Reducing Unintended Pregnancy

Contraceptive Counseling Approaches for Adolescents

FACILITATOR'S GUIDE

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NO WRONG DOORS
NO MISSED OPPORTUNITIES

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Introduction

This training module, and Facilitator's Guide, was developed for individuals that care about and work with adolescents, ages 15-19, in healthcare delivery settings, and support them in making healthy decisions about their lives, their futures, and in making choices about when to parent.

The particular focus of this module is to train health care provider staff at every level (physicians, advanced-practice clinicians, nurses, medical technologists, social workers, case managers, and care coordinators) on the use of an evidence-informed contraceptive counseling approach focused on the specific needs of adolescents. The training is intended to equip staff, across diverse practice settings, to play a proactive role in addressing national priorities to reduce teen pregnancy by increasing access to, and use of, hormonal contraception and IUDs among sexually active youth. Specifically, this training will help to increase participants' ability to use the spirit and skills of motivational interviewing to provide more effective contraception counseling.

Counseling adolescents is different than counseling adults or children because adolescents not only need the information and education typically provided to adult patients but also the guidance that is typically provided to children.

Adults often assume that adolescents do not want their advice and prefer input only from their peers. Nothing could be further from the truth. When it comes to making decisions about behaviors that can have long-term effects on their lives, adolescents dislike and suffer as much from silence and unlimited options as much as they do lectures and rules. Adolescents want and benefit most from "evidence-based" discussions that simultaneously direct and guide the choices they make and teach them the skills they need to make healthy decisions[1].

The training module content was informed by what we know about stages of adolescent development, the latest research on adolescent brain development[2], research describing the four facets of contraceptive behavior[3], and research describing why

[1] Stevens-Simons, C. & Street, R.L. (2007). Counseling Adolescents About Sexual Health. Baylor College of Medicine, Houston, Texas. www.contraceptiononline.org.

[2] NIH (2011).The Teen Brain Still Under Construction. NIH Publication No. 11-4929. http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml.

[3] Jaccard J. PhD., Levitz N., MPH. (2013). Counseling Adolescents About Contraception: Towards the Development of an Evidence-Based Protocol for Contraceptive Counselors. Journal of Adolescent Health: 52 (213): s6-13. http://dx.doi.org/10.1016/j.jadohealth.2013.01.018.

adolescents who report that their pregnancies were unintended don't utilize contraception[4]. We take this knowledge and teach training participants how to employ the knowledge of stages of change and skills associated with Motivational Interviewing[5] to put forward a collaborative and guided contraceptive counseling approach that can be implemented by any member of a healthcare provider's care team.

Upon completion of the training program participants will be able to:

- Identify the characteristics of each adolescent developmental stage;
- Describe how brain development impacts adolescent decision-making;
- Apply most recent research regarding adolescent contraceptive behavior as an underpinning for a counseling approach;
- Demonstrate the skills required to utilize Motivational Interviewing to more effectively counsel adolescents;
- Explain how to strategically use Motivational Interviewing skills to provide effective contraceptive counseling;
- Demonstrate skills in determining pregnancy intentions as a primary component of contraceptive counseling.

Core Components of the Facilitator's Guide

The Facilitator's Guide includes everything you need to implement the training program. This includes:

- Step-by-step instructions on how to facilitate activities
- Participant Training Agenda
- Participant Handouts
- Trainer Answer Keys
- Additional Resources
- Supplementary Activities (time permitting)
- USB containing PowerPoint slides, a motion graphic, counseling demo video, and an electronic copy of the Facilitator's Guide

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[4] CDC. (2004-2008). MMWR: Pre-pregnancy Contraceptive Use Among Teens with Unintended Pregnancies Resulting in Live Births – Pregnancy Risk Assessment Monitoring Systems (PRAMS).

[5] Miller, W. & Rollnick, S. (2013). Motivational Interviewing, Third Edition: Helping People Change. The Guildford Press. New York, USA.

Implementation Tips and Recommendations

We provide the following tips and recommendations for consideration as you plan to utilize the module to improve staff capacity to provide contraceptive counseling to meet the special needs of adolescents in your healthcare provider practice.

Adaptation of the Training Module and Materials

- Each element of the training module is essential to building the skills of staff members to deliver evidence-informed contraception counseling to adolescents. We highly recommend avoiding removal of any portion of the module to shorten module length to accommodate scheduling needs.
- The training module was intended to be completed in one full day over a 6.5 hour period. It is possible to break the training into two separate modules so that it can be delivered over shorter periods of time over two days.

Training Target Audience

- We believe that any member of the healthcare provider practice team can conduct high quality and evidence-informed contraceptive counseling. Therefore, this module is appropriate for a wide range of staff members including: physicians, advanced-practice clinicians, nurses, medical technologists, social workers, case managers, and care coordinators.

Assessing the Readiness of a Healthcare Provider Practice

- Training is best delivered when new skills and knowledge gained can be immediately applied when participants return to the healthcare provider setting. Therefore, we recommend that prior to scheduling and delivering the training program, that an assessment of the ability of the site to implement training concepts be conducted (e.g., Is LARCs readily available on-site, are clinicians and leadership on board, is it clear whose role it is or will be to do the core contraceptive counseling with patients?). **In instances where it is determined that the provider does not have the necessary policy, protocols, or systems in place to apply knowledge and skills gained to implement or enhance contraceptive counseling services, it is recommended that training be delayed until systems are in place.**

Evaluation

- Assessing success in achievement of training objectives, and measuring changes in training participant's experience of training, changes in knowledge and self-efficacy, and intention to utilize new knowledge and skills gained in

training is essential to understanding the effectiveness of your training program, and in considering ways to improve. The module includes a sample participant evaluation form that can be used as-is, or adapted for your needs.

Request for Technical Assistance and Support to Plan and Implement Training

- CAI staff are available to support organizations and trainers in the following areas related to implementation of training in their communities:
  - Providing coaching and support in preparing for the delivery of a training program
  - Planning for potential adaptation of training materials
  - De-briefing with trainers their experience in the provision of training, and building self-efficacy in the delivery of the training module
  - Conducting an assessment of healthcare provider readiness for training
- Included in the Evaluation section of the materials is a "Fidelity Form." Upon completion of training, you may want to use this form to reflect on, and identify, areas of the training program that were challenging to implement or that were modified in some way. Using the information gathered, CAI is available through remote Training and Technical Assistance (TTA) to support you in discussing areas of challenge and modifications, and to support you in improving the delivery of training over time.
- In order to request Technical Assistance and Support please contact: Karen Schlanger, CAI Senior Technical Advisor, at 1-404-521-2151, or kschlanger@caiglobal.org.

Overview

The following provides an overview of the structure of this training program.

Goal

The goal of this training is to train health center staff on the use of an evidence-informed contraceptive counseling approach to support community-wide efforts to reduce teen pregnancy by increasing access to, and use of, hormonal contraception and IUDs among sexually active youth.

Objectives

By the end of the training, participants will be able to:

- Identify the characteristics of each adolescent developmental stage;
- Describe how brain development impacts adolescent decision-making;
- Apply most recent research regarding adolescent contraceptive behavior as an underpinning for a counseling approach;
- Demonstrate the skills required to utilize Motivational Interviewing to more effectively counsel adolescents;
- Explain how to strategically use Motivational Interviewing skills to provide effective contraceptive counseling;
- Demonstrate skills in determining pregnancy intentions as a primary component of contraceptive counseling.

Number of Participants

- The activities in this training have been designed for 10 to 25 participants.
- If there are more than 25 participants, creating a second training program recommended.
- If there are less than 10 participants, some of the activities will be difficult and may need to be modified to accommodate the smaller group size.

Participants

This module is appropriate for a wide range of staff members including: physicians, advanced-practice clinicians, nurses, medical technologists, social workers, case managers, and care coordinators.

Training Duration

1 full day of training (6 hours) or two 3-hour training sessions

Activities

Each activity includes the following components:

- *Time:* the approximate amount of time it should take to complete the activity.
- *Purpose:* a description of the intent of the activity, as a guideline for facilitators. By understanding the activity's purpose, facilitators can more easily keep participants conversation focused and relevant.
- *Overview:* a "snapshot" of the activity. It provides a quick-reference for facilitators.
- *Materials:* a list of all items trainers will need in advance for the session's activities.
- *Participant Handouts:* a list of all of the handouts that participants will receive in the activity.
- *Instructions:* a description of how to deliver the activity. Includes suggested format, sequence, and steps.
- *Processing Questions:* sample questions facilitators can ask to help trainees internalize the learning. Processing questions help facilitators to close the activity and tie it into the overall learning objectives. See "Training Tips" for more information about processing questions.

Additional Resources for Participants

Additional resources have been provided that facilitators can provide to training participants. These resources are focused on information describing contraceptive options and effectiveness, and reviewing commonly held contraceptive myths. They can be used during the training (e.g., during skills practice the counselor can use them or give them to clients) or used in the health care provider setting to provide to clients during an actual counseling session. The information in the resources can also be used to craft appropriate messages to adolescent clients about contraceptive methods.

Materials Checklist

Materials

Ensure you have the following materials prepared prior to the training:

- Newsprint
- Markers
- Laptop, projector, screen
- PowerPoint Slides
- Making Tape (6 rolls)
- Laminated Adolescent Development Cards
- Laminated Counseling Cards

Participant Handouts

Ensure you have one copy of each of the following handouts per participant (see Training Handouts section):

- *Participant Training Agenda*
- *Find Someone Who…* – Copy this handout double-sided so the activity is one side and questions are on the back. Trainers should put the letter A on two sheets, the letter B on two sheets, and on through the alphabet so the participants can be divided into pairs.
- Decision-Making Booklets – Cut each of the sheets of paper in half and staple together to create a booklet for each participant
- *Practice: Behavior Change Staging*
- *Change Talk*
- *Evoking Change Talk*
- *Practice: Evoking Change Talk*
- *Questions Questions Questions*
- *Closed-Ended Questions for Counselors*
- *Open-Ended Questions for Counselors*
- *Practice: Reflective Listening*
- *Practice: Double-Sided Reflection*
- *Skills Practice Scenarios*
- *Observer Feedback Form*
- *Evaluation*

Trainers Handouts

Ensure you have one copy of each of the following per trainer (see Training Handouts section):

- *Training Agenda*
- *Adolescent Development Cards Activity Answer Key*
- *Counseling Cards Answer Key*
- *Recognizing Change Talk Statements*
- *Practice: Behavior Change Staging Answer Key*
- *Practice: Evoking Change Talk Answer Key*
- *Practice: Affirmations*
- *Practice: Reflective Listening Answer Key*
- *Practice: Double-Sided Reflection Answer Key*

Prepared Newsprints

On separate sheets of newsprint, write:

- Expectations
- Parking Lot
- Ground Rules
- Optional: Create the following newsprints 6 times (alternatively, trainers can opt to have participants create the newsprint in their small groups):

Early	Middle	Late

- Create the following on one sheet of newsprint:

Permissive	Guided	Dictatorial

Training Agenda

This is the agenda for the one-day training that will be conducted with health center staff.

Timing	Activity	Total Time
9:00 am – 10:00 am	Opening and Warm-Up	1 hour
10:00 am – 11:00 am	Adolescent Development Card Activity	1 hour
11:00 am – 11:15 am	**Break**	**15 mins**
11:15 am – 11:45 am	Adolescent Brain Development	30 mins
11:45 am – 12:15 pm	Making Our Approach Appropriate for Adolescent Developmental Stage	30 mins
12:15 pm – 1:15 pm	**Lunch**	**1 hour**
1:15 pm – 1:45 pm	Behavior Change	30 mins
1:45 pm – 2:00 pm	Introduction to Motivational Interviewing	15 mins
2:00 pm – 3:00 pm	Strategic Use of Motivational Interviewing Skills	1 hour
3:00 pm – 3:15 pm	**Break**	**15 mins**
3:15 pm – 4:15 pm	Trio Skills Practice	1 hour
4:15 pm – 4:30 pm	Closing	30 mins

Training Design

9:00 am – 10:00 am

Activity #1: Opening and Warm-Up

🕑 **Time:** 1 hour

★ **Purpose:** To introduce the trainers, goals and objectives of the training, facilitate participant introductions and cover housekeeping items.

🗋 **Overview:** Participants get to know one another through an icebreaker game and then answer questions related to adolescent pregnancy in pairs. The activity is processed in the large group by the trainer. Expectations, the goal, objectives, agenda, parking lot, and ground rules are also reviewed.

✂ **Materials:**

- Newsprint
- Markers
- PowerPoint Slides

🗐 **Participant Handouts**

- *Participant Training Agenda*
- *Find Someone Who…* – Copy this handout double-sided so the activity is one side and questions are on the back. Trainers should put the letter A on two sheets, the letter B on two sheets, and on through the alphabet so the participants can be divided into pairs.

✍ **Preparation**

- On separate sheets of newsprint, write:
  - Expectations
  - Parking Lot
  - Ground Rules

Instructions

Notes:

1. **Introduce Trainers**
   - Trainers introduce their organization and themselves.

2. **Large Group Icebreaker Activity**
   - Tell participants that you will be distributing a handout called “Find Somebody Who…” They will have to mill about the room and find somebody who satisfies each statement on the sheet. They should write the name down of the person who satisfied each statement.
   - Distribute the handout.
   - Tell participants to begin.
   - After 10 minutes, call time.
   - Process the activity as a large group by asking:
     - What items were easily filled with matches?
     - What items were more difficult?
     - What is something new you found out about a colleague?

3. **Partner Interviews**
   - Tell participants to find the person who has the same letter (A, B, C, D, etc.) written on their “Find Someone Who…” sheet to partner up with.
   - Once everyone is paired up, ask the pairs to answer the questions on the back of the “Find Someone Who…” sheet. The questions are:
     1. What has been your experience of providing birth control education and counseling to adolescents in your agency?
     2. Why do you think we have not been as effective in increasing contraceptive use as we would like?
     3. What are some of the challenges we face doing this work?
   - After 10 minutes, call time.

4. **Large Group Report Out**
   - Go through each of the three questions and ask for volunteers to share what they discussed with their partners.

5. **Process the Activity**
   - Ask the following questions to the large group:
     - What was it like sharing this information?
     - What were some of the similarities you found?
     - What are some challenges to us in the field of reducing unintended pregnancies and contraceptive counseling?
     - What strategies might we need to re-examine in order to reduce unintended pregnancies?

6. **Expectations**
   - Ask participants what they hope to gain from the training session (i.e., what they want to learn, what they want to be able to do as a result, etc.).
   - Record their expectations on the prepared sheet of newsprint.

7. **Review Goal and Objectives**
   - Using the PowerPoint slides, review the goal and objectives of the one-day training session.
   - Clarify which expectations will be covered and which will NOT be covered.

8. **Review Agenda and Housekeeping**
   - Distribute the Participant Training Agenda.
   - Review agenda for the day, including the break times.
   - Tell participants where bathrooms are located and review other housekeeping items.

9. **Review the Parking Lot Newsprint**
   - Display the prepared *Parking Lot* newsprint and explain:
     - Any questions and/or comments that come up, but are not related to the training topic or the topic at hand, can be written on the post-it notes that are found on top of each table and posted on the *Parking Lot* newsprint.
     - Throughout the training, the trainers will review the Parking Lot and address the comments and/or questions.

10. Review the Ground Rules Newsprint

- Display the prepared *Ground Rules* newsprint.
- Ask participants to brainstorm some ground rules for the training, including:
  - Keep side conversations to a minimum
  - Turn cell phones off or on vibrate
  - Refrain from texting during training
  - Respect others' opinions and point of view
  - Have fun!
- Explain that the ground rules are in place to create a focused and comfortable atmosphere for the participants.
- Ask the participants to add additional ground rules that they think would be helpful.
- Check with the group to make sure that the group agrees with the ground rules and make any changes as needed.
- Post the *Ground Rules* newsprint on the wall and refer back to ground rules throughout training as needed.

10:00 am – 11:00 am

Activity #2: Adolescent Development Card Activity

🕑 **Time:** 1 hour

★ **Purpose:** For participants to review the different stages of adolescent development and understand that adolescents' behaviors and attitudes are based on the stage they are in. Participants learn how to recognize whether an adolescent is in the early, middle or late stage, so they can be sure they are counseling appropriately and meeting adolescents' needs.

🗋 **Overview:** In small groups, participants receive a set of cards with statements relating to the different stages and spheres of adolescent development. They have to categorize the statements according to the stages. In the large group answers are reviewed and the activity is processed.

✂ **Materials:**

- Newsprint
- Markers
- 6 Rolls of Masking Tape

- Laminated Adolescent Development Cards
- *Adolescent Development Cards Activity – Answer Key* (for trainers)

✍ **Preparation**

- *Optional (*trainers can opt to have participants create the chart on their own in small groups): On newsprint, create 3 columns with the following headers:
  - Early
  - Middle
  - Late
- Recreate the above chart 5 more times (so there is a total of 6 newsprints with the early, middle, late chart on it)

Instructions

Notes:

1. **Discussion to Introduce Adolescent Development**
   - Ask participants:
     - How many of you have a child under the age of 5?
     - How are an infant (under 1), a toddler (1 to 3 years old) and a pre-schooler (3 to 5 years old) different?
   - Highlight that we see infants, toddlers and pre-schoolers as very distinct age groups with different needs, however, we don't do the same with adolescents.

2. **Introduce and Describe the Activity**
   - Tell participants:
     - When we counsel adolescents, we need to consider which stage of adolescent development they are in (early, middle, late) so we can tailor our counseling approach appropriately.
     - Often when we try to determine which stage of adolescent development someone is in we only look at his or her physical attributes. For example, if a female client has large breasts or started her period at a young age, she may be considered to be more mature or in the late stage of development. However, this isn't always true.
     - It is important that we consider the 6 different spheres of development (physical, cognitive,

intimacy/sexual autonomy, integrity, identity, independence) to get an accurate sense of which stage each adolescent is in.
    - By gaining an understanding of why adolescents act and behave the way they do, we can take better care of them.

    - It is important that when working with adolescents, we don't take their behavior personally—it's just developmental.
- Describe the activity:
    - In small groups, they will be given a set of cards with information that relates to one of the stages and one of the spheres of development.
    - In their groups, they will have to determine whether each card they receive relates to:
        - Early adolescence
        - Middle adolescence
        - Late adolescence
    - They will tape these cards onto the prepared newsprint (or ask them to create an early/middle/late chart in their small group).

3. Conduct the Activity

- Divide participants into 6 groups.
- Give each group a set of laminated cards corresponding to one of the spheres of development: physical, cognitive, intimacy/sexual, autonomy, integrity and identity.
- Give each group a prepared newsprint (or ask them to create a chart with newsprint and a marker).
- Tell participants to begin.
- After 15 minutes, call time.

4. Review the Newsprints

- Trainer will go through each of the developmental areas with the participants giving examples of adolescent development and beginning to point out themes or developmental trends. These trends include:
    - Early adolescents are black-and-white or concrete thinkers. They generally have an inability to plan.

- Middle adolescents are much more rebellious and have a “I know everything, I can’t get hurt, it won’t happen to me” mentality.
- In Late adolescence the rebellion wares off and they are capable of setting more reasonable goals based on the future, it is less “all about me” (more mutuality) and they tend to have longer term relationships.

Highlight

- In late adolescence, providers think adolescents are less likely to get pregnant because they seem to be able to make better decisions, but it’s where we see the highest number of pregnancies.
- It is important to recognize that how one counsels an early adolescent is completely different from counseling a late adolescent.
- Partner influence tends to be more dominant during late adolescence.
- Adolescents may be developed in one area but not in another. Just because they have started their period or they are having sex may not mean they’ve developed anywhere else.
- Adolescents often don’t consider consequences. It’s not that they don’t care.
- People can get stuck in a developmental stage due to trauma or substance abuse.
- In our work with adolescents, most individuals focus on the physical development yet there are five other arenas linked to development. They are personality, independence, intimacy, inegrity and cognitive. We need to take all of these arenas into consideration when providing counseling for young people. The developmental stages have not changed, they are just "packaged" differently today

5. Process the Activity

- Ask the following questions to the large group:
  - What developmental issues impact our counseling strategies?

- What comes to the top of your mind about counseling Early? Middle? Late?
- Which developmental level might be the most challenging?
  - Highlight that health care providers often think that middle adolescents are the most difficult to counsel but the greatest number of unintended pregnancies occur among 18-19 year olds, and younger adolescents tend to need more direction.
  - All levels have their challenges.
- How do we still build success in utilization of contraceptives knowing what we know about adolescent development?
- How can this information be used more strategically in health center settings?
  - Give the example of an adolescent girl who runs into the clinic at the end of the day saying she's run out of her birth control pills. Instead of lecturing her, the provider could say, "Good for you for wanting to take care of your health."

11:00 am – 11:15 am

BREAK

11:15 am – 11:45 am

Activity #3: Adolescent Brain Development

🕑 **Time:** 30 minutes

★ **Purpose:** For participants to gain an understanding that adolescents make decisions from their guts (as opposed to weighing the consequences). From this it will be clear that to meet adolescents' needs, a guided and more directed approach to contraceptive counseling is required.

🗋 **Overview:** The trainer delivers PowerPoint slides and then reads out scenarios with a question at the end. Participants must quickly decide whether they answer yes or no to the question. The experience of making a decision from one's gut is explored and related to adolescent brain development.

✂ **Materials:**

- PowerPoint Slides

🗐 **Participant Handouts**

- *Decision-Making Booklet* – Cut each of the sheets of paper in half and staple together to create a booklet for each participant
    - Trainer's Note: The books provide the participants with a kinesthetic learning experiences and is the preferred method of delivering this activity. If the time and resources to create the booklet are not available, this activity can be done with the trainer simply reading the scenarios from the PowerPoint and asking the participants to record on scrap paper "yes" or "no" for each scenario.

Instructions

Notes:

1. **Lecturette on Adolescent Brain Development**
    - Trainer will review the PowerPoint section on Adolescent Brain Development.

2. **Decision-Making Booklet**
    - Distribute the booklet "Decision Making" to each participant.
    - Instruct participants not to open the booklet initially.
    - Tell them that you will be reading scenarios and that you will instruct them to open the booklet as you read each scenario. You will quickly ask participants to mark their booklet "yes or no" and then move on.

3. **Conduct the Activity**
    - Read scenarios from the booklet (also on PowerPoint).
    - This should be done rapidly and with some urgency.

4. **Process the Activity**
    - Ask the following questions to the large group:
        - What was this experience like for you?
        - Were some issues easier or harder?

- What did you notice?
- What does this tell us about ourselves?

- State the following:
  - Based on what we just learned about adolescent brain development, this is how adolescents make decisions most of the time—from their gut and not using prior experiences or a consideration of the consequences to inform current or future experiences.
- Based on what you just said, ask the large group:
  - How might this experience influence our counseling techniques?
    - Possible responses include:
      - Honor where the adolescent is at.
      - Providing more information won't necessarily help adolescents make better decisions.
      - If the adolescent is ready for contraceptive counseling, move them towards effective forms quickly.
  - What challenge does it pose for us during contraceptive counseling sessions?

11:45 am – 12:15 pm

Activity #4: Making Our Approach Appropriate for Adolescent Developmental Stage

🕑 **Time:** 30 minutes

★ **Purpose:** To introduce a counseling strategy that better addresses adolescent development.

🗋 **Overview:** Trainers conduct a lecturette on a counseling strategy that better addresses adolescent development. Participants practice identifying statements that illustrate either the permissive, guided or dictatorial counseling strategy.

✂ **Materials:**

- PowerPoint Slides
- Laminated Counseling Cards
- *Counseling Cards – Answer Key* (for trainers)
- Masking tape

✍ **Preparation**

- On newsprint, create 3 columns with the following headers:
  - Permissive
  - Guided
  - Dictatorial

Instructions

Notes:

1. **Lecturette on Pregnancy and Contraceptive Use**
   - Discuss the importance of initially exploring pregnancy intention with clients as opposed to asking about birth control method choice. By asking about their pregnancy intentions, you are strategically setting up the conversation by collecting valuable information you need and helping the client identify something they want (i.e., to avoid pregnancy). By simply asking if they want to be on birth control or what method, they can decline and the conversation has ended.
   - Discuss Jiccard's work around the 4 concepts of contraceptive behavior. The 4 concepts are as follows:
     - First someone must choose to use contraceptives
     - Then there are issues around using it accurately, consistently and switching to a more effective method.
   - Highlight the PRAMS Data
     - Explain that when adolescents choose not to use contraception there are reasons why.
     - Review the data that describes why adolescents do not use contraception.
   - Summarize by telling participants:
     - This information tells us about behaviors and why people don't use contraception. We reviewed this information because we know we have work to do in order to be more effective at contraceptive counseling.
     - If a young woman enters a health center looking

for contraception, we can work with her to review the most to least effective methods and know she is likely to leave with one of them.
    - This situation is easier than someone who comes in resistant or ambivalent – that is what this training is about.

2. **Lecturette on Contraceptive Counseling Strategies for Adolescents**
    - Explain that we will now look at a best practice counseling method that we can use with adolescents. First we will look at what has happened in the past regarding counseling adolescents around contraceptives and what is happening now.
    - Review the PowerPoint section on Contraceptive Counseling for Adolescents.
    - This section describes:
        - Past Counseling Strategy: <u>Dictatorial</u> – Traditionally used by doctors. Providers ask clients to tell them their problems and they try to help fix the problems for the clients
        - Past Counseling Strategy: <u>Passive/Permissive</u> – Traditionally used by health educators. Providers give clients all of the options regarding contraceptive methods and believe they will make the best choice This also includes when information is provided in such a way as to give the clients an "out" or make a decision that does not address their current needs.
        - Present Counseling Strategy: <u>Guided</u> – Providers offer more guidance to clients to help them explore their pregnancy intentions and what contraceptive methods are the most effective – research shows that adolescent clients want this type of guidance, and that this counseling strategy is most effective with adolescents.

3. **Describe the Card Activity**
    - Tell participants that in small groups, they will be receiving a few cards with statements that a counselor could say to a client during a counseling session. In

their small group, they have to decide whether each statement is permissive, guided or dictatorial. They will place each card in the corresponding column on the prepared sheet of newsprint (columns with guided, permissive and dictatorial) at the front of the room.

4. **Conduct the Activity**
   - Divide participants into 6 small groups.
   - Give each group a stack of the laminated cards.
   - Tell participants to begin.
   - Have participants tape the cards under the appropriate column on the newsprint at the front of the room.
   - After 15 minutes, call time.

5. **Process the Activity**
   - Ask the following questions to the large group:
     - What strikes you as similar or different from what we have been doing?
     - What might be some of the strengths of this model?
     - What could be some of the challenges?
     - Do we think that a short effective counseling strategy could shift the number of adolescents using contraceptive in our health centers?
     - Who might be the best staff/personnel to do this? Why?

12:15 pm – 1:15 pm

LUNCH

1:15 pm – 1:45 pm

Activity #5: Behavior Change

🕑 **Time:** 30 minutes

★ **Purpose:** To review the Transtheoretical Model of Behavior Change and have participants practice staging so they are able to use a contraceptive counseling approach that meets adolescents where they are at.

🗋 **Overview:** Participants are provided with an overview of the Transtheoretical Model of Behavior Change and relate it to a personal example. Participants work in pairs to practice staging as it relates to adolescent contraceptive counseling.

✂ **Materials:**

- PowerPoint Slides
- *Practice: Behavior Change Staging Answer Key*

🗐 **Participant Handouts**

- *Practice: Behavior Change Staging*

Instructions

Notes:

Part A: Overview of the Transtheoretical Model of Behavior Change

1. **Introduce the Topic**
   - Tell participants that they will now be learning about the Transtheoretical Model (TTM) of Behavior Change, a model to understand the process of behavior change that was developed by Prochaska, DiClemente and Norcross.
   - Show the first PowerPoint slide from the Counseling for Behavior Change section (TTM pyramid).

2. **Individual Identification of a Behavior Change Goal**
   - Ask participants to think of a time that they had a behavior change goal with respect to their diet (e.g., drinking more water, eating less sugar, eating more vegetables, eating breakfast every day, etc.).
   - Ask participants to write out what this goal is and keep this example in mind as you review the different stages of the TTM.

3. **Conduct the Review of the TTM in the Following Way:**
    - Stage 1: Pre-Contemplation (show the corresponding PowerPoint slide)
        - Describe the stage:
            - Precontemplation is the first stage. It is when you are comfortable with what you are doing. You do not view your behavior as a problem. Others may see it as a problem, but you do not and you have no intention of changing in the near future.
        - Ask:
            - How many of you remember being at that stage? *(Show of hands)*
            - What happens if you are in this stage and someone says to you that you should not be doing what you are doing? (e.g. don't eat that because it is bad for you)
        - Cover the following talking points during the discussion:
            - Trying to force someone to change does not work.
            - There are many reasons why someone may not be ready for change (i.e., they may need information, they may have a low perception of risks).
            - A person may be in "denial" or they may be able to acknowledge behavior and still not see it as an issue/problem for themselves.
    - Stage 2: Contemplation (show the corresponding PowerPoint slide)
        - Describe the stage:
            - Contemplation is the next stage, it is when you start to think, "hmmm maybe I should change, but…." This is when you become aware of problem with your behavior and at the same time you are not ready to make that change just yet.
        - Ask:
            - How many of you remember being at this stage? *(Show of hands)*

        - What moved you from stage 1 to 2?
    - Cover the following talking points during the discussion:
        - During this stage, you are aware of what is bad about your behavior or reasons to make change, but also aware of what you like or barriers to change.
        - At this stage, you have not made a decision to change yet and have no intention to change within.
        - What moves a person from stage 1 to 2 is different for everyone for each person.
        - It is important to allow someone to explore ambivalence in this stage. If you try to move someone from contemplation to the next stage (preparation) too quickly, it might "push" them back to pre-contemplation.
- Stage 3: Preparation (show the corresponding PowerPoint slide)
    - Describe the stage:
        - Preparation is the next stage, where you seriously want to change the behavior and take concrete steps to prepare to do it. There are really two parts to this: The first part is planning how you are going to do it, which may include taking some steps. The second part is gearing yourself up to make these changes. This may or may not include picking a date to start. It does however mean you have made the decision to change and intend to start within the next 30 days and you are now preparing yourself for that change.
    - Ask:
        - How many of you remember being at that stage? (*Show of hands*)
        - What kind of plans did you make?
        - What were the first steps you took?
        - How did you prepare?
    - Cover the following talking points during the discussion:

        - Plans are individualized. What may be useful or should be part of a plan for one individual may not be useful to another individual.
        - Making plans may include taking "action" steps.
        - If you can identify and consider barriers when planning (and identify strategies for the barriers), you are more likely to be successful in behavior change.
- Stage 4: Action (show the corresponding PowerPoint slide)
    - Describe the stage:
        - Action is the next stage. This is when you are implementing the new behavior – one step at a time. The stage begins when the action is taken, and lasts until the behavior has been in place for 6 months.
    - Ask:
        - How many of you remember being at that stage? (*Show of hands*)
        - What was it like being at this stage?
        - What was helpful to you?
    - Cover the following talking points during the discussion:
        - This stage can be challenging. People may not feel very confident about their ability to stay "on course."
        - Having social support and using rewards help.
        - There will be barriers that arise during the action stage that were unidentified during the planning stage and/or are unexpected.
- Stage 5: Maintenance (show the corresponding PowerPoint slide)
    - Describe the stage:
        - Maintenance is the next stage. This is when you have been doing that new behavior for 6 months or more and you have integrated it into your way of being.
    - Ask:

        - How many of you remember being at that stage? (Show of hands.)
        - What was it like being at this stage?
        - Is there temptation?
        - What else makes it challenging?
        - What is difference between stage 4 and stage 5?
    - Cover the following talking points during the discussion:
        - There is still temptation, triggers and possibility of relapse at this stage. The difference is often the level of self-efficacy.
        - Often, people may lose social support at this stage.

4. Process the TTM

- Ask the following questions to the large group:
    - How was this discussion for you?
    - What did you notice?
    - How can you apply this discussion to working with a client?
    - How does this apply to contraceptive counseling with an adolescent?

- Include the following talking points in the discussion:
    - When attempting to stage an individual's behavior, it is important to be clear on the target behavior.
    - Sometimes as service providers, we may experience frustration with an individual, particularly when they are in precontemplation or contemplation in relation to a particular behavior. Remembering this model and the fact that change is a process may help counselors in maintaining a perspective of empathy and understanding with the client's process of behavior change.
    - When you are staging an adolescent in a contraceptive counseling session, it is recommended that you stage the adolescent's readiness to avoid having a baby as opposed to using a birth control method. In other words,

ask:
    - "Are you interested in having a baby in the next year?"
    - "Are you interested in getting pregnant in the next 3 months?"
- As opposed to
    - "Are you interested in birth control?"
    - "What birth control method are you interested in?"
- By asking about their pregnancy intentions, you are strategically setting up the conversation by helping the client identify something they want (i.e., to avoid pregnancy) and it facilitates further exploration on the subject. If you ask an adolescent if they want to be on birth control and they say no, it will be more challenging to continue or lead into a conversation in which they will have the opportunity to explore birth control methods.
- Preventing pregnancy is a change in behavior. Therefore, when a youth expresses unwillingness or ambivalence related to pregnancy prevention and/or use of a contraceptive method, we should view that as a "normal" part of the process towards behavioral change. Knowing that it is normal and being able to identify the stage the adolescent may be in will help us be strategic and more effective in our contraceptive counseling sessions.
- This is not a linear process; it is cyclical. Relapse is a normal process of changing or implementing a new behavior. Relapse can occur at any time during the behavior change process.
- As the youth goes through the stages of change in relation to preventing pregnancy, they may have a "relapse". For example, a youth may come in to have a pregnancy test several times. Often, counselors or health center staff will see this as a negative, sometimes even showing the youth their disapproval. In reality, if we place that situation in the context of the stages of change, lack of actively preventing a pregnancy

is a moment of relapse. We should commend youth for her effort to get back on track in relation to preventing pregnancy by coming in to the clinic.
    - While in action (when they are becoming accustomed to using the birth control method), youth may experience doubt about whether what they are experiencing is normal and/or a reason to stop using the birth control method. This is to be expected in the action stage. Often, some reassurance from their social support systems (in this case, the providers or staff at the clinic) can help a great deal to reassure the client they are on the right track.

Part B: Practicing Staging

5. **Describe the Activity**
    - Participants will be divided into pairs and given a worksheet.
    - To complete the worksheet with different scenarios, they will have to work with their partner to determine which of the 5 stages each person is in.

6. **Conduct the Activity**
    - Divide participants in pairs.
    - Distribute the handout *Practice: Behavior Change Staging* worksheet.
    - Tell them to begin.
    - After 5 minutes, call time.

7. **Review the Worksheet**
    - As a large group, review the worksheet providing the correct answers and clarifying questions.
    - Notes:
        - How you define the goal will impact how you stage someone. Is the goal to use any form of contraception or to use a highly effective method?
        - In some cases, you may use motivational interviewing to stage and focus on supporting the client to maintain use of their current form of contraception, and also move them towards contemplating/acting on using a highly effective

form of contraception. Motivational interviewing will be discussed beginning in the next section of the training.

8. **Process the Activity**
   - Ask the following questions to the large group:
     - How did it feel to do this activity?
     - How easy or difficult was it to identify the correct stage?
     - How might applying behavior change to assist us while providing contraceptive counseling to adolescents?
     - What is the behavior change we are looking for?
     - Why do we think this particular behavior change is so difficult for adolescents? Is it difficult for older women too?
     - What can we use from this activity in our day to day work staging adolescents?

Pearls of Wisdom:

- Staging helps guide subsequent conversation
- Staging gives the counselor a goal to take the youth to the next stage
- Staging helps the counselor be more strategic and effective in their intervention with the client.

1:45 pm – 2:00 pm

Activity #6: Introduction to Motivational Interviewing

🕑 **Time:** 15 minutes

★ **Purpose:** To provide a brief overview of Motivational Interviewing for participants and introduce the idea of resistance as a way of receiving feedback.

🗋 **Overview:** Trainer shows the video, processes it, reviews PowerPoint slides about Motivational Interviewing and resistance, providing additional discussion points and then processes the information with the group.

✂ **Materials:**
- PowerPoint Slides

Instructions

Notes:

1. **Introduce the Video**
   - Tell participants that the video you are about to show is an example of how Motivational Interviewing skills are used to help a patient/adolescent to clarify their pregnancy intentions and to move towards an effective contraception.
   - Ask participants to watch the video and to focus on the skills the counselor used in this interaction.

2. **Show the Video**

3. **Process the Video**
   - Ask the following questions to the large group:
     - What did you think about the video (i.e. was it realistic)?
     - What was your sense of the adolescent? How did she feel about getting pregnant?
     - What did you observe the counselor do that you thought was effective?
     - What skills did you observe being used?
       - Created rapport with the adolescent
       - Used affirmations or praise to build trust
       - Help the adolescent clarify her pregnancy intentions
       - Used a voice tone and body language that was supportive, neutral, calming and client centered
       - Used eye contact when patient wanted to look - spent time talking directly to the patient and was not distracted by a computer screen or paper
       - There was no desk in between
       - Counselor very attentive. She was not charting during conversation
       - Allowed space/time for patient to think
       - Summarized effectively
       - Recognized places in the clients own musings that indicated a readiness for change and used those to move the conversation forward and to build self efficacy

- Normalized her fears about side effects
- Normalized her lack of knowledge about all the birth control choices
- Asked open-ended questions, questions that prompted the client to talk openly about her experiences and feelings
- Reflected her thoughts and feelings back to her. Reinforced reasons to contracept based on patient's own stated goals.
- Created a collaborative relationship

  - What might the counselor have done differently?
  - How easy or hard would it be for a staff member in your clinic to incorporate these skills?
  - What are you taking away from watching this video?

- Highlights to frame the next section:
  - This approach requires a shift from seeing oneself as an expert to having a collaborative mindset, which may be very new for some providers
  - This approach focuses on building trust with a patient and is the most effective method of getting sexually active adolescents on contraception
  - Emphasize how quickly this type of counseling can be done and how possible it is to fit into a clinic structure
  - Emphasize that anyone who has contact with patients can benefit from these Motivational Interviewing skills, including clinicians, front desk clerks, med techs, social workers, and counselors, Providing positive reinforcement throughout one's visit is an effective strategy: "We're happy to see you and will take care of you."

4. Lecturette on Motivational Interviewing

- Trainer will review the following PowerPoint slides on Motivational Interviewing:
  - Motivational Interviewing
  - The Spirit of Motivational Interviewing

- Increase the Probability of Change

5. **Review Resistance**
   - Present the PowerPoint slide "Resistance", including the following points in the discussion:
     - Often, counselors perceive resistance as a negative attribute of a client.
     - The Motivational Interviewing model encourages counselors to view resistance as feedback for the counselor.
     - Resistance can be used as a sign that counselors need to change direction, focus or pace.
     - Research shows the correlation between a counselor's approach and resistance.

6. **Explain the Following**
   - We will review how to use common Motivational Interviewing communication skills strategically to:
     - Decrease the probability of resistance
     - Increase the client's self-efficacy
     - Maintain the client's sense of autonomy
     - Build a collaborative relationship

7. **Process the Activity**
   - Ask the following questions to the large group:
     - How can Motivational Interviewing assist us during our contraceptive counseling sessions with adolescents?
     - What can we use from this activity in our day to day work when working with adolescents?

2:00 pm – 3:00 pm

Activity #7: Strategic Use of Motivational Interviewing Skills

🕑 **Time:** 1 hour

★ **Purpose:** To review and provide skills practice for the different components of Motivational Interviewing (evoking/listening for change talk, open-ended

questions, affirmations, reflective listening and summarizing) as a way to counsel and increase contraceptive utilization amongst adolescents.

🗋 **Overview:** Trainers review each component of Motivational Interviewing and use handouts to reinforce each component and conduct skills practice.

✂ **Materials:**

- Newsprint
- Markers
- *Recognizing Change Talk Statements* (for trainers)
- *Practice: Evoking Change Talk Answer Key* (for trainers)
- *Practice: Affirmations* (for trainers)
- *Practice: Reflective Listening Answer Key* (for trainers)
- *Practice: Double-Sided Reflection Answer Key* (for trainers)

🗐 **Participant Handouts**

- *Change Talk*
- *Evoking Change Talk*
- *Practice: Evoking Change Talk*
- *Questions Questions Questions*
- *Closed-Ended Questions for Counselors*
- *Open-Ended Questions for Counselors*
- *Practice: Reflective Listening*
- *Practice: Double-Sided Reflection*

Instructions

Notes:

Part A. Change Talk

1. **Introduce the Topic**
   - Explain that participants will now look at the concept of evoking statements from the client related to changing their behavior and how this can increase intrinsic motivation to use contraception.

2. **Explain Change Talk Versus Sustain Talk**
   - Write the following example of an ambivalent sentence with change talk on newsprint: “I know I should use the pill or something, but I hear it makes you fat.”
   - Ask participants:
     - What stage is this person in?
       - Answer: Contemplation
     - What might be some typical responses to that

client's statement?
    - Answers may include: providing information that many pills will not make one fat; providing information about other birth control methods, etc.
- Using the example statement, explain the concept of sustain talk and change talk by stating:
    - The sentence actually has two parts: The first part, "I know I should use the pill or something" and the second part, "but I hear it makes you fat."
    - Working in the health care field where we help people on a daily basis, we typically want to help clients by addressing problems and barriers. Most often we respond to the second part of the example statement, which is where the client talks about the problem.
    - When we respond to the problem or barrier, it is what we call sustain talk because it is most likely going to support that the individual sustain the same behavior. By responding to the sustain talk, a counselor is actually strengthening a client's focus on the barriers to behavior change.
    - In the first part of the sentence, the adolescent is acknowledging that they believe they *should* use "a pill or something". This part of what the client shared is what is called change talk.

- Trainer's Note: Ensure that participants do not feel like they have been counseling clients incorrectly by focusing on problems/barriers that clients present. Instead affirm them for wanting to help clients and explain why focusing on change talk is an effective strategy for them to use moving forward.

3. Define Change Talk

- Distribute the handout "Change Talk" and using PowerPoint, define change talk:
    - The client makes statements which presents the argument for change. They can express a desire to change, an ability to change, a reason for change or need to change.

- By focusing on the change talk, counselors build the clients' motivation to change and build the "fire in their bellies" to make that change.
- Remind them that when a statement of change comes from the individual, as opposed the provider, it increases the probability of change.

4. **Conduct Recognizing Change Talk Activity**
   - Tell participants that you will read out a list of statements. If they hear a change talk statement, they should tap their desk or knees.
   - Begin by reading the first statement from the "Recognizing Change Talk Statements" worksheet. Wait a moment to hear if any participants tap on the desk or their knees. Clarify whether it was a change talk statement or not and why.
   - Continue in this manner for the rest of the statements.

5. **Review Recognizing Change Talk**
   - Review the PowerPoint section Evoking Change Talk, including:
     - A counselor can recognize a client's change talk statement and then ask a follow-up question to evoke more change talk.
     - From the previous example, a response to the client's statement can be, "you say that you know that you should use the pill or something, tell me more about that?"

6. **Conduct Evoking Change Talk Activity**
   - Tell participants in small groups they will complete the "Practice: Evoking Change Talk" worksheet. They will work with their groups to create a statement or question that will evoke even more change talk.
   - Break participants into small groups.
   - Distribute the "Practice: Evoking Change Talk" worksheet.
   - Tell them to begin.
   - After 5 minutes, call time.

7. **Process the Activity**
   - Ask the following questions to the large group:
     - How did it feel to do this activity?

- What did you notice?
- How might you use this skill strategically to:
  - Build a collaborative relationship between you and the client?
  - Maintain sense of autonomy?
  - Increase self-efficacy to avoid pregnancy and with regards to contraception choice, accuracy, consistency, and switching?
  - Increase intrinsic motivation to avoid pregnancy and use contraception?

- Highlights:
  - In order to implement change, an individual needs to have intrinsic motivation. Evoking change talk is the concept of "noticing the possible nuggets of motivation" within the client and interacting with the client in such a manner that you elicit change talk which will result in turning that "nugget into a fire of motivation".
  - This type of approach may be challenging because many helping professionals are trained to solve problems. With the use of MI, rather than focusing on solving the problem or "making the client change", the service provider will focus on creating an environment that heightens the probability that the client will increase their intrinsic motivation, explore the situation and resolve their own problems.
  - For Motivational Interviewing to work, the provider's attitude must be that youth have a right to make decisions about their own body.
  - Resistance should not be viewed as personal, but rather feedback to the provider. Strategic use of Motivational Interviewing skills can help providers respond in ways that can diminish resistance.

8. Review Evoking Change Talk Handout

- Highlight that a counselor does not have to wait for the client to make a change talk statement to evoke change talk. A counselor can also ask questions to evoke change talk.
- Distribute the handout "Evoking Change Talk."

- Review the handout.

9. Introduce the Next Activities

- Show the PowerPoint slide, *Basic Skills*, and tell participants now we're going to explore how we can use basic communication skills in Motivational Interviewing. These include:
  - Open-ended questions
  - Affirmations
  - Reflective Listening
  - Summarizing

    This section of the training will provide a framework, some of which you may already know and use. These skills are intended to help improve the quality of your interactions with youth.

Part B. Open-Ended Questions

10. Define Open-Ended Questions

- Use the PowerPoint to define and explain open-ended questions.
  - Open-ended questions cannot be answered with a "yes" or "no" or a specific answer.
  - They encourage the speaker to take lead in the conversation.
  - They promote and build trust and dialogue.
  - Sample starters:
    - What…
    - When…
    - How…
    - Tell me about…
    - Can you explain that?
    - Help me understand…
    - Note: "Why?" can focus on the negative, so you may want to avoid using.
- Distribute the "Questions Questions Questions" handout and briefly review.

11. Conduct Open-Ended Questions Activity: Part 1

- Tell participants they will be conducting an experiment to explore the different impact of using close-ended versus open-ended questions. Explain they will be working in trios. One person will play the role of

"counselor", one person will play the role of the "client", and one person will play the role of the observer. The "counselor" will receive a handout and can only ask questions to the client using questions from that worksheet.

- Divide participants into trios.
- Tell them to choose a counselor, client and observer.
- Distribute the handout "Closed-Ended Questions for Counselors" to the "counselor".
- Tell the "counselor" to conduct a counseling session with the "client" by asking all of the questions listed on the handout. The client should try to respond to each question. the observer should observe the interaction.
- After 2-3 minutes, call time.

12. Conduct Open-Ended Questions Activity: Part 2

- Tell the participants that now the "counselor" will receive a new handout with open-ended questions. Tell the "counselor" to conduct a counseling session with the "client" by asking all of the questions listed on the handout. The client should try to respond to each question. The observer should observe the interaction.
- Distribute the handout "Open-Ended Questions for Counselors" to the same "counselor".
- Tell the "counselor" to begin the counseling session with the "client" using only the open-ended questions listed on the handout.
- After 2-3 minutes, call time.

13. Process the Activity

- Ask the following questions to the large group:
    - How did the interactions feel?
    - What was it like doing this?
    - What happened in the different counseling sessions?
    - What did you notice?
    - How effective was the first counseling session, compared to the second?
    - What was the difference between the two counseling sessions?
    - How can you apply this to your work?
    - How might you use this skill strategically to:
        - Build a collaborative relationship

between you and the client?
        - Maintain sense of autonomy?
        - Increase self-efficacy to avoid pregnancy and with regards to contraception choice, accuracy, consistency, and switching?
        - Increase intrinsic motivation to avoid pregnancy and use contraception?

- Highlights
    - While closed-ended questions are necessary (particularly in guided counseling whereby the end of session you want to offer one or two contraceptive methods), too many closed-ended questions tend to increase resistance (makes people feel like they are being interrogated). Therefore, if you are asking questions, you want the majority of your questions to be open-ended questions, and only use closed-ended questions when it is absolutely necessary.
    - Often times, we tend to use questions to find out information. However, if an individual is resistant in any way, questions (closed and open) may increase resistance. Counselors can learn to use other skills (affirmations, reflections and summarizing) to create an atmosphere that will encourage a client to open up and share.

Part C. Affirmations

14. Define Affirmations

- Use the PowerPoint to define and explain affirmations.
    - Affirmations are statements of appreciation and understanding.
    - They are used to acknowledge and validate client's strengths, efforts and experiences
    - Examples:
        - "Thank you for sharing that"
        - "It's great that you…"
        - "That sounds like a huge challenge to overcome"
        - "Sounds like you really took the time to think about this"

- Provide the following tips related to affirmations:
    - Affirmations must be genuine
    - You cannot overdo affirmations as long as they are genuine. When you provide an affirmation, you should not mix it with a statement to correct. You should state the affirmation and then allow a pause before making another statement to correct or address a problem.

15. Conduct the Affirmations Activity

- Explain that often, when someone is doing something of which we approve, it is easy to provide an affirmation. The challenge is using this skill when the client says a statement of which we disapprove or do not fully agree.
- Explain that participants will play the role of the "counselor" and the trainer will play the role of the client. The trainer will stand in front of one of the participants and make a client statement. That participant will say an affirmation in response to the client statement.
- Using the PowerPoint slides and the trainer handout, the trainer will stand in front of a participant, show (on PowerPoint) and make a statement, and allow the participant to respond.
    - Tip: Allow the participant to sit with the statement for a few seconds before she or he responds.
- After the participant responds, the trainer will move on to another participant and make another client statement (showing it on PowerPoint), allowing that participant to respond. The trainer will repeat these actions until all of the statements are read.
- Trainer will assist participants with any difficulty in forming affirmation statements.

16. Process the Activity

- Ask the following questions to the large group:
    - What was it like doing this?
    - What happened?
    - What did you notice?
    - How can you apply this to your work?
    - How might you use this skill strategically to:

        - Build a collaborative relationship between you and the client?
        - Maintain sense of autonomy?
        - Increase self-efficacy to avoid pregnancy and with regards to contraception choice, accuracy, consistency, and switching?
        - Increase intrinsic motivation to avoid pregnancy and use contraception?
- Tip: If you get stuck by a statement from client (and are having problem finding an affirmation), one option is to say "Thank you for sharing that information. I feel humbled by that."

Part D. Reflective Listening

17. Define Reflective Listening

- Use the PowerPoint to define and explain reflective listening.
    - Reflective listening is when you repeat back to the speaker the key message you received. You either:
        - Repeat the speaker's exact words, or
        - State the message in your own words.

18. Conduct the Reflective Listening Activity

- Explain that you will distribute a handout and participants need to come up with a response for each statement.
- Distribute the "Practice: Reflective Listening" handout.
- After 5 minutes, call time.
- Review responses with the group, highlighting good examples of reflective listening for each statement.

19. Process the Activity

- Ask the following questions to the large group:
    - What was it like doing this?
    - What happened?
    - What did you notice?
    - How can you apply this to your work?
    - How might you use this skill strategically to:
        - Build a collaborative relationship between you and the client?
        - Maintain sense of autonomy?
        - Increase self-efficacy to avoid pregnancy

and with regards to contraception choice, accuracy, consistency, and switching?
        - Increase intrinsic motivation to avoid pregnancy and use contraception?

- Highlights:
    - Reflective statements often lead to getting more information. Therefore, it is often used in place of a question.
    - Reflective statements help build rapport and your empathy.
    - They provide the counselor time to process information.
    - They allow the client the opportunity to really hear herself and possibly learn from that.
    - Reflective listening can help guide the conversation.
    - You can be strategic with your reflection, for example, you can reflect back only the change talk or only the part you wish to emphasize. In this way, it can help guide the conversation.
    - Be patient with yourself. Reflective listening is a skill that takes time to develop.
    - Avoid going into problem solving.
    - "Reflective listening is like holding up a mirror to the client and asking her what she sees"

Part E. Double-Sided Reflections (IF TIME ALLOWS)

20. Define Double Sided Reflections

- Use the PowerPoint to define and explain double-sided reflections.
    - A double sided reflection is when a client makes a statement expressing ambivalence (which often happens during the contemplation stage) and you repeat back to the client the message you received, capturing both sides of ambivalence.
    - The two sides should be connected using "and" rather than "but." (e.g., "you think taking the pill would be a good idea, and you are worried about gaining weight")

21. Conduct the Double-Sided Reflections Activity

- Explain that you will distribute a handout and participants need to come up with a response for each statement.
- Distribute the "Practice: Double-Sided Reflection" handout.
- After 5 minutes, call time.
- Review responses with the group, highlighting good examples of double-sided reflections for each statement.

22. Process the Activity

- Ask the following questions to the large group:
    - What was it like doing this?
    - What happened?
    - What did you notice?
    - How can you apply this to your work?
    - How might you use this skill strategically to:
        - Build a collaborative relationship between you and the client?
        - Maintain sense of autonomy?
        - Increase self-efficacy to avoid pregnancy and with regards to contraception choice, accuracy, consistency, and switching?
        - Increase intrinsic motivation to avoid pregnancy and use contraception?

- Highlights:
    - You may want to use the formula, "On the one hand….. AND, on the other hand…"
    - This technique confirms to the client that ambivalence is okay.

Part F. Summarizing

23. Define Summarizing

- Use the PowerPoint to define and explain summarizing.
    - Summarizing is when you repeat back to a client the key pieces of a conversation or discussion.
    - Summarizing can be used to link together material that has been discussed.
    - It should be done periodically.

- It reinforces what has been said.
- Be strategic, for example, a provider may want to put more emphasis on summarizing a lot of the change talk, but not so much of the barriers or sustain talk. The idea is to think of the summary as a flashlight you shine on to the conversation, you want "to shine the light on" what you want the client to focus on and remember from the conversation

24. Ask

- How might you use this skill strategically to:
  - Build a collaborative relationship between you and the client?
  - Maintain sense of autonomy?
  - Increase self-efficacy to avoid pregnancy and with regards to contraception choice, accuracy, consistency, and switching?
  - Increase intrinsic motivation to avoid pregnancy and use contraception?
- Pearls of Wisdom:
  - MI is a counseling technique that will help you obtain better health outcomes.
  - "90% of the work is the relationship and 10% is knowledge"
  - Use OARS strategy: Open-ended questions, Affirmations, Reflective Listening, Summarizing.

3:00 pm – 3:15 pm

BREAK

3:15 pm – 4:15 pm

Activity #8: Trio Skill Practice

🕑 **Time:** 1 hour

★ **Purpose:** To allow participants to practice putting all their skills together towards counseling adolescents towards contraceptives.

🗋 **Overview:** In trios, participants practice using skills in interactions between a counselor and adolescent. Each participant gets the chance to play the counselor, adolescent and be an observer.

✂ **Materials:**

- Newsprint
- Markers

🗐 **Participant Handouts**

- Skill Practice Scenarios (trainers should choose 3 of the 6 skills practice scenarios that best address the situations that their group of participants is most likely to encounter)
- *Observer Feedback Form*
- Additional Resources
  - *Menu of Contraceptive Options*
  - *Easy Birth Control Method Effectiveness Chart*
  - *Comparing Effectiveness of Family Planning Methods*
- Trainer's Note: In the "Additional Resources" section there is a Common Myths & Facts About Birth Control handout. It is important that participants understand common myths about contraception and how to address those myths. If time permits, an additional Myth Busters activity has been included. If there is not enough time to do this activity, think about how you can incorporate the *Common Myths and Facts About Birth Control* handout into the training.

Instructions

Notes:

1. **Review of Knowledge and Skills**
   - Ask participants to brainstorm all the knowledge and skills gained during this training.
     - Record the responses on newsprint.
     - Ensure the following are covered and review why they were covered:
       - Adolescent stages of development
       - Adolescent brain development
       - The Guided approach to contraceptive counseling
       - TTM and Staging
       - Resistance
       - Change Talk
       - Motivational Interviewing (MI) and MI Skills (open-ended questions, affirmations, reflective-listening, double-

sided reflections, summarizing)
    - Initially asking about pregnancy intent rather than birth control methods and using MI to get more information to help them with contraceptive choice, accuracy, consistency and/or switching.

2. **Introduce the Activity**
    - Now that participants have reviewed the knowledge and skills that they can use to counsel adolescents towards contraceptives, they will be putting everything together in a skills practice activity.
    - Tell them that in trios they will have the opportunity to practice being the counselor, the adolescent and an observer with scenarios that will be handed out to them.
    - The observer will complete the "Observer Feedback Form" for the skills practice they watch. They can use the feedback form to give feedback to the person playing the counselor.
    - Review the "Observer Feedback Form".

3. **Highlight Additional Resources**
    Distribute the additional resources. Tell participants that they can use these to support the portion of the counseling session that addresses birth control methods specifically.

4. **Conduct the Activity**
    - Divide participants into trios.
    - Tell them to determine who will play the counselor, the adolescent, and the observer for the first scenario.
    - Distribute the scenarios and "Observer Feedback Forms", and ask the participants to conduct the skills practice
    - After 5 minutes, ask the participants to change roles and use the second scenario.
    - Reapeat after 5 minutes with the third scenario so that all participants have played all three roles.

5. **Process the Activity**
    - Ask the following questions to the large group:

- What was it like doing this?
- What happened?
- What did you notice?
- How can you apply this to your work?

4:15 pm – 4:30 pm

Activity #9: Closing

🕑 **Time:** 1 hour 15 minutes

★ **Purpose:** To collect feedback about the training day, review the content covered, and thank the participants for their participation.

🗋 **Overview:** Trainer summarizes the day, asks for feedback orally and via an evaluation and pro/con form.

✂ **Materials:**
- Expectations newsprint from the AM

🗐 **Participant Handouts**
- *Evaluation*

Instructions

Notes:

1. **Summarize the Day**
   - Highlight the information from the morning on adolescent development and from the afternoon on counseling skills.
   - Review the expectations to see what was covered and met.
   - Remind participants of the importance of this work and of the resources that have been provided.

2. **Share Highlights**
   - Ask if anyone wants to share one highlight they are taking away from today's training (time permitting).

Evaluations

- Distribute the “Evaluation” form to each participant.
- Ask participants to take a few minutes to fill it out.
- Collect the forms.

3. **Thank Everyone for Participating**
   - Thank the participants for participating in the training.

Training Handouts

The following handouts are provided in this section for each of these activities:

Activity #1 – Opening and Warm-Up

- *Training Agenda* (Trainers Only)
- *Participant Training Agenda*
- *Find Someone Who…* – Copy this handout double-sided so the activity is one side and questions are on the back. Trainers should put the letter A on two sheets, the letter B on two sheets, and so on through the alphabet so the participants can be divided into pairs

Activity #2 – Adolescent Development Card Activity

- *Adolescent Development Card Answer Key* (Trainers Only)

Activity #3 – Adolescent Brain Development

- *Decision-Making Booklet* – Cut each of the sheets of paper in half and staple together to create a booklet for each participant

Activity #4 – Making Our Approach Appropriate for Adolescent Development Stage

- Counseling Cards Answer Key

Activity #5 – Behavior Change

- *Practice: Behavior Change Staging*
- *Practice: Behavior Change Staging Answer Key* (Trainer's Only)

Activity #7 – Strategic Use of Motivational Interviewing Skills

- *Change Talk*
- *Recognizing Change Talk Statements* (Trainers Only)
- *Evoking Change Talk*
- *Practice: Evoking Change Talk*
- *Practice: Evoking Change Talk Answer Key* (Trainers Only)
- *Questions Questions Questions*

- *Closed-Ended Questions for Counselors*
- *Open-Ended Questions for Counselors*
- *Practice: Affirmations* (Trainers Only)
- *Practice: Reflective Listening*
- *Practice: Reflective Listening Answer Key* (Trainers Only)
- *Practice: Double-Sided Reflection*
- *Practice: Double-Sided Reflection Answer Key* (Trainers Only)

Activity #8 – Trio Skills Practice

- *Skills Practice Scenarios*
- *Observer Feedback Form*

Activity #9 - Closing

- *Evaluation*

Training Agenda

For Trainers ONLY

Timing	Activity	Total Time
9:00 am – 10:00 am	Opening	1 hour
10:00 am – 11:00 am	Adolescent Development Card Activity	1 hour
11:00 am – 11:15 am	**Break**	**15 mins**
11:15 am – 11:45 am	Adolescent Brain Development	30 mins
11:45 am – 12:15 pm	Making Our Approach Appropriate for Adolescent Developmental Stage	30 mins
12:15 pm – 1:15 pm	**Lunch**	**1 hour**
1:15 pm – 1:45 pm	Behavior Change	30 mins
1:45 pm – 2:00 pm	Introduction to Motivational Interviewing	15 mins
2:00 pm – 3:00 pm	Strategic Use of Motivational Interviewing Skills	1 hour
3:00 pm – 3:15 pm	**Break**	**15 mins**
3:15 pm – 4:15 pm	Putting it Together: Skills Practice	1 hour
4:15 pm – 4:30 pm	Closing	30 mins

Participant Training Agenda

Activity
Opening and Warm-Up
Adolescent Development Card Activity
Break
Adolescent Brain Development
Making Our Approach Appropriate for Adolescent Developmental Stage
Lunch
Behavior Change
Introduction to Motivational Interviewing
Strategic Use of Motivational Interviewing Skills
Break
Trio Skills Practice
Closing

Find Someone Who…

Walk around the room and find someone who satisfies the statements below. Ask her/him to write their name beside the statement.

1. Has worked in sexual health for over ten years _____

2. Has a garden _____

3. Provides direct contraceptive counseling to adolescents ____

4. Has visited New York City _____

5. Sings in a band or choir _____

6. Exercises at least five times a week _____

7. Promotes emergency contraception (EC) for teens _____

8. Has attended a professional football game _____

9. Wants to rethink how contraceptive counseling is being done ____

Find Someone Who…

(con't)

Discuss the following questions with your partner.

1. What has been your experience of providing birth control education and counseling to adolescents in your agency?

2. Why do you think we have NOT been as effective in increasing contraceptive use as we would like?

3. What are some challenges we face doing this work?

Adolescent Development Card Answer Key

	Early Girls: 11 – 13 Boys: 12 – 14	Middle Girls: 13 – 16 Boys: 14 - 17	Late Girls: 16 – 19 Boys: 17 - 19
General **(period of high moodiness)**	• Mood Swings • Great highs and great depressions	• Mood Swings • Great highs and great depressions	• Mood Swings • Great highs and great depressions
Physical Development **(Sexual maturation)**	• Puberty: onset of physical and sexual development • Confusion • Sense of loss of control • Fear and Anxiety • Experimentation with body begins	• These are the "classical" teenagers • Body changes are in full swing • Intense sexual feelings develop • This is the stage of "puppy love" • Dating begins and becomes primary • Average age (16 or younger) by which 50% of adolescents have had first sexual experience • Risk of pregnancy is high	• Physical changes leveling off and ending • Less confusion regarding body and changes • Greater sense of self control • Better, more realistic sense of self; looks, body image, how one compares to others • Sexual behavior more prominent
Cognitive Development **(How adolescents think)**	• Time of concrete thinking • World is "here and now," the present • The "future" is now, not tomorrow, or next week • Unable to plan or think into the future	• Abstract thinking begins • Connections between "today" and "tomorrow" begin • Intellectual curiosity develops • Period of experimentations • Period of idealistic thinking • Period of being a "know – it – all" • Feelings of omnipotence and no fear of death	• Adult thinking has developed • Future goals more clearly and realistically defined • Ability to think abstractly has developed

	Early Girls: 11 – 13 Boys: 12 – 14	Middle Girls: 13 – 16 Boys: 14 - 17	Late Girls: 16 – 19 Boys: 17 - 19
Psycho-Social Development: Identity (Personality)	• "Am I normal?" • "What am I turning into?" • "I'm not ready for this." • Beginning to look outside of the family for self-definition	• Friends, rather than parents, define who you are, what you do, and what's "cool" • Egocentric – "I satisfy me!" • Identity changes from day – to – day, from friend – to – friend, and from groups – to – group	• Arriving at concept of self as an adult • Need to accept the self that has emerged • Reflecting back to earlier years to gain better picture of present self • Decreased importance of peer group; individual is now primarily self-identified and less other-identified
Psycho-Social Development: Integrity (Values)	• Own values not defined; values are still those of parents, but beginning to be questioned • Right and wrong still seen as black and white issues; grays do not exist • Internal control not developed • Clear limits and boundaries are necessary	• This is the time for developing and testing own values. To do this, kids must reject parental values; as a result, this is a time of great conflict with parents and other adults	• Refining and clarifying of values – large swings and inconsistencies less common • Internal controls which are based upon moral principles and conscience are now more fully developed

	Early Girls: 11 – 13 Boys: 12 – 14	Middle Girls: 13 – 16 Boys: 14 - 17	Late Girls: 16 – 19 Boys: 17 - 19
Intimacy **(Sexual Relationships)**	• Same sex play begins • Intimacy is defined through "best friends" and peer group membership • Friends begin changing because of variations in rate of development • Cliques develop	• Pairing begins • Sexual activity begins • Friends and peer group are the core of life • "Love object" is the most important thing in the world	• Pairing more realistic and less changeable • Mating begins • Relationships more stable and increasingly based upon "real" people and real qualities • Peer group membership is important but one – to – one relationships are more important • Movement from "I" to mutuality and real sharing • Satisfaction of other(s) can be as important as satisfaction of self
Independence	• Friends begin becoming more important than family • Complaints about lack of privacy begin and increasing "alone" time (time away from parents) and time with friends begin • Fluctuation between clinging to adults and rebelling against them	• Classic rebellion against and conflict with family • Separation continues in earnest • Period where most parents feel that they "can't win" and that they "can't do anything right"	• Separation from parents becomes complete (Psychologically, if not physically) • Beginning of self-sufficiency and care

Decision Making Booklet

Wait for the trainer to read out each scenario and then quickly mark "yes" or "no" in your booklet.

----------✂----------

1. You have had a real long, hard day at the health center. You have been saving money each week for a family vacation and paying attention to "extra spending". It is now 5:30PM and you are on your way home from work and you are just exhausted. You drive by your favorite pizza place and the thought of going home and making dinner is overwhelming. Do you stop and get a "pizza to go"?

☐ YES ☐ NO

2. You have been working hard to lose some weight. One of your co-workers has made homemade brownies and you are in the 3PM slump. They look fantastic. Do you eat one?

☐ YES ☐ NO

----------✂----------

3. Your best friend is a terrible money manager but you love her dearly. She comes to you in a panic that she needs $50 or her cell phone will be "cut off". You have a little extra "mad money" but this would leave you without anything. Pay day is a week away. Do you give her the money?

☐ YES ☐ NO

4. You agreed to chaperone a field trip for one of your children. You have taken the day off from work and the field trip will last all day and into the early evening. Your husband comes home and tells you he has surprised you with tickets to a concert that you have been "dying" to go to but unfortunately it is on the same day as the field trip. He tells you to call the school and cancel. Do you go to the concert?

☐ YES ☐ NO

----------✂----------

5. You have reconnected with your college boyfriend/girlfriend through Facebook. You have been sending messages back and forth and catching up on your lives. S/he suggests you meet for coffee. Do you go?

☐ YES ☐ NO

6. You are in your supervisor's office for a meeting. You notice she has a stack of staff evaluations on her desk for the rest of your health center team. She is called out of the office to talk to another manager. You would like to take a quick look at some of those evaluations. Do you?

☐ YES ☐ NO

----------✂----------

7. Your sixteen year old son comes home on a Saturday night drunk. Your spouse is asleep and he begs you not to "tell". He promises to never do that again. Do you tell your spouse?

☐ YES ☐ NO

8. You have plans with your friends for a day of shopping and lunch. You have been looking forward to this day for weeks. Your sister calls and says she has just been called in to work and asks if you can babysit. Do you give up your outing?

☐ YES ☐ NO

----------✂----------

9. You have been married for several years and you are in the "rut" at work, managing the household and children, and are feeling "worn out". You are at happy hour with co-workers on a Friday evening and meet an interesting person who is flirting with you. S/he asks you to leave and go for a drink somewhere else. Do you go?

☐ YES ☐ NO

10. Your 15 year old daughter calls you at the health center where you work just as you are about to leave. She is hysterical because her best friend had sex two days ago with a new boyfriend and they didn't use any contraception. She asks you to bring home some Emergency Contraception (EC). This is not how your health center operates but just this "once" will not hurt. Do you take home the EC?

☐ YES ☐ NO

----------✂----------

Counseling Cards – Answer Key

For Trainers ONLY

Guided	Permissive	Dictatorial
It seems like preventing pregnancy is important to you, so I want to share with you a couple of contraceptive options that work best with young women.	Thank you for coming in today. Which method are you interested in using?	I understand from the front desk person that you want to be on the pill. Let's get you started right now.
Now that your pregnancy test has come back negative and I know that you are not interested in having a baby right now, I would like to talk about a couple of birth control options for you.	It sounds like you have a lot to think about. Come back and see us when you make up your mind.	You won't gain weight by taking birth control pills. That's foolish. I want to get you started today while you're here.
Many teens are using long acting contraceptives. I would like to talk with you about these options.	I'm glad that we were able to treat your STI today. Would you like to make an appointment for sometime next week to talk about contraceptives?	I think the pill is the best option for you. You can take the first pill right now in front of me.
Now that I know that you are not interested in getting pregnant right now, let's figure out a good birth control option. I will also give you some condoms!	Now that we know that you had a negative pregnancy test, are you interested in talking about birth control?	Young people have a hard time remembering to take their birth control pills. I think a Depo shot is what you need.
Since having a baby right now is something you do not want to do and you are not ready for a long-term method, I am going to give you Emergency Contraception to use just in case you need it.	Whatever you decide to do regarding birth control, I will support it.	The best thing for you to do at this point is to remain abstinent.
I'm impressed that you are so clear about not wanting to have a baby right now. Let's get you on some contraception today.	Thank you for sharing with me that you are sexually active. Are you ready to start preventing a pregnancy?	Now that I know that you are sexually active, I'd like to give you the "pill".
	There are so many more birth control options. I'd like to spend some time reviewing them with you.	
	I have a kit with all of the birth control options. Let's go over them.	

Practice: Behavior Change Staging

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting (consider the time frame each statement is referring to).

	STAGES				
STATEMENTS:	**Precont.**	**Contemp.**	**Prep.**	**Action**	**Mainten.**
1. I just got my first Depo shot today and it wasn't as bad as I thought it would be.					
2. I really don't want to get pregnant right now, but I am scared to use birth control.					
3. Taking a pill every day is a pain, but it's worth it. Now I don't have to worry every month that I might be pregnant.					
4. I would never use birth control because it would make me infertile.					
5. I think I should start using birth control. I was really worried last month when my period came late.					
6. I asked my partner if he would drive me to the clinic tomorrow to get birth control.					
7. There's no point in taking birth control. If you're meant to get pregnant, it'll happen when it happens.					
8. It feels great not to have to worry about getting pregnant since I got my IUD inserted a year ago.					
9. I keep the EC and condoms the counselor gave me in my purse, just in case.					
10. My partner's been pulling out when we have sex, but I know I need to use a method that's more effective.					

Behavior Change Staging Practice Answer Key

For Trainer ONLY.

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting (consider the time frame each statement is referring to).

	STAGES				
STATEMENTS:	**Precont.**	**Contemp.**	**Prep.**	**Action**	**Mainten.**
1. I just got my first Depo shot today and it wasn't as bad as I thought it would be.				X	
2. I really don't want to get pregnant right now, but I am scared to use birth control.		X			
3. Taking a pill every day is a pain, but it's worth it. Now I don't have to worry every month that I might be pregnant.				X	
4. I would never use birth control because it would make me infertile.	X				
5. I think I should start using birth control. I was really worried last month when my period came late.			X		
6. I asked my partner if he would drive me to the clinic tomorrow to get birth control.			X		
7. There's no point in taking birth control. If you're meant to get pregnant, it'll happen when it happens.	X				
8. It feels great not to have to worry about getting pregnant since I got my IUD inserted a year ago.					X
9. I keep the EC and condoms the counselor gave me in my purse, just in case.					X
10. My partner's been pulling out when we have sex, but I know I need to use a method that's more effective.		X			

Change Talk

Language that provides the arguments for change

Desire – *(i.e. I want…; I prefer…; I wish…)*

Ability – *(i.e. I am able …, I can…, I could …, It is possible …)*

Reasons – *(highlights specific arguments for change such as The reason I want to …; It would be good because…)*

Need – *(i.e. It is important…, I have to…, I need to…*

Responding to Change Talk

When you hear change talk, respond in a manner that will evoke more change talk. To evoke more change talk you can ***repeat the change talk statement*** and then use:

Open-ended questions:

- Ask for examples/elaboration
  - "*In what ways..*"
  - *"Tell me more…"*
  - *"What other reasons.."*

Affirmations:

- Reinforce, encourage, support it
  - *"That is a really good way to prevent pregnancy"*
  - *"It is good that you have thought about this."*

Reflections:

- Restate it back to the person
  - "*Sounds like you are aware that getting pregnant now will get in the way of achieving your goals"*
  - *"You don't want to get pregnant right now"*

Summarize:

- Summarize all the change talk you heard during that conversation
  - "*You said there were several reasons that you did not want to get pregnant. You said…"*

Recognizing Change Talk Statements

For Trainers ONLY

Read each statement to the group. If it is change talk, participants should respond by tapping the table. If it is problem talk, they should respond by doing nothing.

The change talk is shown below in bold print.

1) I don't mind if I get pregnant.

2) I already have birth control pills, but I forget to take them sometimes.

3) I wouldn't mind taking emergency contraception; just in case I do have sex I don't have to get pregnant.

4) I heard birth control pills make your face break out.

5) I did get a pamphlet about Depo, but I don't think I want to use that.

6) I don't think I can get pregnant.

7) My mom is going to kill me if I get pregnant.

8) My sister was on the pill and she got so fat!

9) I'll come back if I want an IUD.

10) I want baby, but not right now.

Evoking Change Talk

Examples of Open-ended questions that counselors can use to evoke change talk are listed below.

1. Disadvantages of the Status Quo	• What worries you about your current situation? • What makes you think you need to do something about your [behavior]? • What difficulties or hassles have you had in relation to your behavior? • What is there about your [behavior] that you or other people might see as reasons for concern? • In what ways does this concern you? • How has this stopped you from doing what you want to do in life? • What do you think will happen if you don't change anything?
2. Advantages of Change	• How would you like for things to be different? • What would be the good things about changing the behavior? • What would you like your life to be like 5 years from now? • If you could make this change immediately, by magic, how might things be better for you? • The fact that you're here indicates that at least a part of you thinks it's time to do something. What are the main reasons you see for making a change right now? • What would be the advantage of making this change?
3. Optimism about Change	• What makes you think if you did decide to make a change, you could do it? • What encourages you that you can change if you want to? • What do you think would work for you, if you decided to change? • When else in your life have you made a significant change like this? How did you do it? • How confident are you that you can make this change? • What personal strengths do you have that will help you succeed? • Who could offer you helpful support in making this change?
4. Intention to Change	• What are you thinking about [behavior] at this point? • I can see that you're feeling stuck at the moment. What's going to have to change? • What do you think you might do? • How important is this to you? How much do you want to do this? • What would you be willing to try? • Of the options I've mentioned, which one sounds like it fits you best? • Never mind the "how" for right now – what do you want to have happen? • So what do you intend to do?

Practice: Evoking Change Talk

In small groups, create a statement or question that will evoke even more change talk.

1. **I already have birth control pills, but I forget to take them sometimes.**

2. **I picked up a pamphlet on Depo, but I don't think I want to use that.**

3. **My mom is going to kill me if I get pregnant.**

4. **I want to have a baby when I am young, but I don't want to have it right now.**

Practice: Evoking Change Talk Answer Key

For Trainer ONLY.

Sample responses are included below.

In small groups, create a statement or question that will evoke even more change talk.

1. **I already have birth control pills, but I forget to take them sometimes.**

You say you currently have birth control pills, tell me more about your decision to get birth control pills.

2. **I picked up a pamphlet on Depo, but I don't think I want to use that.**

You said you decided to pick up a pamphlet on Depo, I'm curious, what made you pick that pamphlet up?

3. **My mom is going to kill me if I get pregnant.**

It sounds like you feel that your mom would be really upset if you get pregnant, tell me more about that.

4. **I want to have a baby when I am young, but I don't want to have it right now.**

You say you don't want to have a baby right now, tell me more about that.

Questions Questions Questions

Questions are sometimes necessary for clarification or to gather needed information. However, questions can be detracting to the flow of an interaction and tend to keep-the client away from his/her feelings. In addition, too many questions or too many closed-ended questions may leave the client feeling as though s/he is being interrogated. Therefore, when possible, clarification and additional information may be obtained through reflective responses (it is more like making a statement that implies a question than a direct query).

When using questions, ***open-ended questions*** *are very useful.* ***Open-ended questions invite the speaker to give more information and often encourage a conversation.***

Open-Ended Questions

Could you tell me …?
I'm wondering if...?
Can you say more about …?
Have you thought about …?
Are you saying …?
What does that mean to you …?
What (How) is that for you?
I don't quite get what you mean, is it …?
How do you view that …?
Can you expand on that idea …?
For example …?
Do you have a specific example in mind …?
When you feel that way …?
Are you feeling that way now...?
What sort of things can you learn from that...?
What was that last comment …?
How do you mean that...?
Would it be accurate to say …?
Could you describe that in more detail...?
The part that still isn't clear to me is …?
I'm not clear on what you mean by …?

Closed-Ended Questions

The person playing the counselor should use these questions to speak with the person playing the client.

Questions:

1. Are you sexually active?
2. How many sexual partners do you have right now?
3. How many sexual partners have you had in the last year?
4. Do you have male or female partners?
5. Do you want to have a baby right now?
6. Do you know about birth control?
7. Do you use birth control or condoms?
8. Have you ever been pregnant?
9. How many pregnancies have you had?
10. Have you discussed birth control with your partner or partners?
11. Don't you want to prevent having an unwanted pregnancy?
12. Have you had sexually transmitted disease?
13. Do you want to have a sexually transmitted disease?
14. Don't you want to be healthy?

Open-Ended Questions

The person playing the counselor should use these questions to speak with the person playing the client.

Questions:

1. Tell me about your relationships?
2. What are some of your goals for your future?
3. What are your thoughts about having a baby right now?
4. What are your thoughts about birth control?
5. Tell me what you and your partner think about having a baby?
6. Tell me what you have heard or know about STDs?

Practice: Affirmations

For Trainer ONLY.

Sample responses are included below.

1. **I tried birth control pills and I hated it.**
   Sample Response

It sounds you're trying to find what works for you and realized birth control pills are not a good fit. That's great.

2. **I can't use Depo because my mom tracks my period.**
   Sample Response

I commend you for being realistic about what would work for you. That's great.

3. **I want online to find out about IUDs and they said those things can get lost inside of you!**
   Sample Response

It's great that you are doing research about different methods. You are clearly a person who likes to have information before making a decision.

4. **I can't take the pill because I smoke.**
   Sample Response

It sounds like you have been researching birth control options to learn more. That is great.

5. **I think I should just stop having sex.**
   Sample Response

It sounds like you are committed to not getting pregnant.

Practice: Reflective Listening

Below are statements a client may say. Give examples of how you would use reflective listening to respond.

1. **My mom is like a spy. She keeps track of my periods, searches my room. There is no way I can take a contraceptive and she's not going to find out.**

Response:

2. **I don't really need to take any contraceptives. My boyfriend lives in Puerto Rico so I hardly ever see him anyway.**

Response:

3. **I don't think I want to switch to an implant because I hear they can make you have a deformed baby.**

Response:

4. **I was on birth control before and it made me sick. I hated it!**

Response:

Practice: Reflective Listening Answer Key

For Trainer ONLY.

Sample responses are included below.

Below are statements a client may say. Give examples of how you would use reflective listening to respond.

1. **My mom is like a spy. She keeps track of my periods, searches my room. There is no way I can take a contraceptive and she's not going to find out.**

Response:

It sounds like your mom makes choosing a birth control method challenging.

You are concerned about your mother finding out.

2. **I don't really need to take any contraceptives. My boyfriend lives in Puerto Rico so I hardly ever see him anyway.**

Response:

You are not having sex often.

Sounds like you are not having sex often and because of this, you feel there is absolutely no need to prevent pregnancy.

3. **I don't think I want to switch to an implant because I hear they can make you have a deformed baby.**

Response:

You have some concerns about using an implant.

It's important to you that whatever method you use does not impact your ability to have a healthy baby in the future.

4. **I was on birth control before and it made me sick. I hated it!**

Response:

Sounds like you had a negative experience with the birth control method you tried.

Sounds like the method of birth control that you were on previously made you sick and you realize that was not a good option for you.

Practice: Double-Sided Reflection

Read each statement below. Develop a response using double-sided reflection to capture both sides of the issue. Example:

Client: I don't want to get pregnant right now, but I'm not going to take any birth control stuff and mess up my body. I want a baby later.

Response: You don't want to get pregnant and you are concerned about the side effects of contraceptives.

1. **I don't want no baby, but I don't like taking pills**

Response:

2. **I like that implant thing cause you don't have to worry about it, but it's kind of creepy, what if they can't find it later on?**

Response:

3. **I don't want to get pregnant but I can't take that stuff. You know what would happen if my mom finds that?!**

Response:

4. **Of course I worry about getting pregnant. But I hardly ever have sex. What's the point in even using birth control?**

Response:

Practice: Double-Sided Reflection Answer Key

For Trainer ONLY.

Sample responses are included below.

Read each statement below. Develop a response using double-sided reflection to capture both sides of the issue. Example:

Client: I don't want to get pregnant right now, but I'm not going to take any birth control stuff and mess up my body. I want a baby later.

Response: You don't want to get pregnant and you are concerned about the side effects of contraceptives.

1. **I don't want no baby, but I don't like taking pills**

Response:

You aren't ready for a baby at this moment and you realize you don't like the idea of taking birth control pills.

2. **I like that implant thing cause you don't have to worry about it, but it's kind of creepy, what if they can't find it later on?**

Response:

You are interested in the implant as a birth control method and you are worried about it disappearing into your body once inserted.

3. **I don't want to get pregnant but I can't take that stuff. You know what would happen if my mom finds that?!**

Response:

You don't want to get pregnant and are worried about your mom finding out that you are using a birth control method.

4. **Of course I worry about getting pregnant. But I hardly ever have sex. What's the point in even using birth control?**

Response:

You don't want to get pregnant and you don't know how risky it is if you only have sex once in a while.

Skills Practice Scenarios

Scenario #1: Educator/Counselor

Marie Loftus

Your name is Marie Loftus and you are an educator/counselor in a Family Planning Clinic. Rose, a 17-year-old adolescent comes to your clinic for a pregnancy test. The pregnancy test is negative and Rose is relieved and overjoyed with this news. This is an opportunity to work with Rose to provide her with contraception and to talk with her about her readiness to prevent a pregnancy. She seems so young yet you know this is critical that you form a good rapport with her in order to be successful. This is an age group that rarely comes into your health center so that you don't have a lot of experience counseling younger teens. This will be a challenge for you!

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Scenario #1: Patient

Rose Weber

Your name is Rose Weber and you are 17-years-old. You have come to the Family Planning Clinic today because your best friend told you that they did free pregnancy tests. You're relieved when the test comes back negative, because you only had sex three times. Your mom would "kill you" if you got pregnant right now. Your boyfriend, Josh, is just amazing and you know that you will probably stay together forever and eventually get married. You have been with him for a month now and he is perfect for you. You are so happy that you are not pregnant that you just want to celebrate. Josh doesn't even know pregnancy was a possibility. The health center wants you to talk to some counselor before you leave.

Scenario #2: Educator/Counselor

Beverly Johnson

Your name is Beverly Johnson and you are a teen counselor at a neighborhood community health center. Chantal Morris, a 16-year-old female, came into your health center to get tested for STI's because she had sex with three different boys over the last two months. One boy she doesn't know very well but has hooked up with a few times before. She did not use any form of protection at all. While you are waiting for the test results you have an opportunity to talk with Chantal about contraception, including condoms. You realize she is at great risk for a pregnancy and would like to "quick start" her today if possible.

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Scenario #2: Patient

Chantal Morris

Your name is Chantal Morris and you are 16 years old. You feel you are a "together" young woman with a lot to look forward to in the next several years. You came to the health center to get "checked out" since you had sex with three different guys over the last several weeks. It's "no big deal" but you just want to make sure everything is OK. What is really upsetting is that two of the guys never even talked with you after having sex with them. This has made you very upset and you have decided to be abstinent. You know this will be hard but this is a good decision for you.

Scenario #3: Educator/Counselor

Lorna Briggs

Your name is Lorna Briggs and you are a Nurse Practitioner in a Women's Health Center. Jennifer Diaz, a 19-year-old has come into the health center today seeking Birth Control. This is her first time in the health center and you really don't know much about her.

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Scenario #3: Patient

Jennifer Diaz

Your name is Jennifer Diaz and you area a 19-year-old college student. You have been sexually active "on and off" for about four years. You now have a full-time boyfriend and you are very, very worried you will get pregnant. Your boyfriend, Rick, refuses to use condoms and doesn't want you to use anything that he can feel during sex. In fact, he's not crazy about you on any Birth Control method as he is afraid you will get fat. Every time you bring up the subject with your boyfriend, you fight, and you're getting sick of arguing about it all the time. You had a real pregnancy scare last month so you know you have to do something.

Scenario #4: Educator/Counselor

Beth Merchant

Your name is Beth Merchant and you are a nurse in a community health center in your community. Linda Bova is a seventeen year old young woman that you have been seeing at your site for over a year. She has come in today for a "check in" regarding her birth control. She has been on the pill and she is here to pick up another three months of pills. You want to talk with her about how the pill is working for her and perhaps suggest a more effective method.

Scenario #4: Patient

Linda Bova

Your name is Linda Bova and you are seventeen years old. About a year ago, you started taking birth control pills. At the time you had a "serious" boy friend but now you seem to be dating a couple of different guys and you are sexually active "now and then". You are glad to be on a birth control method as getting pregnant is the "last thing" you need or want right now. You are at the clinic today to pick up another three months of pills. The only problem is that you are not so good about taking the pill each day. In the beginning, it was fine but now you often forget and then take three pills at one time to make up for days where you forgot. It sometimes makes you nervous about getting pregnant.

Scenario #5: Educator/Counselor

Marixsa Lopez

Your name is Marixsa Lopez and you are a peer counselor in a Family Planning Clinic. Your job is to begin the contraceptive counseling work with adolescents before they see their provider. Today you are scheduled to see Mary Thomas, a sixteen year old, who has come to the clinic for the first time. You understand that she is sexually active and were brought to the clinic by her older sister. You are happy to have this time with Mary.

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Scenario #5: Patient

Mary Thomas

Your name is Mary Thomas and you are sixteen years old. You recently had sex for the first time with a guy you adore that you met at school. You told your older sister, who is eighteen, and she went “wild” that you have to get on birth control. You think she is overreacting as you don’t think you can get pregnant. You have a few friends “having sex” and no one is pregnant. You agreed to come to the clinic today. You don’t think you need birth control but you are going to hear what they have to say.

Scenario #6: Educator/Counselor

Dr. Savir Singh

You are a pediatrician in a large practice and see at great number of adolescents. Your name is Dr. Savir Singh. Most of the adolescents you see have been with you for a number of years and you have "watched them grow up". You are committed to having some "time alone" with them and addressing their sexual health, as well as, talk with them about tobacco, alcohol and other drugs. Today you have an appointment with Shawna Tompkins. She is seventeen years old and she is coming in for a physical for soccer.

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Scenario #6: Patient

Shawna Tompkins

Your name is Shawna Tompkins and you are seventeen years old. Today you are going to your pediatrician, Dr. Singh for a physical for your soccer team. He has been your doctor since you were a little kid and you like him very much. At lot is going on in your life right now. You are a senior in high school, you are thinking about college, you have a great boyfriend; you are in the school musical and on and on. You have been having sex with your boyfriend for a couple of months. You're not sure if this is something you should mention to Dr. Singh.

Observer Feedback Form

Use the following worksheet to reflect on the skills practice you observed between a counselor and patient.

1. What did the counselor do effectively?

2. What skills did you see the counselor utilizing?

3. What were some challenges that the adolescent posed?

4. How was the counselor able to move the adolescent to more of an action stage of accepting contraception?

Training Evaluation

Title: Reducing Unintended Pregnancy: Contraceptive Counseling Approaches for Adolescents

Date: _____

PLEASE RATE THE TRAINING ON A SCALE OF 1 (LOWEST) TO 5 (HIGHEST) - *Circle your answers.*

		Poor	Fair	Good	Very Good	Excellent
1.	To what extent did the training meet its stated objectives of supporting participants to be able to:					
a.	Identify the characteristics of each adolescent developmental stage;	1	2	3	4	5
b.	Describe how brain development impacts adolescent decision-making;	1	2	3	4	5
c.	Apply most recent research regarding adolescent contraceptive behavior as an underpinning for a counseling approach;	1	2	3	4	5
d.	Demonstrate the skills required to utilize Motivational Interviewing to more effectively counsel adolescents;	1	2	3	4	5
e.	Explain how to strategically use Motivational Interviewing skills to provide effective contraceptive counseling;	1	2	3	4	5
f.	Develop skills in determining pregnancy intentions as a primary component of contraceptive counseling.	1	2	3	4	5
2.	To what extent did the objectives relate to the overall purpose of ……..	1	2	3	4	5
3.	Your satisfaction with your level of participation during the presentation	1	2	3	4	5
4.	Usefulness of the instructional materials	1	2	3	4	5
5.	Degree to which this was a good learning experience	1	2	3	4	5
6.	Overall satisfaction with the training	1	2	3	4	5

PLEASE RESPOND TO THE FOLLOWING (print your answers):

7. The most useful part of the training was:

8. The least useful part of the training was:

9. As a result of attending this training, I plan to:

10. The mix of theory and skills practice during this training was:

☐ too much theory ☐ too much practice ☐ a good mix of both

PLEASE RATE EACH OF THE FACILITATOR(S) ON A SCALE OF 1(LOWEST) TO 5 (HIGHEST) - *Circle your answer for each facilitator on the line indicated.*

11.	I felt the facilitator(s) (*name of trainer 1)*:		**Disagree**				**Agree**
	a.	Knew the subject matter thoroughly.	1	2	3	4	5
	b.	Presented the information clearly.	1	2	3	4	5
	c.	Provided opportunities for participation.	1	2	3	4	5
	d.	Provided opportunities for questions.	1	2	3	4	5
	e.	Was able to hold my attention.	1	2	3	4	5
	f.	Extent to which teaching methods were effective.	1	2	3	4	5

12.	I felt the facilitator(s) (*name of trainer 2)*:		**Disagree**				**Agree**
	a.	Knew the subject matter thoroughly.	1	2	3	4	5
	b.	Presented the information clearly.	1	2	3	4	5
	c.	Provided opportunities for participation.	1	2	3	4	5
	d.	Provided opportunities for questions.	1	2	3	4	5
	e.	Was able to hold my attention.	1	2	3	4	5
	f.	Extent to which teaching methods were effective.	1	2	3	4	5

13. What changes would you recommend for improving this training?

Additional Comments:

Additional Resources for Participants

This section includes additional resources for participants on birth control methods and their effectiveness.

The “Menu of Contraceptive Options” reviews the different options available for women and describes each one. This resource is from the Choice Project http://www.choiceproject.wustl.edu/.

The “Easy Birth Control Method Effectiveness Chart” is a quick guide for counselors to refer to when working with clients. It characterizes the most effective to the least effective birth control methods.

The “Comparing Effectiveness of Family Planning Methods” is from USAID http://www.usaid.gov/what-we-do/global-health/family-planning. This resource also characterizes birth control methods according to their effectiveness and provides additional information on how to make a given method more effective. If the document within this guide does not print clearly, please go to http://phpa.dhmh.maryland.gov/mch/Documents/FP-EffectivenessChart.pdf for a clean copy.

“Common Myths and Facts About Birth Control” has been created by CAI http://www.caiglobal.org/. This handout provides counselors with a list of commonly held myths about birth control and information to dispel myths. It is important that counselors communicate these key messages in a language that adolescents understand.

Menu of Contraceptive Options

Hormonal IUD

It is inserted into the uterus by a healthcare provider and lasts up to 5 years, although you can have it removed sooner. You do not need to use before sex. Periods are generally lighter and less painful. It does not protect against STDs.

Copper IUD

It is inserted into the uterus by a healthcare provider and lasts up to 12 years, although you can have it removed sooner. You do not need to use before sex. It does not protect against STDs.

Implant

It is inserted into your arm by a healthcare provider and lasts up to 3 years, although you can have it removed sooner. Periods are usually lighter and less painful. You do not need to use before sex. It does not protect against STDs.

Birth Control Shot

The shot is given by a healthcare professional every 3 months. Periods are generally lighter and less painful. You do not need to use before sex. The shot does not protect against STDs.

Pills (Oral Contraceptives)

The pill must be taken at approximately the same time every day. You do not need to use before sex. Periods may become lighter and less painful. The pill does not protect against STDs.

Patch

The patch is applied to the skin 1 time per week for 3 weeks, and then it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The patch does not protect against STDs.

Vaginal Ring

The vaginal ring is inserted into the vagina for 3 weeks. After that, it is removed for 1 week allowing for a period. Periods are generally lighter and less painful. The vaginal ring does not protect against STDs.

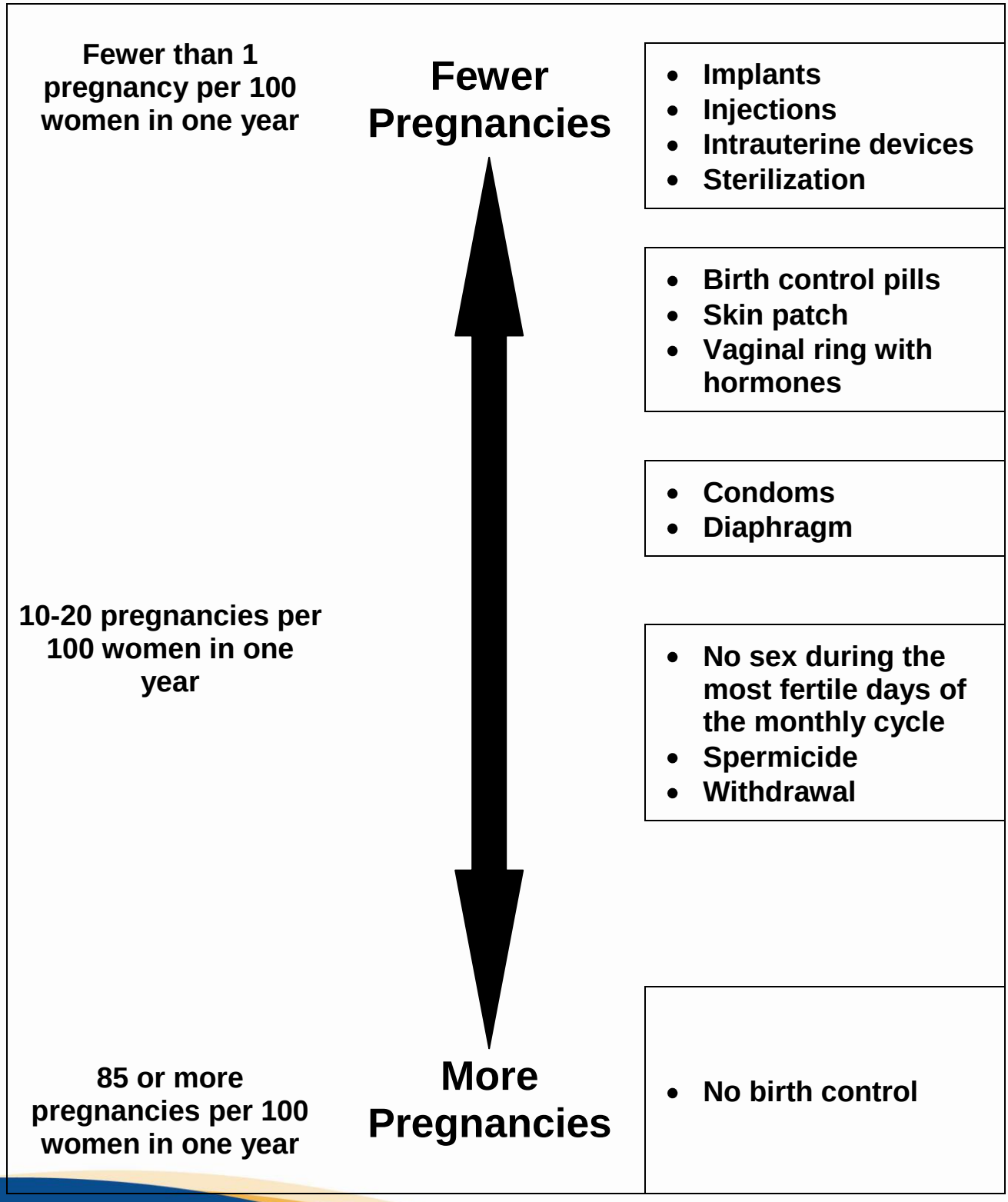
Condom

The male condom is applied onto the penis just before sex. A new one must be used for every sexual encounter to provide protection against pregnancy and STDs.

Emergency Contraception

Emergency contraception can help prevent pregnancy after unprotected sex or contraceptive failure. It comes in the form of a pill or the copper IUD. The pill can be taken up to 5 days after unprotected sex and the copper IUD can be placed up to 5 days after unprotected sex. It does not replace the consistent use of contraception. It does not protect against STDs.

Easy Birth Control Method Effectiveness Chart



More effective

Less than 1 pregnancy per 100 women in one year

Less effective

About 30 pregnancies per 100 women in one year


Implant


Vasectomy


Female Sterilization


IUD


Injectables


LAM


Pills


Patch


Ring


Male Condoms


Female Condoms


Diaphragm


Sponge


Fertility-Awareness Based Methods


Withdrawal


Spermicide

How to make your method most effective

After procedure, little or nothing to do or remember

Vasectomy: Use another method for first 3 months

Injections: Get repeat injections on time

LAM (for 6 months): Breastfeed often, day and night

Pills: Take a pill each day

Patch, ring: Keep in place, change on time

Condoms, diaphragm, sponge: Use correctly every time you have sex

Fertility-awareness based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use.

Withdrawal, spermicide: Use correctly every time you have sex

Source WHO 2006 [17], adapted with permission

Common Myths & Facts About Birth Control

Myth: Birth control makes you fat.
Fact: For some women, Depo-Provera shots can cause bodyweight and fat increase.[1] Most women however, do not gain or lose weight from using other forms of birth control, including implants, intrauterine devices (IUDs), and oral contraceptives (the Pill).[2] A woman's weight may fluctuate naturally due to changes in age or life circumstance.

Myth: Birth control makes you infertile.
Fact: Hormonal birth control methods (including the Pill, Depo-Provera, implants, the Patch, and the Ring) only suppress ovulation; they do not damage the ovaries. It may take a few months' for ovulation cycles to return to normal after taking some forms of hormonal contraception such the Pill and Depo-Provera shots.[2] However, the ability to become pregnant returns quickly after a long acting reversible contraceptive (LARC) such as an IUD or an implant is removed.

Myth: Using birth control will cause you to have a deformed baby.
Fact: Good evidence shows that hormonal contraceptives will not cause birth defects and will not harm the fetus if a woman becomes pregnant while using them or accidentally starts to use them when she is already pregnant. Studies also indicate that there is no increased risk of birth defects with the use of LARC (IUDs and implants) either.[2]

Myth: It's important for your body to take a break from birth control every few months.
Fact: Healthy women do not need to take a break from birth control after using it for a period of time, however, LARC methods (IUDs and implants) need to be removed and a new one reinserted after 3-12 years, depending on the type of LARC used. There is no evidence that taking a break from birth control is helpful; in fact, taking a break can lead to unintended pregnancy.[2]

Myth: Birth control can cause cancer.
Fact: The use of the Pill is proven to decrease the risk of two gynecological cancers (ovarian and endometrial) and the use of Depo-Provera shots is also believed to decrease the risk of these two cancers. However, it is difficult to know the effect of using these hormonal methods on risks related to breast cancer and cervical cancer. The possible increased risks that have been recorded in some studies are not large enough to outweigh the benefits, or to change current practice. Studies have not shown increased risk of cancer with the use of implants or IUDs.[2]

Myth: I don't think I'm able to get pregnant so I don't need birth control.
Fact: Only 11% of the reproductive-age population is infertile.[3] The chances of a teen being infertile are slim. However, the chance of becoming pregnant is higher if you continue to have sex without using contraception. Just because you think you are infertile, does not mean you actually are.

Myth: I'm not that sexually active so I don't need to use birth control.
Fact: Even one act of unprotected sexual intercourse could result in an unplanned pregnancy.

Myth: Emergency contraception is the abortion pill.
Fact: Emergency contraception is made of one of the hormones found in birth control pills — progestin. Progestin works by keeping a woman's ovaries from releasing an egg longer than usual. Pregnancy cannot happen if there is no egg to join with sperm. Emergency contraception is **not** an abortion pill. Emergency contraception is **birth control**, not abortion.[4]

Myth: The Depo shot causes your periods to back up making the blood build up in your uterus.
Fact: Some women using the Depo-Provera shot experience amenorrhea, or no monthly bleeding. When a woman is not using hormonal contraceptives, the endometrial lining (lining of the uterus) builds up every few weeks and then breaks down and causes menstrual bleeding. With injectables, the endometrial build-up does not occur so there is no breakdown or resulting bleeding. Blood does not collect in the body.[1]

Myth: Some types of birth control, like the NuvaRing, can get lost in your vagina.
Fact: The NuvaRing cannot be pushed too far up or get lost in your body. In fact, NuvaRing cannot go farther than the cervix.[5]

Myth: You can't get pregnant if you have sex during the "safe" period of the month or during your menstrual cycle.
Fact: Many women believe that having unprotected sex during menstruation or during the first and last part of the menstrual cycle will keep them from getting pregnant. While many women may be more likely to become pregnant mid-cycle, the chance of conceiving may be higher than previously thought at any time of the month. Another fact to know: Sperm can live up to five days in a woman's body.[6]

Myth: You cannot get pregnant during anal sex.
Fact: Pregnancy cannot occur by having anal sex, but because the vaginal opening and the anus are very close together, there is a chance that sperm could leak into the vagina and fertilize an egg.[7]

Myth: IUD's are ONLY for older women who have had children.
Fact: There is no minimum or maximum age requirement for using the IUD. There is also no requirement that a woman must have had a baby to use the IUD. Some studies have found that there are higher rates of expulsion (the IUD falling out) among young women and women who have not had a child. The additional risk of expulsion, however, is not sufficient to deny IUDs to women who have not had children, because the advantages of the IUD far outweigh the risks of explulsion.[2]

Myth: Taking birth control pills will give you blood clots and kill you.
Fact: The most serious complications attributable to the Pill have been cardiovascular and circulatory system diseases, including blood clots. Clots are particularly dangerous because they can travel to distant parts of the body and relocate in places such as the lungs. However, as the Center for Disease Control and Prevention states, in most healthy women, estrogen and progestin together have no clinically significant impact on clotting. Newer, low dose pills have less effect on blood clotting than earlier pills, and there is less risk for women who don't have any of the other risk factors for cardiovascular disease such as smoking, high blood pressure, diabetes, or history of heart disease.[8]

Myth: Douching after intercourse prevents pregnancy.
Fact: Douching is when a woman uses a solution of water or other fluids that are inserted in the vagina. The liquid in the douche can force semen and sperm further into a woman's body, shortening the distance between the sperm and the egg, increasing the risk of pregnancy.[9]

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[1] Pantoja, M., Medeiros, T., Baccarin, M.C., Morais, S.S., Bahamondes, L., Fernandes, A.M. Variations in body mass index of users of depot-medroxyprogesterone acetate as a contraceptive. *Contraception*, 81(2):107-111, 2010.
[2] International Planned Parenthood Federation [IPPF]. *Contraception Myths*. Retrieved on August 14, 2013 from http://www.ippf.org/our-work/what-we-do/contraception/myths/.
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[4] Planned Parenthood Federation of America. How Does the Morning–After (Emergency Contraception) Pill Work? Retrieved October 14, 2010 from http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp.
[5] NuvaRing. *Frequently Asked Questions.* Retrieved August 14, 2013 at www.nuvaring.com/Consumer/faqs/index.asp.
[6] Tracee Cornforth, at About.com: Women's Health. When Does Pregnancy Occur? Study Shows Few "Safe" Days During Menstrual Cycle. Retrieved on August 14, 2013 from http://womenshealth.about.com/cs/pregnancy/a/whenpregoccur.htm.
[7] American Pregnancy Association. *Can Pregnancy Occur If?...Pregnancy Myths Cleared Up*. Retrieved on August 14, 2013 from http://americanpregnancy.org/preventingpregnancy/pregnancyfaqmyths.html
[8] Columbia University's Health Q & A Internet Service. Risk of Blood Clots with the Pill?. Retrieved on August 14, 2013 from http://goaskalice.columbia.edu/risk-blood-clots-pill.
[9] U.S Department of Health & Human Services, Office on Women's Health. *Douching Fact Sheet*. Retrieved on August 14, 2013 from http://www.womenshealth.gov.

Supplemental Activities for Facilitators

Myth Busters

🕑 **Time:** 60 minutes

★ **Purpose:** To review commonly held myths about birth control held by adolescents and how to dispel those myths.

🗋 **Overview:** Participants will split into 3 groups and practice addressing common myths adolescents hold about contraceptives.

✂ **Materials:**

- Newsprint
- Markers
- 3 bags
- Myths Activity Strips (see the end of this activity) – cut into strips and place in a bag – do this 3 times

🗐 **Participant Handouts**

- Common Myths and Facts About Birth Control (in resources section)

Instructions

1. **Brainstorm Myths**
   - Tell participants that you are going to discuss some myths about birth control and how to dispel them.
   - As a large group, ask the participants to brainstorm all of the myths they have heard from adolescent clients regarding birth control.
   - Record myths on newsprint.

2. **Brainstorm Challenges/Feelings About Myths**
   - As a large group, ask the participants to brainstorm all of the challenges or feelings that they have about these myths.
   - Record myths on newsprint.

3. **Highlight the Following:**
    - One of the key skills in the guided approach is to provide accurate information to adolescents in a short, concise, factual way.

4. **Describe the Activity**
    - Tell participants that in small groups, they will sit around a table and take turns pulling strips of paper with common myths on them out of a bag. Whoever pulls the strip out will practice how they might respond to an adolescent who shares that myth with them. The answers should focus on the developmental level of early or middle adolescence. After the person who pulled the myth has shared how they would respond, others in the group can talk about how they would or have responded to this myth before the next person takes his/her turn.

5. **Conduct the Activity**
    - Divide participants into 3 groups.
    - Give each group a bag full of strips of paper with myths written on them.
    - Tell them to begin with one person pulling out a myth and discussing how they would respond to it. After s/he has responded, others in the group can share how they might respond.
    - Tell them to continue taking turns in this manner.
    - After 20 minutes, call time.

6. **Large Group Report Out**
    - Ask the group to share some of the most common myths they hear and how they would respond.

7. **Distribute Myths and Facts Handout**
    - Distribute the Common Myths and Facts About Birth Control handout.
    - Tell participants that they can use the information on this handout to help them come up with key messages for dispelling myths among adolescent clients.

8. **Process the Activity**
    - Ask the following questions to the large group:
        - What was this experience like?
        - What were some thoughts you would like to share as you listened to your colleagues?
        - Why is this skill so critical to our work?
        - What are you taking away from this activity?

Myths

Copy 3 times, cut into strips and place each set in a bag.

----------✂----------

Birth control makes you fat.

----------✂----------

Birth control makes you infertile.

----------✂----------

Using birth control will cause you to have a deformed baby.

----------✂----------

It's important for your body to take a break from birth control every few months.

----------✂----------

Birth control can cause cancer.

----------✂----------

I don't think I'm able to get pregnant so I don't need birth control.

----------✂----------

I'm not that sexually active so I don't need to use birth control.

Emergency contraception is the abortion pill.

----------✂----------

The Depo shot causes your periods to back up making the blood build up in your uterus.

----------✂----------

Some types of birth control, like the NuvaRing, can get lost in your vagina.

----------✂----------

You can't get pregnant if you have sex during the "safe" period of the month or during your menstrual cycle.

----------✂----------

You cannot get pregnant during anal sex.

----------✂----------

IUD's are ONLY for older women who have had children.

----------✂----------

Taking birth control pills will give you blood clots and kill you.

----------✂----------

Douching after intercourse prevents pregnancy.

Contraceptive Counseling Based on Entry Point

🕑 **Time:** 60 minutes

★ **Purpose:** To have participants think through the opportunities, challenges and strategies of providing contraceptive counseling for adolescents based on the reason why they entered the health center in the first place (e.g., Pregnancy Testing, STI Testing, Seeking Birth Control and Emergency Contraception).

🗋 **Overview:** In small groups, participants brainstorm the opportunities, challenges and strategies of providing contraceptive counseling for adolescents based on the reason why they entered the health center in the first place (e.g., Pregnancy Testing, STI Testing, Seeking Birth Control and Emergency Contraception).

✂ **Materials:**

- Newsprint
- Markers

🗐 ✍ **Preparation**

- On newsprint, write the 4 entry points:
  - Pregnancy Testing
  - STI Testing
  - Seeking Birth Control
  - Emergency Contraception

Instructions

1. **Describe the Activity**
   - In small groups, they will brainstorm the opportunities, challenges and strategies of providing contraceptive counseling to adolescents based on the different reasons why they may have entered the health center. These are called entry points.
   - The 4 entry points are (refer to newsprint):
     - Pregnancy Testing
     - STI Testing
     - Seeking Birth Control
     - Emergency Contraception

2. **Begin the Activity**
   - Divide participants into 4 small groups.
   - Give each group a sheet of newsprint and markers.
   - Assign each group one of the entry points.
   - Give them 25 minutes to brainstorm opportunities/challenges/strategies of increasing contraceptive usage for the entry points they were assigned.
   - After 25 minutes, call time.

3. **Large Group Report Out**
   - Ask for a spokesperson from each group to share their group's responses.

4. **Process the Activity**
   - Ask the group the following questions:
     - What was it like to think about counseling strategies based on entry point?
     - Where did you see the similarities?
     - Differences?
     - How are staff at your health centers utilized at all of these junctures?
     - What does this exercise tell us about work we have yet to do?
     - What are you taking away from this?

Evaluation

A Fidelity Form has been included in this section for the facilitator to capture information about the training conducted. Upon completion of training, you may want to use this form to reflect on, and identify areas of the training program that were challenging to implement or that were modified in some way. Using the information gathered, CAI is available through remote TTA to support you in discussing areas of challenge, and modifications to support you in improving the delivery of training over time. In order to request Technical Assistance and Support please contact: Patti Bunyasararand, CAI Program Coordinator, at 1-404-521-2151, or pbunya@caiglobal.org

Information that this form captures includes:

- Facilitator(s) name(s)
- Date
- Time
- Location/site
- Number of participants

For each activity, facilitators are also asked to record whether the activity was:

- Implemented as written
- Implemented with changes
- Did not implement
- Any remarks/comments

For each activity that was not implemented as written in the Facilitator's Guide, facilitators are asked to describe why the activity was modified.

Finally, facilitators are asked to record challenges and anything else of significance to note for the overall training.

Reducing Unintended Pregnancy: Contraceptive Counseling Approaches for Adolescents

Fidelity Process Form

Facilitator 1: _____ Facilitator 2: _____
Date Session Presented: _____ Time Started: _____
Time Ended: _____
Site & Location: _____

Number of Participants in attendance: _____

Activity 1: Introductions ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 2: Adolescent Development Card Activity** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 3: Adolescent Brain Development** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:
Activity 4: Making Our Approach Appropriate for Adolescents ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 5: Behavior Change** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 6: Intro to Motivational Interviewing** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:
Activity 7: Using Motivational Interviewing Skills ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 8: Skills Practice** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:	**Activity 9: Closing** ☐ Implemented as written ☐ Implemented with changes ☐ Did not implement *Remarks*:

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Fidelity Process Form (con't)

Session Notes: *Please answer the following questions:*

Describe reasons for eliminating, adding, or modifying activities.	Activity #	Change(s) made (*please detail fully*)	Reason for the change(s)
Describe challenges faced during the facilitation of the session			
Describe anything of significance or out of the ordinary that occurred during the session			