

# Engaging Young Men in Pregnancy Prevention: Making Referrals for Sexual and Reproductive Health Services

## 1-Day Training

### *Trainer's Manual*

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# Training Description

## **Description:**

Over the last decade, our nation has prioritized supporting young women, and men to a lesser extent, in planning when and under what circumstances they have a child, or expand their families. This effort has included activities to increase access to, and responsiveness of, sexual/reproductive health (SRH) care services for adolescents and young adults. Research has long shown that men influence their partners' contraceptive choices or whether they even use contraceptives, and engaging young men in teen pregnancy prevention can help prevent unintended fatherhood. As it relates to young men, our work to promote reproductive health has largely focused on STI/HIV prevention and testing, leaving young men out of conversations about plans for fatherhood. Further, a growing body of research on pregnancy prevention and planning has revealed that young men want to be good fathers, want information about contraception, and want to be part of decisions to use contraception.

This training can serve as a tool to open the doors for or supplement larger efforts to improve access to sexual and reproductive health (SRH) services for young men and better integrate them into pregnancy prevention activities. *[This is a good opportunity to insert information about initiatives, campaigns, or other work happening in your local community with regard to addressing fatherhood and the sexual and reproductive health needs of young men].* It introduces training participants to concepts associated with young men's beliefs about relationships, fatherhood, and contraception to motivate and improve their ability to refer and link young men to a full range of sexual and reproductive healthcare services.

## **Target Audience:**

Youth-serving professionals, including, youth counselors, social workers, coaches, after-school and other enrichment programming staff, school counselors, probation officers, substance abuse counselors, child welfare administrators, and teachers, who provide services to adolescents and young adult males ages 15-24 years.

# Training Goal and Objectives

## **Goal:**

To increase the ability of youth serving professionals to deliver 2-3 key sexual/reproductive health (SRH) messages to young men, ages 15-24, and refer them to sexual/reproductive health services.

## **Learning Objectives:**

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

- Describe at least 2 reasons to proactively identify and address the needs of young men with regard to pregnancy planning and STI/HIV prevention
- Identify at least 2-3 key messages to deliver to young men about fatherhood intentions, contraception, and STI/HIV prevention
- Describe at least 2 ways to refer and link young men to sexual/reproductive health services

# Materials

## Equipment

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Newsprint
- Markers
- Pens
- Post-it notes
- Tape

## Participant Packet

- PowerPoint Slides in handout form
- Training Day-at-a-Glance

## Handouts and Worksheets

- *Perspectives on Young Men and Addressing SRH* worksheet
- *Integration Statement Examples* handout
- *Integration Statements* worksheet
- *Key SRH Messages (Brief Version)* handout
- *Key SRH Messages* handout
- *Developing Key SRH Messages* worksheet
- *Making a Referral Role Plays* half sheets
  - *Role Play 1 – Young Man and Role Play 1 – Staff Person*
  - *Role Play 2 – Young Man and Role Play 2 – Staff Person*
  - *Role Play 3 – Young Man and Role Play 3 – Staff Person*
- *Action Worksheet*
- *Evaluations*

## Trainer's Materials

- *Group Agreements* prepared newsprint
  - One Mic
  - Confidentiality
  - Step up, step back
  - Device courtesy
  - Redirect side conversations to the larger group

- Respect others' opinions and experiences
  - Jargon giraffe
  - Have fun!
- *Parking Lot* prepared newsprint
- Three *Being a Man* prepared newsprints
  - Qualities of a Good Man
  - Men, Sex, and Intimacy
  - Men, Pregnancy, and Being a Father
- Agree/Disagree signs
- Health Center Services Materials

# Tips for Preparing for Training

Preparation is key for setting yourself up for success when facilitating a training. Here are some tips that may help you as you prepare.

## **Things to Do to Set Up the Training**

- Secure a date and location for the training
- Consider the layout of the training space and if possible, request a setup that allows for easy group work (e.g., tables of 4-6 people)
- Promote the training and recruit participants to attend
- If possible, recruit a representative from a local health care provider that serves young men to present the section on sexual and reproductive health services available to young men in your community during the training

## **Things to Do Leading Up to the Training**

- Review the training design thoroughly to become comfortable with the materials, talking points, activity instructions, and overall flow of the training
- If you're not already familiar, do research on your state's minors' rights laws regarding sexual and reproductive health care and fill in the blanks in the training slides and design. Examples of resources include:
  - Guttmacher: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>
  - State agencies that focus on adolescent sexual and reproductive health may have more specific resources as well
- Gather promotional materials and resources from the healthcare providers in your area that provide care to young men to be able to distribute to training participants
- If other materials are not available, consider developing your own resource list of local health care providers that serve young men
- Print out and prepare all of the training materials (i.e., trainer's materials, handouts and worksheets, and the participant packets)
- Gather the technology and audio/visual equipment you will need

## **Things to Do the Day of the Training**

- Allow enough time for yourself for preparation and setup of the training space (~60 minutes before the training starts)
- Test out any technology or other audio/visual equipment
- Prepare the newsprints needed for each activity throughout the day
- Place the Agree and Disagree Signs at two ends of the room
- Place Post-it notes on the tables for participants to write questions for the Parking Lot

# Engaging Young Men in Pregnancy Prevention: Making Referrals for Sexual/Reproductive Health Services *Trainer Day-at-a-Glance* 9:00AM-4:00PM

Time	Activity	Duration
9:00AM-9:15AM	<b>Welcome and Introduction</b>	15 minutes
9:15AM-10:45AM	<p style="text-align: center;"><b>Where Do Young Men Fit into Pregnancy Prevention?</b></p> <ul style="list-style-type: none"> <li>• <i>Activity: What Does It Mean to Be a Man?</i></li> <li>• <i>Activity: Perspectives on Young Men and Addressing SRH</i></li> <li>• <i>Lecturette: Why Address Fatherhood and SRH with Young Men?</i></li> </ul>	90 minutes
10:45AM-11:00AM	<b>BREAK</b>	15 minutes
11:00AM-12:30PM	<p style="text-align: center;"><b>Integrating SRH into Your Conversations with Young Men – Part 1</b></p> <ul style="list-style-type: none"> <li>• <i>Activity: Where Does It Come Up in Conversation?</i></li> <li>• <i>Lecturette: Steps in Making a Referral</i></li> <li>• <i>Lecturette: STEP 1: Building Rapport</i></li> <li>• <i>Activity: STEP 2: Integration Statements and Practice</i></li> </ul>	90 minutes
12:30PM-1:15PM	<b>LUNCH</b>	45 minutes
1:15PM-2:00PM	<p style="text-align: center;"><b>Integrating SRH into Your Conversations with Young Men – Part 2</b></p> <ul style="list-style-type: none"> <li>• <i>Lecturette: STEP 3: Identifying SRH Needs</i></li> <li>• <i>Activity: STEP 4: Key SRH Messages Review and Development</i></li> </ul>	45 minutes
2:00PM-2:15PM	<b>BREAK</b>	15 minutes
2:15PM-3:45PM	<p style="text-align: center;"><b>Referring and Linking Young Men to SRH Services</b></p> <ul style="list-style-type: none"> <li>• <i>Lecturette: SRH Services for Young Men in Your Area</i></li> <li>• <i>Lecturette: STEP 5: Provide Referral</i></li> <li>• <i>Activity: Making a Referral Role Plays</i></li> </ul>	90 minutes
3:45PM-4:00PM	<p style="text-align: center;"><b>What Are We Taking Away?</b></p> <ul style="list-style-type: none"> <li>• <i>Activity: Action Worksheet</i></li> <li>• <i>Evaluations</i></li> </ul>	15 minutes

# Engaging Young Men in Pregnancy Prevention: Making Referrals for Sexual and Reproductive Health Services

## *Trainer's Guide*

9:00AM-9:15AM

## Welcome and Introduction

**Time Required:** 15 minutes

**Section Purpose:** To welcome participants to the training session and introduce the trainers, training goal and objectives, agenda, group agreements, and purpose of the training

### **Materials**

- Laptop
- Projector
- Projector screen
- PowerPoint slides #1-5
- Newsprint
- Markers
- Pens
- Post-it notes
- *Group Agreements* prepared newsprint
  - One Mic
  - Confidentiality
  - Step up, step back
  - Device courtesy
  - Redirect side conversations to the larger group
  - Respect others' opinions and experiences
  - Jargon giraffe
  - Have fun!
- *Parking Lot* prepared newsprint

## **Description**

### **1. Introduce trainers and participants**

- Trainers introduce their organization and themselves.
- Ask participants to introduce themselves by stating the following:
  - Their name
  - Where they work and their role
  - Expectations for day
- Go around the room one-by-one until everyone in the room has had a chance to introduce themselves.
- On a blank piece of newsprint, record participants' expectations. Be sure to highlight participant expectations that will be covered and ones that are beyond the scope of this training.

### **2. Review goal and objectives**

- Using the PowerPoint slides, review the goal and objectives of the training session. Tell participants that there are several resources in their participant pack that we will be referring to and highlighting throughout the day.

### **3. Display and review the *Group Agreements* prepared newsprint**

- Ask participants to brainstorm some group norms for the training, include the following if participants do not suggest them themselves:
  - One Mic
    - *(One person talks at a time)*
  - Confidentiality
    - *(What is said here stays here, what is learned here, leaves here)*
  - Step up, step back
    - *(People who often dominate conversations are prompted to step back, and people who are often quiet are challenged to step up and share their thoughts)*
  - Device courtesy
    - *(Turn cell phone off or on vibrate, refrain from texting, etc.)*
  - Redirect side conversations to the larger group
    - *(Rather than sharing a comment or question with the person next to you, it's best to share with the larger group as others may share the question or may also benefit from hearing the answer to the question)*
  - Respect others' opinions and experiences
  - Jargon giraffe
    - *(A hand signal where you put you bring your ring finger, middle finger and thumb together and leave your index finger and pinky up and raise it in the air; this signal lets someone who is speaking*

*know that you did not understand the word, acronym or phrase they just used and prompts them to explain it to the group)*

- Have fun!
- Explain that the group agreements are in place to create a safe learning environment for all participants.
- Ask participants to add additional group agreements that they think would be helpful.
- Check with the group to make sure everyone agrees with the group agreements and make any changes, as needed.
- Post the *Group Agreements* prepared newsprint on the wall and refer to the group agreements throughout the training, as needed.

#### **4. Review the *Parking Lot* prepared newsprint**

- Display the prepared *Parking Lot* prepared 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* prepared newsprint.
  - Throughout the training, the trainers will review the *Parking Lot* and address the comments and/or questions.

#### **5. Review agenda and housekeeping**

- Review agenda for the day
- Tell participants where restrooms are located and review other housekeeping items

***Proceed to the next activity.***

9:15AM-10:45AM

## Where Do Young Men Fit into Pregnancy Prevention?

**Time Required:** 90 minutes

**Section Purpose:** To reflect on the messages young men receive about being a man and masculinity and how that may impact their sexual behavior and to improve awareness of research around young men's needs and desires related to fatherhood and pregnancy prevention.

9:15AM-9:45AM

## What Does It Mean to Be a Man? – 30 min.

### **Materials:**

- Power point slide #6-7
- Newsprint
- Markers
- 3 *Being a Man* Prepared Newsprints:
  - Qualities of a Good Man
  - Men, Sex, and Intimacy
  - Men, Pregnancy, and Being a Father

### **Description**

#### **1. Introduce the *What Does It Mean to Be a Man?* activity**

- Tell participants:
  - To even begin to answer the question of where young men fit into pregnancy prevention, we have to start by reflecting on how young men see themselves – how they think about their roles when it comes to pregnancy, fatherhood, sex, and relationships - and what messages they are receiving from their community or society about these roles?

- To do this we want everyone to think back to when they were a teenager/young adult and to consider the messages you received about men and masculinity at that age.
- I'm going to break you into three groups.
- Each group is going to consider the messages they received as teenagers or young adults for one of these three topics:
  - The qualities of a "good man"
  - Sex and intimacy
  - Men, pregnancy, and being a father
- Once in your group, introduce yourselves to each other. Then, you're going to choose someone to be the recorder of all your ideas and someone to be the reporter to share your ideas with the larger group.
- Groups will have about 5 minutes to come up with as many ideas as they can on messages they've received for their assigned topic area.
- Groups should record their ideas on the newsprint provided.
- Have participants count off by threes to break off into three groups.
- Provide each group with one of the three prepared newsprints and a marker.
- Give the groups 5 minutes to brainstorm ideas.
- Remind groups to record their ideas on newsprint provided and designate a reporter to share their ideas.
- After 5 minutes, call time.
- Direct each group to display their newsprint and report out the messages they came up with. Allow the other groups to be able to add on any messages the group may have missed.

## 2. Process the activity

- What does this tell us about our perceptions of being a man?
- In reality, how might young men's behaviors or beliefs align with these characteristics?
- Which of these characteristics or circumstances do they have control over?

**Trainer Note:** If participants don't already say them, highlight the following areas where young men have the most control: decisions over whether or not to have sex, use condoms, number of sexual partners, and having children or becoming a father

- If these are the messages young men receive, how might that impact their behavior regarding sex, relationships, and fatherhood?

## 3. Transition to the next section by saying:

- The messages that we receive and the experiences we have can influence how we think of and interact with young men. Let's explore this further.

9:45AM-10:30AM

## Perspectives on Young Men and Addressing Sexual and Reproductive Health – 45 min.

### Materials:

- Power point slide #8
- *Perspectives on Young Men and Addressing Sexual/Reproductive Health* Worksheet
- Newsprint
- Markers
- *Agree* and *Disagree* Signs

### 4. Introduce *Perspectives on Young Men and Addressing SRH Needs Forced Choice* activity

**Trainer Note:** Before the training, the Agree and Disagree signs should have been placed at opposite ends of the room. If possible, set up chairs below the signs so people are able to sit down if needed while discussing the statements.

- Tell participants:
  - We want to consider some thoughts, attitudes, and circumstances regarding addressing the SRH needs of young men and the possible impact they may have on our ability to provide services tailored to their unique needs.
  - To do this, I will be providing you with a worksheet, and everyone will need to respond to a series of statements.
  - Worksheets you will receive should remain anonymous and no one is to write their names on the worksheets.
  - You must respond to all statements and the only possible responses are “agree” or “disagree.”

### 5. Complete the *Perspectives on Young Men and Addressing SRH Forced Choice* worksheet

- Distribute the *Perspectives on Young Men and Addressing SRH* worksheet to each participant.
- Tell them they have a few minutes to complete it.

- After 5 minutes, call time and collect the worksheets.

## 6. Review the complete worksheets and conduct a large group discussion

- Shuffle the worksheets. Distribute a completed worksheet to each participant so they have a worksheet that they did not necessarily complete themselves.
  - Tell participants to not say out loud if they got their own worksheet back---the worksheets should be anonymous.
- Tell participants that you will be reading off each statement and that people should move to either side of the room, Agree or Disagree, based on *what the paper in front of them indicates, not what they may personally believe themselves.*
- Tell participants, just as they were tasked on the worksheet, they can only agree or disagree.
- Read the first statement, then tell participants that if the person on their worksheet agreed with the statement, they should stand on the Agree side of the room. If disagree, move to the Disagree side of the room.
- Prompt at least one or two participants on each side to share why someone might have agreed or disagreed with the statement.

**Trainer's Note:** Other probing questions for each statement:

- How might someone's response to this statement affect their work with young men as it relates to fatherhood or sexual and reproductive health?
  - Why might we think these things?
  - How might young men be impacted by these thoughts or practices?
- Continue reviewing the statements and discussing them in this manner, being mindful of the time.
  - For the last statement on systems barriers (# 10), also ask participants:
    - What are some other systemic barriers we might face in taking time to address fatherhood and SRH with young men?
    - How might we be able to address these barriers?

## 7. Process the activity

- What was this like?
- What were some of the things you learned by doing this activity?
- Why is it important to explore this?

**Trainer's Note:** If participants do not bring it up, make sure to underscore the importance of individualizing care for each young man we interact with and not treating all young men as if they all act the same.

## 8. Highlight the following key points if not addressed during processing:

- In this activity, we explored:

- Young men’s desire to talk about and get information about fatherhood, pregnancy prevention, contraception, and condoms
- Young men’s willingness to use the information they get to talk to their partners or make decisions around using condoms or other means of pregnancy prevention
- Things that might get in the way of addressing SRH with young men, e.g., time, organizational priority or prevailing community attitudes, beliefs and norms
- As youth-serving professionals, it is important to continuously reflect on, uncover and recognize our attitudes and beliefs around working with young men.
- We also need to consider the challenges we may face and focus our efforts on what we have control over, our own interactions with young men.
- The reality is, that the support and information you can provide to young men during your time with them can make a difference to them and their ability to plan when and under what circumstances they become a father or expand their families, as well as their ability to get tested and treated for STIs/HIV.

**9. Transition to the next section by saying:**

- There is good reason to believe that you can make a difference, so, let’s take a moment and reflect on how young men feel and what they want when it comes to fatherhood and sexual and reproductive health.

**10:30AM-10:45AM**

**Why Address Fatherhood and Sexual/Reproductive Health with Young Men? – 15 min.**

**Materials:**

- Laptop
- Projector
- Projector screen
- Power point slides #9-24

**10. Conduct lecturette on data supporting addressing fatherhood and SRH with young men**

- Tell participants:

- Let's consider what the research tells us young men say and think about fatherhood and sexual and reproductive health.
- Review the PowerPoint slides presenting data regarding:
  - Teen pregnancy
  - Sexual activity
  - Pregnancy prevention
  - Young men's role in female controlled contraception
  - Pregnancy ambivalence
  - "Being a man"
  - Trauma and fatherhood
  - Sexual orientation
  - Parent's want our help
  - Negative stereotypes

**Trainer's Note:** See the notes in the PowerPoint presentation for further talking points.

#### **11. Process the lecturette**

- What stood out to you?
- What questions do you still have?

***Lead into the BREAK.***

**10:45AM-11:00AM**

**Break**

***Lead into the next activity.***

11:00AM-12:30PM

## Integrating SRH into Your Conversations with Young Men – Part 1

**Time Required:** 90 minutes

**Section Purpose:** To ground training in the real-life experiences of participants now as it relates to their work with young men; review key skills youth-serving professionals will use when conducting conversations with young men to identify the need for referral and making referrals; and provide participants with an opportunity to develop messages in their own words relating to fatherhood, pregnancy prevention, contraception, and STIs and HIV

11:00AM-11:30AM

## Where Does It Come Up in Conversations with Young Men? – 30 min.

**Materials:**

- Power point slides #25-27
- Newsprint
- Markers
- Tape

**Description:**

**1. Initiate small group discussion *Where Do These Topics Come Up in Conversations with Young Men?***

- Tell participants:
  - Before we jump into how we might better address the SRH needs of young men, we want to think about how this may be coming up for you in the work you already do with young men every day.
- Divide participants into small groups of three or four (depending on group size).
- Ask participants to think about the following questions and to share with their small group:

- Think about the young men you serve. Where has fatherhood, contraception, STIs/HIV, and/or sexual relationships come up in your conversations?
- If this has not come up, consider a time with a young male client where your gut said, “Something is going on with him,” or you’ve been concerned for a client with regard to STIs, unintended pregnancy, or other topics related to SRH. Share more about this experience.
- After 5-7 minutes, call time. Debrief as a large group.

## 2. Process the discussion

- What was this like?
- What were some of the things you shared in your groups?
- How do these conversations connect to the goals of your work?

## 3. Transition to the next section by saying:

- It seems like this comes up in our daily work with young men. We are going to spend the rest of our time together examining a way to structure our conversations with young men to ensure we pro-actively address and support them in achieving their hopes and dreams around being a father and in accessing sexual and reproductive health services. it’s important to make sure we take the time necessary to ensure we have the skills and the confidence and

**11:30AM-11:45AM**

# Steps in Making a Referral –5 min.

### Materials:

- Power point slides #28-31
- Laptop
- Projector
- Projector screen

## 4. Introduce the steps in making a referral

- Tell participants:
  - So, we have explored the messages young men receive about being a man, we considered attitudes, beliefs, norms, and systems that might get in the way of addressing the SRH needs of young men, we reviewed the research clearly indicating that many young men want our help and have

started to identify how addressing the SRH needs of young men fits into the work we are already doing.

- We're now going to discuss some of the key steps we may take in our conversations with young men that allow us to proactively identify young men in need of SRH services and make a referral to connect them to the care they need.
- I'm going to give you an overview of the steps now, but throughout the rest of the training we will be exploring each one more in depth.

## 5. Briefly Review What is a Referral

- Definition of a referral
- Difference between active and passive referrals

## 6. Briefly Review the steps in making a referral:

- Tell participants:
  - **Step 1: Build Rapport** and trust using core skills and strategies
    - Given that these conversations may be a shift for us in this work as well as for young men who often don't get the opportunities to discuss these topics, our first step is key in helping our clients feel comfortable talking with us about such personal issues.
  - **Step 2: Integration Statements** should be used to normalize conversations about fatherhood and sexual and reproductive health and ensure confidentiality and consent
    - Next, we want to normalize why we may be asking this young person about personal topics like fatherhood and SRH, and make sure that he is in agreement with having the conversation and understands that it will be confidential between the young man and the staff who work to serve him. One tool we have to do that is called an integration statement.
  - **Step 3: Identify SRH Needs** by asking questions (if comfortable)
    - When we've gotten permission to continue the conversation, if we feel comfortable, we may ask some questions about the young person's fatherhood intentions and SRH to get a better sense of what their needs are.
  - **Step 4: Key SRH Messages** should be provided that include accurate and unbiased information and empower young men
    - Once we understand the young man's needs, we can provide him with some key messages regarding issues like fatherhood, STIs, and accessing healthcare to increase his knowledge and help build his motivation to seek out care.
  - **Step 5: Provide Referral** using a passive or active approach

- Now, we can make the referral by providing the young man with information about where to go on his own (passive referral) or we can provide more hands-on support in helping him select a provider that addresses his specific needs and in making an appointment (active referral).

## STEP 1: Building Rapport – 10 min.

### **Materials:**

- Power point slides #32-36
- Laptop
- Projector
- Projector screen

### **1. Introduce the section on key skills and strategies for implementing STEP 1 of the referral process, Build Rapport.**

- Tell participants:
  - Now that we have a framework, and steps, for initiating conversations, and making referrals for sexual and reproductive health, for young men let's review some key strategies to keep in mind that will help you address STEP 1: Build Rapport with the young men you see every day.
  - Many of these concepts will already be familiar to you.

### **2. Conduct a lecturette reviewing key skills and strategies we use to build rapport and trust with young men**

- Let's start by reviewing a set of key communication skills or OARS that you likely use in your job everyday already
- The acronym OARS stands for: Open-Ended Questions, Affirmation, Reflective Listening, and Summarizing
- Let's quickly review each one with specific examples of how the communication skill can be used during a conversation about fatherhood and sexual and reproductive health in conversation with a young man
  - **Open-ended questions** do not invite brief answers and are usually not answered with a "yes" or "no" or a one-word answer.
    - They encourage the client to direct the conversation and do most of the talking.

- Open-ended questions also build trust, and help you find out what is important to the client.
- While closed-ended questions are necessary, too many closed-ended questions may make the client feel like they are being interrogated.
- You want the majority of your questions to be open-ended.
- Some examples of words you can use to start an open-ended question:
  - What...(“what are your thoughts on being a father?”)
  - When...
  - How...
  - Tell me about... (“your experience with condoms”)
  - Tell me more...
  - Help me understand...

**Trainer’s Note:** If professionals who work as part of healthcare provider teams are participants (e.g., nurses, physicians, advance-practice clinicians) in the training acknowledge that in the healthcare setting staff are often checking off boxes of yes or no assessments or health histories (e.g., have you ever had sex? Do you use condoms?). Make note during the training that this is an opportunity to strategically integrate a few open-ended questions as follow-up to these closed-ended questions (e.g., “you said you rarely use condoms, can you tell me more about your thoughts about using condoms?” or “you said that you were sexually active, what are your thoughts on being a father in the next year?”)

- **Affirmations** are statements of appreciation and understanding. They acknowledge and validate a client’s strengths and efforts.
  - This involves the noticing, recognizing, and acknowledging the positive.
  - Some examples are:
    - “It’s courageous that you...”
    - “It shows a lot of strength that you...”
    - “It sounds like you really thought carefully about ...” (“the decision to use condoms”)
  - Additionally, it is important to affirm the individual and **not** their specific choices or decisions.

- **Reflective listening** is when you repeat back to the person the key message you received paying attention to both verbal and non-verbal communication.
  - Reflective statements can include not only the content but the emotions and meaning expressed by the client.
  - Reflective listening is an essential tool to promote a client-centered conversation.
  - Often, when a person is speaking, we tend to think about what we are going to say in response instead of actively listening.
  - Reflective statements often start with stems such as:
    - It sounds like.... (“you have been thinking a lot about what kind of father you want to be”)
    - It seems like... (“you really care about your partner”)
    - I hear...
  - Reflective statements build a sense of collaboration between you and the young person.
  - They are not intended to challenge, question or tell, but rather provide the client with an opportunity to hear their own words repeated back to them and to clarify, elaborate, and/or deepen both the teen’s and youth serving professional’s understanding of their goals, preferences and unique circumstances.
  - Reflective listening is like holding up a mirror to the client and asking them what they see.
  
- **Summarizing** is when you repeat back to a young person the key pieces of your conversation by linking together highlights from your conversation – that can include your client’s goals and priorities, reasons why they are important to them, past experiences, concerns and challenges, and any key actions they would like to take.
  - Summarizing reinforces what has been said, shows the person that you have been listening, and provides an opportunity for the client to clarify or correct your summary statement. Additionally, it prepares the client to move on.
  - Summarizing can be done periodically throughout the conversation, at the end of the conversation, or to transition to a different focus.
  - Always end the summary with a question to see if your summary was accurate – like: “does that sound right?”. If it’s not accurate, allow the young person to clarify or elaborate.
  
- Use a Trauma-Informed Approach

- We reviewed data and information earlier in the day that revealed that a significant number of young men have had experiences of trauma.
- Therefore, one of our key strategies for building rapport includes using a trauma-informed approach that can include:
  - **Recognizing** the signs and symptoms of trauma (e.g., feeling irritable, anxious, or depressed, nightmares, physical symptoms, engaging in risk-taking behavior)
  - **Acknowledging** they have been through traumatic events
  - **Affirming** their feelings
  - **Encouraging** them to maintain healthy habits (e.g., exercising, balanced diet, sleep, avoiding alcohol or drugs)
  - **Connecting** them with support groups or others who have also experienced traumatic events
  - **Referring** them for trauma screening and evidence-based trauma treatment
  - **Resisting** re-traumatization
- **LGBTQI**
  - LGBTQI+ = Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
  - We also know that we are more successful at building rapport by not making assumptions about gender or sexual orientation of the young men we serve and we can take the following actions:
    - Don't make assumptions about heterosexuality
    - Use inclusive language
      - Ask which pronouns (e.g., she, her, him, they, them) are most affirming and use them during your conversation
      - Use partner vs. girlfriend
    - Ensure physical spaces are LGBTQI+ friendly
      - What does a young person see when they walk into a program space? Are there inclusive images? Antibullying signs? Gender-neutral bathrooms?
    - We also don't want to come off as pushing irrelevant information on someone as well
      - A strategy that is not only rooted in truth, but also a helpful way to avoid seeming presumptive is to offer information as something that may be helpful for the young person you're speaking with as well as others they know.
      - For example, you could say: "I want to make sure you and anyone you know as the information they need to avoid unintended pregnancy or STIs."

- Remember that young men who have sex with women and men are more likely than their heterosexual peers to be involved in an unintended pregnancy and when we make assumptions that they are not at risk or it's not relevant to them, they have less access to information they would need to protect themselves and their partners

## 7. Process the lecturette

- To what extent do these strategies sound familiar?
- What might you add as it relates to STEP 1: Building Rapport?

## 8. Transition to the next section by saying:

- We all come to these conversations with a set of knowledge, skills, and tools in our toolbelt that can help us address STEP 1 of the referral making process: Build Rapport. Let's move on to STEP 2: Integration Statements.

11:45AM-12:30PM

# STEP 2: Integration Statements (Step 2) – 45 min.

### Materials:

- Power point slides #37-41
- Laptop
- Projector
- Projector screen
- *Integration Statement Examples* Handout
- *Integration Statements* Worksheet

## 9. Introduce integration statements

- Tell participants:
  - We know these conversations about pregnancy prevention and contraception haven't been normalized with young men in the way we may talk about it with young women.
  - Also, because young men often don't have the opportunities to share in such a personal way, they likely may not start the conversation with us.

- We know they need the information and services, so it is up to us to find ways to integrate the discussion about fatherhood and SRH into our conversations.
- That said, there may be conversations we're already having that opens up opportunities for us to expand them to include SRH.
- One of the strategies we use to create these opportunities are called integration statements, and is STEP 2 in the referral making process.
- Integration statements:
  - **Explain** why we're introducing the conversation
  - **Clarify** how fatherhood and SRH are connected
  - **Normalize** the conversation
  - **Affirm** the client's confidentiality
  - **Ask** for the client's permission to continue the conversation
- Distribute the *Integration Statement Examples* handout.
- Have a few volunteers read a few of the examples.
- Ask participants:
  - Where did you hear the conversation about fatherhood, contraception, or STIs being normalized in the statements that were read?
  - Why might it be important to ask for permission before starting a conversation about fatherhood and sexual and reproductive health?
  - How might you improve these statements?

## 10. Practice developing integration statements

- Tell participants: Now you're going to have the opportunity to practice developing integration statements of your own.
- Distribute the *Integration Statements* worksheet.
- Tell participants to review the first example statement and then to create a statement of their own given each situation provided in the column titled "integration statement."

**Trainer's Note:** This activity can be conducted individually or in small groups of 2-3.

- Tell them to begin working on developing statements for Terrance, Jason and Rashid.
- After 7-10 minutes, call time.
- As a large group, review some of the statements that the groups came up with.

## 11. Process the activity

- What was it like to do this?
- Where do you see opportunities in the conversations you are having now to use these integration statements?

**Trainer Note:** As it relates to opportunities to use integration statements participants may share things like: during the intake process, during a larger conversation about risky behaviors, in a follow-up session, in a conversation about their future goals, during a physical visit, etc.

- How did you address introducing confidentiality?
- What will be challenging? How might you be able to address these challenges?

## 12. Practice using the integration statements and make improvements

- Tell participants:
  - Crafting a statement is one thing, putting it into action is another.
  - Now you're going to get the opportunity to practice putting your integration statement into use.
  - Using the statements you developed for Terrance, Jason, and Rashid on the *Integration Statement* worksheet, you're going to do a short mini-role play with a partner to practice using the statement.
  - This will give you an opportunity to reflect on your statement and consider: am I using plain language? Is it youth-friendly? Does it feel natural?
  - After you practice, you will get a chance to revise
- Direct participants to find someone to partner with.
- Instruct partners to do the following:
  - The mini role-play should be started by the staff person using the information available describing the context of the visit (e.g., second time meeting with Sean, or Terrance is a new client)
  - For the first round, one partner will be the staff person and read through each of their integration statements with their partner who is playing the young man
  - After the staff person reads each integration statement their partner will get an opportunity to briefly respond (Note: the client response should not be lengthy – the purpose is to rapidly practice the integration statements)
  - Once all three integration statements have been practiced the pair should consider the following:
    - How did it feel to say the integration statement?
    - How did it feel to be on the receiving end of the integration statement?
    - What would we improve? (e.g., did I use plain language, is it teen friendly, does it feel natural)
  - The partners should then work together to re-write at least one of the statements based on their reflection and record in the column on the worksheet titled "revised statement."

- Have pair start their mini role plays and give them about 3-5 minutes to complete the first round.
- Call time and have the pairs reflect on the experience and improve at least one of their integration statements based on their experience
- After 3 minutes, call time.
- Have the pairs switch so that person who was playing the staff now plays the client.
- Have the pair start their mini role plays again and give them about 3-5 minutes to complete the second round.
- Call time and have the pairs reflect on the experience and improve at least one of their integration statements based on their experience
- After 3 minutes, call time.

### **13. Process the integration statement practice and prompt participants to make improvements:**

- Ask participants:
  - What was this like putting the integration statements into action?
  - Did you find any opportunities to make improvements to your statement?
  - What improvements did you make? How did you talk about confidentiality?
- Ask for a couple of volunteers to read aloud their statements before the practice and then after
- Prompt participants to consider how youth-friendly and conversational the language is in their integration statement.
- Tell participants:
  - We want you to feel like you have tools that can be most useful to you in your conversations with young men, and we know our initial thought may not always be on the mark. Hopefully, you were able to consider ways to make your integration statements most useful to you.

### **14. Transition to the next section by saying:**

Now, that we have explored STEP 1: Building Rapport and STEP 2: Integration Statements and how to integrate conversations about fatherhood, contraception, and STIs/HIV into our conversations with young men, let's move on to STEP 3: Identifying SRH Needs and STEP 4: Key SRH Messages.

***Lead into LUNCH.***

**12:30PM-1:15PM**

**Lunch**

*Lead into the next activity.*

1:15PM-2:00PM

## Integrating SRH into Your Conversations with Young Men – Part 2

**Time Required:** 45 minutes

**Section Purpose:** To provide participants with questions they can ask to identify a young man's SRH needs; and to review and tailor key messages relating to fatherhood, pregnancy prevention, contraception, and STIs and HIV that they can use in their conversations.

1:15PM-1:30PM

### STEP 3: Identify SRH Needs – 15 min.

**Materials:**

- Power point slides #42-44
- Laptop
- Projector
- Projector screen
- *Questions to Follow Integration Statements: Identifying a Young Man's SRH Needs.*

**Description:**

**1. Introduce introductory questions to identify sexual and reproductive health needs**

- Tell participants:
  - After the young person has given us permission to discuss fatherhood and other aspects of SRH, there are some key questions we may want to ask to get the conversation started and to get a sense of the young person's need for SRH services. This is STEP 3 in making a referral, Identifying SRH Needs

- As we discussed earlier, our conversations with young men have tended to focus on STI/HIV prevention and testing (e.g. use of condoms), and we know many young men want to talk about fatherhood and contraception too, and that this need often goes unmet.
- In particular, reflecting on our earlier conversation about what it means to be a man, we want to be mindful of not falling into shaming or reinforcing gender norms.
- So what might we say after a young man has given us permission to talk about fatherhood? Let's take a closer look.
- Direct participants to the back of the *Integration Statement Examples* handout which is labeled *Questions to Follow Integration Statements: Identifying a Young Man's SRH Needs*.
- Tell participants:
  - Some examples include:
    - What are your thoughts on becoming a father right now or in the next year?
    - Where does fatherhood fit in your life right now?
    - How does becoming a father right now fit into your goals for your future?
  - In the public health field, in general, there has been a nationwide focus on starting to ask women about pregnancy intentions at every clinical visit.
  - This new focus has extended to men and the role of the larger public health system (comprised of organizations like yours: case managers, social workers, etc.) and their role in helping young men plan for pregnancy and parenthood.
  - Some believe there is great promise in this strategy for reducing rates of unintended pregnancy by identifying and connecting all people including young men, not ready for parenthood, to resources they need to prevent pregnancy.
  - Some of the other questions that could help us get a better sense of the needs of the young man we're speaking with are:
    - Have you ever had sex?
    - Talk to me about STI or HIV testing – what have been your experiences?
    - What are your thoughts or your partners' thoughts on having a baby right now?
    - What have been you or your partners' experiences with pregnancy prevention – things like pulling out, the pills, the shot, or the implant?

- These questions are listed on the back of your handout with the integration examples.
- We know that not everyone may feel comfortable asking some of these questions. As such, you don't always have to follow up the integration statement with a question.
- We can always use an integration statement that relays our desire to make sure all of our clients are aware of the services available in our community, with permission, provide the young person with a brochure or referral guide and a couple key messages, and then ask if we can follow-up after they go and encourage them to return to you afterwards.
  - For example, we can say “I want to make sure all the young men I see have information about where to go to get information about preventing pregnancy and STI/HIV testing and treatment. Would it be ok if I shared with you this information? Our conversation will be confidential.” When the young man indicates it would be ok to share you would then provide them with a list or a brochure that includes teen-friendly SRH providers in the community without need for additional questions. You can include a key message when you provide the resource like: “You can be seen at the health care providers in this resources without your parents being present or knowing.” Or “at many of these health centers, you cannot be denied services based on your ability to pay.”
- However, if we are willing to dig a little deeper and ask a question or two, the answers can help us to really tailor the key SRH messages we may share with the young person and understand the services they might need.

**1:30PM-2:00PM**

## **STEP 4: Key SRH Messages for Young Men– 30 min.**

**Materials:**

- Power point slides #45-49
- Laptop
- Projector
- Projector screen
- *Key Sexual and Reproductive Health Messages Brief Version Handout*

- *Key Sexual and Reproductive Health Messages Handout*
  - *Developing Key Sexual and Reproductive Health Messages Worksheet*
- 1. Introduce the key sexual and reproductive health messages**
- Tell participants:
    - Having in your toolbox a core set of SRH messages will help you to share important information with the young man about SRH without you having to be an expert. This is Step 4 in the process of making a referral, Key SRH Messages.
    - The messages should reinforce what male friendly services look like (reference information on slide #46)
    - These messages help to increase a client's knowledge and motivation to seek out care.
    - Let's review a couple of these messages together before we give you the opportunity to create your own in groups.
  - Distribute the *Key SRH Messages Brief Version* handout and instruct participants to review the examples.
  - Ask for 3 volunteers to read out loud a key message they felt was really compelling or most important.
  - Ask for volunteers to share how they might change or improve the statements.
  - Ask participants:
    - How do these key messages align with the conversation we had earlier regarding the messages young men receive about being a good man and masculinity?
- 2. Initiate *Developing Key SRH Messages* activity**
- Tell participants:
    - We developed these messages based on our work with youth-serving professionals, and we know that they may not necessarily be in the style you use to have conversations with the young men you work with or in the voice or language you may use with your clients.
    - We want to give you an opportunity to use these as an inspiration (if you desire) for creating your own as you respond to specific situations involving young men clients.
    - You will have the opportunity to develop these messages in groups.
  - Divide participants into small groups of 3-4 participants depending on group size.
  - Give each participant a *Developing Key SRH Messages* worksheet.
  - Tell the small groups:
    - Each worksheet has a few scenarios related to SRH and making referrals for SRH services that participants may address in their work.

- In your small groups, work together to consider the scenario and develop 2-3 key messages you could share with the young man in the scenario.
- After 10 minutes, call time.
- Have a representative from each group share the messages they developed.

**Trainer Note:** If you have 5 groups, each group can share the messages they developed for one of the young male characters. If fewer than 5 groups, each group can share for more than one young man.

- After each representative shares their group's messages, have the large group provide any other points or suggestions they would add.

### 3. Process the activity

- What was it like to work together to develop these messages?
- How did you put your own spin on the key messages we shared earlier?
- To what extent do we see ourselves delivering these kinds of messages?

### 4. Distribute the full version of the Key SRH Messages:

- Distribute the *Key SRH Messages* handout.
- Tell participants that this version is a longer version of the handout provided earlier, and has additional messages that might also be helpful to you in your work.

### 5. Review the core concepts to keep in mind when delivering messages to young men:

- Normalize the conversation, ask for permission, ensure confidentiality – integration statements help!
- Keep focus on their goals related to fatherhood, SRH and how good reproductive health can help them achieve the goals they want in life
- Ask what their experiences have been or what they know before providing information
- Be factual, also know you don't need to be the expert, but you do know where to connect young men to experts who can assist them

***Lead into the BREAK.***

**2:00PM-2:15PM**

Break

***Lead into the next activity.***

2:15PM-3:45PM

## Referring and Linking Young Men to SRH Services

**Time Required:** 90 minutes

**Section Purpose:** To increase awareness about minors' rights, services in the community, and how SRH services are provided to young men; to increase the awareness about the key steps in making referrals and differentiate passive and active referrals; and to provide participants with an opportunity to roleplay and practice making passive and active referrals

2:15PM-2:45PM

## Sexual/Reproductive Health Services for Young Men in Your Area – 30 min.

**Materials:**

- Power point slides #50-55
- Laptop
- Projector
- Projector screen
- Health Center Services materials
- *Making a Referral Role Plays* half sheets
  - *Role Play 1 – Young Man and Role Play 1 – Staff Person*
  - *Role Play 2 – Young Man and Role Play 2 – Staff Person*
  - *Role Play 3 – Young Man and Role Play 3 – Staff Person*

**Description:**

**1. Introduce the section by telling participants:**

- We have spent the morning understanding how engaging young men in discussions about fatherhood, contraception, and STIs/HIV fits into our work, explored young men's needs for this kind of conversation, information, and care, thought about how to introduce the SRH conversation into conversations we are already having, and key messages that we can deliver to promote access to

information and the care young men need to be partners in pregnancy prevention activities.

- Now let's spend the rest of the afternoon thinking about putting all our knowledge together and exploring how to complete STEP 5: Making a Referral for SRH services for the young men we see.
- The first part of that process will be ensuring that we have information about the SRH services available to young men in our community.

**Trainer's Note:** If you're able to be joined by a representative from a health care provider that serves young men, you could add, "We're lucky to be joined today by the clinical experts who do this work every day that will share more with us about what young men can expect when accessing services."

## 2. Conduct a lecturette on the following:

- Overview of minors' rights to SRH services in your state

**Trainer's Note:** Make sure you have referenced *Tips for Preparing for Training* of the curriculum to support development of this power point presentation that is tailored for your community including state-specific minor's rights laws.

- Local health care providers that serve young men – tailored power point should include:
  - Health Center Name
  - Location
  - Days open
  - Hours of operation
  - Number to call for an appointment
  - If walk-ins are accepted
  - Cost of services
  - Are services confidential?
  - May also include information about accessibility through public transportation

**Trainer's Note:** If there are too many healthcare provider sites to include all this information on a couple of slides, consider making a handout or referral guide that can be referenced by youth-serving professionals during the presentation and when then return to their work settings

- Overview of services available to young men – tailored power point should include information about:
  - Testing for chlamydia and gonorrhea using urine sample
  - Testing for HIV using oral swab or fingerstick
  - Treatment for STIs
  - Free condoms
  - Information about contraception

- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Other specialized services like teen peer educator services

**3. Close this section and transition to the next section by:**

- Asking participants if they have any questions about SRH services available to young men
- Telling participants:
  - It is vital that we have accurate information about SRH services available to young men in our community and you may even want to extend your knowledge by visiting the health centers we just discussed and requesting a tour or meeting with key staff at the health center.
  - In our experience, clinical staff really appreciate the opportunity to make connections and increase awareness about their services.
  - Now that we are aware of the services available in our community for young men, let's put our knowledge, skills and resources together to gain a common understanding of the key steps in making a referral and practicing.

**2:45PM-3:00PM**

## **STEP 5: Provide Referral – 15 min.**

**Materials:**

- Power point slides #56-59
- Laptop
- Projector
- Projector screen

**Description:**

**1. Briefly review strategies and steps in making a referral emphasizing the following:**

- Skills used to make a referral
  - Normalize
  - Use your OARS (i.e., open-ended questions, affirmations, reflections, and summarizing)
  - Be factual

- Remember, you don't have to know everything
- Be trauma-informed
- Use LGBTQI+ inclusive language
- Reiterate the key steps to making a referral:
  - **Step 1: Build Rapport**
  - **Step 2: Integration Statements**
  - **Step 3: Identify SRH Needs** (if comfortable)
  - **Step 4: Key SRH Messages**
  - **Step 5: Provide Referral** (remember it can be a passive or active referral)

**3:00PM-3:45PM**

## Making a Referral Role Plays – 45 min.

### **Materials:**

- Power point slide #59
- Laptop
- Projector
- Projector screen
- *Making a Referral Role Plays* Half Sheets
  - *Role Play 1 – Young Man and Role Play 1 – Staff Person*
  - *Role Play 2 – Young Man and Role Play 2 – Staff Person*
  - *Role Play 3 – Young Man and Role Play 3 – Staff Person*

### **4. Introduce the *Making a Referral Role Play* activity**

- Tell participants:
  - Now, we're going to apply everything we've learned today by doing some role plays.
  - Remember, you have a lot of tools at your disposal that you can use during this role play – the integration statements, some questions you can use to identify SRH needs, key SRH messages, the 5 steps to making a referral to guide you, and those skills we reviewed earlier -- our OARS, normalizing, and being mindful of trauma and LGBTQ-inclusive.
  - In a minute, I'm going to break you into pairs.
  - In your pairs, one person will play a young man and the other, the youth-serving professional.

- We'll be working through three scenarios. The first scenario involves making a passive referral, and then we ramp up for the second and third, which are active referrals.
- For each scenario, you're going to rotate your roles so that by the end of the exercise, each participant will have had a chance to play each role with the same scenario.
- You'll have 10 minutes to practice each scenario. Spend about 7 minutes with the roleplay and 3 minutes to debrief what went well and what could be improved.

**Trainer Note:** There is an additional role play included in the design that could be used to swap out any of the others.

## 5. Conduct the Making a Referral Role Play activity

- Divide participants into pairs.
- Tell the pairs to decide who will play the staff person first.
- Round 1 of Role Plays:
  - Distribute *Role Play 1 – Young Man, Role Play 1 – Staff Person (Passive Referral)* to each pair.
  - Give them a moment to review the role plays.
  - Tell them to begin.
  - Prompt the groups at about 5 minutes to switch if they haven't already.
  - After 10 minutes, call time.
  - Tell participants to take 3 minutes to debrief the experience including what went well and what could be improved.
- Round 2 of Role Plays:
  - Tell participants they will be switching scenarios and partners now.
  - Prompt the participants to find a new person to role play with.
  - Remind participants that again, they will have 10 minutes for each person to have a turn at playing the staff person in the scenario, so they should switch roles mid-way.
  - Distribute *Role Play Scenario 2 – Young Man, Role Play Scenario 2 – Staff Person (Active Referral)* to each pair.
  - Give them a moment to review the role plays.
  - Tell them to begin.
  - Prompt the groups at about 5 minutes to switch if they haven't already.
  - After 10 minutes, call time.
  - Tell participants to take 3 minutes to debrief the experience including what went well and what could be improved.
- Round 3 of Role Plays:

- Tell participants they will be switching scenarios and partners now.
- Prompt the participants to find another new person to role play with.
- Remind participants that again, they will have 10 minutes for each person to have a turn at playing the staff person in the scenario, so they should switch roles mid-way.
- Distribute *Role Play 3 – Young Man, Role Play 3 – Staff Person (Active Referral)* to each pair.
- Give them a moment to review the role plays.
- Tell them to begin.
- Prompt the groups at about 5 minutes to switch if they haven't already.
- After 10 minutes, call time.
- Tell participants to take 3 minutes to debrief the experience including what went well and what could be improved.

## 6. Process the activity

- How was this?
- What went well? What was challenging?
- How was role playing the passive referral compared to the active referral?
- How did your performance change over the 3 role plays?
- What skills would like to continue to improve?

**Lead into the next activity.**

**3:45PM-4:00PM**

# What Are We Taking Away?

**Time Required:** 15 minutes

**Section Purpose:** To reflect on training takeaways and any anticipated needs to put the tools and skills into action; to collect participant feedback and close the training.

**Materials:**

- PowerPoint slides #60-61
- *Action Worksheet*
- *Evaluations*

**Description:**

**1. Conduct a discussion on the following:**

- Tell participants:

- It has been terrific being with you today. We appreciate everything you do for the young men in your community and your commitment to helping young men to think about fatherhood and connecting them to services that can help them stay healthy and achieve their goals.
- Before we end our time together, let's think about what we are taking away from today's session.
- Distribute *Action Worksheet*.
- Have participants spend about 3-5 minutes to work on the sheet individually.
- Ask participants to share some at least one of their responses to the questions on the *Action Worksheet* in small groups at their table.
- Give the groups about 5 minutes to discuss.
- For each worksheet question, have a few volunteers share their responses.

## **2. Close the training part of the day and distribute the evaluation**

- Ask participants if they have any other questions.
- Thank the participants for all their work today.
- Tell participants we really appreciate their feedback and will be seeking feedback from them in two different ways today. One via paper evaluation and then we will also host a larger conversation to get more descriptive feedback on specific aspects of the training day to help inform future trainings.
- Ask participants to complete the evaluation and hand it in before they leave.
- Remind participants that there is a front and back to the evaluation.

# Trainer's Materials

## Perspectives on Young Men and Addressing SRH

**Directions:** Review each statement below and then mark whether you agree or disagree. **Please note:** Your responses will be kept anonymous.

Statement	Agree	Disagree
1. I am comfortable talking with young men about SRH.		
2. Young men are uncomfortable talking about SRH with female professionals.		
3. Using contraception is not as important for young men as it is for young women since they are not the ones who get pregnant.		
4. Young men are more worried about enjoying sex than using protection.		
5. If I talk to young men about seeking SRH services, they will be more likely to have sex.		
6. Young men get a bad reputation when it comes to STIs and teen pregnancy.		
7. Many young men want to talk to youth-serving professionals and health care providers about fatherhood and pregnancy prevention.		
8. Teen pregnancy is a norm in my community.		
9. Talking to young men about fatherhood and contraception is not a priority in my organization.		
10. I know it's important, but there is no time to have conversations about fatherhood and SRH with young men.		

## Integration Statement Examples

### General

*A lot of young men I see have questions about preventing pregnancy and STIs and HIV, but don't know where to find out more or when to get services. Would it be okay if we talked more about that today? Our conversation will stay confidential.*

*A lot of young men I see don't want to be fathers right now and have questions about birth control and want to know more. Would it be okay if I talked to you more today about where you or any of your friends could go to get more information about birth control and preventing pregnancy? These conversations are private.*

*A lot of young people want to protect themselves from STIs and pregnancy, but don't know where to go to get care. I want to make sure you know about resources available in the community to get condoms, STI testing, and birth control. Would it be okay if we had a conversation and I shared these resources with you today? Everything we talk about today will stay just between you and me.*

*A lot of young men that I work with don't have anyone to talk to about if and when they may want to become a father. Would it be okay if we talked more today about your thoughts on fatherhood at this point in your life? This will be a confidential conversation.*

*I work to make sure all the young people I work with know about where to get STI/HIV testing and treatment services, condoms and birth control in our community. There are services that are especially for teens and young adults that are confidential (meaning that these services are private and you don't need permission from parents to access them). They are also free or low cost. Would it be okay if I check in with you about sexual and reproductive health today? Our conversation will be private too.*

*I ask all of our clients about sexual and reproductive health, because I think it's an important aspect of health and I want to make sure we're supporting our clients in the best way we can. It's important for young people to know there are confidential*

resources in the community that can help answer the questions or concerns they may have. Would it be okay if I asked you some questions today about sexual and reproductive health? Our conversation about these resources is also confidential.

### **Clinical**

Okay, I just have a few more questions to ask and then you'll be ready to see the nurse to get your vaccines. Before you go, because we don't provide these services here, I like to make sure that all the young people I take care of have information about where to go to get STI or HIV testing and treatment and where to get condoms or birth control. Would it be okay if we spent some time talking about that before you leave? These conversations are confidential.

It's great that you are concerned about your health and that you came in for your physical today. You're clearly concerned about taking care of yourself. While you're here, I'd also like to talk about fatherhood and pregnancy prevention. This is something that I talk about with all of the young people I see. Would that be okay? This conversation will be confidential.

## Questions to Follow the Integration Statements:

### Identifying a Young Man's SRH Needs

- What are your thoughts on becoming a father right now or in the next year?
- Where does fatherhood fit in your life right now?
- How does becoming a father right now fit into your goals for your future?
- Have you ever had sex?
- Talk to me about STI or HIV testing – what have been your experiences?
- Have you and your partner(s) discussed what you would do if a pregnancy occurred?
- What are your thoughts or your partners' thoughts on having a baby right now?
- What have been your experiences using condoms?
- What have been you or your partners' experiences with pregnancy prevention – things like pulling out, the pills, the shot, or the implant?

## Integration Statements

**Directions:** Review the example given below, and then practice creating statements that will help you integrate fatherhood intentions, contraception, and STI/HIV prevention into your conversation with each of the young men.

Client	Integration Statement	Revised Statement
<p>This is your second time meeting with Sean (age 17). Before he leaves the session, you want to talk to him more about SRH.</p> <p><b>Use an integration statement to integrate fatherhood intentions, STIs/HIV and contraception into the conversation.</b></p>	<p><i>Example: We've met a few times now and have a covered a number of different topics. Today, I'd like to talk to you about something else. I try to speak with all the clients I see about their thoughts on becoming a parent and sexual and reproductive health. Would it be okay if we talked about that today? Our discussion will be confidential.</i></p>	
<p>Terrance (age 16) is a new client. You want to let him know about the SRH resources in the community.</p> <p><b>Use an integration statement to integrate fatherhood intentions, STIs/HIV and contraception into the conversation.</b></p>		
<p>You were just speaking with Jason (age 19) about his progress in completing his GED. You want to explore any connections between his pursuit of education and when he wants to be a father.</p> <p><b>Use an integration statement to integrate fatherhood intentions, STIs/HIV and contraception into the conversation.</b></p>		

## Key SRH Messages (Brief Version)

### Fatherhood and Fatherhood Intentions

- Young men don't often have opportunities to talk about sex, relationships, and preventing STIs and pregnancy.
- Most young men have hopes and dreams about becoming a father and there are steps you can take to prevent pregnancy until you're ready.
- You have a really important role to play in preventing pregnancy.

### Sexually Transmitted Infections

- Most people think they will know if they have an STI, but most STIs have no symptoms. That's one of the reasons why it is important to get tested for STIs including HIV at least once a year.
- If you think that you may have an STI, it's important to get tested as soon as possible. There are places where you can get tested and they also offer treatment too if you have an STI.

### Contraception and Birth Control

- Anytime you have sex without a condom or other type of birth control method, a pregnancy is possible.
- Using birth control and a condom is the best way to protect yourself from STIs/HIV and from becoming a father before you're ready.
- It's important for young men to know about birth control methods available to prevent pregnancy.

### Confidentiality and Minors' Rights

- You can be seen at the health care providers in this resource without your parents being present or knowing.
- The health center staff work hard to protect your confidentiality and keep your information private.
- At the health care providers in this resource, you can make decisions about your own health like figuring out which condoms work best for you, learning about other types of birth control, and receiving testing for STIs and HIV.

### Healthcare Providers and Making a Referral

- It's important to see a health care provider regularly when you are sexually active.
- There are great doctors and other health care providers in our community that can help you stay healthy, and be in control of your life and your future. Would it be okay if we discussed where you might go?
- We want to make it simple for you to get the services you need, so you can take care of yourself. You can use this resource to find a health center that is convenient for you.

## Key SRH Messages

### Fatherhood and Fatherhood Intentions

- We know that young men want to be involved in decisions about pregnancy and parenthood and I want to make sure you have the information you need to make those decisions.
- Young men don't often have opportunities to talk about sex, relationships, and preventing STIs and pregnancy.
- Most young men have hopes and dreams about becoming a father and there are steps you can take to prevent pregnancy until you're ready.
- Many programs helping teens prevent pregnancy until they are ready have left out young men. We want to help change that.
- You have the power to decide what being a good father means to you and what you would need to accomplish to be that kind of father.
- It's important to talk to your partners about your thoughts on pregnancy and becoming a parent.
- You have a really important role to play in preventing pregnancy.

### Sexually Transmitted Infections

- Most people think they will know if they have an STI, but most STIs have no symptoms. That's one of the reasons why it is important to get tested for STIs including HIV at least once a year.
- If you think that you may have an STI, it's important to get tested as soon as possible. There are places where you can get tested and they also offer treatment too if you have an STI.
- You can be tested for HIV with just a finger stick or quick swab of your mouth.
- You can be tested for STIs like chlamydia or gonorrhea by peeing in a cup.
- Most STIs like chlamydia or gonorrhea, have no symptoms (no drip or burn), so it is important to get tested at least once a year if you are sexually active.
- Using a condom every time you have sex protects yourself and your partners from STIs.

### Contraception and Birth Control

- Anytime you have sex without a condom or other type of birth control method, a pregnancy is possible.
- If you or your partner are not interested in becoming a parent or having a baby in the next year, there are a number of ways you can prevent pregnancy.
- A lot of young women want their partners to be a part of decisions about birth control.
- Getting birth control doesn't require a pelvic exam or pap smear anymore.
- Today's birth control is very safe and effective.
- Using birth control and a condom is the most effective way to protect yourself from STIs/HIV and from becoming a father before you're ready.
- It's important for young men to know about birth control methods available to prevent pregnancy.
- You can take charge of your health AND preventing pregnancy and STIs by using a condom every time you have sex.

- You can play your part in preventing pregnancy by learning about available birth control methods, supporting your partner's decision to use birth control, and helping them use it correctly.
- There are number of birth control methods available to young people that are safe and can be easy to use. There are even some you don't need to think about for months like the Depo shot, or years like the IUDs and Implant!
- There are resources in the community that can help you and your partner(s) find a birth control method that best meets their needs.

### **Emergency Contraception**

- If a condom broke or you have had unprotected sex in the last 5 days, emergency contraception, or EC, can help protect against pregnancy.
- The sooner someone takes EC, the more effective it can be at preventing pregnancy, so it's important to get it as soon as possible.
- You can buy emergency contraception over the counter (without a prescription) at your local pharmacy regardless of your age.

### **Confidentiality and Minors' Rights**

- You can be seen at the health care providers in this resource without your parents being present or knowing.
- The health center staff work hard to protect your confidentiality and keep your information private.
- At the health care providers in this resource, you can make decisions about your own health like figuring out which condoms work best for you, learning about other types of birth control, and receiving testing for STIs and HIV.

### **Cost**

- There may be health centers in our community that provide SRH services at low cost or for free.
- At many of these health centers, you cannot be denied services based on your ability to pay.

### **Healthcare Providers and Making a Referral**

- It's important to see a healthcare provider regularly when you are sexually active.
- There are great doctors and other health care providers in our community that can help you stay healthy, and be in control of your life and your future. Would it be okay if we discussed where you might go?
- The health care providers in this resource can tell you more about staying healthy and if you are interested, they can help you and your partner(s) figure out which pregnancy prevention methods might work best for you. How does that sound?
- If you're not interested in becoming a parent right now, there are professionals at the health centers we work with that can tell you more about the options you and any of your partners have for preventing pregnancy and getting birth control. Would it be okay if we discussed where you might go?
- We want to make it simple for you to get the services you need, so you can take care of yourself. You can use this resource to find a health center that is convenient for you.
- Some healthcare providers have walk-in appointments if you need services today.
- I can help you make an appointment if you think that would be helpful.

## Developing Key SRH Messages

**Directions:** Given the scenario, draft 2-3 key SRH messages you could relay in your conversation with the young man.

*Lamont, a 19-year-old, voices that he is really not ready to become a father right now. He's really focused on his recovery and he wants to try to get into college.*

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**Key Messages:**

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*Javier, a 16-year-old, mentions that his girlfriend has been talking about birth control and not wanting to get pregnant, but he doesn't know what he can do about it. He doesn't like using condoms.*

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**Key Messages:**

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*Anthony, a 17-year-old, is concerned because he just learned that a girl he used to date is being treated for chlamydia.*

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**Key Messages:**

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*Keyon, an 18-year-old, says he's not really worried about STIs or pregnancy. He shares that if the girl he is with doesn't ask him to use a condom, he assumes she must be on birth control. He also says he has never been tested for STIs or HIV.*

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**Key Messages:**

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*Emerson, a 17-year-old, has thought about seeing a health care provider, but he is worried they could contact his grandmother and she might find out he is gay.*

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**Key Messages:**

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## Making a Referral – Passive Referral: Role Plays

### Young Man: Scenario 1

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*You are playing the role of Alex, a 20-year-old. You just started community college two months ago and you're a little nervous about it. You're just now getting back on your feet, and you don't want to mess things up. There's a girl you've been having sex with casually, and you don't always use condoms. A couple months ago, you both had a pregnancy scare. It made you realize you're not sure if you're ready to become a father right now. You're just trying to stay on track.*

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## Making a Referral – Passive Referral: Role Plays

### Staff Person: Scenario 1

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*Alex is a 20-year-old male client who just started community college not too long ago. Alex has gotten into some trouble in the past, and has been working on turning his life around in recent months. This is your first-time meeting with Alex. You want to **integrate fatherhood and SRH** into the conversation and you want to engage Alex in a **passive referral**.*

**Remember the tools you can use in your conversation:** core communication skills, integration statements, introductory questions, key SRH messages, and the steps in making an effective passive referral:

**Step 1: Build Rapport**

**Step 2: Integration Statements**

**Step 3: Identify SRH Needs**

**Step 4: Key SRH Messages**

**Step 5: Provide Referral**

## Making a Referral – Active Referral: Role Plays

### Young Man: Scenario 2

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*You are playing the role of Darren, a 16-year-old. You've been having some difficulties at school and sometimes just don't feel like going. The other day, one of your friends told you that he got "burned" by this girl he was talking to and had to get a shot in his butt to get treated (for the STI). The situation sounded kind of crazy to you, because your friend had no idea, and it has had you a little worried. You haven't really been using condoms with the girl you're seeing.*

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## Making a Referral – Active Referral: Role Plays

### Staff Person: Scenario 2

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*Darren is a 16-year-old client who has a history of being truant from school and has been struggling with some behavior issues. This is your third time meeting with Darren.*

*You want to **integrate fatherhood and STIs/HIV** into the conversation and you want to engage Darien in an **active referral**.*

**Remember the tools you can use in your conversation:** core communication skills, integration statements, introductory questions, key SRH messages, and the steps in making an effective active referral:

**Step 1: Build Rapport**

**Step 2: Integration Statements**

**Step 3: Identify SRH Needs**

**Step 4: Key SRH Messages**

**Step 5: Provide Referral**

## Making a Referral – Active Referral: **Role Plays**

### Young Man: Scenario 3

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*You are playing the role of Michael, an 18-year-old. You have just started working on your recovery. You have been having sex with a few sexual partners in the last 6 months, and when you were high, you often had sex without condoms. Seeking health services is new to you. You never really worried about STIs or pregnancy in the past, but the conversations you've been having with the staff here have been making you think.*

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## Making a Referral – Active Referral: **Role Plays**

### Staff Person: Scenario 3

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*Michael is an 18-year-old client. This is your second time meeting with Michael. You got the sense from your previous conversation that Michael may have been engaging in some risky sexual behavior like condomless sex before he started seeing you.*

*You want to **integrate fatherhood and STIs/HIV** into the conversation and you want to engage Michael in an **active referral**.*

**Remember the tools you can use in your conversation:** core communication skills, integration statements, introductory questions, key SRH messages, and the steps in making an effective active referral:

**Step 1: Build Rapport**

**Step 2: Integration Statements**

**Step 3: Identify SRH Needs**

**Step 4: Key SRH Messages**

**Step 5: Provide Referral**

## Making a Referral – Active Referral: **Role Plays**

### Young Man: Scenario 4

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*You are playing the role of Gerald, a 16-year-old, who hasn't disclosed to many people that you are gay. You have a good relationship with this staff person and have disclosed to them. You have been dating someone lately and you feel like the relationship is progressing towards having sex. You have questions about sex, but you're not sure where to go.*

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## Making a Referral – Active Referral: **Role Plays**

### Staff Person: Scenario 4

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*Gerald is a 16-year-old young man, who hasn't disclosed to many people besides you that he is gay. You have a good relationship with Gerald and you think he may be dating someone.*

*You want to **integrate fatherhood and STIs/HIV** into the conversation and you want to engage Michael in a **passive referral**.*

**Remember the tools you can use in your conversation:** integration statements, introductory questions, key SRH messages, core communication skills, and the steps in making an effective passive referral:

**Step 1: Build Rapport**

**Step 2: Integration Statements**

**Step 3: Identify SRH Needs**

**Step 4: Key SRH Messages**

**Step 5: Provide Referral**

**Engaging Young Men in Pregnancy Prevention:  
Making Referrals for SRH Services  
*Action Worksheet***

*The following questions will help you reflect on the training experience and develop concrete next steps for how you may apply what you've learned to your work with young men.*

**What is one thing you're taking away from the training?**

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**What will you do differently when you return to your agency?**

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**What do you still have questions about or what resources might you still need?**

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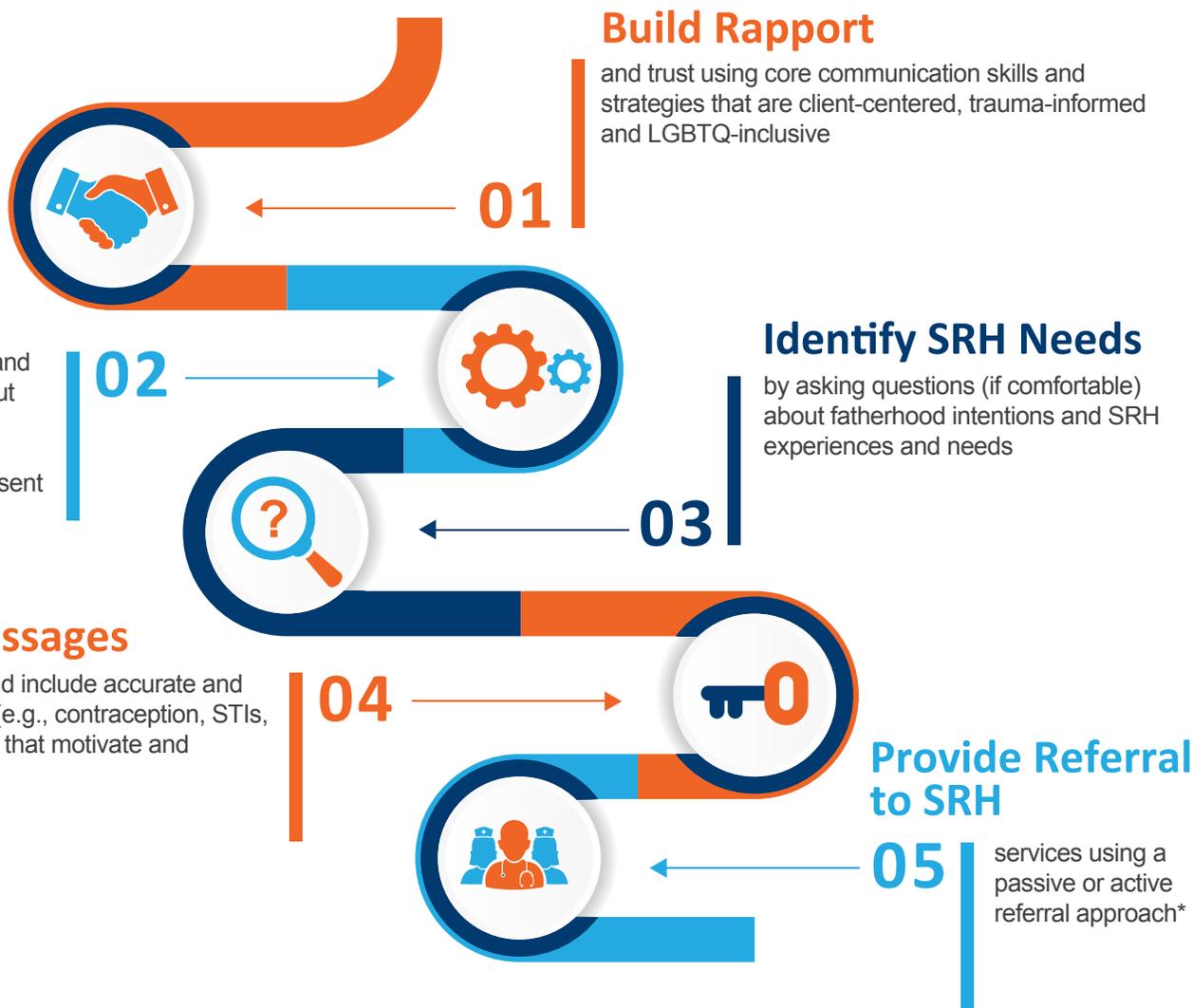
# Materials for Participant Packet

**Engaging Young Men in Pregnancy  
Prevention:  
Making Referrals for Sexual and  
Reproductive Health Services  
Day-at-a-Glance  
9:00AM-4:00PM**

Welcome and Introduction
Where Do Young Men Fit into Pregnancy Prevention?
Break
Integrating SRH into Your Conversations with Young Men – Part 1
Lunch
Integrating SRH into Your Conversations with Young Men – Part 2
Break
Referring and Linking Young Men to SRH Services
What Are We Taking Away?

# Making Referrals to Address Sexual & Reproductive Health (SRH) Needs of Young Men

## 5 Steps



- ♂ \* **Passive Referrals** – Providing a young person with resources or information they need to take charge of pursuing needed services on their own
- ♂ \* **Active Referrals** – Supporting a young person through a process of helping them to identify needed services and connecting with the service provider

# Sample Participant Training Evaluation

## IN-PERSON TRAINING POST-EVALUATION QUESTIONS

Event ID:

Event Title:

Event Date:

To what extent do you Agree or Disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1A.	<input type="text"/>	1	2	3	4	5
1B.	<input type="text"/>	1	2	3	4	5
1C.	<input type="text"/>	1	2	3	4	5
1D.	<input type="text"/>	1	2	3	4	5
1E.	<input type="text"/>	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
2.	The instructional materials were useful.	1	2	3	4	5	
3.	The training was engaging.	1	2	3	4	5	
4.	There was a good balance between lecture & activities.	1	2	3	4	5	
5.	I am satisfied with my level of participation during the training	1	2	3	4	5	
6.	If applicable, the training team worked well together	N/A	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7.	I learned something new as a result of this training	1	2	3	4	5
8.	I will use what I learned from this training in my work	1	2	3	4	5
9.	I am confident in my ability to apply what I learned as a result of this training to my work	1	2	3	4	5



## IN-PERSON TRAINING POST-EVALUATION QUESTIONS

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

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11. Please indicate the extent to which you agree or disagree with the following statements about each of today's trainer(s) :

Trainer 1					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

Trainer 2					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I was satisfied with the trainer's knowledge of the subject matter	1	2	3	4	5
b. The trainer presented the information clearly	1	2	3	4	5
c. The trainer effectively addressed questions/concerns	1	2	3	4	5

12. If you selected a 3 or below on any of the above items, please explain below:

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13. Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future?

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