

Statements to Practice the Clarification Technique

Note: The words in boldface are the ones the counselor must ask the adolescent to define.

Example: What do you mean by “he makes love to me?”

1. “My parents would **kill** me if they know I have **relations** with John.”
2. “**I don’t want to know anything** about contraceptives.”
3. “They say our relationship is **light**...that doesn’t bother me.”
4. “I like a girl but they tell me she’s a **teaser**.”
5. “Girls **don’t pay attention to me**.”
6. “I’ve come for help, I’m **so alone**!”
7. “My boyfriend **makes love to me** and I don’t like it to be so **sticky sweet**.”
8. “**Sometimes** I use a condom, but other times I don’t.”
9. “Yes, I have sex, but **nothing has ever happened** that I can’t handle.”

Communication Role Plays

Role Play 1: A 19-year-old woman comes to the clinic because she had unprotected sex last night and she is worried about becoming pregnant. How will the clinician respond?

Role Play 2: A 16-year-old lactating woman with a three-month-old baby wants to postpone her next pregnancy. Her sister uses combined oral contraceptives (pills) and likes that method very much. She says she wants to use pills. How will the clinician respond?

Role Play 3: A 17-year-old man comes to the clinic because he is concerned about an itchy discharge from his penis. He reveals that he and his girlfriend are regularly having sex but are not using condoms. How will the clinician respond?

Role Play 4: A young couple accompanied by the husband's mother comes to see the clinician. They have been married three months. The mother-in-law insists that they should have a child as soon as possible to try for a son. The wife wants to postpone pregnancy for at least 2 years. How will the clinician respond?

Role Play 5: A 19-year-old man comes to clinic for an HIV test. He reveals that he has both a girlfriend and a boyfriend, and that he regularly has unprotected sex with each of them. How will the clinician respond?

Role Play 6: A 15-year-old unmarried woman comes to the clinic. She explains that she and her boyfriend are sexually active and she is worried about becoming pregnant. How will the clinician respond?

Role Play 7: A 17-year-old man comes for counseling. He has a girlfriend and is being pressured by his friends to have sex with her. His girlfriend is also starting to accuse him of not being a man enough because he wants to wait to have sex. He is afraid of getting her pregnant and having to drop out of school to support a child, but has strong sexual feelings for her. How will the clinician respond?

Role Play 8: A young couple comes to the clinic because of an ulcer on his penis. The girlfriend is receiving injectable contraceptives every three months, but they are not using any protection against STIs. Both test positive for chlamydia. How will the clinician respond?

Role Play 9: Sarah is a 17-year-old mother of a 7-month-old baby, Precious. She is not yet married, she is waiting for the boyfriend to propose but he is still in University. She dropped out to have the baby. She was in senior 5 and wants to go back when the baby is old enough. She had come with baby Precious for weighing because she does not feed well and seems to be losing weight. They did not use condoms because Peter her boyfriend says she is his only girlfriend and he says condoms are for people who have many sexual partners.

The nurse asked her if she would like to hear about family planning. She used Pills once, but they were giving her headaches. Since Peter is in school and they only meet during holidays, she stopped taking them because she was also forgetting all the time. She is interested because this child was a mistake, and her parents are angry and not happy. She has to look after the baby. The baby's father helps, but he is in school. He says he cannot marry her until he finishes, gets a job and has money. For now, she is living with her parents.

Role Play 10: Lila is 15 years old, she has heard about family planning and but never used because she sees her boyfriend very infrequently does not want to hear about family planning. She has come for treatment of a septic abortion. She discontinued school last term because she feared being found out and she wants to go back.

Role Play 11: Joy is 14 years come with her mother. Her mother says Joy keeps going out with a boda boda guy from the village and the mother is worried that she will become pregnant and drop out of school. She is very good at school and her mother wants her to go to University. Joy herself does not say much. She does not want to talk to the nurse in front of her mother. When with the nurse alone she mentions that she has been having sex for a year with a previous boyfriend she met at church and had an abortion that her mother does not know about.

Role Play 12: Jane is 18 years old, and has come for HIV test because she is not sure of her current boyfriend. She has never been pregnant. She has never used family planning- maybe because the boyfriend is a truck driver and she does not see him that frequently. She thinks he has other wives.

Role Play 13: Margaret is 20 years old, she has 2 children, she is a Catholic and does not want to use family planning methods. Her husband is also Catholic, and they have used withdrawal method. It worked because he is a teacher away from home. She lives with her mother-in law, but now he has been transferred to the school near them. He says 2 children are enough.

Role Play 14: Susan is 17 years old. She had her first baby yesterday and she wants family planning. She was told she is HIV positive during antenatal care, she got drugs to prevent HIV transmission to the baby. She does not want another child because she does not see herself getting married.

Role Play 15: Lucy is 18 years old, and she has one child. She is a commercial sex worker; most of her clients are truck drivers or soldiers. That is the only way she can look after her child as she is an orphan. She says her steady boyfriend that was the father of the child died of AIDS. She has come for family planning; she thinks pregnancy will be interfering with her plans and business.

Role Play 16: Timothy is 19 years old, he has two steady girlfriends, and does not want any of them to become pregnant. He is starting a small business selling motor cycle spare parts. He is not sure which one of the two girls he plans to marry.

Role Play 17: Mary and Waswa are both at University. They have come for family planning. They love each other and feel their affair is a good “catch” and they are happy. They started having sex and want to avoid pregnancy and finish their studies.

Role Play 18: Nakato is 16 years old, she has been having sex with her pastor. She does not like it when the pastor calls her, but she is afraid to tell her mother because they have high respect for the pastor and they will blame her. The pastor gives her small presents.

Role Play 19: Harriet is 18 years old, she was a virgin until last term when her Math teacher forced himself on her. She is afraid to tell. She says the teacher threatened her that she will be expelled from school and make sure she fails all exams. She does not know what to do. She does not want to report the teacher; and she does not want to get pregnant as she wants to continue school and go to University.

Role Play 20: Juliet is 12 years old, and she has come to report that her uncle, her mother’s brother, touches her breast and last night he touched her in the private parts. She has not had her periods yet and is afraid that she might already be pregnant. Some girls at school told her that you can get pregnant without ever having a period.

Role Play 21: John, who is 17 years old, had sex for the first time with his teacher who is 30 years old. Now he noticed he has a very painful sore on his penis. The teacher says because it is because it was the first time, it gets better with time. He wants to believe her, but his friend says he might have HIV.

Role Play 22: Peter, who is 16 years old, says his friend is afraid to come to the clinic since one of the nurses goes to the same church with his aunt. The friend has a discharge coming out of his private parts.

Role Play 23: A 19-year-old boy wants an HIV test; he has sex with both men and women. The men pay him a lot of money; he is not sure he is gay.

Techniques Help Assure Good Communication with Adolescents

Create a good, friendly first impression

- ☐ Start on time; don't make the client wait.
- ☐ Smile and warmly greet the client.
- ☐ Introduce yourself and what you do.
- ☐ Ask her/his name and what s/he likes to be called.

Establish rapport during the first session

- ☐ Face the adolescent, sitting in similar chairs.
- ☐ Use the adolescent's name during the session.
- ☐ Demonstrate a frank and honest willingness to understand and help.
- ☐ Begin the session by allowing the adolescent to talk freely before asking directive questions.
- ☐ Congratulate the adolescent for seeking help.

Eliminate barriers to good communication

- ☐ Avoid judgmental responses of body or spoken language.
- ☐ Respond with impartiality, respecting the adolescent's beliefs, opinions, and diversity or expression regarding her/his sexuality.

Use "active listening" with the client

- ☐ Show your sincere interest and understanding, and give your full attention to the client.
- ☐ Sit comfortably; avoid movements that might distract the adolescent.
- ☐ Put yourself in the place of the adolescent while s/he speaks.
- ☐ Be more aware of the problem without being intrusive or taking away her/his control over the issue.
- ☐ Observe the tone of voice, words used, and body language expressed, and reflect verbally to underscore and confirm observed feelings.
- ☐ Give the adolescent some time to think, ask questions, and speak. Be silent when necessary, and follow the rhythm of the conversation.
- ☐ Periodically repeat what you've heard, confirming that both you and the adolescent have understood.
- ☐ Clarify terms that are not clear or need more interpretation.

Provide information simply

☐ **Use an appropriate tone of voice.**

- Speak in an understandable way, avoiding technical terms or difficult words.
 - ☐ Understand and use where appropriate the terms/expressions adolescents use to talk about their bodies, dating, and sex.
 - ☐ Use short sentences.
 - ☐ Do not overload the adolescent with information.
 - ☐ Provide information based on what the adolescent knows or has heard.
 - ☐ Gently correct misconceptions.
 - ☐ Use audiovisual materials to help the adolescent understand the information and to demonstrate information in more concrete terms.

Ask appropriate and effective questions

- ☐ Use a tone that shows interest, attention, and friendliness.
- ☐ Begin sessions with easy questions, gradually moving up to more difficult questions.
- ☐ Try not to take notes except in a structured interview that has an established order for special cases.
- ☐ Ask one question at a time and wait for the response.
- ☐ Ask open-ended questions that permit varied responses and require thought. Allow for explanations of feelings or concerns.

Examples: “How can I help you?” and “What’s your family like?”

- ☐ Ask in-depth questions in response to a previous question and to solicit more information.

Example: “Can you explain that better?”

- ☐ Avoid biased questions that can direct the client’s response.

Example: “Have you heard that the condom makes sex less pleasurable?”

- ☐ Avoid questions that begin with the word “Why” since the adolescent may think you are blaming her/him.
- ☐ Ask the same question in different ways if you think the adolescent has not understood.

Recognize and take advantage of teachable moments

- ☐ Use a positive approach when discussing developmental change.
- ☐ Evaluate learning by asking the adolescent to describe a healthy RH behavior that s/he is practicing.
- ☐ Reinforce health messages from other settings.
- ☐ Provide printed or other materials that are developmentally and culturally appropriate.
- ☐ Provide practical advice, encouragement, and factual information.
- ☐ Don't underestimate the potential usefulness or effectiveness of education and counseling.

Source: Levenberg, P. and A. Elster. 1995. *Guidelines for Adolescent Preventive Services (GAPS)*. Chicago: American Medical Association

CONFIDENTIALITY DISCUSSIONS

Group 1: Discuss and present different creative ideas to reassure the adolescents that their concerns will remain confidential. Present two case studies to describe and support your ideas, emphasizing the procedures to follow and approached to take to gain the adolescent client's trust.

Group 2: Discuss and present appropriate procedures to inform the adolescent what kinds of information will not be kept confidential, and why. Develop this process in the following two case studies:

- a) an adolescent who is involved in a situation of abuse against another adolescent.
- b) an adolescent who is in a coercive sexual relationship with an adult.

Group 3: Analyze what occurs in the country with regard to confidentiality in light of existing norms and laws. List under what circumstances, if any, you as a provider are required to break the client's confidentiality and to whom you are legally obligated to report. Discuss the main obstacles (if any exist) to privacy in counseling sessions and how these issues have been addressed.