

navigating participant disclosures

circles of care



Research shows that a strong connection between teens and their supportive adult(s) is a superpower that helps teens achieve their goals and supports healthy teen outcomes, including: increased school success, and decreased rates of unwanted pregnancy, STIs, depression, and drug and alcohol use.

[1,2]

Communicating about tough topics, such as sexuality, is one important component of a strong connection. While teens and adults alike say they want to talk about sexuality with one another, many families say that they feel uncomfortable and ill-equipped to have conversations about sexual health. Lack of communication about sexual health adds to the challenge of building a strong connection.[3]

Since 2015, Planned Parenthood of the Great Northwest and the Hawaiian Islands has been implementing and evaluating Linking Families and Teens (LiFT), a 6-hour family connection program for teens aged 13-19 and their supportive adult. LiFT is designed to help families strengthen their bond, share their values, and learn skills to talk about the tough stuff. During LiFT, families spend some time together, and spend the majority of the workshop in separate youth and adult spaces. We learned early on that these break out groups became a safe space for the supportive adults, in particular, to make sensitive and important personal disclosures. For instance, one LiFT participant shared, "My first sex ed experience was when I was raped." We quickly found out that these very personal, and potentially traumatic, disclosures were common. Sex ed programs often present one of the only opportunities for many adults to share their stories, particularly about topics including consent, relationships, and sexual health. When these types of disclosures happen, the facilitator must attend to many needs simultaneously. It is critical to affirm the person who has disclosed with warmth and compassion, while tactfully returning the discussion or activity back to the lesson plan.

We developed a simple model - Circles of Care - to support facilitators in these moments. On the following pages, you can see more information and examples of the four steps of Circles of Care:

Care for: Self → Discloser → Participants → Agenda, Goals & Roles

We hope that the lessons we learned can support the work you are doing to bring high-quality sex education programs to young people, parents, supportive adults, and families in your community.



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What Are Participant Disclosures?

Due to the content covered in sex education, it is common for participants to share personal information about themselves. Often, these personal stories can contribute to learning and relationship building and are fairly easy to facilitate through. In fact, facilitators often invite participants to share personal experiences, thoughts, and feelings as they relate to the topic.

Other times, however, participants share personal stories that are sensitive or potentially triggering. In LiFT, this has included descriptions of sexual behaviors, stories of current or past abuse, sexual histories, drug or alcohol abuse, and strong opinions on controversial subjects.

These disclosures can be challenging to navigate because: 1) they are inappropriately intimate for the context, 2) may be reportable through mandated reporter policies and laws, or 3) they may be about experiences that could be traumatic to the discloser, the facilitator, and/or participants.

What is The Circles of Care model?

Circles of Care provides facilitators with a protocol to use immediately after a participant discloses sensitive information. Circles of Care includes four areas for the facilitator to focus on to help navigate through a difficult disclosure.

These are:

1. Care for self
2. Care for discloser
3. Care for participants
4. Care for agenda, goals and roles.



Care For Self

Caring for self is at the core of the Circles of Care model, and the center-most area for facilitators to shift into in the immediate moments after a disclosure. While preparing to fly on an airplane, passengers are told that, in the event of an emergency, they should put their own mask on before helping others. By ignoring their own mask, the passenger could lose the ability to help others. The same theory applies to facilitators in moments of disclosure - it is essential for the facilitator to take care of themselves to be fully present and support others in the room.

Caring for self is done quickly, and is often invisible to the larger group. The Circles of Care model suggests these steps for self-care:

- Prepare. Know the kinds of things that could be triggering or upsetting to you. Share these with a co-facilitator so that they can step in and offer support if triggering topics come up.
- Show direct compassion toward yourself by recognizing that it is okay to feel triggered or upset.
- Remind yourself of your resources. When and with whom can you debrief? Make time to connect with a supportive person during a break or make time later.
- Use your favorite quick relaxation and centering technique. This could include a deep breath, positive self-talk, an affirmation, or a body grounding exercise.

Care for the Discloser

Next, the facilitator shifts their focus from self to the person who made the disclosure. The discloser may be feeling quite vulnerable, so it's important to verbally show empathy, validation, and compassion.

Caring for the discloser might include:

- Guide body language toward the discloser by gently turning your body or eye contact toward them.
- Offer simple statements of compassion and validation. This could include "Thank you for sharing that important moment with us," or "You are not alone."
- Atune to their tone. It is important for the facilitator to be aware of the voice tone and body language of the discloser when responding, as some people may sound empowered or nonchalant, while others may cry when sharing their story. Atuning to the tone of the discloser can help to respond to their needs more effectively and with greater empathy.

Care for Participants

After attending to the discloser, the facilitator should shift toward the larger group. This shift can include a subtle opening up of the facilitator's body language from the discloser to address the whole group, as well as verbally acknowledging that others in the group may be feeling strong emotions because of the discloser's story.

Here are some ways to care for participants:

- Acknowledge the feelings that may have come up from others hearing the disclosure.
- Affirm that others in the room or their loved ones may have had a similar experience: "Others in the room may also share a story that is similar to this one, or maybe know someone else who has."
- Offer local or national resources that can help address the issue, and offer to talk more at the next break.

Care for the Agenda, Goals & Your Role

Last, the facilitator decides where to take the group and how to facilitate away from the personal disclosure. This is done by a quick internal review of the facilitator's skills, the participant's needs, and the program goals. During this internal review, the facilitator can make the intentional decision to continue discussing personal stories, or to tactfully return to the program agenda.

Here are some ways to internally review how to proceed:

- Know the overall goal of the group, as well as how much safety, trust, and vulnerability already exists. This will help to provide a road-map to facilitators.
- Reflect on your role, capacity, and expertise to provide a boundary to stay within.
- Set a boundary that responds to goals and your role. Make a quick decision based off the program goals and your role to **navigate out** of the disclosure and transition back to the agenda, or **navigate into** the disclosure topic to facilitate a more in-depth conversation.
- Gently transition back to the topic that was being discussed before the disclosure. Gentle transitions can include a transition statement, a group breath, or a quick stretch break.

Care for Agenda, Goals & Your Role:

Navigate Out

of the disclosure and back to the agenda if:

- the goal of the group includes content-based outcomes,
- the group meets infrequently or for a limited amount of time,
- there is not a high level of emotional safety between participants,
- your role, skill, or emotional capacity does not include a breadth of knowledge on the subject, and/or
- you feel unable to facilitate a sensitive conversation.

Navigate Into

deeper conversation about the disclosure topic before returning to the agenda if:

- the goal of the group includes relationship-based outcomes,
- the group meets frequently or for an extended amount of time,
- there is a high level of safety between participants,
- your role, skill, or mental capacity include a breadth of knowledge on the subject, and/or
- you feel able to facilitate a sensitive conversation.

Example:

LiFT is a short program of limited duration in which participants do not have an ongoing relationship, and with a goal of increasing family connection and communication. Facilitators are sex educators and the goal is not to provide therapy. Because of these factors, facilitators typically navigate out of the disclosure topic back to the agenda with graciousness, ease, and warmth, by connecting the topic to a key concept or taking a collective breath.

Example:

Teen Council is a year-long teen peer-education program in which teens meet weekly. Teen Council's goals include community-building and there is a high level of trust and safety between participants. Facilitators are sex educators and the goal is not to provide therapy. Because of these factors, facilitators sometimes pause the agenda and navigate into a conversation about the disclosure topic, including debriefing and exploring systemic issues which intersect with the topic. Facilitators do not provide individual therapy or group counseling. After the conversation, facilitators will gently transition back to the agenda.

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Circles of Care Example

Here is what Circles of Care could look like after a participant shares: *I am really afraid that my child will end up experiencing the kind of abuse that I have. It started as a kid, and even as an adult I keep ending up with guys who seem great, and then it ends up violent.*

Care for Self

Think to self:

- I know I get triggered when others disclose intimate partner violence. Particularly young people.
- It is normal and even good that this is upsetting. I am sensitive, and love people who have had violence in their family.
- I am going to touch base with my work best friend right after the workshop. I am going to text her at the next break to see if she is available.
- Three deep belly breaths and ground my feet into the floor.

Care for the Discloser:

Tell the discloser, while attuning to their tone:

- *I am so sorry that you have experienced violence in your relationships. It is so brave to bring it up and important to talk about it with folks who can understand.*
- *Intimate partner violence is very common, and you are not alone.*

Care for the Participants:

Tell the group:

- *I imagine there are others in this room who can relate to what [participant name] just shared.*
- *I am writing this phone number on the board. This is the national domestic violence hotline. I also have other resources that can help you or others who may not be in a safe situation. I'll write those on the board during our next break, and I'd love to talk later or at lunch for anyone who wants to talk more about this.*

Care for the Agenda, Goals & Roles:

Think to self:

- Participants came here today for LiFT.
- Participants just met each other today - there is a low amount of safety and trust present.
- My role is a sex educator - not a relationship coach or therapist.
- My boundary is to navigate out of this topic and back to the agenda.

Tell the group:

- *I'm really glad you are here today so that we can learn about how to share our hopes for the types of relationships our teens will have and ways to can start those tough talks. If it's okay with you all, I'm going to transition us back to our askable adult tips. Let's start with a collective deep breath...*

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LINKING FAMILIES & TEENS
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In LiFT, as in many sex education programs, participant disclosures present facilitation challenges. Circles of Care has helped the LiFT team to feel more prepared and capable of navigating disclosures with authenticity and warmth while accomplishing the program goals. We hope this model can help you manage challenging disclosures and that together we can provide trauma-informed, supportive, high-quality sex education to young people, supportive adults, and communities.

We are excited to partner with you to bring LiFT to your communities and continue the conversation about navigating participant disclosures in your programs.

For More Information

On these recruitment strategies or the LiFT program, please visit www.plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/education/linking-families-and-teens or contact: meagan.niebler@ppgnhi.org



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[1] Lezin, N. R. (2004). Parent-Child Connectedness: Implementations for Research, Interventions, and Positive Impacts on Adolescent Health. ETR Associates.

[2] Steiner, R.J., Sheremenko, G., Lesesne, C., Dittus, P.J., Sieving, R.E., et al. (2019). Adolescent connectedness and adult health outcomes. *Pediatrics*, 44 (1).

[3] Huberman, B. & Alford, S. (2005). Are You an Askable Parent? Retrieved from Advocates for Youth: <https://advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/askable.pdf>

Circles of Care was developed by Jodi Bernstein, with support from Meagan Niebler and the rest of the LiFT team.



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