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# Solution-Focused Strategies for Effective Sexual Health Communication among African American Parents and Their Adolescents

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The high rates of sexual risk behaviors, particularly among African American youths who may not be aware of their HIV status, provide indication that, unless prevention efforts are enhanced, this vulnerable group of youths will remain at greater risk for negative health status outcomes. Parents are important in efforts to reduce risk among youths and often have a willingness to be sexuality educators for their children; however, communication barriers often impede their ability to provide preventive sexual health knowledge to their youths. Social workers are often presented with opportunities to help parents develop effective sexual health communication skills in informal settings when formal interventions are not feasible. The present effort considers solution-focused strategies social workers can use to help parents overcome barriers and communicate more positively with their youths about sexual health.

KEY WORDS: *adolescents; African Americans; communication; parenting; sexual health*

The rates of sexual risk behaviors, particularly among African American youths who may not be aware of their HIV status, provide indication that, unless prevention efforts are enhanced, this vulnerable group of youths will remain at greater risk for negative health status outcomes. The present effort considers barriers faced by some African American parents that may impede their ability to provide preventive sexual health knowledge to their youths, including issues with cross-gender communication, parental sexual health knowledge and efficacy, and the quality and timing of sexual health communication. Solution-focused strategies that social workers can use to help parents overcome these barriers to sexual health knowledge transmission are provided.

According to the Centers for Disease Control and Prevention (CDC) (2012), roughly 77,000 people living with HIV in the United States in 2009 were youths 13 to 24 years old, and as many as 60 percent of these youths were unaware of their HIV status. For African American youths, the rate of HIV infection is even more alarming, as this group represents more than half of the infections among youths, and their infection rate accounts for a third of the infections in African Americans (CDC, 2012). The rate of infection among young African American women

is 11 times that of their white counterparts, whereas the rate for young African American men is seven times that of their white counterparts (CDC, 2014). African American youths are less likely to be aware of their HIV status than are white youths, and they have a higher prevalence of sexually transmitted diseases (CDC, 2014). These rates most likely reflect risky sexual behaviors that African American youths report at higher rates than white or Hispanic youths, including sexual intercourse before age 13 and sexual intercourse with four or more sex partners (CDC, 2011).

Parents are important in efforts to reduce risk among youths and often have a willingness to be sexuality educators for their children (DiIorio et al., 2006; Lefkowitz, Sigman, & Au, 2000; Ohalet, Georges, & Doswell, 2010; Wyckoff et al., 2008). In addition, youths may prefer that their source of sex education be their parents (Somers & Surman, 2004). However, there is increasing evidence that both mothers and fathers need assistance in developing comfort and gaining the knowledge needed to have open dialogues with their youths about sex-related topics (DiIorio, Maibach, Rivero, & Miller, 1996). Although the protective benefit of parental sexual risk communication is known (Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003), sexual risk prevention

topics are often the least discussed topics within families (Wyckoff et al., 2008). In comparison with white and Hispanic youths, African American youths may be most comfortable discussing sexual topics with a parent, but the amount of communication taking place is less than that for youths in the other racial or ethnic groups (Somers & Vollmar, 2006). There is also discrepancy between parents and youths on how often this communication occurs (Aspy et al., 2006; Aspy et al., 2007).

The perceptions that youths have about their communication with their parents on sex-related topics is highly important (Dittus, Jaccard, & Gordon, 1997; Glenn, Demi, & Kimble, 2008; Lefkowitz et al., 2000). If youths perceive that sexual health communication with their parent is limited, this may lead youths to believe that they should access other sources for information or that having sexual health information is not important. Helping parents acquire knowledge and become comfortable discussing sexual health can influence how sexual health topics are discussed with their adolescents (Lefkowitz et al., 2000). Parents will have to overcome barriers, including cross-gender communication issues, knowledge and efficacy issues, and quality and timing of their communication efforts.

Intergenerational communication patterns often follow a gender-based trajectory, with fathers communicating better with sons and mothers communicating better with daughters. For instance, adolescent sons report fewer frequent sex-based conversations with their mothers than do adolescent daughters (Caldwell, Rafferty, Reischl, De Loney, & Brooks, 2010), and some fathers report more comfort in talking with their sons than with their daughters (DiIorio et al., 2006). In general, both parents more frequently communicate with their daughters, and on a wider variety of topics, than with their sons (Jaccard, Dittus, & Gordon, 2000). Less frequent sexual health communication with male youths may reflect a gender stereotype, as parents are more concerned with their daughters' earlier sexual initiation than the sexual initiation of their sons (E. K. Wilson & Koo, 2010). Whereas male adolescents, in general, report higher rates of condom use compared with female adolescents (Reece et al., 2010), male youths who have both male and female sex partners exhibit a higher prevalence of sexual risk behaviors than male adolescents with only opposite- or same-sex partners (Pathela & Schillinger, 2010). This indicates that gender bias is unwarranted and potentially detrimental to

African American male youths. Sexual behaviors should be addressed equally among male and female adolescents and by both parents when possible.

Compared with fathers, mothers communicate more with their children about sexuality and rate themselves more positively, even though their communication with their sons is often strained (Feldman & Rosenthal, 2000). There is a need for mothers to strengthen their skills in communicating with their sons (Lefkowitz, Boone, Sigman, & Au, 2002). DiIorio, Maibach, Rivero, and Miller (1996) found that sons of African American single-mother-headed households are at risk for lower levels of sexual education, as these mothers often recruit a man to provide sexual education for their sons. Compared with mothers, some African American fathers may be motivated to pass on sexual knowledge to their children if they themselves grew up in single-parent households and learned about sex from unreliable sources because no one in the home was willing to talk to them about sexual health (Ohalete, 2007). This motivation, however, may not manifest into sustained, knowledge-based conversations with their youths.

Some of the issues contributing to lower sexual health information transmission may stem from the stigma associated with HIV and related risk behaviors in the African American community. According to the CDC (2014), such stigma may lead to a lack of knowledge of critical information about how to maintain sexual health and prevent HIV infection. For instance, adolescents in single-parent or low-income households may value condom use more as a deterrent for pregnancy and less as a deterrent for sexually transmitted infections or HIV (Bauermeister, Zimmerman, & Caldwell, 2010). When pregnancy is not a possible outcome, such as in male-to-male sexual contact, the protective significance of condom use may be ignored.

Being able to convey knowledge with confidence is another concern that may create an obstacle to sexual health communication. Whereas mothers fear embarrassment and knowledge deficits in their communication efforts with their youths (Jaccard, Dittus, & Gordon, 2000), fathers seem to have lower levels of self-efficacy and expectations of the beneficial nature of sexual conversations with their children (E. K. Wilson & Koo, 2010). This creates a major obstacle if parents lack knowledge and if fathers, in particular, do not view talking to their youths about their sexual health as beneficial. This hesitancy by fathers may be unwarranted, as there is evidence that the role of

fathers in the sex education of their offspring, particularly their sons, is an important one. Sons who perceived that their fathers disapproved of premarital sex were more likely to delay first sexual intercourse (Glenn et al., 2008). It has also been found that teenagers' perceptions of fathers' disapproval of their engaging in premarital sex was predictive of the delay of first intercourse, regardless of whether the father was in the home or not (Dittus et al., 1997; Martin & Luke, 2010).

Lack of effective communication patterns may also contribute to decreased sexual health communication between African American parents and their youths. The quality of a youth's sex communication with parents is as relevant as the frequency of sharing sexual health information (Feldman & Rosenthal, 2000). Whitaker, Miller, May, and Levin (1999) found that skilled and open parental communication increased the likelihood that youths would communicate the risks of sexual involvement with their sexual partners. Also, facilitated skills training and interventions that include role plays and communication and negotiation skills training are beneficial in increasing sexual health communication skills (Burgess, Dziegielewski, & Green, 2005; Morrison-Beedy, Passmore, & Carey, 2013).

Quality of communication is dependent on the quality of the relationship parents have with their youths. Attachment theory posits that the closeness that youths experience as a result of relationship quality can foster communication and lead to more positive behavioral outcomes (Ainsworth, Blehar, Waters, & Wall, 1978). The quality of sex-related communication and general communication style are important predictors of how youths rate their parents as sex educators (Feldman & Rosenthal, 2000). Usher-Seriki, Bynum, and Callands (2008) found that daughters who reported more positive relationships with their mothers were less likely to be sexually active. In Ohalete et al.'s (2010) findings, fathers felt that communication on reproductive health was predicated on good communication and open relationships. The timing of sexual health communication is also an important consideration. Early parent-child sexual communication is associated with later onset of sexual activity by the child (Ohalete, 2007). However, discussions are often reactive once it is suspected or learned that a youth is engaging in sexual activity (Usher-Seriki et al., 2008). It is also probable that, when parents wait to engage youths in conversations about sex, teenagers have often already turned to their

peers or have already become sexually active (Somers & Vollmar, 2006).

Reductions in risky sexual behavior and prevention of disease transmission can result from comprehensive behavioral interventions (Johnson, Scott-Sheldon, Huedo-Medina, & Carey, 2011). This includes interventions that enhance knowledge-based communication between parents and their offspring (Wyckoff et al., 2008). The role of parents as sexual health communicators is critical, yet some parents, particularly some African American parents, may have barriers preventing them from carrying out this role. Many of these parents are not exposed to formalized training models that can help them obtain the needed knowledge and skills to be effective sexual health communicators. Social workers often have opportunities to help parents develop effective sexual health communication skills in informal settings when formal settings are not conducive to skill development.

### **SOLUTION-FOCUSED APPROACH**

The premise of a solution-focused approach is to direct, in a sense, the focus away from the problem and use the client as an expert to define solutions (de Shazer, 1985). According to Greene and Lee (2011), the approach is based on the assumption that clients possess what is needed to achieve their goals and solve their own problems. Solution-focused models take into account the client's understanding of the issue, personal relationships, and the client's desire to change a particular behavior (Romo, Bravo, & Tschann, 2014). The strong focus on solutions assumes that the problem does not always exist in the same capacity, and, therefore, solving the problem does not require having much information about the problem (Bannink, 2007). Using a solution-focused approach will require the practitioner "to work collaboratively with the client to identify what she or he is doing that contributes to the diminishing of the problem"; thus, the "focus is on what is happening when things are going well" (Greene & Lee, 2011, p. 36).

### **SOLUTION-FOCUSED STRATEGIES**

As summarized in Table 1, the following strategies are presented to provide social workers with a practice framework for helping parents address the identified barriers of cross-gender communication, knowledge, efficacy, quality, and timing of sexual health communication with their youths. Using some of the basic

**Table 1: Summary of Solution-Focused Strategies for Improving Parent–Youth Sexual Health Communication**

Solution-Focused Tenets	Solution-Focused Strategies for Social Workers
Focus on solution building.	<ul style="list-style-type: none"> <li>• Discuss with parents the dynamic of open communication and the importance of listening.</li> </ul>
Focus on desired future behaviors.	<ul style="list-style-type: none"> <li>• Explore solutions in terms of maintaining good sexual health practices and outlets that help abstain from sexual behavior.</li> </ul>
Encourage to increase the frequency of current useful behaviors.	<ul style="list-style-type: none"> <li>• Focus on relationship building that will strengthen communication.</li> <li>• Encourage early and sustained conversations and use of repetition.</li> </ul>
Find alternatives within the clients' repertoire.	<ul style="list-style-type: none"> <li>• Identify existing parent strengths to enhance efficacy.</li> <li>• Communicate that parent perspectives are important to the youths.</li> </ul>
Acknowledge small, incremental changes.	<ul style="list-style-type: none"> <li>• Support parental incremental growth through knowledge attainment.</li> </ul>
Recognize that solutions may not be directly related to any identified problem.	<ul style="list-style-type: none"> <li>• Explain to parents the connection between their communication, relationships, and the sexual behaviors of their youths.</li> </ul>
Assume that solution-focused behaviors already exist.	<ul style="list-style-type: none"> <li>• Encourage parents to trust their instincts when communicating with their youths.</li> </ul>

tenets that inform solution-focused therapy (Trepper et al., 2010), we incorporate existing evidence of successful parental sexual health communication into strategies that social workers can use to help parents become more effective sexual health communicators. We frame the strategies within the tenets of solution-focused therapy, because the solution-focused approach provides a familiar and amendable framework for social work practitioners to implement in their encounters with parents of adolescents.

### Focus on Solution Building

A solution to risky sexual behaviors should be the targeted outcome of a conversation with youths regarding sexual health (Robin et al., 2004). By focusing on solution building rather than problem solving, the primary focus is on how clients go

about the process of change. For parents who must develop effective communication with their adolescents, the process of change will need to start with understanding what constitutes good communication and how they can go about improving their communication with their youths (Forehand et al., 2007). This approach will involve the parents' understanding the dynamics of open communication and the importance of listening to their adolescents.

Social workers should encourage parents to develop open communication with their adolescents that involves hearing the adolescents' perspective on sexual health, including the adolescents' knowledge of what constitutes good sexual health practices. Social workers can provide parents with the tools to assess their youths' knowledge of sexual health. For example, social workers can inform parents of reliable online sexual health knowledge quizzes they can complete together with their youths. Social workers can also provide parents with basic sexual health knowledge questions they can ask their youths, such as "What is the most effective birth control method for preventing sexually transmitted diseases?" Practitioners can help parents integrate the youths' existing knowledge as a bridge to further sexual health discussions.

### Focus on Desired Future Behaviors

A focus on desired future behaviors and not on past problems or current conflicts will help parents move beyond the existing communication issues they have with youths and focus on how they want the communication to move forward (Robin et al., 2004). This approach may improve the relationship and communication between parents and their youths, as the youths may come to feel that parents are not always holding past behaviors against them. Rather than focusing on past behaviors, parents should address future protective behaviors, such as abstinence, and outlets for maintaining positive sexual health (Villarruel, Cherry, Cabriales, Ronis, & Zhou, 2008).

Social workers can help parents focus on alternatives to future risky sexual behaviors and not on the past behaviors that cannot be changed. Practitioners can also help parents prepare their youths for being proactive in conversations with their potential sexual partners. This can be accomplished through the use of role play, in which the practitioner presents positive scenarios that can prepare parents to engage their youths in skill development. Parents can be encouraged to role-play conversations with their youths.

The youths can then use these conversations as models for conversations with potential sexual partners.

### **Encourage Increase of Useful Behaviors**

The importance of positive relationships between youths and their parents cannot be overstated. Youths who engaged more frequently in regular family activities had a decline in sexual risk behaviors, perhaps giving youths more opportunities to engage with and communicate with their parents (Coley, Votruba-Drzal, & Schindler, 2009). Early communication about sex that begins during childhood and continues age appropriately tends to lead to fewer risk-taking behaviors in adolescence (H. W. Wilson & Donenberg, 2004). Repetition of information is important, as youths perceive this as openness to communicate about sexual health topics (Martino, Elliot, Corona, Kanouse, & Schuster, 2008). Parents may believe that one conversation with their youths is enough to change behaviors.

Social workers should encourage parents who are already communicating with their youths about sexual health to continue such communication and with greater and sustained frequency. Practitioners can help parents develop a regular communication approach with their youths by providing examples of when conversations about sexual health can occur. For instance, practitioners can help parents recognize when sexual health messages can be incorporated into activities that are shared by parents with their youths. Opportunities include conversations after watching commercials or television shows that present sexual situations, asking youths, "How would you have handled the situation?"

### **Find Alternatives within Existing Repertoires**

The research that indicates youths' perception of their fathers' attitude toward sex is important to the youths (Dittus et al., 1997; Glenn et al., 2008; Martin & Luke, 2010), but fathers may not be aware of the importance of their perspectives on sexual health topics. Villarruel et al. (2008) found that increasing parental self-efficacy was effective in improving the quantity and quality of communication. If parents feel confident about their ability to communicate with their youths, they may be more likely to engage in conversations about sex. Instead of seeking out others to provide sexual health knowledge or not communicating with their youths, parents have to

gain confidence in their own ability to communicate sexual health knowledge.

Social workers can help parents identify their communication strengths and build on these assets for better communication with their youths. Social workers should communicate to parents, particularly fathers, that their perspectives on sexual health are important to their youths. Parents may come to appreciate the importance of what they communicate to their youths and thereby increase the efficacy parents have in sharing sexual health information. Social workers can assist parents by demonstrating basic communication skills such as the attending behaviors of eye contact, vocal qualities, verbal tracking, and attentive body language (Ivey, Ivey, & Zalaquett, 2010). All parents have the ability to improve their basic communication skill set.

### **Acknowledge Small Incremental Change**

Each parent will be different in her or his existing skill level and knowledge of sexual health. Some parents may have the ability to increase their own knowledge of sexual health practices but may not realize a knowledge deficit exists. Any effort parents make to improve their knowledge of sexual health should be both acknowledged and encouraged.

Social workers should start where the parent is and build on the strengths they exhibit. Social workers should encourage parents to enhance their existing knowledge base about good sexual health practices and help them identify opportunities for increased knowledge attainment, such as local health clinics and online resources. Social workers should also help parents acknowledge incremental change in their youths. For instance, parents should be told to acknowledge when their youths have open discussions with them about sexual health. Parents can tell youths that they value the conversation and encourage youths to continue communicating.

### **Recognize That Solutions May Not Be Directly Related to Any Identified Problem**

Parents may not recognize that the regular communication and overall relationship they have with their youths are factors contributing to the youths' negative sexual behaviors. These parents may have difficulty understanding how interventions that include components such as effective communication and parental monitoring strategies can have utility

in delaying adolescent initiation of sexual intercourse (Guilama-Ramos et al., 2011).

Social workers should help parents understand the connection between their communication, the relationships they have with their youths, and the sexual behaviors of their youths. Social workers should specifically focus on the need for cross-gender communication and positive relationships. Social workers can present parents with case scenarios that highlight how negative relationships with a parent can lead youths to find other sources of acceptance and how this can often include building unhealthy sexual relationships with peers.

### **Assume That Solution-Focused Behaviors Already Exist for Parents**

An important strategy for designing sexual risk reduction interventions is to include activities involving parents (Akers, Holland, & Bost, 2011; Pedlow & Carey, 2004). The success of such models could potentially be due to how well parents know their youths compared with how well others know the youths. Such a connection could facilitate parent-youth communication. Parents should use what they know about their youths to gain more insight into the attitudes and intentions their youths have toward sexual health practices.

Social workers should encourage parents to trust their instincts when communicating with their youths about sexual health by helping parents process instances in which their instincts have been right about the youths. Social workers can ask parents to think of times when they had a feeling something was wrong with their youths or when they sensed that their youths had something they needed to discuss. Helping parents reflect on such events can help them reconnect with the moods and habits of their youths.

### **CONCLUSION**

There is evidence of the need for HIV prevention programming that targets African American adolescents, specifically male adolescents. Using a solution-focused approach, the strategies presented are based on the existing research on the health status of African American youths and communication patterns that they have with their parents. The strategies are not meant to serve as the basis for a therapeutic intervention with clients and should be considered in light of a few limitations. For example, some parents may need help in identifying positive aspects of their

youths when relationships have been strained for some time. Parents may have distanced themselves from their youths and are no longer in a position to understand the issues that their youths are facing or recognize changes or moods of their youths. This approach also does not help parents integrate the perspectives of others who may also play a significant role in helping youths reduce or eliminate unhealthy sexual behaviors.

Prevention and intervention efforts have to begin early enough to offset the risks associated with the early initiation of sexual behaviors that put this population at increased risk. Improving communication between youths and their parents may be an effective way of reducing high-risk behaviors among the population, particularly when more formal interventions are not available or accessible. The quality of the relationship in which this communication is to take place is important, as is the parent's comfort and knowledge with sexual health communication. Once parents develop efficacy in sexual health communication, this parents-youths interaction may serve as an invaluable avenue for decreasing high-risk sexual behaviors of African American youths. Social workers, who are often involved with families for a number of reasons, can use these encounters as opportunities to begin helping parents develop new solution-focused approaches and strengthening the existing influence that parents' communication with their youths already provides. **HSW**

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# Returning Home

## Reintegration after Prison or Jail

STEPHEN J. BAHR

**D**id you know each year approximately 600,000 individuals are released from prison in the United States?

How do they reintegrate into society after their release? Are there any programs to help prepare inmates for reintegration during incarceration, and which of these programs are effective? What are the differences between the people who manage to break the cycle of release and rearrest and those who return to prison, despite their efforts at a successful reintegration?

These are some of the challenges that individuals face after being released from prison or jail. In *Returning Home: Reintegration after Prison or Jail*, the author presents the results of his interviews with dozens of parolees who shared their life experiences about being released from prison and managing reintegration.

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