

5-STEP COUNSELING MODEL

for Addressing the Sexual/Reproductive Health Needs of Young Men

IMPLEMENTATION NOTES: The intention of this guide is to assist healthcare professionals in improving their ability to integrate conversations about fatherhood and pregnancy prevention into their interactions with young men ages 15-19 on a routine basis as part of community-wide efforts to reduce unintended pregnancy. It is recommended that discussions with young men about fatherhood intentions happen along with a discussion about STI risk, need for STI testing and use of condoms per site protocol.

KEY
QUESTIONS
&
ACTIONS

1 IDENTIFY pregnancy and fatherhood intentions

- What are your thoughts on having a baby or being a father in the next year?

2 EXPLORE fatherhood intentions and experiences with condoms and birth control

- What would be hard about having a baby now?
- Why is now a good time for you to have a baby?
- How does becoming a father right now fit in with your goals for your future?
- When you think about being a father – what's important to you?
- What experiences have you had, if any, with your partner(s) using contraception – like the pill or shot?
- What are your thoughts on using condoms to prevent pregnancy and STIs? What experiences have you had?
- What does your mom/partner/friends think about you being a father or having a baby now?

3 ASSIST to improve knowledge about contraception and speaking with their partner(s)

- If it's okay with you, I would like to review some of the birth control methods that are available to your partner(s) to make sure you have accurate information. How does that sound?
- If it's okay with you, I would like to spend some time thinking about how you might talk to your partner(s) about contraception. What do you think?
- I would like to make sure you know where your partner can go for contraception, would it be okay if we spent some time talking about that?






4 REVIEW fatherhood intentions and plan for partner engagement

- What other questions do you have?
- How are you feeling about your decision to speak with your partner about contraception?
- Would you like condoms before you leave today?

5 PROVIDE STI screening and condoms

- You will see the clinician next who will take a medical history and make sure you get the care you need today.
- We will test for STIs like chlamydia and gonorrhea using the urine sample you provided at the start of your visit.
- I can give you your condoms now – which condoms do you prefer?

5-STEP COUNSELING MODEL *Communication Skills*

COMMUNICATION SKILLS	WHAT DOES THIS MEAN?	THINGS YOU CAN <u>SAY</u>
 Open-Ended Questions	Open-ended questions encourage the client to direct and focus the conversation on their own needs in relation to the topic being discussed, and encourage them to do most of the talking. They do not invite brief answers and are usually NOT answered with a “yes”, “no” or a specific one word answer.	<ul style="list-style-type: none"> • What are your thoughts about having a baby or being a father in the next year? • What would be good about having a baby or being a father now? • What would be hard about having a baby or being a father now? • What experiences have you had with your partners using birth control – like the pill, shot, or implant? • How do you think your partner feels about using birth control?
 Affirmations	Affirmations are statements that acknowledge and validate a client’s strengths, efforts, experiences and involves the counselor noticing, recognizing and acknowledging the positive.	<ul style="list-style-type: none"> • Sounds like you are being really thoughtful about your decisions about when to be a father. • Seems like you care a lot about your partner and want to be involved in decisions about birth control. • It’s good to know when you are unsure about something.
 Reflective Listening	Reflective listening is when you repeat back to the client what they have said. This includes both the content, and the feeling and meaning expressed by the client. Reflective statements can capture just content, just emotion or a combination of both.	<ul style="list-style-type: none"> • You seem very clear that you don’t want to be a father right now; your job is going well and now is not a good time. • Sounds like you want to help your partner think about using birth control, but you’re not sure how to start the conversation. • I hear you saying that your mom really doesn’t want you to have a baby right now.
 Summarizing	Summarizing is when you repeat back to a client the key pieces of your counseling session by linking together highlights from your conversation – that can include your clients goals and priorities, reasons why they are important to their past experiences, concerns and challenges, and any key actions they would like to take.	<ul style="list-style-type: none"> • So, let’s recap. You came to the health center today for STI testing. We tested you for chlamydia and gonorrhea today and sent those tests to the lab. We should have your results in 1 week and will call you when we receive the results at the confidential number you provided. You are interested in helping your partner find a place to get birth control and we have reviewed places to go and provided you with a list of clinics. Does that sound right?
COMMUNICATION SKILLS	WHAT DOES THIS MEAN?	THINGS YOU CAN <u>LISTEN</u> FOR
 Recognizing & Responding to Change Talk	Clients will make statements that reveal their desire, ability, reason, need and readiness to use birth control. Recognizing and responding to these statements will support you in staying focused on the client and their goals.	<p>Desire: I want, I would like, I wish, I hope...</p> <p>Ability: I can, I am able to, I could, I would...</p> <p>Reason: I would probably, I might, it would help me, it’s important...</p> <p>Need: I need to, I have to, I must, I’ve got to...</p> <p>Readiness: I want, I am willing, I’m here to...</p>