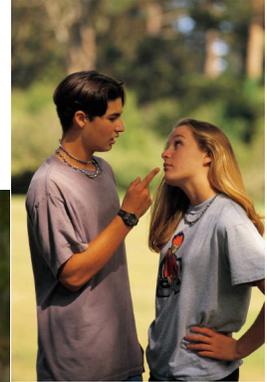


Approaches to Male Service Integration: Simple Strategies for Communicating with Male Clients



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Workshop developed by Joan Mogul Garrity
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Creating Dynamic Networks

What you know about Luis

Sixteen-year-old Luis came into the clinic because he had noticed a discharge from his penis. He claims to have had only two sexual partners, both girls. He is diagnosed with gonorrhea. He appears to be shocked by the news. He says, *“She must have given me this infection. I’ve never had one before with anybody else!”*

What you know about Brian

Your client is Brian, 23 year-old male, poorly dressed, thin and pale. His clothing smells of marijuana. He makes little eye contact. He came to the clinic because the health department contacted him about a possible STI exposure. An anal swab test revealed syphilis. When you ask him about his sexual history, he responds, *“I have sex with women, you know...yeah, I’m straight...but sometimes I do it with a guy ...but I’m straight.”*

What you know about Alex

Your client is Alex. He is 33 years old. He has come in for a STI check and treatment. He says he uses condoms sometimes. You want to find out more about his condom use. He appears extremely uncomfortable when you try to talk to him about this. *“Yeah, I use condoms sometimes. I’m really careful about who I’m with!”*

What you know about William

Nineteen-year-old William walked into the clinic looking very agitated. He says he just needs to talk to somebody. When you take him to a private space and ask him what’s going on, he says, *“I had sex with a girl, and now she’s pregnant. She’s having the baby and says I need to help, but I don’t want to be a father right now. Help!”*

Thomas Gordon's Twelve Roadblocks*



Some typical communication styles that communicate unacceptance are:

- 1) **Ordering, directing or commanding** A direction given with the force of some authority behind it.
Don't say that.
You've got to face up to reality.
- 2) **Warning or threatening** Similar to directing, but with an overt or covert threat of impending negative consequences if the advice or direction is not followed.
You'd better start thinking about this now, or you'll be sorry later.
You're really asking for trouble when you do that.
- 3) **Giving advice, making suggestions, providing solutions** Recommending a course of action. These often begin with words like:
What I think you should do is...
Have you tried..
- 4) **Persuading with logic, arguing, lecturing** Presenting an argument persuasive to a desired action; the underlying assumption being that the person has not adequately reasoned it through and needs help in doing so.
The facts are that...
Let's reason this through...
I'm sure you would agree that...
- 5) **Moralizing, preaching, telling them their duty** An underlying moral code is invoked in "should" or "ought to" language.
You should...
You really ought to...
It's your responsibility to...

These next responses tend to focus on inadequacies and faultfinding:

- 6) **Judging, criticizing, disagreeing, blaming** The common element here is an implication that there is something wrong with the person or with what he or she has said. Simple disagreement is also included in this group.
It's your own fault.
You're being stupid about this.
You're wrong.
- 7) **Interpreting, analyzing** These are very common and tempting statements to make; to seek out the hidden meaning for that person and give one's own interpretation.

* Adapted from Gordon, T. (1970) *Parent Effectiveness Training* New York: Wyden

*You don't really mean that.
Do you know what your real problem is..?
You're just trying to blame someone else for what's going on.*

8) Shaming, ridiculing, name-calling Overt disapproval directed at the individual in hopes of shaming or correcting a behavior or attitude.

*That's really stupid.
You should be ashamed of yourself.
How could you do such a thing?*

Other messages try to make the speaker feel better or minimize or deny there is a problem:

9) Reassuring, sympathizing, consoling The intent here is to help the person feel better. While this seems a good intention, it acts as a roadblock when the "listener's" reassurance stops the speaker's expression of his or her perception of the situation. Sympathizing is not listening.

*Everything's going to be all right.
I know exactly how you're feeling; I went through the same thing when I was your age.*

10) Agreeing, approving, praising It may be surprising to see these kinds of statements labeled "roadblocks." Approval stops the communication process and may also imply an uneven relationship between speaker and listener. True listening is different from approving.

*I think you're absolutely right...
That's what I would do...*

Questioning responses can have a number of drawbacks:

11) Questioning, probing Questions are certainly not always roadblocks. Open questions can effectively elicit more communication. The pitfall in reliance on questioning is that questions can : imply that the listener will have a solution as soon as enough questions have been answered; divert the flow of communication in the direction of the questioner's interest; and trigger resistance. A question is more likely to trigger resistance than a well-formed reflective statement – a paraphrase or reflection of feelings.

These messages tend to divert or avoid the speaker and/or the speaker's concern:

12) Withdrawing, distracting, humoring, changing the subject This very obvious roadblock is an attempt to "take the person's mind off" of something. It cannot only directly divert communication; it can also imply that that what the speaker is saying is not important enough to be pursued.

*Let's talk about that some other time.
That's reminds me of the time when...
Oh, I've dealt with that very same issue.*

ROADBLOCKS TO COMMUNICATION DEMONSTRATION OR “How **Not** To Do It!”



Your group will work on statement # _____

Develop a brief demonstration, using roadblocks to respond to your assigned statement.

1. (16-year-old Luis has just been told that he has gonorrhea. He seems completely shocked. Shaking his head with disbelief, he says,)
“She must have given me this infection. I’ve never had one before with anybody else!”

2. (23 year-old Brian is poorly dressed, thin and pale. His clothing smells of marijuana. He makes little eye contact. He’s come to the clinic because the health department contacted him about a possible STI exposure. An anal swab test revealed gonorrhea. When you ask him about his sexual history, he responds,)
“I have sex with women, you know...yeah, I’m straight...but sometimes I do it with a guy when I have to...but I’m straight.”

3. (33-year-old Alex has come into the clinic for an STI check and treatment. He says he uses condoms “sometimes.” He says,)
“Yeah, I use condoms sometimes. I’m really careful about who I’m with!”

4. (19-year-old William had walked into the clinic saying he just needed to talk to somebody. When you take him to a private space and ask him what’s going on, he says,)
“I had sex with a girl, and now she’s pregnant. She’s having the baby and says I need to help, but I don’t want to be a father right now. Help!”

Rx for Improved Communication with the “Other” Gender*

Tips for Women talking with Men

- Keep it *short. Minimal details.* Only the necessary.
- Remember, he is listening even though *he may not be maintaining eye contact* or exhibiting a *direct orientation* toward you.
- *State facts clearly.*
- Talk about *thoughts* rather than *feelings*.

Monitor the use of non-verbal & paraverbal styles that reduce credibility

- Excessive smiling
- Raising vocal pitch and ends of sentences
- Too high a pitch when speaking in general
- Tilt of the head

Assume more credible non-verbals and paraverbals:

- Convincing tones
- Incorporate sweeping gestures
- Take up space
- Use volume

Be aware that most material presented on communication is from a female perspective, and often discounts or disrespects typically male-styles of communication.

* Adapted from the Unspoken Messages That Men and Women Send, Audrey Nelson, PhD.

Using the 3Cs Model: An Exercise

Here is an example that illustrates the **3Cs Model**.

Imagine that you're talking to a 24-year-old male client about his sexual behavior. He is listening to you, but looks very uncomfortable. You say to him that it looks like he really has something on his mind, and he says,

“I know this might sound like a weird question...but can you tell if someone is a virgin?”

What do you imagine you would say to him in response? Write it down here.

Now consider what might be underlying his statement. What are some possibilities? Write them down here.

Based on his statement, you don't yet really know what's going on. Any response you make now is going to be based on your assumptions.

Instead you could try the The 3Cs Model. This approach is a great way to begin communication with a client and works effectively to create rapport. It is also a simple guide for responding to difficult questions and statements – the kinds of statements we often think of as showing “resistance.” The model begins with a respectful, empathetic, and very brief acknowledgment of what the client has said. This is followed by a request for more information. These steps give the provider a chance to assess her/his own ability to respond to the client, and determine how to proceed.

You could start with a **confirmation**.

You might try a paraphrase of what he said:

“Actually, that’s not a weird question at all. It’s a question a lot of guys have.”

You might offer a simple paraphrase:

“So, you’re wondering if a person can tell if someone has ever had intercourse.”

You might reflect the feelings you perceive in his verbal, non-verbal and paraverbal behavior:

“It looks like that was not an easy question to ask.”

Follow with a **clarification**:

“What have you’ve heard about this?”

His response will hopefully give you a good idea of where to go next to address the situation:

He may deserve acknowledgment for coming in for an examination before having intercourse for the first time.

He may need an evaluation for STI treatment.

He may need legal counsel.

He may need a referral for counseling.

THE 3 C'S APPROACH: A MODEL FOR BEGINNING INTERACTIONS[^]

- ① Statement of **Confirmation**/
acceptance, paraphrase
or feeling reflection
- ② Question to **Clarify** understanding
- ③ **Content**/ informational response, or **Contract** for
continued interaction or referral

Example: Client says, "I really don't like using condoms"

Confirmation

A confirmation of the statement could be a normalizing statement, "A lot of folks feel that way." Or "People have a lot of different feelings about condoms." Or "Thank you for being willing to tell me that." Or a paraphrase of what the client has said.

If a client appeared upset when making the statement, you might offer a feeling reflection, "Even talking about them can be uncomfortable." With males, talk "thought" rather than "feeling."

Clarification

The simplest clarification is to say, "Tell me more..." You could also say to this client, "What do you dislike the most about using them?" The more general and open-ended the clarification statement is, the more useful it will be in finding out what's really going on for the client. Avoid "why" questions!!

Content or Contract

The substance of this step is dependent on what has emerged from the clarification. For this example, it might be as simple as explaining how to eroticize the use of condoms. If the clarification revealed concerns between the client and a partner, you might want to help him rehearse how to talk about condom use. You might want to explore the issue further, but not have time, so you could contract for another visit. Or you might contract for a referral to someone else who could talk with him right now.

[^] 3Cs Model, developed by Joan Mogul Garrity

3Cs Model Practice Sheet

1. (16-year-old Luis has just been told that he has gonorrhea. He seems completely shocked. Shaking his head with disbelief, he says,)
“She must have given me this infection. I’ve never had one before with anybody else!”

2. (23 year-old Brian is poorly dressed, thin and pale. His clothing smells of marijuana. He makes little eye contact. He’s come to the clinic because the health department contacted him about a possible STI exposure. An anal swab test revealed gonorrhea. When you ask him about his sexual history, he responds,)
“I have sex with women, you know...yeah, I’m straight...but sometimes I do it with a guy when I have to...but I’m straight.”

3. (33-year-old Alex has come into the clinic for an STI check and treatment. He says he uses condoms “sometimes.” He says,)
“Yeah, I use condoms sometimes. I’m really careful about who I’m with!”

4. (19-year-old William had walked into the clinic saying he just needed to talk to somebody. When you take him to a private space and ask him what’s going on, he says,)
“I had sex with a girl, and now she’s pregnant. She’s having the baby and says I need to help, but I don’t want to be a father right now. Help!”

Sample Dialogue

The client is 19 year-old James. He has come into the clinic to check out a discharge from his penis. He's been presumptively diagnosed with gonorrhea, and the provider wants to talk with him about condom use. She notices that James has indicated that he uses condoms 'sometimes' on the history form.

- 1 Offers immediate support; acknowledges feelings.
- Provider:** Thank you for going through that exam so well. It's not an easy one to take!
James: [nodding his head emphatically] You can say that again! Man! I never wanna go through that again! I mean, not that you did anything wrong, or anything. You know – [he fumbles for his words]
- 2
- Provider:** [smiling] I think I do know. I don't think any guy likes this process. What had you heard about it before you came here today?
James: Well, I know some guys who've been down here –they sorta told me what's up with this...
- 3 Continues offering support. The provider hopes to make a connection with James.
- Provider:** So even though you knew that this was not a pleasant thing to go through, you still came in. That takes some guts!
James: [shaking his head "no"] Not when something like that is happening! You know, something wrong with, with, my dick.
- 4 Provides some information in the guise of more support. The information makes James uncomfortable, which probably means it's gotten close to something he's concerned about, but can't acknowledge.
- Provider:** Still, some guys put it off. And with some sexually transmitted infections, the symptoms go away, and they think they're okay. But the infection is still in them, and doing harm. You came in, and the good thing is that this is an infection we can treat.
James: Yeah, I guess so. [pause] Can I get outta here now?
- 5 Negotiates time – gives James a much-needed sense of control.
- Provider:** James, could I take just 5 minutes more of your time? You can keep track, and tell me when you've had enough.
James: [looks resigned] I guess so.
- 6 Direct prevention question. Asks to check out James's understanding.
- Provider:** Thank you. You know, you said a moment ago that you never want to go through this again. [**James** nods his head] And I believe you. So, what will you do so you don't have to come back here again?
James: Well I'm not going to hook up with that woman no more!

- 7 Provider doesn't react to James's language instead offers more information. **Provider:** This may sound like a stupid question, but how will not hooking up with her keep you from coming back here?
James: [looks at **Provider** as if she is stupid] She's the one I got it from! Damn!
- 8 **Provider:** It's very possible she didn't even know she had this. Lots of times women don't get any symptoms, like you did, to show them something's wrong.
James: So how am I supposed to know who's clean, then?
- 9 Gives an answer, then realizes she wants to hear what James knows. **Provider:** Good question. And the answer is – you can't know. But wait, before I say that, what have you heard about that?
James: Oh, they say a lot of stuff out there, about how you can tell. But it sure didn't work with her!
- 10 **Provider:** This is a heck of a way to find that out, isn't it?
[**James** nods] Lots of guys are surprised to learn that. And a lot of guys these days are using condoms.
James: [looks down and away from the **Provider**] Uh huh...
- 11 Responds to James's nonverbal communication. **Provider:** I get the idea they're not your favorite things.
James: You're right about that. I dunno, it just doesn't feel, natural, you know.
- 12 Normalizes, and very gently confronts. **Provider:** A lot of guys say that too. And some of them have decided that it's worth having things feel different, if it means not getting an infection. You know, gonorrhea can be cured, but some infections can't be cured.
James: [beginning to look anxious to go] Uh, huh...
- 13 Provider is hoping to reconnect with him, by offering more normalization. She happens to say something that grabs his interest. Talking openly about sex often does that! **Provider:** [talking quickly] But, you know, James, guys have a lot of different problems using condoms. Some guys lose their erections when they try to put 'em on; some say they don't fit right. Some actually come too fast, just from putting it on...
James: [looks up at that last remark] Yeah?
- 14 **Provider:** And I guess I always say, well then they've got the fun of getting erect again! [laughs]
James: [laughs with her] Boy, you're all right!
- 15 Shares her genuine concern. Confronts James. Suggests testing. This really pushes James. **Provider:** It's just that I worry that someone who has gotten gonorrhea might come in next time with something I can't cure, like HIV. In fact, these days, having an HIV test is part of routine care for everyone we see here.

- James:** [angrily] Are you saying you think I've got that shit? This is no joke!
- 16 Provider normalizes testing
Provider: No, James, no, that's not what I'm saying. Getting tested is a really good idea for everybody, because if someone is infected, finding that out gives them a chance to start doing things right away, to help them stay healthy.
James: Yeah, right...[looks skeptical and annoyed]
- 17
Provider: Seems like you're not so sure you believe that.
James: [looks down] I had a uncle...he died of AIDS. And he was doin' all of those things you talk about, and all that happened is he got sick.
- 18 Empathizes with James's sadness. Recognizes that this is a sensitive issue.
Provider: I am so sorry to hear about that. [pauses] It must have been really hard to see that happen to him.
James: He was shooting dope; I guess that's why he got it. But I ain't doin' that, and I sure ain't no fag!
- 19 Confirms and adds to James' knowledge
Provider: A lot of men who have sex with men and people who inject drugs have become infected with HIV. What we know now is that anyone can become infected.
James: Yeah...[seems lost in his thoughts]
- 20 Provider strongly encourages testing but is willing to stop pushing James to test.. Making a connection with a client like James is the most important outcome of this interaction. If he were pushed too hard, he'd not only shut the provider off, he'd be reluctant to come back. By having a real conversation and having the courage to talk openly about sexual issues, this provider
Provider: James, it's really important to get tested. It can be a hard thing to think about doing, especially when you've known someone who died of AIDS, like your uncle. I won't lie to you – people do still die of AIDS. At the same time, many people are living with it, and living well. Getting tested gives a person the chance to get the kind of medical care that can help them stay well. If that same person never got tested, it wouldn't change the fact that they have HIV; it would just mean that they didn't know this important thing, and they wouldn't have the chance to save their life. I know that testing can be the difference between dying of AIDS, and living with the virus.
James: [looking thoughtful] Maybe...I'll come back for it, okay? Not today, though, not today. Listen miss, I know you mean well, I just can't do this right now. Are you about done?
- 21 used risk assessment as a tool for prevention.
Provider: Almost – thanks for the reminder. I hope you do come back. You can come back just to talk about any of this, or to get some more condoms, and I'm really glad to hear you say that you might come back for the test. Thank you.

Initial Response Activity

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