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The Turn the Tables Technique (T³): A Program Activity to Provide Group Facilitators Insight into Teen Sexual Behaviors and Beliefs

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Abstract

The Turn the Tables Technique (T³) is an activity designed to provide group facilitators who lead HIV/STI prevention and sexual health promotion programs with detailed and current information on teenagers' sexual behaviors and beliefs. This information can be used throughout a program to tailor content. Included is a detailed lesson plan of T³, a description of the purpose of T³, how it was implemented, the context in which it was used, how T³ addressed common challenges in HIV prevention with teenagers, and future implications for its use.

Keywords

Activity; adolescents; challenges; facilitation strategies; group interventions; health promotion; HIV prevention; lesson plan; pregnancy prevention; sexual behavior norms; sexual health; sexual health promotion; sexuality; STI prevention

GOAL

The Turn the Tables Technique (T³) is a program activity developed for use in HIV/STI prevention and sexual health promotion programs for teenagers. Adolescent participants are given the opportunity to describe the sexual behaviors and beliefs typical of teenagers in their communities. Facilitators gain insight into teens' sexual behaviors and decision making that can be used throughout a program.

OBJECTIVES

T³ was incorporated into our interventions to address five important challenges we were facing in our programs. These challenges were how to: help teens personalize safer sex messages, overcome the tendency of adolescents to deny unsafe behavior, increase receptivity of teens to HIV/STI prevention messages, address peer pressure, and adapt content to different community norms and changing sexual and relationship practices. Each issue is explained in more detail and how T³ helps address these issues is further discussed (see Rationale).

T³ has learner objectives for the facilitators and not the participants as the facilitators are the learners in this activity.

Following the lesson, facilitators will be able to:

- Describe the different types of relationships that teens have
- Describe how sex fits into teen relationships
- Identify three situations where participants believe sex is permitted to occur
- Identify three situations where participants believe condom use is not necessary
- Identify three risk situations for HIV/STIs and unwanted pregnancy

To measure the facilitator learner objectives, a second or third facilitator (if the group is co-facilitated) took detailed notes on the activity. If a note taker was not available, the facilitator(s) recorded detailed notes after the activity from recall.

RATIONALE

Adolescents are at risk for HIV/STIs (Centers for Disease Control and Prevention [CDC], 2010). Half of all adolescents initiate sexual intercourse by age 15, most use condoms inconsistently, and many use alcohol and drugs in combination with sexual contact (CDC, 2008; Kourtis et al., 2006). According to a recent meta-analysis, many interventions have been proven effective in reducing HIV/STI risk (Johnson, Scott-Sheldon, Huedo-Medina, & Carey, 2011). Factors associated with program effectiveness include longer program length (Johnson et al., 2011); activities focusing on peer norms (Buhi & Goodson, 2007); motivational activities (Johnson et al., 2011); a strong mutually respectful relationship with group facilitator (Ball, Kerig, & Rosenbluth, 2009); and tailoring program content to the needs of adolescent participants (Sales, Milhausen, & DiClemente, 2006). Characteristics of effective curriculum-based programs include using activities that are appropriate to the youths' culture, developmental age, and sexual experience; using methods that actively involve participants and help personalize the information; and creating a safe environment for youth to participate (Kirby, Laris, & Roller, 2007). A challenge in implementing these programs is that adolescent language and social norms change often (Eckert, 2003; National Association of Social Workers [NASW], 2002), making it difficult for facilitators to remain current and adapt content to adolescent participants.

The Turn the Tables Technique (T³) was developed to address this challenge. In T³, participants act as experts on being a teenager in their community. Participants switch roles with the group facilitators to teach them about what it is like to be a teenager where they live. It was named T³ because of this switch in roles between facilitator and participant. T³ was implemented in HIV/STI prevention and sexual health promotion programs with 14–17-year-old participants that contain lessons on values, healthy relationships, sexual anatomy, HIV/STIs, forms of protection (e.g., abstinence, barrier methods, hormonal methods), gender norms, drug use, sexual risk, and interpersonal communication skills and contain an internship component where participants serve as peer educators in some form. In addition to providing insight into teens' sexual behaviors and beliefs, T³ also addresses five additional challenges that facilitators often face in HIV/STI prevention and sexual health promotion programs.

Ways to Use T³ to Address Challenges in Adolescent Safer Sex Interventions

T³ was incorporated into our interventions to address five important challenges we were facing in our HIV/STI prevention and sexual health promotion programs. These challenges were how to: help teens personalize safer sex messages, overcome the tendency of

adolescents to deny unsafe behavior, increase receptivity of teens to HIV/STI prevention messages; address peer pressure, and adapt content to different community norms and changing sexual and relationship practices. Here, each issue is explained in more detail and how T³ helps address these issues is further discussed.

Helping Adolescents Personalize Safer Sex Messages—Although teens know how HIV is transmitted and are aware of the positive and negative outcomes of engaging in risky or unsafe sexual behavior, the information does not seem salient or personally relevant to them and has little bearing on their sexual decision making (Hoppe et al., 2004). Through T³, facilitators can identify the kind of information teens find relevant to them because the teens drive the conversation about how and why teens in their community behave the way they do. If the information discussed is more real and personal, teens will be more likely to be engaged (Hoppe et al., 2004).

Addressing Adolescents' Tendency to Deny Unsafe Behavior—Adolescents often deny practicing unsafe and risky sexual behaviors (Hoppe et al., 2004). During T³, teens describe the kinds of behaviors that are typical of adolescents they know in their schools or neighborhoods. Facilitators can use this information to help identify and explore behaviors that are risky by questioning teens about what they report. For example, "I noticed that you said teens do not use condoms with a serious partner, but how does someone protect themselves from STIs in this situation?" This process of confronting and challenging, which is often used in other types of group work (Middleman & Wood, 1990; Northen & Kurland, 2001), helps teens reflect on what is said during the activity. We observed that as facilitators question what participants present, individual participants begin to confront their own unsafe sexual practices.

Increase Receptivity of Teens to HIV/STI Prevention Messages—Teens often prefer to speak with a trusted adult about sexual health issues (Aquilino & Bragadottir, 2000). Some adolescents are reluctant to talk openly and honestly to adults because they feel adults will pass judgment. If teens do not trust the facilitators or feel they are not respected, they may reject the messages that facilitators offer (Aquilino & Bragadottir, 2000). T³ treats the teens as valued experts about teens and teen culture, particularly in their own communities. We observed that participants appreciate that we respect their insight and experiences and that we believe their perspectives are important. This has been regardless of the age of the facilitator. Facilitators in our interventions have ranged from 22–50 years old.

Addressing Peer Pressure—Peer pressure of all kinds as well as willingness to conform are especially strong during adolescence (Gardner & Steinberg, 2005; Brown, Clasen, & Eicher, 1986; Brown, 1990). Adolescents focus more on activities with and social acceptance by peers, who reinforce existing strengths and weaknesses through their favorable or unfavorable reactions (Pedlow & Carey, 2004; Crockett, Raffaelli, & Shen, 2006; Eccles, 1999). Adolescents' sexual attitudes and behaviors are linked to their friends' attitudes about sexual activities (Buhi & Goodson, 2007; Santelli et al., 2004; Jessor & Jessor, 1977; Shah & Zelnik, 1981; Reiss, 1967). T³ provides participants with a forum to discuss peer norms under the guidance of the group facilitators. Participants get the opportunity to openly discuss what happens in teen sexual relationships. Often times, teens present conflicting stories about teen sexual behavior; this forum may help teens listen to what other teens say more critically and to not believe everything they hear at face value. For example, teens who participate in T³ may no longer think "everybody is having sex" because peers in their group may have stated they are not having sex or may discuss other teens who are not having sex.

Adapting Content to Different Community Norms and Changing Sexual and Relationship Practices—Interventions developed for one population may need to be adapted to fit beliefs and behaviors of different groups based on variations in culture and background, geography, gender, age, and other factors. Even facilitators who have extensive experience with a given population find that teen language, norms, and behavior change quite often (Eckert, 2003; NASW, 2002). For example, when we first started using the T³ Technique, participants called a casual sexual relationship with the same person a “slide off.” When we used the T³ technique a few years later, within the same community, participants called the same casual relationship a “jump off.” One way for facilitators to understand the specific beliefs, misconceptions, and practices that characterize teen behavior, rather than guessing, assuming, or using outdated information, is to ask the teens directly about it and use that as a starting point to meet participants where they are. T³ is perfect for this purpose.

Implementing T³: Important Elements

Fostering comfort and trust are important elements of many interventions, and these elements are especially important when implementing T³. It is important to create a comfortable and safe atmosphere in order to encourage free conversation. One typical strategy to accomplish this is to establish “ground rules” in the first week of the program, generated by the participants themselves. Examples of ground rules are confidentiality (personal information that is shared is not disclosed outside the room), the right to disclose (participants control what they want to share), the right to pass (any teen at any time can decide not to speak), and respect for others. Once teens have participated in several sessions of the intervention, they will have already established ground rules and will know they are in a safe space where they can share freely.

TIMING

T³ was implemented during session 5 of a 14-session intervention, after some familiarity and trust had been formed but early enough to be useful in the rest of the program. T³ takes approximately 120 minutes to complete. The activity typically spanned 2.5 hours with a 30-minute dinner break in between. The activity has five parts:

1. Introduction (10 minutes)
2. Activity Instructions and Setup (10 minutes)
3. Small Group Carousel (35 minutes)
4. Large Group Discussion (60 minutes)
5. Wrap up (5 minutes)

INTENDED AUDIENCE

This activity was designed for use with adolescents aged 14–17 and to be inclusive of all sexual orientations and transgender issues; therefore, the questions used are vague and open. It does not include specific questions that address lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) sexual relationships directly. When literacy is a problem, facilitators can assist by reading the questions and writing or scribing for participants. Typical group size is approximately 20 participants.

MATERIALS NEEDED

1. Six sets of different colored markers (i.e., one set with four green markers, one set with four red markers, etc.).

2. At least 12 pieces of newsprint paper.

PROCEDURE

1. Introduction (10 minutes)

- Tell participants that they are going to discuss typical teenage relationships and that they will have the opportunity to act as experts on teen sexual relationships. For this activity, they switch roles with the group facilitators and teach them about teen sexual relationships. Tell participants that to improve sexual safety it is important to understand the contexts in which sexual contact occurs.
- **Facilitators should put the following information in their own words. They should never read the content.** “The goal of this group activity is to establish what types of sexual relationships teens have. We do this activity so we can understand teen relationship behavior. You are the experts on teens, sex, relationships and your community. For this activity, you will switch roles with us and teach us about what it is like to be a teenager where you live. It is important that you are open and honest with us. We want to know what is really happening with teens. Please do not tell us what you think we want to hear. We will use the information we brainstorm today throughout the remainder of the program.”

2. Activity Instructions and Setup (10 minute)

- Write each of the 12 questions (listed below) on a different sheet of newsprint paper and post them around the room.
- Divide participants into groups of three to four participants. It was found that first breaking down into small groups of about three or four participants frequently enhanced universal participation.
- Give each group a different colored marker set (make sure every person in the group has a marker).
- Instruct them to go around the room and post an answer(s) to each of the questions. There should only be one group at a question station at a time.
- Tell the group members they will be given up to 35 minutes to write all of their answers.
- When the groups are finished, the facilitators will go over the listed answers, so each group should be ready to explain what they wrote.

The questions that should be posted are:

1. Think about your friends. What kind of sexual relationships are your friends in?
2. How does the topic of sex come up in teen relationships?
3. When is it OK to have sex?
4. How do teenagers tell if someone wants to go further sexually?
5. In what situations are teens not using condoms (male condom, female condom, dental dam)?
6. How do teens know if someone is cheating on them?

7. How do teens know when they have gone from being someone's friend to being in a relationship?
 8. Do most teens plan when they are going to have sex or does it "just happen"?
 9. How long does the average adolescent relationship last?
 10. How long does the average teen wait before having sex in a relationship?
 11. Are teens likely to engage in safer sex practices in a relationship that is high on commitment (girlfriend/boyfriend) or low on commitment (one-night stand)?
 12. Why do relationships break up?
3. Small Group Carousel (35 minutes)
 - While the small groups are working, facilitators should circulate and make sure that each group is staying on task and that all participants are able to share their views. Groups should have a discussion within their small group about what they write on the flip chart paper, but they do not have to come to a group consensus and one answer. It is fine for each small group to write a few answers for each question. Each participant is empowered with a marker within the small group, giving all small group members the opportunity to share and write. In our experience, each small group typically writes three to four responses.
 - Once the groups have finished brainstorming all 12 questions, bring them back to the large group.
 4. Large Group Discussion (60 minutes)

In the large group, facilitators should go through written responses to each question and ask for clarification where needed. Continue the conversation by asking both clarifying questions and questions about other aspects of the relationships. Facilitators may also question inconsistencies in what participants state. Usually, there is a great deal of overlap from group to group in the relationship types that are described. Although the facilitators should have a thorough knowledge of teen relationships, it is likely that they will learn new things; they should simply work with the answers given. A helpful technique for confronting and challenging responses in a nonthreatening and nonjudgmental way is for the facilitators to "act naïve." Examples of clarifying questions are:

 - I notice you keep using the term "wifey." Can you tell us more about what that is? I am not sure I understand what that means.
 - It's interesting that most of you point out that teens don't use condoms with serious partners. Tell us more about this.
 - I noticed you said that teens stop using condoms when a relationship gets serious. What should teens do if they still want to use condoms?
 - It's interesting that most of you say you can tell if someone is cheating on you. Do you know anyone who was totally surprised that their partner was cheating?
 - We have heard teens say they know their partner is cheating on them and they stay with them and still don't use condoms. Tell us more about this.
 5. Wrap Up (5 minutes)

Allow participants to ask questions.

Heads Up!

The purpose of this activity is to create a public understanding of what is going on in sexual relationships with this particular group of adolescents and their peers. Facilitators may use the information they learn in T³ throughout the remainder of the program (i.e., It's interesting that you say your friends always use condoms. When we had our T³ activity you said that teens only used them with casual partners; what changed?). Facilitators may also use the information to help brainstorm ideas or make a point (i.e., Today we are discussing condoms. During our T³ group, you said teens do not like using condoms. What can teens do to protect themselves from HIV, STIs, and unwanted pregnancy?).

COMMENTARY

Implementation of T³ should be timed after the group has already met together several times and developed some trust in the facilitators and each other. When T³ was properly timed, we felt teens were candid and honest with their responses. They were willing to share information, they felt respected, and they bonded further with facilitators and each other.

CONCLUSION

T³ can be a valuable tool to help facilitators in HIV/STI prevention and sexual health promotion programs address the specific sexual beliefs and behaviors that are relevant to the population being served. T³ can increase credibility of and relevance to adolescent participants because it is grounded in the adolescents' life experiences. T³ provides a venue for youth to examine how their own beliefs and behaviors may increase their risk for HIV/STIs. It creates a public understanding on sexual beliefs and behaviors and helps youth personalize the risk behaviors in which they are engaging. It also provides a strategy for facilitators to address youth respectfully when they deny their own risk, fostering a bond between facilitators and youth. This respect helps tailor the intervention to the specific beliefs and behaviors of the youth in the program. The latter advantage provides a vehicle through which facilitators can adapt intervention content to different groups. Cultural, sexual, and gender beliefs can be better understood by the facilitators and referenced throughout the intervention, thus continually increasing relevance to the group. Although T³ was only used in the context of HIV/STI prevention and sexual health promotion programs with 14–17-year-old participants, it may be of value with other populations, age groups, and health topics.

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