

8.6.3 ADOLESCENT COUNSELING

Policy: Title X providers must provide counseling specific to the unique needs of adolescent clients.

Adolescent clients have specialized needs when they come to a family planning clinic for services. They require skilled counseling and detailed, age-appropriate information. It is important not to assume that adolescents are sexually active simply because they have come for family planning services. Many are seeking assistance in reaching this decision and abstinence must be discussed with all teens as a valid and responsible option.

Title X clinics may not require written consent of parents or guardians for the provision of services to minors. Nor can any Title X clinic staff notify a parent or guardian before or after a minor has required and/or received Title X family planning services (*42 CFR part 59, subpart A*). Montana law allows for a minor to self-consent for services related to prevention and diagnosis of pregnancy and reportable sexually transmitted diseases (*MCA 41-1-402*). See complete language from *MCA 41-1-402* at the end of this policy.

Procedure:

Confidential Services and Family Involvement

1. Providers of Title X family planning services must offer confidential services to adolescents.
2. All Title X staff must observe all relevant state laws and any legal obligations, such as notification or reporting of child abuse, child molestation, sexual abuse, rape or incest, as well as human trafficking (see MT TX FP Administrative Manual Policy 2.10, *Mandatory Reporting*). Confidentiality is critical for adolescents and can greatly influence their willingness to access and use services.
3. Adolescents must be assured that all counseling and services are confidential and any necessary follow-up will assure the privacy of the individual. Acceptable ways to notify the client when necessary should be negotiated with the adolescent client.
4. While adolescents are able to self-consent for services, every effort should be made to help teens find ways to communicate with their families. Title X clinics are encouraged to provide training, referrals, counseling, or workshops to help families become better communicators and sex educators with their teens. The family planning clinic recognizes the key role families have to play in teenagers' lives and ideally as primary sex educators.

Youth-Friendly Environment

1. The clinic should provide a “youth-friendly” environment which means that they are accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient for adolescents.
2. Appointment schedules should be planned to accommodate for convenient times for adolescents. Appointments for adolescents should be made as soon as possible. When scheduling, Title X clinics should consider allotting additional time for adolescent visits to ensure sufficient time for counseling, especially for first-time adolescent clients.

Adolescent Counseling

1. Title X providers must provide adolescent counseling which includes at a minimum counseling on abstinence, family involvement, and sexual coercion. The content must include the following:
 - a. Abstinence: Discussion on abstinence as a form of birth control.
 - b. Family Involvement: Discussion encouraging family involvement in the adolescent’s decision to seek family planning services.
 - c. Sexual Coercion: Counseling on how to resist coercive attempts to engage in sexual activities.

2. All counseling must be documented in the client's medical record.

Components of Adolescent Counseling

Required adolescent counseling may include the following content:

1. Abstinence:
 - a. Define abstinence as refraining from vaginal, anal, and/or oral sexual activity for any period of time, including after sexual debut.
 - b. Discuss efficacy of abstinence as a contraceptive method.
 - c. As applicable, discuss abstinence as a personal lifestyle choice.
 - d. Discuss ways to negotiate with a partner those sexual activities that they will or will not engage in within their relationship.
 - e. Identify ways to avoid high-pressure sexual situations.
 - f. Emphasize the importance of avoiding the use of alcohol or other drugs as they can adversely impact the abstinence decision.
 - g. Explore ways to say "no" so it is clear.
 - h. Discuss other forms of sexual expression and their related risks for pregnancy and/or STI transmission.
 - i. Discuss other methods of contraception, including condoms and emergency contraception, so that the client is ready when he/she decides to become sexually active.
 - j. As appropriate, discuss availability of workshops or continued counseling opportunities related to abstinence offered by the clinic.
2. Family Involvement
 - a. Encourage adolescents to involve families or trusted family members in their health care, including family planning.
 - b. Explore who, other than the clinic, is aware of the client's family planning visit.
 - c. Explore with the client the likelihood of families noticing changes caused by a chosen method and how the client might respond if approached.
 - d. As appropriate, discuss availability of workshops or continued counseling opportunities for both the client and family members offered by the clinic.
 - e. Assure the adolescent of their confidentiality and that it is not required to involve a family member to receive Title X services.
3. Sexual Coercion
 - a. Explore the power differential between the partners. Asking about how the couple communicates and makes decisions about being sexually active. For example, if sexually active, the provider may ask, "How did you and your partner decide to be sexually active?"
 - b. Define sexual coercion to an adolescent client as a feeling, situation, or atmosphere where emotional and physical control leads to sexual abuse, rape or a person feeling that he or she has no choice but to submit to sexual activity.
 - c. Define the various types of sexual coercion:
 - i. Sexual abuse
 - ii. Rape
 - iii. Acquaintance/date rape
 - iv. Relationship or Intimate Partner Violence (IPV)
 - v. Human trafficking
 - d. Discuss ways to negotiate with a partner those sexual activities that they will or will not engage in within their relationship.
 - e. Emphasize that sexual activity should always be a personal, positive choice.
 - f. As appropriate, discuss availability of workshops or continued counseling opportunities related to healthy relationships offered by the clinic.

Referral Services

1. Adolescents must receive appropriate referrals beyond the scope of Title X services.
2. Title X providers should discuss with adolescent clients whether the right to self-consent and confidentiality would apply to referral services. For example, an adolescent that receives confidential services from the Title X clinic may be referred to another provider for primary care services. The client should be informed that parental consent may be needed for those services.

MCA 41-1-402. Validity of consent of minor for health services.

(1) This part does not limit the right of an emancipated minor to consent to the provision of health services or to control access to protected health care information under applicable law.

(2) The consent to the provision of health services and to control access to protected health care information by a health care facility or to the performance of health services by a health professional may be given by a minor who professes or is found to meet any of the following descriptions:

(a) a minor who professes to be or to have been married or to have had a child or graduated from high school;

(b) a minor who professes to be or is found to be separated from the minor's family, familys, or legal guardian for whatever reason and is providing self-support by whatever means;

(c) a minor who professes or is found to be pregnant or afflicted with any reportable communicable disease, including a sexually transmitted disease, or drug and substance abuse, including alcohol.

This self-consent applies only to the prevention, diagnosis, and treatment of those conditions specified in this subsection. The self-consent in the case of pregnancy, a sexually transmitted disease, or drug and substance abuse also obliges the health professional, if the health professional accepts the responsibility for treatment, to counsel the minor or to refer the minor to another health professional for counseling.

(d) A minor who needs emergency care, including transfusions, without which the minor's health will be jeopardized. If emergency care is rendered, the family, familys, or legal guardian must be informed as soon as practical except under the circumstances mentioned in this subsection (2).

(3) A minor who has had a child may give effective consent to health service for the child.

(4) A minor may give consent for health care for the minor's spouse if the spouse is unable to give consent by reason of physical or mental incapacity.