Introduction
Encourage your team to consider how staff and providers in varied roles can create a climate where adolescents are more likely to discuss their sexual health openly and honestly.

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

- Identify some of the ways your health center already supports strengths-based approaches to adolescent sexual health.
- Describe basic terms and concepts related to strengths-based approaches to adolescent sexual health.

Supplies
Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector

Additional Resources
If you would like to learn more about this Spark topic, or want to find health care services to refer teens to, take a look at these additional resources.

- IPPF’s [Keys to youth-friendly services](#)
- [Society for Adolescent Health & Medicine: Sexual & Reproductive Health Resources for Adolescents and Young Adults](#)

Citation
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Intro/Hook (5 minutes)

1 – TITLE SLIDE

Today we are going to do a 15-minute “Spark” mini-training. We’ll be discussing how we approach sexual health with our teen patients, and how our attitudes can set a tone with them.

Introduce yourself/yourselves, and explain how this fits into your organization’s practices/practice improvement plans, if applicable.

2 – TRICKY TOPICS

Many young people come here for services related to sexual health, and it can be uncomfortable for them to talk about sex. It can be hard for us, too. Some of us might be parenting a teen, which can affect how we view teen patients. Our values and our life experiences can also influence us. It’s not always easy for people of any age to talk about sexual health!

3 – TALKING TO TEENS ABOUT SEX

If you ask people to describe conversations between adults and teens about sex, here are some key words that come up.

Allow people a moment to read through the list.

In our health center, we have a chance to create a space where teens will come to us for sexual health services, and be honest with us when they do. We can change the dynamic from negative to affirming.

4 – TALKING TO TEENS ABOUT SEX

The conversations we have with our teen patients about their sexual health are necessary. They provide an opportunity for us to give important, accurate information in a respectful way, to make a healthy, lifelong impact on our teen patients. Consider this question as we go through this Spark: How can we actively commit to shifting away from the negative parts of this list, and what can we do to set a tone that is respectful and healthy?

5 – SETTING A TONE

Now let’s consider this quote from Maya Angelou, and think about how it applies to our approaches with young people and sexual health.

Pause to give people a chance to read it.
SPARK SCRIPT

Strengths-Based Approaches to Adolescent Sexual Health

We hope teens don’t forget what we say when we tell them about how to prevent pregnancy, STIs, and how to have healthy relationships. But if they don’t feel respected, what can the result be?

Invite a few people to share their thoughts.

To consider ways we can convey a respectful tone, let’s look at two ways a provider can talk to a patient. We will also be looking at examples involving staff in different roles.

6 – SHADES OF MEANING

Read these two approaches to yourself.

Pause to give people a chance to read it.

It’s easy to understand why the provider in the first situation said what they did. Their intent probably comes from a place of concern. However, most people, including teens, already know that risky behaviors are not healthy. The second approach focuses on what the teen is doing well, which is a strengths-based approach, instead of focusing on the negative or sounding critical. Why might the second approach be more effective in helping the teen consider healthier behaviors?

Invite a few people to share their thoughts.

Content (6 minutes)

7 – BEING STRENGTHS-BASED

Experts recommend that adults adopt a “strengths-based approach” when talking to teens about sex, which frames sexuality as a normal part of life, and acknowledges that sexual feelings are natural. It involves listening to teens and considering their viewpoints with respect, even if their values appear to be different from yours. Providing accurate information about sexual health gives teens the tools to make healthy decisions. And finally, we can reinforce their healthy decisions with affirming statements.

Some adults worry that by being respectful when teens are engaging in risky sexual behaviors, it will be perceived as encouraging them to take risks. However, we are more likely to have a positive impact on their behaviors and be truly patient-centered when we treat teens respectfully – just like people of all ages want to be treated.

8 – COUNTERACTING NEGATIVE MESSAGING

Being strengths-based means that we are counteracting some of the many negative, confusing, or contradictory messages that young people receive about sexuality. In the past, most approaches to adolescent sexual health were based on avoiding disease, and focused on what NOT to do, rather than how to make healthy decisions.

Teens tell us – and research supports this – that scare tactics, lecturing, and shaming do not help young people avoid risky behaviors. We can still try to help teens reduce risky behaviors, and
reinforce the healthy behavior choices they’re making with positive, affirming comments. Let’s look at some more examples to see how this looks in practice.

9 – MESSAGING

Imagine a Medical Assistant needs to collect a urine sample for routine chlamydia screening. She says in a hushed voice, “It’s for chlamydia screening. Don’t worry, as long as you’re not promiscuous, you should be fine.” Take a moment to think about this statement.

Pause for a moment.

10 – MESSAGING

What do you think the MA’s intent might have been?

Invite a few people to share their thoughts.

What might the impact be on the teen patient?

How could this be re-phrased to be more strengths-based?

11 – MESSAGING

Here’s a comment made by a staff member on the phone with a teen, scheduling an appointment. “Sure, Joe, I can schedule you for an STI test. Wait — weren’t you just here for one a few weeks ago?” Take a moment to think about this statement.

12 – MESSAGING

What do you think the staff member’s intent might have been in asking this question?

Invite a few people to share their thoughts.

What might the impact be on Joe? (How might he feel if he hears this?)

How could this be re-phrased to better consider the impact on Joe?

13 – MESSAGING

Let’s look at one last situation. CJ wants her IUD removed. The provider says, “CJ, you’re only 17. I can see how hard it is for you to take care of the baby you already have. We just put your IUD in a few months ago and it sounds like you don’t mind the side effects. Why would you want to have it removed?”

Pause for a moment.
14 – MESSAGING

Chat What do you think the provider’s intent was?

Chat Invite a few people to share their thoughts.

Chat How might CJ feel in this situation?

What could be changed to make it more strengths-based?

Chat Invite a few people to share their thoughts.

Application (4 minutes)

15 – APPLYING TO OUR PRACTICE

Chat We’ve talked about how a strengths-based, patient-centered approach is based on the assumption that young people deserve accurate information and respectful treatment related to sexual health.

What challenges do we have with practicing this?

What can each of us do, in our different roles, to be strengths-based?

Chat Invite a few people to share their thoughts.

16 – THANK YOU!

Chat To keep this conversation going over the next month, I will share Sparklers, or case scenarios, that relate to this topic. I’ll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read the scenario and think through the questions listed on the page. Thank you for your participation!