An Empowering Approach to Interviewing, Screening, Educating, and Counseling Adolescents At-Risk for Sexually Transmitted Infections

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Introduction

The approach in this booklet and the accompanying DVD aims to create a ***partnership*** between healthcare providers and adolescents so that both are actively involved in taking steps to protect and promote the adolescent's health. As in any real partnership, both sides play important roles. Adolescents are ultimately responsible for maintaining behaviors that promote their health, but providers play a significant role in helping them do so.

To help providers do their part, we present an "**empowering**" approach that attempts to build the adolescent's motivation and capacity to perform behaviors that help them avoid sexually transmitted infections (STIs) and adhere to treatment if they become infected.

As a result of this training, healthcare providers will be able to:

- Identify adolescents' competencies and assets not just problems
- Increase adolescents' decision-making and behavioral skills
- Reinforce adolescents' health promoting behaviors when they occur
- Build adolescents' beliefs that they have the capacity to make changes in their lives (self-efficacy)
- Avoid the tendency to blame problems on individual deficits, and recognize that social and interpersonal environments often fail to satisfy common human needs for information, mastery, and connection.

The "empowering" approach presented in this training incorporates some of the spirit, principles, and skills from "short-term counseling" (Janis 1983), "motivational interviewing" (e.g. Rollnick et al. 2008; Kokotailo et al. 2008; Rollnick & Miller 1995), and social work's "strengths-based" approach (e.g. Saleeby 2000).

Short-term Counseling

Janis' approach to the "art" of helping builds on the social power of "helpers" who empower people to make difficult behavioral changes (e.g. adopt healthier eating patterns, stop smoking, use condoms). By expressing empathy, nonjudgmental acceptance, and appropriate warmth, the provider attempts to become a "significant other", i.e. "a reference person whose signs of approval and acceptance are highly rewarding" (p. 18). Through "referent power" (as contrasted to "expert, coercive, or reward" power), the provider uses social influence to motivate young people to initiate and adhere to prescribed courses of action.

How does a healthcare provider become a significant other to their adolescent patient? Attitudes and skills proposed by Janis (many of which are incorporated in the "empowerment approach" presented in this training) include:

- Pointing out similarities between provider and adolescent, particularly with regard to beliefs, attitudes, and values (e.g. finding things on which to agree)
- Giving contingent praise for behaviors or intentions that are congruent with the adolescent's goals (e.g. giving positive feedback when the adolescent expresses interest in school and studies hard for an exam)
- Conveying a benevolent attitude that demonstrates a willingness to help and a genuine concern for the adolescent
- Making empathic statements, even when the adolescent “comes up short” (e.g. "You didn’t use the condoms 100%, but it’s great that you've increased your use since the last time we met”)
- Focusing on assets and expressing confidence in the adolescent’s abilities (e.g. “You may be feeling confused, but you describe your problem very clearly and make sense”)
- Thinking "with" instead of "for" or "about" the adolescent, i.e. understanding their point of view, and seeing the world through their eyes

Motivational Interviewing

Motivational Interviewing (MI) is an approach that guides provider interventions as they help individuals resolve ambivalence about changing. In MI, health care providers help patients mobilize their motivation, competencies, and resources so they can choose behaviors that lead to positive health outcomes. Two important phases in the helping process are:

1. Building therapeutic rapport and commitment to work together
2. Facilitating the process of change through the decision-making process

MI is a collaborative process in which both adolescents and healthcare providers have opportunities for input. It is a "dance" in which two individuals suspend judgment. Confrontation and lecturing are avoided so that individuals don't need to assume a defensive posture. Patients are respectfully challenged when their behaviors are discrepant with their stated goals (e.g. expressing a wish to be healthy but continuing to smoke cigarettes). Throughout the process, the provider empathizes in an effort to understand how each patient sees the world, while also attempting to strengthen the patient's confidence that they can perform behaviors that influence outcomes (i.e. self-efficacy).

In MI, providers make frequent use of techniques like "brainstorming" and decisional balance sheets to encourage patients to "cast the net" of options widely.

FIVE GUIDING PRINCIPLES OF MI ARE CAPTURED BY THE PNEUMONIC "DARES":

Developing discrepancies: highlighting potential consequences of behaviors; weighing costs and benefits; involving the adolescent in conversations about how current behaviors fit or don't fit with valued goals; identifying and emphasizing the patient's reasons for changing.

Avoiding arguments: arguing creates resistance and is counter-productive; resistance means a new strategy needs to be found.

Rolling with resistance: encouraging & valuing the adolescent's ideas and collaborating in generating mutually agreed upon solutions.

Expressing empathy through reflective listening: showing respect; listening more than "telling"; blending support with expert knowledge; accepting that ambivalence is normal.

Supporting self-efficacy: maintaining hope that answers can be found; helping the adolescent develop confidence in their ability to achieve desired outcomes.

The "Feeble Five"

The "empowering" approach presented in this training encourages providers to avoid exchanges and interventions that diminish the adolescent's motivation to adopt healthier behaviors. The "Feeble Five" should be avoided:

1. **Minimizing or ignoring** problems or offering condescending reassurance: *"Don't worry about a thing."*
2. **Threatening**: *"If you don't change your behavior, you're going to end up not being able to have babies."*
3. **Preaching**: *"You ought to be more careful."*
4. **Blaming**: *"You should have thought about getting her in for testing before you had sex."*
5. **Boxing-in** by using either/or statements: *"Either make him use a condom or break up with him."*

As we proceed through our skill building on the following pages, these symbols will help you identify responses that avoid the "Feeble Five" and help you build your empowering approach:

= a response that will limit the exchange of information between provider and patient

= a response that promotes or facilitates further conversations

EMPOWERMENT SKILLS

Skill 1: Normalizing

Everyone is affected by "perceived" social norms. "Peer pressure" is a particularly important issue for adolescents. In fact, one of the most important needs of human beings is to feel "normal" and to feel part of a group. ***Normalizing*** helps young people see that they are not alone. Well-timed normalizing responses give adolescents "permission" to elaborate on their experiences and reduce the discomfort of feeling "out of step" with expected norms and behaviors.

The following are common ***normalizing*** responses providers can use:

- "Lots of young people ("worry/wonder about that;" "experience that')"
- "I ask all my patients about... "
- "Some people say condoms make sex feel better ... others say they get in the way. How about you, what are your thoughts?"

Example: A 15-year-old male has herpes. He wonders if *anyone* will ever want to have sex with him in the future.

	
"Stop worrying-it's a common infection. Anyway, you're still a nice person." (*minimizing/discounting valid concerns*)	"I can see that this is worrying you a lot. That's a concern **many of my patients** have. Let's spend a few minutes talking about what's on your mind."

Skill 2: Asking Permission

The skill “asking permission” helps the young person feel respected and reminds them that they are free to set limits on what they discuss with the provider. The provider can utilize this skill in several ways:

- Providing simple reassurances, e.g. "We can do a couple of things, but it'll be your call“
- Phrasing the request for information as a question, e.g. “Is it OK if we talk about this together for a minute?“ or “Would you mind if we spent a few minutes talking about how not using condoms can affect your health?"

Example: “Some of the questions on that form were really personal!”

	
I can’t work with you if you don’t answer all my questions.	I know…but it really helps me if you answer my questions as best you can. If you don’t feel ready to tell me everything, you don’t have to…maybe next time we meet.

Skill 3: Providing a Rationale

"Knowledge is power."

Many adolescents have few opportunities to ask the questions they want and need to ask. It makes sense that some discomfort may be present when sexual and reproductive health issues are discussed with providers. One of the best-known antidotes for anxiety is accurate information. There are no "hidden agendas." For example, the provider needs to be frank about the purpose of asking questions about sexual and reproductive health.

Example: A 17-year-old male presents for a comprehensive physical so he can play basketball at high school. The provider takes a thorough history, including a sexual history.

	
"Have you ever had an STD?" (without any transitional statement to help ease into the topic)	"Most of my patients don't have many chances to talk about the infections people can get from having unprotected sex. So I ask every person if they've **heard** about infections like chlamydia and genital warts. What about you? Have you ever heard about those STIs?'"

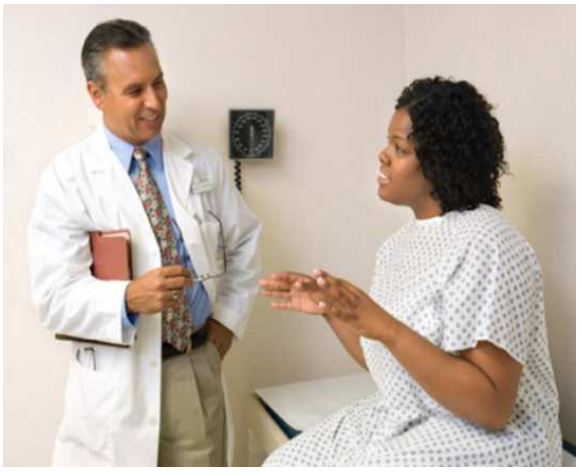
Many young people mistakenly think they have been tested for STIs because they've had routine lab work done as part of an employment or school physical. Many who are tested for STIs are unsure what they've been tested for.

Example: A provider is about to order screening tests for an 18-year-old male at a college health clinic:

	
"I'm going to do a "few tests". Urinate in this cup then go to the lab. Have a seat in the waiting room when you're finished."	"Because so many STIs can be silent, meaning they can affect you without any warning, let's use this time to do some screening tests for Chlamydia just to be on the safe side."

The following are some other examples of how health professionals can briefly and clearly state their reasons (*provide the rationale*) for asking about sexual and reproductive health:

- "Some of these questions may seem "off the wall" or may seem like I'm trying to get into your business. Even though most patients come here for working papers or sports physicals, we ask everyone about smoking, using drugs, and sexual behaviors. Why do you think we do that?"
- "The reason we ask everyone these questions is that we care about you and your health."



Skill 4: Appropriate Self-disclosure

Sometimes it's easier to accept help from someone if the helper shares something about themselves first. By sharing personal experiences, and even past mistakes, health professionals can help adolescents increase their own self-understanding as they compare or contrast their experiences with the provider's.

CAUTION!

Providers need to be aware of their motivation for sharing personal information. The provider's trip down "memory lane" should never be an excuse to revisit old failures or ventilate current concerns, e.g., venting dissatisfaction with one's job.

Appropriate self-disclosure provides new information that can be used to modify or reinforce behavior. For example, a 17-year-old male is nervous about getting screened for Chlamydia and other STIs, including HIV, and wonders how he will manage his anxiety while he waits for the results. The provider might choose to share personal experiences about getting tested and awaiting results: "Everyone gets a little nervous in these situations. I've felt that way before myself, and I know it's not fun".

Example: A 16-year-old male tells his basketball coach that the girls in the neighborhood are "fast" and pressuring him to have sex. They are teasing him, questioning his "manhood." Homophobia is rampant in his community. Rumors are developing that he is gay, and he feels troubled.

	
"Don't worry about what they're saying . . . You've got 'man up' and learn to stand up to pressure." (*Minimizing, preaching*)	"I used to get teased that way. I know it hurts. But you know what? A lot of guys who teased me were just bragging. They weren't getting any play either. One guy who did wasn't careful and ended up getting `burned'. He got infected with syphilis. He told me later that he wished he could trade place with me."

Skill 5: Empathic Listening

"Real communication occurs when the evaluative tendency is avoided, when we listen with understanding... It means to see the expressed idea and attitude from the other person's point of view, to sense how it feels to him, to achieve his frame of reference ".

--Dr. Carl Rogers

Empathic Listening is the most fundamental helping skill. When providers empathize, they encourage young people to express feelings like fear, worry, sadness, confusion, ambivalence, joy, satisfaction, confidence, or anger. The provider "gets into their shoes," tries to understand the young person's point of view without judging, then communicates that understanding back to be sure they've accurately understood what's been expressed. Empathic listening strengthens the helping relationship and enables the provider to exert additional leverage in helping the person make changes in their health behaviors.

The provider listens to the feelings being expressed while observing posture, eye contact, tone of voice, volume, and pacing of speech. The provider identifies a "core" feeling (e.g. fear), reflects it back with a word or short sentence (e.g. "You're feeling scared about the procedure"), and observes the person's verbal or non-verbal reaction to check whether the empathic remark is accurate (e.g. "...is that it?"). When the provider's reflection is accurate, the discussion moves on. When the reflection is "off target", the person will usually clarify what they intended to communicate, especially if the provider gave feedback tentatively.

Listening empathically can be difficult with young people who are not used to expressing feelings, or those who or ambivalent because they believe that expressing feelings demonstrates too much dependency. Especially when working with young people who are "disconnected" from school, work, or satisfying interpersonal relationships, the provider needs to "level the playing field" so that helping interventions are not perceived as implying weakness or inadequacy.

Tips for Empathic Listening

1. Be tentative. Use words and phrases that allow adolescents to control the direction and pace of the interview:

   - *"Could it be that ...*
   - *"Maybe ... "*
   - *"It sounds like ...*
   - *"It's almost as if... "*
   - *"I may be wrong, but it seems that ..."*

2. Use words that imply **thought or action** rather than feelings:

   - "I can see you have *lots of thoughts* about going to the clinic to check for STIs" (*instead of "ambivalence'*)
   - "It's hard to sit still while you wait for your HIV results." (*instead of "nervous'*)

3. Pay attention to strengths and areas of competence:

   - "You raise many good questions about the effect of your girlfriend's infection on her ability to have babies in the future. And I can see you have *a lot on your mind* about the impact of this situation on your own health too. Can you let me in on some of your thoughts? Maybe I can help."

4. Normalize:

   - "Almost every young person I treat for genital warts is concerned about how it will affect their future health. I sense from the look on your face that you have thoughts about this too. What are you most concerned about? Let's see if I can help you feel better."

Example: An 18-year-old male is at a clinic because his girlfriend has been diagnosed with Chlamydia. He can't figure out what's going on since he says "I haven't been with anyone else since we started going together two months ago." He's heard the test for Chlamydia "hurts like hell". He hasn't heard much about this STI, and seems upset because he thinks his girlfriend might be cheating. They used condoms in the beginning, but stopped because she went on the pill, and he "trusted" her.

	
"What are you so worried about? You should be happy she even told you about this. You could have been `jammed up' for life!" (*minimizing, threatening*)	"I can see you have a lot on your mind. Chlamydia is confusing to most people (*saving face*) since there usually aren't signs of infection for months, if at all. Sounds like you're also wondering if your girlfriend's been faithful."

Skill 6: Effective Questioning

Questions are necessary. Used appropriately, they help providers gather relevant information and give the young person opportunities to explore areas not previously considered. If questions are not asked effectively, they can put people on the defensive ("what is this, the third degree?") and keep the provider "on the outside."

The following are suggestions for asking effective questions:

- Ask questions **one at a time.** Allow the young person to answer. Bombarding adolescents with a relentless string of questions is confusing. If the provider asks in a "rapid fire" manner: "Are you saying you don't use condoms because it cuts down on pleasure?; have you used them much?; what does your girlfriend say?", without pausing to let the adolescent respond, the young person will be overwhelmed and not know which question to answer.

- Suggest that there is **usually more than one "right" answer.** Asking "Don't you think you should talk to your girlfriend about coming in to get tested too?" is a leading question, has a judgmental tone, and is likely to turn off the adolescent. It also implies that there are only two answers: "yes" or "no", when in fact there are usually many shades of gray in between.

- Balance questions with ***empathic*** responses, e.g. "I can see it's hard to think about how to begin talking to your boyfriend about using condoms (*empathic reflection*). What do you think are some ways you could do that so you can protect yourself better? (this open question helps "cast a wide net").

- Keep questions **short**.

There are two types of question: "Open" and "Closed." While "closed" questions often get a "bad rap", they are legitimate and serve a purpose:

- **Closed** questions are useful in confirming information. They narrow the range of possible responses, which is sometimes appropriate. Closed questions may be very useful towards the end of clinical encounters, as the provider and adolescent move to "wrap up" their visit. **Closed questions** often begin with “are, can, was, did, do, or when”.

- **Open** questions allow the adolescent to expand and clarify thoughts and feelings. Open questions usually begin with "what, how, why, in what way," and with verbs such as "would you describe for me. . .", "can you tell me ..."

Example: A 17-year-old male says it's "hard" to talk to his boyfriend about coming to the clinic for HIV testing.

	
"You're becoming an adult…You've got to take charge (*preaching*). Are you afraid he'll get angry?" (*leading question*)	"Can you tell me what makes it `hard' to talk to him?"

Example: A 14-year-old tells the nurse practitioner at his school-based clinic that he feels "out of it." He wonders why he's the "only person who hasn't had sex yet." The provider wants to understand the young man's perceptions of his friends' behaviors.

	
"That's a bit of an exaggeration, don't you think? Do you really think you are the only one who isn't having sex?" (*minimizing*)	"I can see you're feeling a lot of pressure (*empathic reflection*). Can you tell me a little more about what makes you think that all your friends are having sex?"

Younger adolescents often tend to think more concretely than older adolescents and adults. To help them broaden their thinking, the provider can give them choices and let them choose one. Giving choices "primes the pump" by providing opportunities for the young person to select a response that fits their situation. By generating choices for the adolescent to consider, the provider also models an important thinking skill that may prompt the young person to fashion new responses.

Another example:

 "I can see you have a lot of thoughts about this. How does it feel when the guys are all talking about what they did with girls over the weekend?"

If the adolescent has trouble responding, the provider can prompt by asking which of the following responses "fits" best:

 "Some people might feel embarrassed because they don't have anyone to go out with; some might say it's not a big deal because they do `fun' things by themselves; some might find it exciting to hear all this information; and others might feel annoyed and say `this is a lot of bull'. Do any of these reactions come close to yours? Which one(s)?"

Skill 7: Clarification

This skill takes a vague response and makes the meaning specific. Clarification responses are useful when the provider isn't sure what a person is trying to communicate. Patiently gathering accurate information increases the chance that the provider's responses and interventions will be "on target", and conveys to the adolescent that the provider is genuinely interested in their perceptions.

Example: A 16-year-old male tells his doctor that he never uses condoms because they feel "funny." The doctor wants to help him use condoms more consistently, especially since he has multiple sex partners and has no intention of becoming monogamous at this time.

	
"You've got to use them since you're `promiscuous ' (*poor choice of words*). If they feel tight you can always use lubrication. You have to be careful with all the infections out there!" (*criticizing, lecturing*)	"I can see you're not a big fan of condoms, but I'm not sure I understand why. It would help me understand better if you tell me what you mean when you say they feel 'funny'?"

Skill 8: Validating

"We're testing more new trains ... they take into account every rotten thing you've ever said about us"

--NYC Transit Authority advertisement

This advertisement in the NYC subways appeared during a time when the city was openly acknowledging that its transit system needed a major overhaul. Instead of denying that problems existed, the city acknowledged them. The city tried to reassure riders that their concerns were being taken seriously, and that improvements were underway.

Most people have concerns about the "costs" of initiating and maintaining behaviors that promote health. Using condoms, adhering to medications, abstaining from sex, informing a partner about an infection, and going to a clinic for a health exam, are all behaviors that can bring unwanted consequences, both real and imagined, such as reduced physical sensation, unpleasant side effects, loss of group membership, break up of an intimate relationship , or wasted time. Instead of disputing these concerns, the provider can build "referent power" to motivate change by employing the martial arts technique of neutralizing the opposing force. "Going with the flow" by using validating responses allows providers to transform potentially oppositional interactions into more cooperative and productive exchanges.

Example: A 16-year-old male tells his school nurse that is he "hates condoms" and never use them. He says condoms feel tight and sometimes break.

	
"What are you talking about? You must not be using them the right way. You ought to use lubrication, and you've got to be more careful!" (*criticizing, preaching*)	"I've heard other guys say that condoms don't feel comfortable at first. Can we take a few minutes to talk about what other patients have done to make using condoms more enjoyable and to prevent them from breaking?"

Skill 9: Giving Suggestions

Providers need to teach facts and skills that build the adolescent's capacity to perform behaviors that protect them from adverse health consequences. Information can be provided and skills taught so that young men feel more competent and confident in their ability (**self-efficacy**). One way to give suggestions is to share advice the provider learned from others.

Example: A provider is encouraging a 17-year-old male to bring his partner to the clinic for STI treatment. The young man says his partner is reluctant to come, but he's not sure why.

	
"What do you mean she doesn't want to come in? You've just got to tell her this is important." (*lecturing, inappropriate advice giving*)	"Let's think about this together for a few minutes (**Joining Forces**). Many women don't like coming to the doctor, and they have good reasons (Normalizing, Validating). Some men I've worked with say it helps if they talk to their partner when she's in a really good mood. What do you think of that? What other ideas can you think of?"

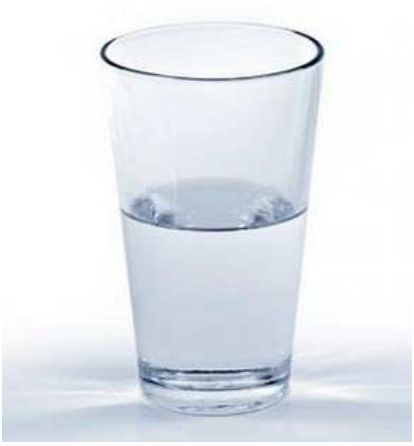
When giving suggestions, the provider should clearly communicate their belief in the young person's capacity to perform the behavior being considered.

	
"It would help if you came with her." (*premature advice giving*)	"My guess is you've thought of this before, but I was wondering if your partner would like it if you came with him to his clinic appointment. A lot of my patients do that"

Example: At a community health clinic, the PA is concluding his intake interview with a new patient. This 16-year-old male is sexually active. He is about to be examined so that he can apply for summer employment. The youth has seen the clinic's waiting room PowerPoint module on condoms and STDs.

	
"I want to go over how to use the condoms one more time to make sure you use them the right way."	"I'm sure you have a good idea about how to use condoms since you mentioned that you use them pretty regularly and you saw the waiting room DVD. We find that most guys still like to go over things once more during the exam. Can we spend our last couple of minutes doing that?"

Skill 10: Selective Attention



Everyone likes to hear good things about themselves. Selective Attention is looking at the glass as "half full" rather than "half empty." It shines the spotlight on areas of a person's life that are going well. Focusing on strengths and accomplishments rather than shortcomings, mistakes, and failures is a powerful way of "joining" the person being helped as they adopt or maintain health promoting behaviors. Providers should:

- Listen carefully to the young person's story
- Identify a piece of life that is successful and
- Reflect back the success or competency identified, before calling attention to problem areas that need to be addressed.

Example: A nurse practitioner at a community clinic asks an 18-year-old if he uses condoms. The young man has recently been released from jail where he was serving time for drug possession. He states that during the first month after his release, he had intercourse with several females but never used a condom. "But . . ." he adds, "I've been using them lately because my new girl Jennie wants me to, and I really like her."

	
"What are you doing!? Why didn't you use condoms with all your partners!? You need to be more careful. Always remember, HIV is out there." (*blaming, preaching, threatening*)	"It's great that you're using condoms now!! What do you think is different about you, or your relationship with Jennie, that helped you make such an important change in your behavior?"

Skill 11: Joining Forces

The empowerment approach encourages providers to create collaborative partnerships with patients. Such collaboration fosters competence and self-efficacy. One premise of this approach is that people bring many resources to the table. Another premise is that ultimately, the person being helped is responsible for performing behaviors that promote their health and the health of others.

The skill "Joining Forces" enables the provider to join in a "dance" in which each partner takes turns leading the other while working together towards a common goal. Providers demonstrate that they are employing the skill by using phrases like:

- ✓ I need you to...
- ✓ Together we'll…
- ✓ Let's...

Example: A 17-year-old male has just been treated for Chlamydia. The provider wants to see him in two weeks to review other lab results, make sure symptoms have not returned, reinforce use of condoms, and make sure his partner has been treated.

	
"You have to come back to see me in two weeks so I can check you again."	"Let's make an appointment to see each other in two weeks so we can see how you're doing and how our plan to get Steven in for treatment has worked out. We can discuss making adjustments at that time if we need to."

Skill 12: Respectful Confrontation

Sometimes it's necessary to respectfully challenge adolescents. When providers use *Respectful Confrontation* they are asking the patient to stop for a moment to examine their behavior (as well as beliefs underlying behaviors), and to consider alternatives. Confrontations are never given as criticism or judgment. To reduce the chance that a "confrontation" will elicit a defensive reaction, it is best to use this skill along with other empowerment skills, such as **Empathic Reflection** and **Selective Attention** to a person's strengths and competencies.

Example: A 22 -year-old father of two has not had a health exam in more than 6 years. He is deeply committed to his children even though his relationship with their mother has fallen apart. He makes his child support payments and frequently takes care of the children. But he keeps finding ways to avoid his physical exam.

	
"Why do you keep missing your appointment? You need to take care of yourself better." (*Blaming, lecturing*)	"I love seeing how devoted you are to your children. But it puzzles me how you are neglecting your own health. Don't these great kids of yours deserve a healthy, strong father?"

Example: An 18-year-old tells his PA at the college health service that he uses condoms with "casual" sex partners "most of the time," but never with his "steady" partner because "we trust each other". He sees no trouble with using condoms sporadically or having multiple partners.

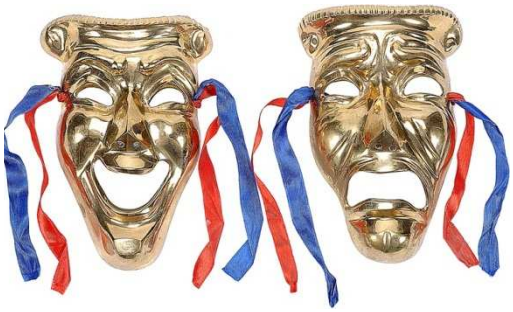
	
"Are you crazy? You've got to use them every time or you'll get infected." (*threatening, criticizing*)	"You know I'm on your side. But do you have any idea why your decision to use condoms with some people and not with others worries me so much?"

Example: An 18-year-old is telling his physician that he doesn't worry about HIV because "I only have sex with girls that are `clean"'.

	
"What?! Don't you know that you can't tell if someone is clean just by how they look!?" (*criticizing*)	"You really are trying to be careful about who you choose to have sex with (***Selective Attention***). My concern is that a lot of the time infections like Chlamydia don't' have any early warning signs. A person can be infected and not know it until much later.

Skill 13: Saving Face

Saving Face "protects" young people from feeling inadequate. It shifts the reason for their lack of information about STIs to the possibility that schools might not be teaching enough about reproductive health, parents may not be talking enough with their children, and health professionals may be missing too many "teachable moments" for talking about STIs during routine physical exams for school, sports, or work.



Example: A 15-year-old is not circumcised and has never established a routine of pulling back his foreskin to clean his penis. As a result, he experiences frequent irritations from smegma that accumulates under his foreskin. He discusses this problem with a provider at an STI clinic, thinking he has contracted an STI. The provider responds to the young man's concerns.

	
"You really need to learn to clean yourself more thoroughly or this is going to keep happening over and over." (*lecturing, criticizing*)	"*Many* uncircumcised men have this kind of irritation, and it really annoys them (***Normalizing***). *We're* expected to know about these things without being taught them. I'm glad you came in today so we can go over it now. This way we can prevent this problem from happening in the future." (***Joining Forces***)

Example: A 20-year-old who has been treated for syphilis in the past at an STI clinic is confused because his syphilis titre is 1:1 with a +FTA. He has adhered to treatments and claims that he has not had unprotected sex since learning about his infection.

	
"Didn't they tell you that your titers might never go down all the way once you are infected?" (*Criticizing*)	"This is pretty confusing, and I understand why you wouldn't be clear about what's happening. You've done everything you need to do: completed the treatment, used condoms, and made sure your partner's were tested. Most people don't realize that, unlike Gonorrhea or Chlamydia where you get a negative result a few months after treatment, with syphilis you will always have a positive reading for one of the two tests we do (the FTA). It's kind of like a 'footprint in the sand' left by someone who has walked on down the beach. With syphilis, as long as we can see that RPR levels (the first test) have fallen, then we know that the infection is gone. If these levels (titers) ever go back, that could be a sign you have been re-infected."

Skill 14: Careful Selection of Words

What's in a word? Plenty! The words and phrases we use can encourage or hinder efforts to actively engage young people in health behaviors and services.

Example: A provider in a health clinic at a multi-service youth program is taking a comprehensive history of a 17-year-old who is out of school.

	
"Why did you *drop out of school before graduation*? Getting a high school diploma is more important today than ever!" (*lecturing, pejorative choice of words*)	"Can you tell me something about *how you decided to leave school before graduating*?"

The above example illustrates how rephrasing an important question ("How did you decide to leave" instead of "Why did you drop out") shifts the focus to "making a choice" and away from "failing". As the relationship between the provider and the adolescent builds, further interventions can be offered (e.g. referral to a social worker to get reconnected to school).

Example: A provider is taking a routine sexual history with an 18-year-old male.

	
"Do you *know* anything about common infections like Chlamydia?"	"What have you *heard* about infections like infections like Chlamydia?"

The first provider's choice of the verb "know" is a set-up for the response "nothing" or "very little". Choosing the verb "heard" focuses more on the failure of the environment – schools and the healthcare system, than the inadequacies of the individual.

When teaching about clinical procedures, basic anatomy, and other topics about which young people may not be familiar, words can be selected that are easier to understand than clinical terminology. Using analogies that refer to familiar objects can help make the abstract (words) concrete. The following are some analogies that might be used:

- ✓ Comparing the male urethra to a thin piece of spaghetti
- ✓ Comparing the uterus to a closed fist
- ✓ Comparing the prostate to a small walnut or plum

Example: A provider is explaining to an 18-year-old female how the cervical culture is done.

	
"We insert the swab into the cervical os." (*too clinical for most adolescents*)	(*Using a diagram to illustrate, and with swab in hand*): "We gently place a cotton tipped swab like this one into the opening of the cervix."

Younger teens may think more concretely and in the "here and now." If the provider asks "are you sexually active?" the young person may interpret this as meaning "frequently" and respond, "No, I'm not that kind of person" (meaning: "I only have sex once a month with people I know well").

Providers need to consider the "implied" meaning of words. For example, asking a 16-year-old male "*Have you gone all the way?*" (meaning penile-vaginal intercourse) may send the message that penetrative vaginal sex is the ultimate, desired goal. The implication disregards "making out", foreplay, petting, and other sensual, non-penetrative (and ***safe***) behaviors as normal and healthy.

Example: A nurse practitioner is taking the sexual history of a 15-year-old male at a school-based clinic.

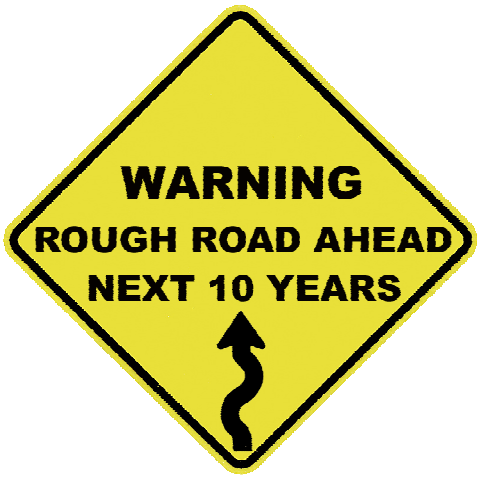
	
"Do you have a girlfriend?" (*implies heterosexuality*)	"Are you going out with anyone?" "Are you in a relationship?"

Example: If the young person says he is "going out with someone," the provider can continue taking his history, inquiring about the gender of the person he is "going out" with and how physically intimate they are becoming.

	
"What's your girlfriend's name?" (*assumes heterosexuality*)	Can you tell me a little about the person you're going out with . . . your partner, etc.

	
"Have you had intercourse *yet*" (wording may imply that penetrative intercourse should have occurred by now)	"What kind of physical touching have you and your partner decided to do so far?" "How far have you and your partner decided to go?" "How physical is your relationship?"

Skill 15: Anticipatory Guidance



It is important to help young people anticipate concerns and potential problems as they consider behavior and possibly attempt to change (e.g. start using condoms, begin talking with a partner about STI screening). Planning ahead, including anticipation of potential problems (e.g. side effects of medications) increases the chance that behaviors will be performed successfully and reduces the chance that backsliding will occur. The following examples are ways providers can provide anticipatory guidance with adolescents:

1. Asking "open" questions (e.g., "How do you think Jennie will react when you ask her to go for testing?");

2. Asking "what if ..." questions (e.g., "What if you don't have condoms with you when you and Jennie want to have sex. What will you do? What could you do instead of having vaginal intercourse?")

3. "Painting verbal pictures" (e.g., "Imagine how you will begin your conversation with your girlfriend about how important it is for her to come to the clinic. How could you start the conversation? How do you think she'd respond? What could you say next?").

In providing ***Anticipatory Guidance***, it's important to consider the developmental level of the person and use their time frame and the natural markers that structure their lives. For example, it might be best to ask:

- "What's the chance that you'll decide to have sex with Maria between today and your next clinic appointment in two weeks?"

- "What will you do when you're alone with Mary tonight (rather than "in the future") if she doesn't want to use a condom?"

Example: The issue of sexual risk taking (e.g. having sex without using contraception) is raised during an exam when a young man admits that he's not sure how to talk with his partner about non-penetrative intimate touching. The provider wants to help this young person explore options.

	
"You can just `make out."' (*premature timing of advice*)	"You raise a good point and a tough decision (***Selective Attention***). Let's imagine you're with your partner and things start to get `heated'. Without hurting her feelings, what could you do or say to your partner if you want to be careful and not have unprotected intercourse?"

Skill 16: Reframing

Reframing is like taking a picture of the same scene, but putting a different lens on the camera. The provider helps the adolescent see the same set of circumstances from a different vantage point. For example, a young man who thinks his female partner doesn't want to talk about contraception or condoms may be helped to rethink the situation, and consider whether she might be avoiding the conversation because she is shy, uncertain of how he might perceive her concern about possible STIs.

Example: A 17-year-old male has just been treated for genital warts. There are many large warts that will take several treatments. The young man is berating himself for being careless and stupid, and calls himself a "jerk" since he's seen the warts spreading for months before coming to see a medical provider. The provider tries to help him ease his harsh self-judgment.

	
"I was wondering the same thing. What were you thinking?! You should have come in much sooner and then we could have addressed the problem a lot more easily. Next time try not to be so careless."	"I really don't see it the same way as you do. I don't think you were acting 'stupid' or being a 'jerk'. You probably felt embarrassed, like most people feel when they see warts developing. I think it's great that you chose to come here today instead of putting if off longer. That took a lot of courage."

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