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GOALS Framework for Sexual History Taking in Primary Care

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Lead author: Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, City University of New York, in collaboration with the New York City Department of Health and Mental Hygiene, Bureau of HIV
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Background: Sexual history taking can be an onerous and awkward task that does not always provide accurate or useful information for patient care. Standard risk assessment questions (e.g., *How many partners have you had sex within the last 6 months?*; *How many times did you have receptive anal sex with a man when he did not use a condom?*) may be alienating to patients, discourage honest disclosure, and communicate that the number of partners or acts is the only component of sexual risk and health.

In contrast, the GOALS framework is designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action. The "goal" of the GOALS framework is to reimagine the sexual history to make it easier and more productive for providers and patients.

The GOALS framework was developed in response to 4 key findings from the sexual health research literature:

1. Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening [Eckman, et al. 2021; Keenan, et al. 2020; Lancki, et al. 2018; Hull, et al. 2017; Hoots, et al. 2016; Owusu-Edusei, et al. 2016].
2. Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior [Reynolds-Tylus 2019; Epton, et al. 2015; Sheeran, et al. 2014; Weinstein and Klein 1995].
3. Positive interactions with healthcare providers promote engagement in prevention and care [Howe, et al. 2019; Flickinger, et al. 2013; Alexander, et al. 2012; Bakken, et al. 2000].
4. Patients want their healthcare providers to talk with them about sexual health [Agochukwu-Mmonu, et al. 2021; Zhang, et al. 2020; Ryan, et al. 2018; Fairchild, et al. 2016].

Rather than seeing sexual history taking as a means to an end, the GOALS framework considers the sexual history taking process as an intervention that can:

- Increase rates of routine HIV/STI screening;
- Increase rates of universal biomedical prevention and contraceptive education;
- Increase patients' motivation for and commitment to sexual health behavior; and
- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall wellness.

The GOALS framework includes 5 steps:

1. **Give a preamble that emphasizes sexual health.** The healthcare provider briefly introduces the sexual history in a way that de-emphasizes risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
2. **Offer opt-out HIV/STI testing and information.** The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
3. **Ask an open-ended question.** The healthcare provider starts the sexual history with an open-ended question that helps them identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their own body, partner(s), and sexual behaviors.
4. **Listen for relevant information and fill in the blanks.** The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only testing), but these questions are restricted to specific, necessary information. For instance, if a patient has already disclosed that he is a gay man with more than 1 partner, there is no need to ask about the total number of partners or their HIV status to recommend STI/HIV testing and pre-exposure prophylaxis (PrEP) education.
5. **Suggest a course of action.** Consistent with opt-out testing, the healthcare provider offers all patients HIV testing, 3-site STI testing, PrEP education, and contraceptive counseling, unless any of this testing is specifically contraindicated by the sexual history. Rather than focusing on any risk behaviors the patient may be engaging in, this step focuses specifically on the benefits of engaging in prevention behaviors, such as exerting greater control over one's sex life and sexual health and decreasing anxiety about potential transmission.

Resources for implementation:

- Script, rationale, and goals: Box 1, below, provides a suggested script for each step in the **GOALS** framework, along with the specific rationale for that step and the goal it is designed to accomplish.
- GOALS Three-Part Video Series (NIH-funded BLUPrInt Project)
- Reimagining the Sexual History, GOALS Approach Evidence and Elements, and Taking Risk Out of the Pitch (AETC): A self-paced, interactive, online training
- The 5Ps model for sexual history-taking (CDC): Note that the GOALS framework is not necessarily designed to replace the 5Ps model (partners, practices, protection from STI, history of STI, prevention of pregnancy); instead, it provides a framework for identifying information related to the 5Ps that improves patient-care provider communication, reduces the likelihood of bias or missed opportunities, and enhances patients' motivation for prevention and sexual health behavior.

Box 1: GOALS Framework for the Sexual History

Component	Suggested Script	Rationale and Goal Accomplished
Give a preamble that emphasizes sexual health.	*I'd like to talk with you for a couple of minutes about your **sexuality and sexual health**. I talk to all of my patients about sexual health, because it's such an **important part of overall health**. Some of my patients have **questions or concerns** about their sexual health, so I want to make sure I **understand what your questions or concerns might be and provide whatever information or other help you might need**.*	• Focuses on sexual health, not risk • Normalizes sexuality as part of health and healthcare • Opens the door for the patient's questions • Clearly states a desire to understand and help
Offer opt-out HIV/STI testing and information.	*First, I like to test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about that?*	• Doesn't commit to specific tests, but does normalize testing • Sets up the idea that you will recommend some testing regardless of what the patient tells you • Opens the door for the patient to talk about HIV or STIs as a concern
Ask an open-ended question.	Pick **one** (or use an open-ended question that you prefer): • Tell me about your sex life. • What would you say are your biggest sexual health questions or concerns? • How is your current sex life similar or different from what you think of as your ideal sex life?	• Puts the focus on the patient • Let's you hear what the patient thinks is most important first • Let's you hear the language the patient uses to talk about their body, partners, and sex
Listen for relevant information and probe to fill in the blanks.	• *Besides* [partner(s) already disclosed]*, tell me about any other sexual partners.* • *How do you protect yourself against HIV and STIs?* • *How do you prevent pregnancy (unless you are trying to have a child)?* • *What would help you take (even) better care of your sexual health?*	• Makes no assumption about monogamy or the gender of partners • Avoids setting up a script for over-reporting condom use • Can be asked of patients regardless of gender • Increases motivation by asking the patient to identify strategies/ interventions
Suggest a course of action.	• *So, as I said before, I'd like to test you for* [describe tests indicated by sexual history conversation]. • *I'd also like to give you information about PrEP/contraception/other referrals. I think it might be able to help you* [focus on benefit].	• Allows you to tailor STI testing to the patient so they don't feel targeted • Shows that you keep your word • Allows you to couch education or referral in terms of relevant benefits, tailored to the specific patient

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