

GREAT MENTORING

**Talking One-to-One
about Sexual Decisions**

Professional Development Workshop by

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TIPS FOR BEING A POSITIVE SEXUAL DECISION-MAKING MENTOR

1. Use teachable moments.

Young people are especially interested in learning when they have initiated the interaction (i.e. asking a question or seeking your help in a clinic, office, etc.). There are also opportunities for you to initiate a conversation. Certain life experiences can be excellent learning opportunities, such as a negative pregnancy test or an STI scare. Take advantage of the countless sexual images and messages in the media, the family, and the community to ask what the teen thinks about the situation and to reinforce healthy messages.

2. Be approachable.

Keep your tone of voice calm and matter-of-fact and watch that your body language reflects your words. For example, it's important to make direct eye contact and smile when you say, "I'm glad you asked me that question." Avoid showing shock, judgment, criticism, frustration, condescension, and disapproval. Effective mentors are empathic, respectful, warm, and genuine.

3. It's okay to feel embarrassed.

You may not feel totally comfortable talking about sexual issues with teenagers. You can still be effective. You might say, "It isn't easy for me to answer that question, but I'll try." Young people appreciate honesty, and they can then acknowledge their own embarrassment.

4. It's okay not to know the answer.

It is better to admit not knowing than to give wrong information. You might say, "I don't know the answer to that, but I'll find out and let you know." Be sure that you get back to the young person! You might also say, "Let's see if we can find the answer together," depending on the question, the developmental stage of the young person, and the resources available to you. Be sure you do an internet search by yourself before you do it with a young person so you know the results will be appropriate. If you have books or other resources that you are comfortable with and that might have the answer to the question, you may look through those with the young person.

5. You may choose to address a situation later.

If it seems inappropriate or awkward to talk about a question or situation at the moment, say, "That's an important question" (affirming the person's right to ask) or "This is something I'd really like to talk about with you," and then "Why don't we talk about this later?" Be sure that you get back to the young person!

6. Recognize your own limits.

We all have limits to our capabilities and our responsibilities. Your training and your job description will determine what you can and cannot do. Legal liability and professional policies also put constraints on how you can help a young person. Personal experiences and values influence your ability to give objective educational counseling. Seek advice and help from others when you feel stumped, and if a situation goes beyond your limits, refer the teen to another advocate. Some serious concerns may have to be referred to a higher authority.

7. Avoid making assumptions.

It is easy to jump to conclusions about people based upon limited information. Often we may misinterpret something a teen says or does because we have made an incorrect assumption. For example, we may hear a question, assume we know what is being asked, and then jump into an answer that is not what the teen was looking for at all. Instead of assuming anything about a person's sexual behavior, experience, personal backgrounds, beliefs, knowledge, sexual orientation, relationships, gender identity, goals, or any other part of who they are, ask open-ended questions to find the reality.

8. Combat myths or misinformation without belittling.

Provide facts that clarify misinformation or myths they believe are true. Make sure you present the correct information. Use examples to illustrate facts: "I know a teen your age who got pregnant. She told me she believed that she couldn't get pregnant, so she didn't use birth control. She really wished she had known the truth." Normalize mistakes so that the individual doesn't feel stupid by saying things like, "That is a common misunderstanding that lots of people have..."

9. Avoid preaching or lecturing.

It is often appropriate to help teens identify and explore their options without interjecting your opinion at all. In certain situations, it may be advisable to recommend that an individual consider a different viewpoint. Use I-statements like, "I feel very concerned that you will be at risk for getting an STI if you continue to have unprotected intercourse" and "I think it is important for a person to use a condom if they are having intercourse and they don't want to get an infection." Then ask, "What do *you* think about that?"

10. Be sensitive to social and cultural differences.

Ask people to tell you how people in their family, ethnic, or religious group think about a topic or issue. However, do not assume that all people from that group think the same way. Remember that there are many ways to approach a problem or a decision, and people are most successful when they find a way that complements their own world view, rather than attempting to adjust to someone else's world view.

11. Be realistic regarding success.

Do not expect to solve a problem or make an individual do what you think is best. An interaction is successful if it is characterized by respect and honesty. If a teen feels positive about the experience of communicating with you, then you have been successful.

12. Be patient.

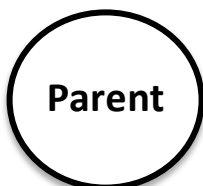
Accept that an individual will continue to make unhealthy decisions even after a good conversation with a positive mentor. Remember that the support you provide can help move a person in the right direction, even if change is not immediately apparent. This is normal and developmentally appropriate behavior for teenagers, as they learn what healthy and unhealthy sexual decision-making feels like. Baby steps count!

AN OVERVIEW OF TRANSACTIONAL ANALYSIS

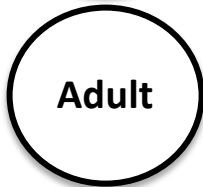
Dr. Eric Berne's theory and practice of *Transactional Analysis* (T.A.)¹ suggests that each of us possesses three unique operating systems of thoughts, feelings, or behaviors called *Ego States*. The *Child*, *Parent*, or *Adult Ego State*² can manifest in each of us and inform our interactions with one another. When two people communicate, their exchange is a *transaction*. Transactional Analysis helps us understand that the outcome of the transaction often results from interactions between each person's Ego State.³

Transactional Analysis Ego States

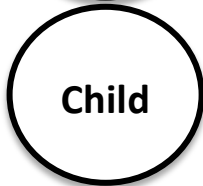
All people, including adults and youth, have a Parent, Child, and Adult Ego State:



The Parent Ego State embodies a collection of internalized “tapes” of ideas, values, rules, and laws to live by, originating from events experienced (or perceived) with parents or caregivers in early childhood.



The Adult Ego State grows out of our ability to gather and process information based on previous experience.



The Child Ego State represents a collection of stored emotions or *feelings* associated with early childhood events.

Expressing & Activating Ego States

During a one-to-one interaction, each person expresses their thoughts and feelings by gestures, facial expressions, body posture, tone of voice, and word choices of the Ego State they are in. Depending on one's past experience and the present situation, this can activate the other person's Ego State-driven response. Identifying the Ego States of each person involves carefully examining the verbal and non-verbal cues expressed by both people during the interaction. Mentors who are aware of their own and other's Ego States are better prepared to communicate in ways that encourage self-esteem and problem-solving behaviors in youth.

¹ This paradigm, created by Dr. Eric Berne, was described in James, M. & Jongward, D. (1971). *Born to win*. Boston: Addison-Wesley.

² Berne coined the descriptive names for these conceptual Ego States. It is important that the language used in Transactional Analysis should *not* be read as a criticism of parents or children.

³ English, F. (2005). How did you become a transactional analyst. *Transactional Analysis Journal*, 35 (1), 78-88.

In order to understand how the Child Ego State is *activated*, remember a time when someone disapproved of you or lectured you. Maybe the person was frowning at you, or telling you how you did something all wrong or you didn't measure up to their expectations. Most likely, you *felt* as you did as a child who was yelled at by a parent or teacher. You may even have felt like crying or you may have gotten angry and defensive. You probably responded from your Child Ego State.

Now think back to a time when you were scolding someone who had really messed up. You wanted them to know just how mad or disappointed you were. Maybe you frowned, raised your voice, or stood with your hand on your hip. You were communicating in your Parent Ego State.

Now think of a time when you worked with someone to solve a problem. You listened to each other, asked thought-provoking questions, examined lists of pros and cons, and analyzed the available data. You both felt competent and respected and, together, came up with a viable solution. You were in your Adult Ego State.

According to Transactional Analysis in the first scenario, you responded as a Child because the other person was communicating from the Parent Ego State. In the second scenario, you were repeating the messages you received from your parent, and probably made the other person feel like a child. These examples show how people play off one another's Ego State when they interact.

In the third scenario, you were rational, thoughtful, and practical. Unlike the previous two situations, you were probably effective at dealing with the problem and making reasonable decisions, aware and in control of your emotions. This interaction in the Adult Ego State was likely the most productive and healthiest of the three.

It's possible to move between Ego States fluidly during an interaction. By recognizing the patterns of thoughts/feelings, body language, and verbal clues that are common for each Ego State, you can intentionally communicate in ways that can foster a satisfactory outcome. When you are aware of your own Ego State, you can increase your ability to interact with young people in ways that encourage them to respond from their Adult Ego State. In this way, we increase the likelihood that our encounters will be positive and result in healthy decisions. The following pages provide more in-depth information about each Ego State.

IDENTIFYING EGO STATES

During a one-to-one interaction, each person expresses thoughts and feelings by their words and actions (such as tone of voice) from the Ego State they are in. Mentors who are aware of their own and others' Ego States are better prepared to communicate in ways that encourage self-esteem and problem-solving behaviors in youth.

Directions: Imagine the statements or questions in bold are posed by a teen. Review the sample responses and identify the Parent, Child, and Adult Ego State response. Place a P (parent), C (child), or A (adult) on the line by the appropriate statement. See the answers below.

1. "When do you think a teen is old enough to have sex?"

- ___ Teens shouldn't have sex until they're older and married.
- ___ I wish I didn't even have to think about teen sex.
- ___ I think that abstinence is a healthy choice for teens. What do you think?

2. "We didn't use birth control because we didn't know we were going to have sex."

- ___ How do you feel about what happened?
- ___ What do you mean, you "didn't know" you were going to have sex?! That's absurd!
- ___ I agree with you; sex *is* best when it is spontaneous!

3. "No, I didn't use a condom the last time I had sex."

- ___ Fine, if you don't want to use a condom, see if I care!
- ___ What do you see as the benefits and disadvantages of condom use?
- ___ Why didn't you use a condom like I told you?

4. "My period is late and I think I might be pregnant. How do you find out if you're pregnant?"

- ___ Taking a pregnancy test at home or at a health center are ways to find out. What do you think of these options?
- ___ It makes me so sad to see pregnant teens. I would die if it happened to me or my kids!
- ___ Getting pregnant at your age is so irresponsible!

5. “I’m gay and I’ve known for a while. My close friends know, but not my parents. I’m not sure if I can talk to them about this.”

___ Coming out is awesome! Time for a party!!

___ You shouldn’t keep this from your parents!! How can they possibly support you if they don’t know?

___ How do you think your parents would respond?

6. “My friend’s boyfriend calls and texts her all the time to find out where she is or what she is doing. He threatens to hurt her if she doesn’t reply right away. I’m worried about her.”

___ She needs to be careful! She should know that he’s trying to control her!

___ I wish I had a partner that was interested in me all the time!

___ What you’ve shared can be warning signals of dating abuse. What have you heard about dating abuse?

7. “I don’t want to get tested. What if I find out I have something?”

___ I wouldn’t want to have sex with a partner who is unwilling to get tested.

___ Fear is a common reason people avoid testing. Why might it be important to know about your health?

___ You should know whether a person has a sexually transmitted infection before having sex with them!

8. “I’m stressed out over people getting my pronouns wrong and making comments about how I dress, act, or talk. Why don’t people get that I’m just expressing my gender?”

___ It is healthy to understand and express your gender in ways that are authentic for you. How do you see yourself in terms of your gender?

___ I hope I got your gender right!!

___ This is just a phase you’re going through.

9. “I have a problem and I don’t know what to do about it.”

___ What alternatives have you considered?

___ That is a terrible problem! Let me tell you exactly what you need to do.

___ I can’t help you with your problem. I have enough to deal with in my own life!

FINDING HELP: A RESOURCE LIST

Whatever your situation, help is always available. If you need information, guidance, support, or just a caring person to talk to, there are supportive individuals and organizations to help with any issue. Depending on whom you feel most comfortable with, you can go to a ...

Parent/guardian	Teacher/professor	Religious/spiritual advisor	Doctor	Other
Relative	Guidance counselor	Peer counselor/educator	Nurse	Friend
	Coach	Family planning clinic	Neighbor	

Phone Numbers and Websites

ABUSE & VIOLENCE	PREGNANCY	SUICIDE
<p>National Child Abuse Hotline 1-800-4-A-Child (422-4453) stopbullying.gov</p>	<p>Planned Parenthood Health Center Hotline 1-800-230-PLAN (7526) plannedparenthood.org</p>	<p>National Suicide Prevention Lifeline 1-800-273-TALK (8255) suicidepreventionlifeline.org</p>
ALCOHOL/DRUGS	RUNAWAY HOTLINE	TRANSGENDER
<p>Substance Abuse Hotline 1-800-784-6776 addictioncareoptions.com</p> <p>Substance Abuse and Mental Health Services Administration 1-800-662-HELP (4357) TTY 1-800-487-4889 samhas.gov</p>	<p>National Runaway Switchboard 1-800-RUNAWAY (786-2929) 1800runaway.org</p>	<p>Trans Lifeline 1-877-565-8860 translifeline.org</p>
DATING VIOLENCE	SEXUAL ASSAULT & ABUSE	UNPROTECTED INTERCOURSE
<p>National Domestic Violence Hotline 1-800-799-SAFE (7233) TTY 1-800-787-3224 thehotline.org</p> <p>loveisrespect loveisrespect.org</p>	<p>National Sexual Assault Hotline 1-800-656-HOPE (4673) rainn.org</p>	<p>Planned Parenthood 1-800-230-PLAN (7526) plannedparenthood.org</p> <p>EC Hotline (Within 120 hours of intercourse!) 1-888-NOT-2-LATE not-2-late.com</p>

DATING VIOLENCE (continued)	SEXUAL ORIENTATION	VETERANS
<p>National Network to End Domestic Violence nnedv.org</p>	<p>The Trevor Project 1-866-488-7386 thetrevorproject.org</p>	<p>The Veterans Crisis Line 1-800-273-8255 veteranscrisisline.net</p>
<p>Safe Horizon 1-800-621-HOPE (4673) safehorizon.org</p>	<p>GLBT National Hotline 1-888-843-4564 glbthotline.org</p>	
<p>The Anti-Violence Project (LGBTQ+/HIV+) 1-212-714-1141 avp.org</p>	<p>GLBT National Youth Talkline 1-800-246-PRIDE (7743) Youth Resource youthresource.com</p>	
EATING DISORDERS	SEXUALLY TRANSMITTED INFECTIONS (STIs)	STALKING
<p>National Eating Disorders Association 1-800-931-2237 nationaleatingdisorders.org</p>	<p>American Sexual Health Association (ASHA) ashasexualhealth.org</p>	<p>National Stalking Resource Center victimsofcrime.org/our-programs/stalking-resource-center</p>
	<p>Planned Parenthood 1-800-230-PLAN (7526) plannedparenthood.org</p>	

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