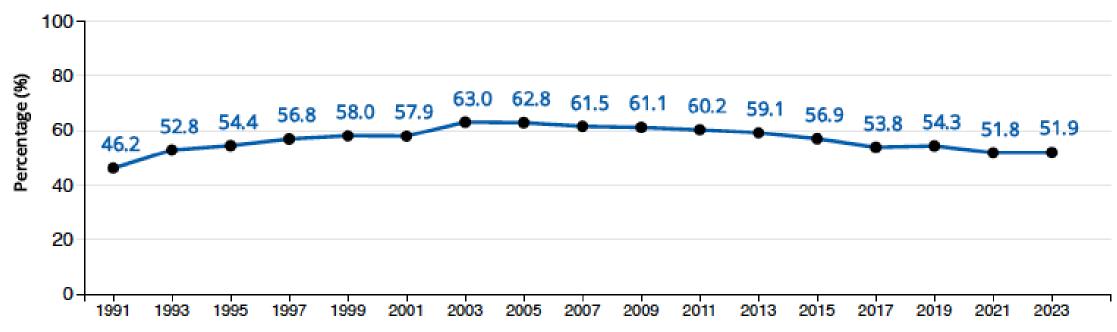
### High School Students Who Had Sexual Intercourse With Four Or More Persons, CDC YRBSS



<sup>\*</sup> During their life.

<sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2003 to 2023. The direction of the trend line changed in 2013. There was no change, from 2003 to 2013. There was a decrease from 2013 to 2023. Any indicated increase or decrease is statistically significant.

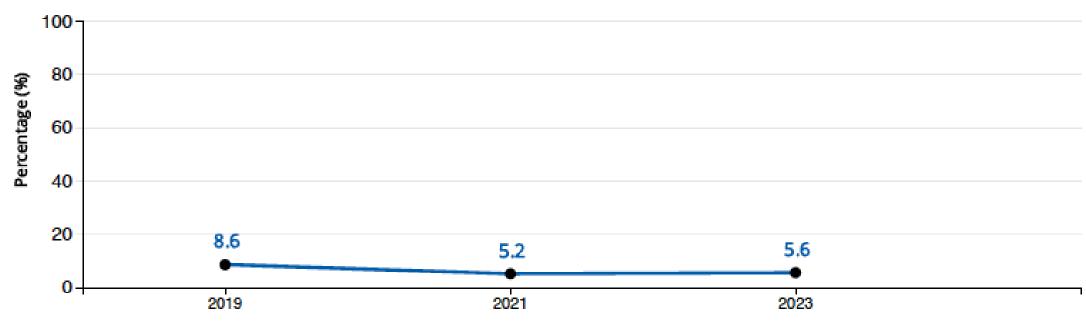
### High School Students Who Used a Condoms During Last Sexual Intercourse, CDC YRBSS



<sup>\*</sup> Among students who were currently sexually active.

<sup>&</sup>lt;sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2003 to 2023. The direction of the trend line did not change from 2003 to 2023. Any indicated increase or decrease is statistically significant.

### High School Students Who Were Tested For A Sexually Transmitted Disease (STD) Other Than HIV, CDC YRBSS

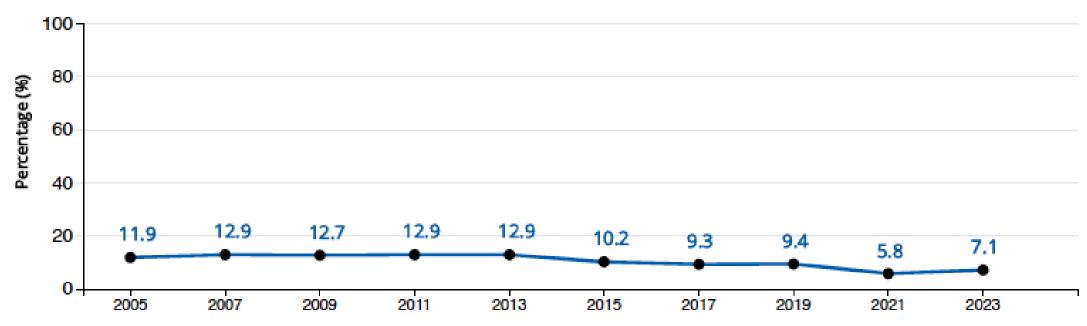


<sup>\*</sup> Such as chlamydia or gonorrhea, during the 12 months before the survey.

[Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p  $\leq$  0.05).]

<sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2019 to 2023. Any indicated increase or decrease is statistically significant.

### High School Students Who Were Ever Tested For HIV, CDC YRBSS



<sup>\*</sup> Not counting tests done if they donated blood.

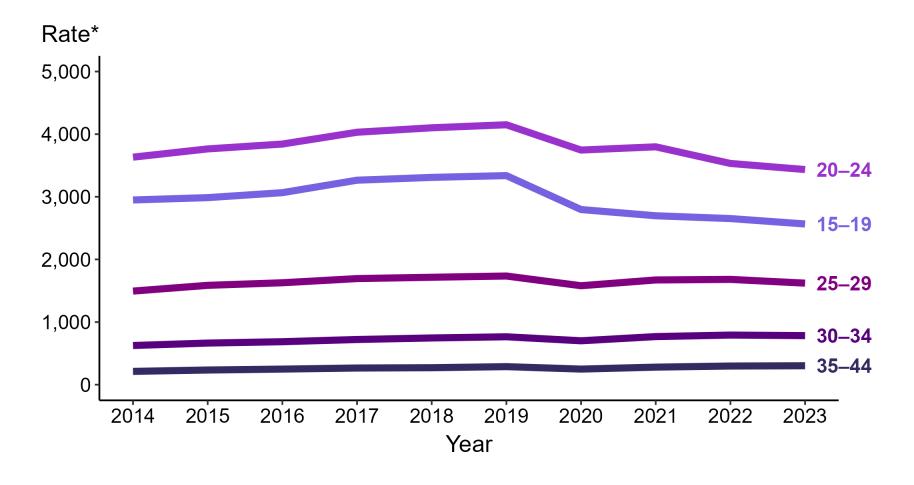
<sup>&</sup>lt;sup>†</sup> Overall, the percentage of students reporting this behavior decreased from 2005 to 2023. The direction of the trend line changed in 2013. There was no change, from 2005 to 2013. There was a decrease from 2013 to 2023. Any indicated increase or decrease is statistically significant.

### STIs Among Youth

- Although the overall number of diagnosed STIs declined by about 2% from 2022 to 2023, inequities for youth persisted.
- In 2023, almost half (48.2%) of reported cases of chlamydia, gonorrhea, and syphilis were among youth aged 15–24.

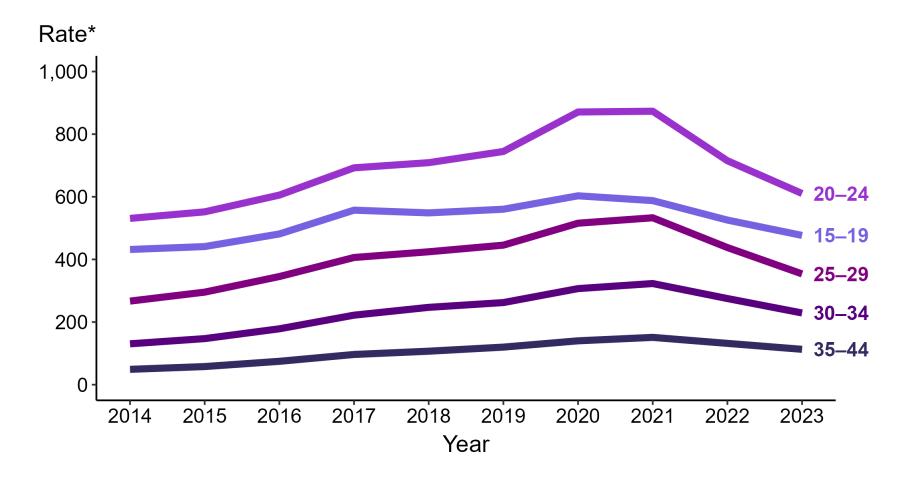
- Where do youth get their sexual health information?
  - Google searches: 40%
  - Female friend: 37%
  - Partners: 30%
  - HCP: 27%
  - Male friend: 22%
  - Influencer: 19%
  - Therapists: 19%
  - Parents: 18%
  - Teachers: 8%

### Chlamydia — Rates of Reported Cases Among <u>Women</u> Aged 15–44 Years by Age Group and Year, United States, 2014–2023



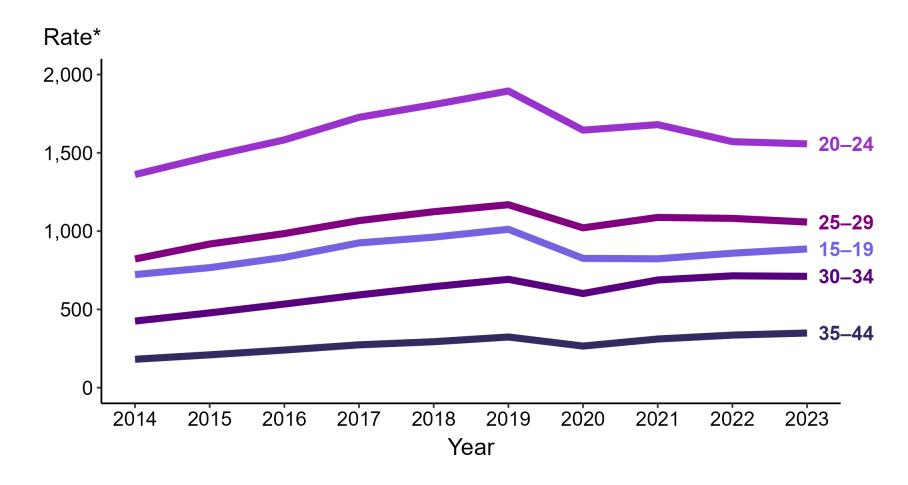
<sup>\*</sup> Per 100,000

Gonorrhea — Rates of Reported Cases Among <u>Women</u> Aged 15–44 Years by Age Group and Year, United States, 2014–2023



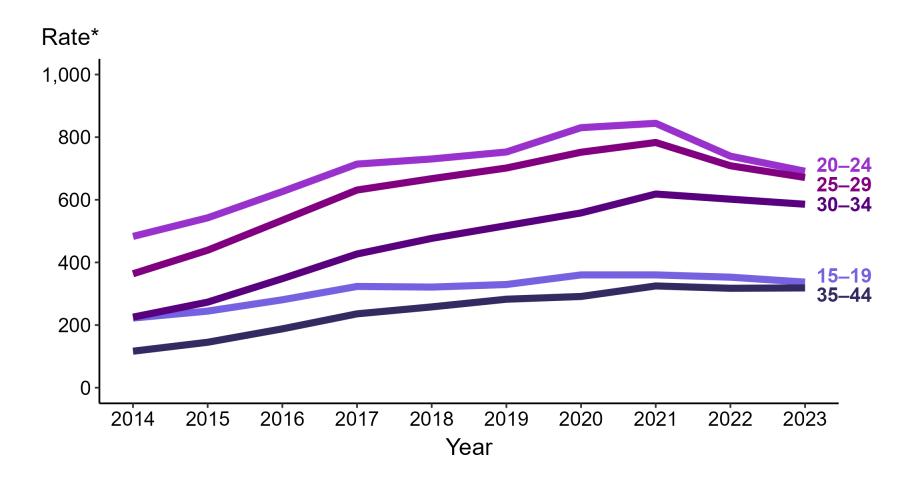
<sup>\*</sup> Per 100,000

### Chlamydia — Rates of Reported Cases Among Men Aged 15–44 Years by Age Group, United States, 2014–2023



<sup>\*</sup> Per 100,000

### **Gonorrhea** — Rates of Reported Cases Among <u>Men</u> Aged 15—44 Years by Age Group and Year, United States, 2014—2023



<sup>\*</sup> Per 100,000

### The Sexual Health History

The 5 Ps Approach Partners

Practices

Protection from STIs

Past History of STIs

Pregnancy Intention

# Partners

- "Some of the young people I work with are exploring new relationships. Are you [dating/talking to/seeing/hanging out with] anyone?"
- "Are you attracted to guys, girls, both/more, other genders?"
- "Have you and your partner thought about or talked about having sex together?"
- "Who do you talk to about sex?"

### Practices

- "Relationships and sex are a normal part of life. Different people are at different places in their life exploring these things. Have these issues come up for you? How?"
- "What do you consider 'having sex'?"
- "Have you ever had sex?" If yes, specify oral, genital, anal sex
- If no, "when do you see yourself making the decision to have sex?"
- "How do you feel about having sex? Is it a good think or a bad thing for you?"

### Protection

- "Tell me some of what you already know about STIs and HIV."
- "Are you using anything to prevent STIs and HIV?"
- "Have you heard of PrEP to prevent HIV?"
- "How often do you use this/these type(s) of protection?"
  - If sometimes, "in which situations, or with whom, do you use each method?"
  - "What keeps you from using protection now?" "What helps?"

### Past History of STIs

- "Have you ever been tested for STIs/HIV before?"
- "Have you ever been told by a nurse or doctor that you had a STI?"
- "Do you have any symptoms that keep coming back?"
- "Has your current partner been tested for STIs/HIV?"

## Pregnancy

- "Do you think you may ever want to get pregnant [again]?"
- "When do you think you might want to get pregnant, if ever?"
- "How important is it to prevent pregnancy until then?"
- "Is pregnancy a concern for you in your current relationship?"
- "Are you and your partner(s) doing anything to prevent pregnancy?"

### The "New P": Plus

### Pleasure

- "Do you have any questions, thoughts, or rules about masturbation?"
- "Are you and your partner(s) on the same page about what's pleasurable?"
- "Do you and your partner(s) talk about your sexual desires and boundaries?"
- "Is the sex you're having pleasurable for you?"

### Problems

• "Are you having any difficulties when you have sex?"

### Pride

- "What support, if any, do you have from friends and family about your [gender/sexual] identity?"
- "What questions do you have about the different ways people can have sex?"



What is it?

Relationship-centered communication skills in healthcare focus on building a strong, collaborative partnership between healthcare providers and patients. It's a shift from the traditional, information-delivery model to one that prioritizes understanding, respect, and shared decision-making.

### Why Use It?



Clients

- Improves clinical outcomes
- Increased treatment adherence
- Positive care experiences



### Healthcare Workers

- Increased engagement
- Higher job satisfaction
- Decreased workload and stress

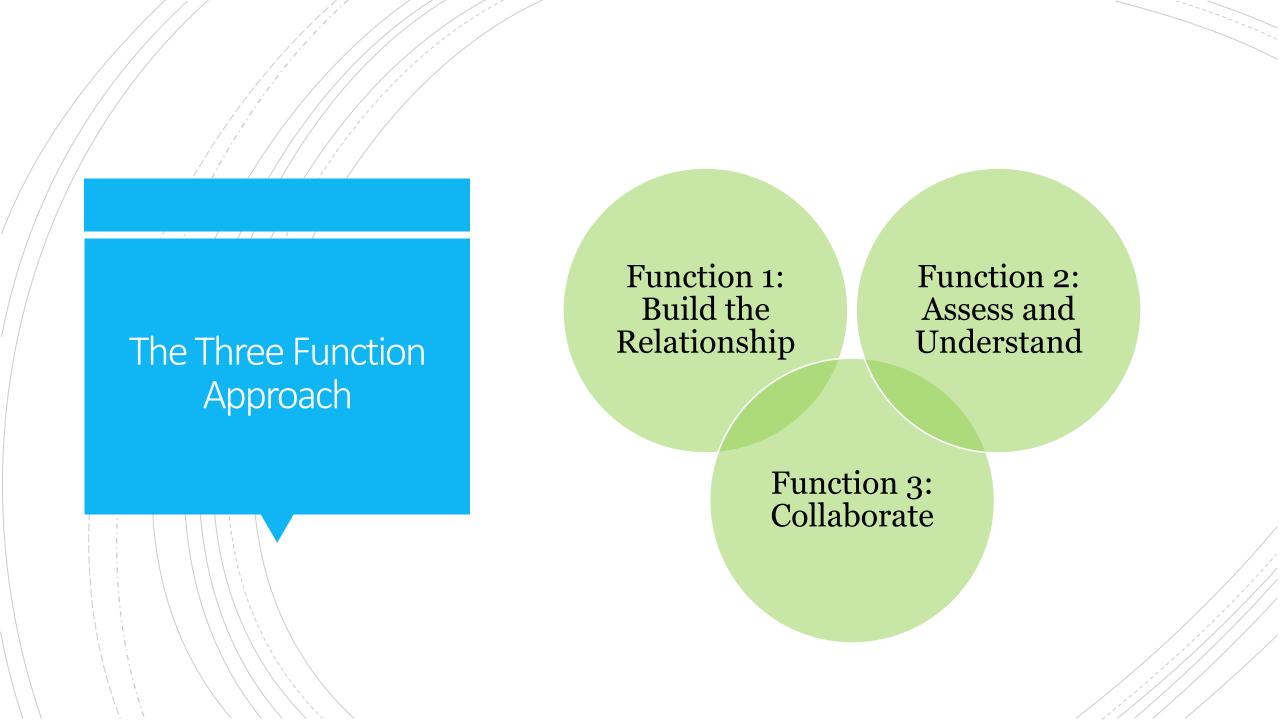


Organizations

- Higher overall job satisfaction agency-wide
- Decreased errors
- Less staff burnout

### What to do?

- The Power of Relationships: Building trust and rapport is key to successful HIV prevention efforts.
- Moving Beyond Information Delivery: We need to actively listen, empathize, and collaborate with clients.
- Benefits of Relationship-Centered
  Communication: Increased program
  engagement, behavior change, and positive
  health outcomes.



### Set the Stage

- Be intentional with the clinic environment
- Offer multiple ways for youth to provide information
- Routinize one-on-one time with youth and HCW
- Normalize talking about sexual health
- Understand limitations to confidentiality and share them with youth BEFORE obtaining a sexual history

### Some Considerations

- It is essential to screen youth for sexual and relationship violence as well as provide preventive education and counseling
- A sexual health history may lead to disclosure of symptoms that may need to be physically evaluated. This can be a retraumatizing experience.
  - Use the "before-during-after" traumainformed care roadmap
  - Key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; cultural, historical, and gender issues

### Building the Relationship

- Use open-ended questions to set the agenda: active listening, do not interrupt, respond with empathy
- Express empathy
  - Nonverbal cues: Pause, posture, touch, eye contact, tone, space
  - Verbal expressions: Reflections, legitimation, exploration
- Avoid assumptions!
- Allow for open-ended self-identification of sexual and gender identities
- Ask about pronouns and preferred language regarding anatomy
- Ask permission, frame it



"What do you think will work best?"

"What are your biggest concerns?"

"What are you hoping to get out of today's appointment?"

### Assess and Understand

- Validate Emotions: Acknowledge and accept clients' feelings without judgment.
- Reflecting Language: Mirror back key points and emotions to demonstrate attentiveness.
- Cultural Safety: Be mindful of an individual's perspectives and communication styles.
- Positive and Hopeful Attitude: Convey optimism and belief in clients' ability to make positive changes.

### Clarity and Collaboration

- Plain Language: Avoid jargon and medical terms, use clear and concise explanations.
- Tailored Communication: Adapt information to clients' learning styles and preferences.
- Shared Decision-Making: Present options, discuss risks and benefits, and respect clients' choices.
- Problem-Solving Skills: Work collaboratively with clients to overcome challenges and set achievable goals.



Motivational Interviewing Techniques

- MI is a collaborative, goal-oriented style of communication
- Goal is to strengthen personal motivation for change by eliciting a person's own reasons for change
- Rooted in spirit of partnership, acceptance, compassion, and evocation

Open-ended questions Affirmations Reflective listening R S Summarizing

Open-ended	Ask questions that allow patient flexibility in responses
	"What helps you remember to take your PrEP daily?"
Affirmations	Positive comments on patient's behaviors or motivations
	"You've made a lot of effort to prioritize your PrEP injection appointments."
Reflections	Mirroring the patient's "meaning" of statement
	"The 2-1-1 dosing schedule can be confusing. It sounds like you're frustrated with this strategy."
Summaries	Provide overview of important components of what patient has communicated
	"To summarize our conversation so far, you are worried about HIV since you've had a STI, but you're not sure you're comfortable taking medication to prevent HIV."



### Building Trust and Openness

- Confidentiality: Ensure clients feel safe and secure sharing sensitive information.
- Non-judgmental Attitude: Avoid moralizing or making assumptions about clients' choices.
- Empowerment: Encourage clients' selfefficacy and ability to make healthy decisions.
- Cultural Safety: Acknowledge your own biases and work to counter them in your professional practice.

### Ongoing Support and Communication

- Regular Check-Ins: Stay connected with clients, monitor progress, and address any concerns.
- Openness to Feedback: Be receptive to clients' suggestions and willing to adapt your approach.
- Resource Navigation: Connect clients to sexual health services, material supports, and other resources.
- Celebrating Successes: Recognize and celebrate clients' achievements.

# Conclusion

- Relationship-centered communication is a powerful tool for promoting youth sexual health.
- By building trust, empathy, and collaboration, we can support individuals and communities to prevent STI/HIV infections.
- Invest in your communication skills and make a positive impact on the lives of others.

### References

- Beach, M. C., Inui, T., & Relationship-Centered Care Research Network (2006). Relationship-centered care. A constructive reframing. *Journal of general internal medicine*, 21 Suppl 1(Suppl 1), S3–S8. <a href="https://doi.org/10.1111/j.1525-1497.2006.00302.x">https://doi.org/10.1111/j.1525-1497.2006.00302.x</a>
- Brault, M. A., Curry, L. A., Kershaw, T. S., Singh, K., Vash-Margita, A., & Camenga, D. R. (2021). Supporting Patient-centered Communication on Adolescent Sexual and Reproductive Health-Perspectives to Build an Appointment Planning Tool. *Journal of pediatric and adolescent gynecology*, *34*(5), 725–731. https://doi.org/10.1016/j.jpag.2021.04.009
- Centers for Disease Control and Prevention (CDC). 1991-2023 High School Youth Risk Behavior Survey Data. Available at http://yrbs-explorer.services.cdc.gov/. Accessed on [July 29, 2025].
- Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Infections Surveillance*, 2023. Available at <a href="https://www.cdc.gov/sti-statistics/annual/summary.html">https://www.cdc.gov/sti-statistics/annual/summary.html</a> . Accessed on [July 29, 2025].
- Fuehrer, S., Weil, A., Osterberg, L. G., Zulman, D. M., Meunier, M. R., & Schwartz, R. (2024). Building Authentic Connection in the Patient-Physician Relationship. *Journal of primary care & community health*, *15*, 21501319231225996. https://doi.org/10.1177/21501319231225996
- Gilbert, S., Rogers, J., Carmody, M., & McGovern, L. (2025). Uncovering What Matters to Young Adults: Communicating About Sexual Health & Relationships. *American Journal of Sexuality Education*, 1–23. https://doi.org/10.1080/15546128.2025.2459381
- Kelder, I., Sneijder, P., Klarenbeek, A., & Laan, E. (2022). Communication practices in conversations about sexual health in medical healthcare settings: A systematic review. *Patient Education and Counseling*, 105(4), 858-868.
- Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nurs*. 2021;20(1):158. Published 2021 Sep 3. doi:10.1186/s12912-021-00684-2

## Resources

- https://nationalcoalitionforsexu alhealth.org/
- https://ahwg.org/download/sex ual-and-reproductive-healthtoolkit-for-adolescentproviders/
- https://www.cdc.gov/sti/hcp/cl inical-guidance/taking-asexual-history.html

