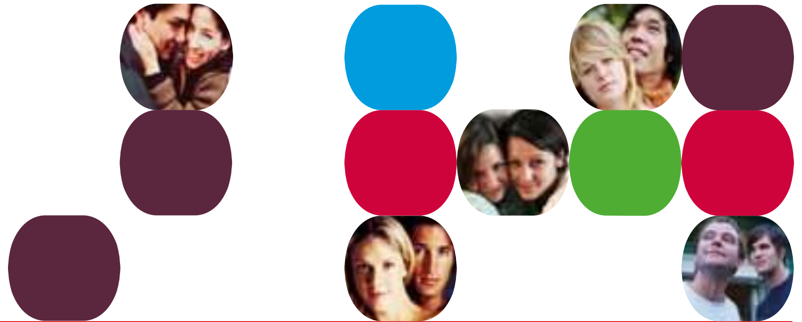

The One to One Method

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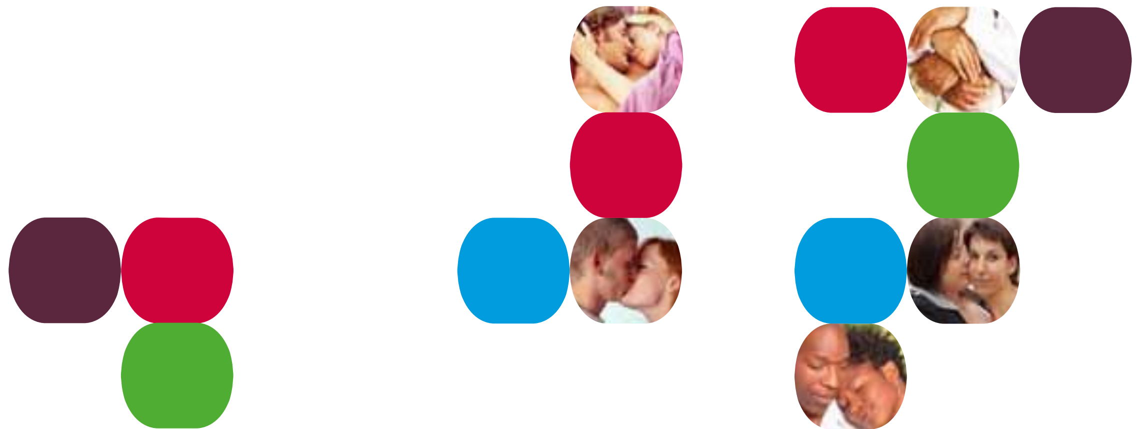

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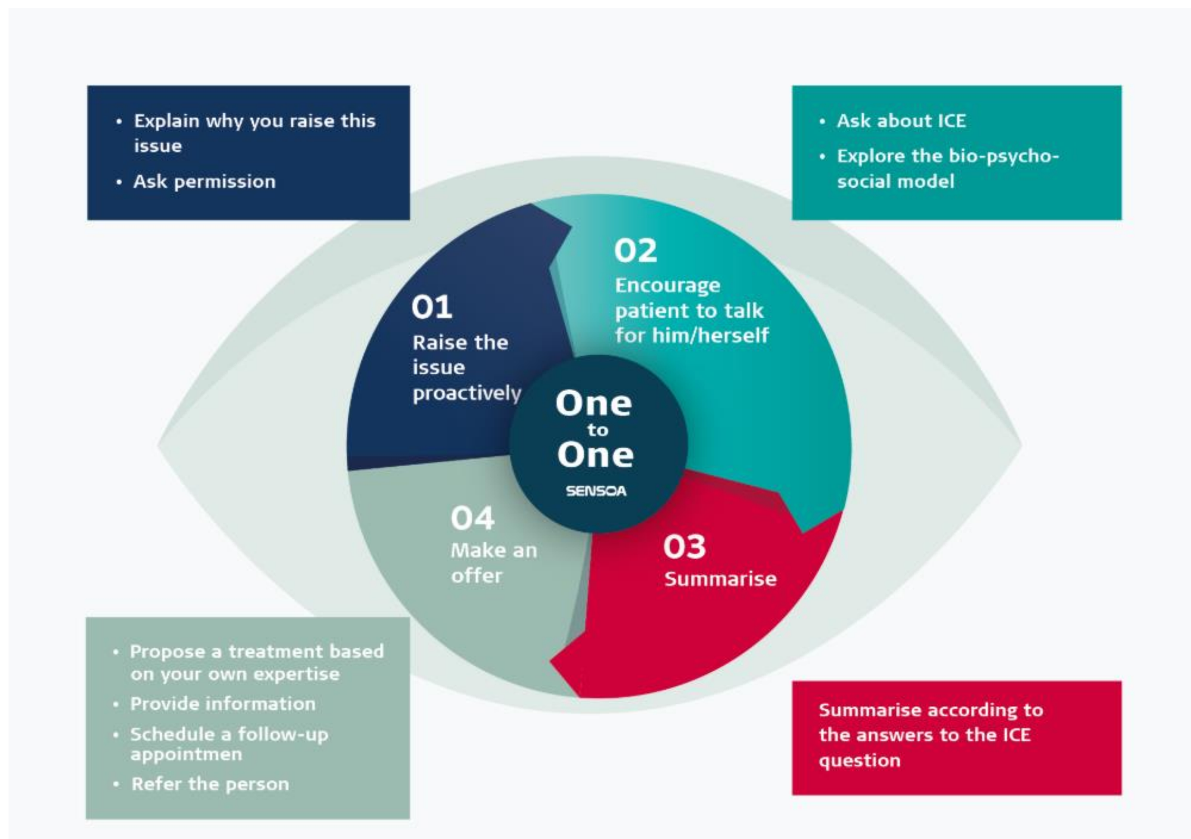
Talking about sexual health using the One to One method

The One to One method (O2O) is a tool which consists of 4 simple steps. It will help the professional healthcare provider (physician, psychologist, social worker,…) to start a conversation about sexual health, as well as to listen attentively, finish the talk respectfully and formulate a personalised offer. Each of the 4 steps relies on known skills and is applied on the basis of concrete examples acknowledged in medical and non-medical practice.



This step-by-step plan was developed in collaboration with Domus Medica, the Flemish Association for Sexologists and the Sensoa physicians' steering group, also including e.g. skills teams.

Step 1: Raise the topic of sexual health proactively

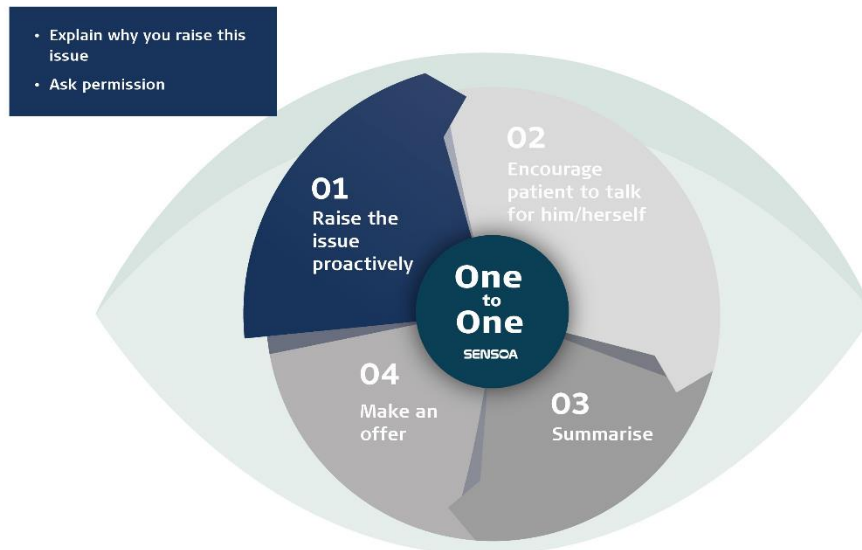
Substantiation

It's not always obvious for professionals to start talking about sexual health[i],[ii],[iii],[iv]. However, clients/patients do expect their healthcare provider to proactively ask questions about it[vvi].[vii]

As a result, many sexual questions and concerns remain undiscussed; even in Flanders patients do not easily find the way to the support they need. 85% of people with impaired sexual function have never had contact with a healthcare provider. They don't know who to turn to, think their problem is normal, or are afraid to seek help because they feel ashamed[viii].

The World Health Organization[ix] (6) stresses that sexuality is an essential part of an individual's well-being. Not talking about it wouldn't do justice to a person's overall health. The first step explains by means of concrete tips how to start a conversation about sexual health in an accessible, low-threshold manner.

Application



Explain why you want to talk about sexual health = depersonalise the introduction

By explaining why you bring up this topic, you express your professional intention of having this conversation. This first step aims to introduce the issue at a general level. As a result, the introduction is depersonalised and sexual health is discussed in a non-intrusive way.

- You can always bring it up by generalising and referring to sexual health as a part of **people's overall well-being and as part of your job**

  "As a doctor it's my job to monitor your health, and sexual health is also a part of our health, is it okay for you if we talk about this?"

  "Within our practice/department we have an agreement that we will discuss sexual health with our clients/patients, because it is also a part of our health. Is it all right if we talk about this briefly?"

- You can also bring up the topic if you **suspect** that this person could have, has had or is likely to have sexual health concerns or problems. This suspicion may arise from a concern that you, as a healthcare provider, have noticed in your contact with the person. Or because you know that certain conditions, phases of life have an impact on how people experience sexuality. The suspicion is depersonalised by linking sexual health to knowledge and/or experiences.
  - **Referring to knowledge**: "*We know that... It is known that... Research shows...*"
    - "*We know that radiation therapy for cervical cancer can have an impact on how women experience sex. You are being treated for this right now, is it okay if we talk about this?*"
    - "*Antidepressants can have an impact on sexuality, that's different for everyone, is it okay if we discuss this?*"

- **Referring to experiences of other patients (plural):** *"I've heard from several other clients/patients... Other patients with this condition sometimes say..."*
    - *"You just gave birth. I hear from several young mums that they sometimes struggle with sex or have questions about it. Is it okay if we discuss how you feel about that?"*
    - *"I noticed that you cramped during the vaginal examination just now. Other patients who have cramps have told me that they sometimes experience this during sex. Is it all right if we talk about this?"*
    - *"I've noticed that a lot of patients find it hard to ask for an STI test, is it okay if we talk about this for a moment?"*
    - *"Clients/patients with a similar bowel problem, skin condition, surgical procedure, depression, hair loss, divorce, financial difficulties, anxiety problem... sometimes tell me that they feel very insecure and that this also has an impact on their relationship and sexuality. Do you mind if we talk about how you feel about this?*

Ask for permission

Finish the depersonalised introduction with a request for permission to continue the conversation. This increases the client/patient's involvement and sense of control. After all, the client/patient hereby gives permission to continue the conversation on a personal level. Asking for permission can reduce resistance.

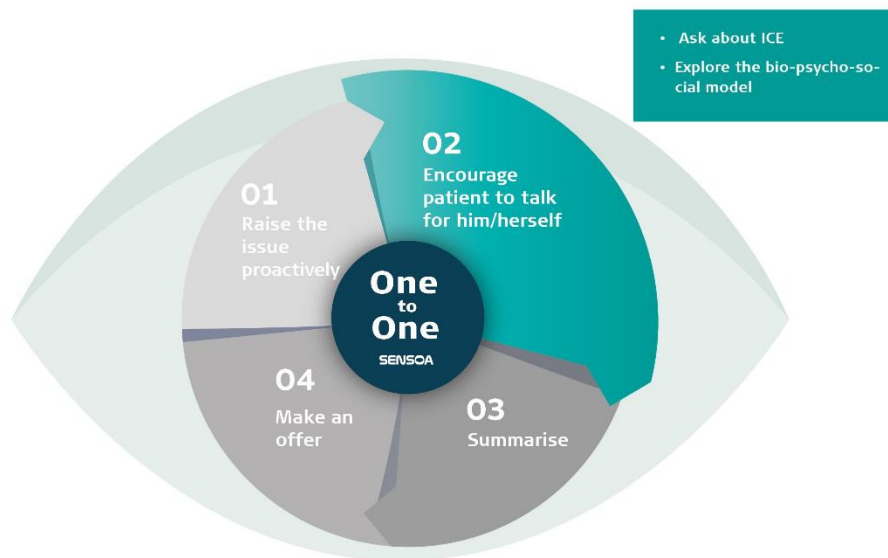
"Is it okay for you to talk about this together?"

"Is it all right if we go on talking about this?"

"Do you mind if we take a look at this or/and how you're experiencing this?"

If your client/patient wants to continue talking about sexual health, you can move on to step 2.

Step 2/ Encourage the client/patient to talk



Substantiation

The aim of this step is to let the client/patient talk about his/her EXPERIENCE as much as possible: how does this unique person experience his/her sexual health? The importance of giving this person the possibility (permission) to tell his/her story has been emphasised[x] by the PLISSIT model from the 1970s onwards.

Talking as an important part of the treatment

Clients/patients who are allowed to talk about their sexual concerns may not need additional treatment. They are given the opportunity (possibly for the first time) to share their sexual concerns and questions with a professional. By talking about it, you can normalise and acknowledge the patient's concerns. For many this recognition and normalisation is enough to carry on, reducing any feelings of guilt or shame they may have had. So talking about sexual concerns is an essential - but often underestimated - part of the treatment.

Exploration: ICE survey and BioPsychosocial model as a Q&A tool

The acronym ICE refers to 3 basic questions that inquire about the client/patient's Ideas, Concerns and Expectations[xi]. These questions invite clients/patients to tell their unique story, which benefits the healthcare provider-client/patient relationship.

As a healthcare provider, you can encourage the patient to continue talking by asking questions using the BioPsychosocial Model (BPS) as a tool. This model emphasises that (sexual) health is an integration of biological, psychological as well as social or relational components[xii].

Application

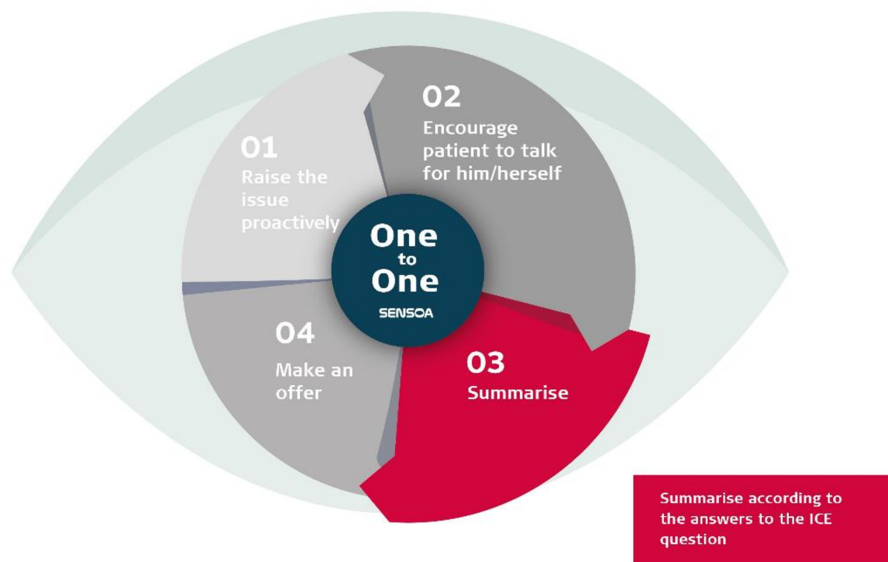
In this step you explore the unique situation and experience of the client/patient.

- **Transitional question**: Depending on the client/patient and your question for permission at the end of step 1 an initial question may help to go from the general introduction level to this personal client/patient level.

  "Do you recognise this or how do you experience this?" "Does this bother you or how do you feel about that?"...

- **Explore EXPERIENCE**:
  - **ICE Q&A tool**
    - Inquire about **Ideas**: *"What do you think this has to do with?" Why do you think this is?" "What do you think this has to do with you?" "Do you have any idea about where this comes from or what this is related to?"...*
    - Inquire about **Concerns**: *"What are you worried about?" "What are you most worried about?"*
    - Inquire about **Expectations**: *"What do you expect to happen next?" "What do you expect to happen if nothing changes?" "What are you hoping for?"* You can also ask what the patient expects from you as a healthcare provider: *"How do you hope I can help you?" "What exactly do you expect me to do as a doctor, nurse, social worker,…?" "What do you hope I could do?"*
  - **BioPsychoSocial Q&A:**
    - **Biological or physical impact:** *"Does this bother you physically?" "Is this hurting you somewhere?" "Do you feel this has an impact on your body, if so in what way?"*
    - **Psychological or mental impact**: *"How do you cope with this?" "What does this do to you as a person?" "How's that for you to live with?" "Do you experience this as having an impact on you?" "How do you deal with this as a person (mentally)?"*
    - **Social or relational impact**: *"How's your partner handling this?" "How's that for your husband?" "Is this having an impact on your relationship?" "How can you find support for this in your community?" "How does your family react to this?" "How is that in your faith?"*
- **Positive aspects**: To complete this step as a healthcare provider, you can also inquire about any positive aspects of the patient's experience of sexuality. In order not to end up in a one-sided problem-oriented story.

Step 3/ Summarise what the patient said



Substantiation

Summarise what was said during the conversation. A good summary shows the client/patient that you really listened. It gives you the opportunity to emphasise certain aspects the patient told you. And to take back control of the conversation, change its direction or finish it[xiii].

Application

Summarise the conversation based on the client/patient's answers to the questions from the ICE survey or BioPsychoSocial Q&A. Check if your summary is correct by asking a closed question, such as *'is this correct?'*. Use a closed question because at this stage you do not want to explore further, although you do want to give the patient the opportunity to provide any additions or corrections[xiv].

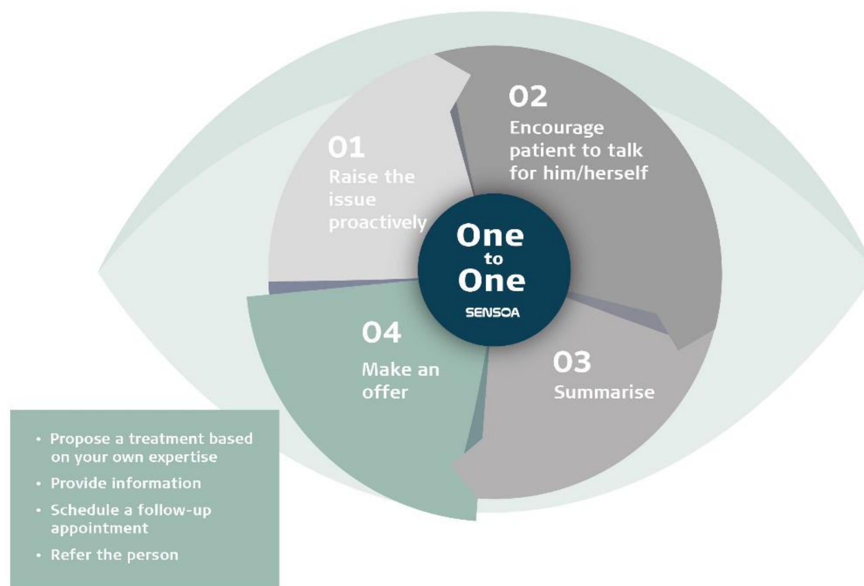
> *"Okay, if I've understood you correctly, the main issue is that since you lost your job your desire for sex is much lower. You don't mind that much in itself, when you have sex you are sometimes in pain but you worry more about how this affects your husband. Is that right?"*

Step 4/ Make an offer

This last step completes the circle. After the summary, the client/patient knows that you have heard him/her in your capacity of a healthcare provider, but this does not yet answer the question how to proceed.

The question about the 'expectations' will probably make somewhat clear what can be done (as a matter of priority).

In addition to your own treatment proposal based on your professional expertise as a healthcare provider, an offer can be supplemented with information, scheduling a follow-up appointment and referral (if necessary).



Propose a treatment

Make a treatment proposal based on your own healthcare provider expertise.

> As a doctor you can perform a specific anamnesis, complemented with specific physical or technical examinations. These are necessary in order to arrive at a diagnosis.

Provide information

Correct any incorrect information: bad or incorrect information can be at the origin of sexual concerns, difficulties or problems. Providing information may be sufficient for the client/patient. This does not mean that as a healthcare provider you should (be able to) answer all questions about sexual health.

Referring patients to accurate information channels may already be sufficient, such as to Allesoverseks.be. Information about sexuality and sexual health for non-native speakers (14 languages): Zanzu.be.

Schedule a follow-up appointment

When clients/patients talk about their sexual concerns for the first time, step 2 may not be within the time limits of the consultation. Scheduling a follow-up appointment to further discuss the issue, may help.

Suggest a referral

Some sexual concerns need treatment outside your practice. Maybe the client/patient could benefit from starting a therapeutic process with a sex therapist.

You can also refer to

- other medical specialists for physical aspects (biological)
- clinical psychologists

- relation or family therapists

As step 2 is actively exploring on the basis of the BPS, a **targeted referral** to specific (sexual health) help organisations based on one of those aspects may be appropriate.

More information

www.pratenoverseks.be (in Dutch)

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