

## 2.18 ADOLESCENTS

### Policy:

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

Adolescent clients (17 years and younger) 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 59.5 (a) (1)- What requirements must be met by a family planning project?*). 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 the complete language from *MCA 41-1-402* at the end of this policy.

Title X Clinics must encourage family participation in the decision to seek family planning services; and, with respect to each minor patient, ensure that the record documents the specific actions taken to encourage such family participation (or the specific reason why such family participation was not encouraged). *42 CFR 59.5*

Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources, provided that the Title X provider has documented in the minor's medical records the specific actions taken by the provider to encourage the minor to involve her/his family (including her/his parents or guardian) in her/his decision to seek family planning services, except that documentation of such encouragement is not to be required if the Title X provider has documented in the medical record: (i) That it suspects the minor to be the victim of child abuse or incest; and (ii) That it has, consistent with, and if permitted or required by, applicable State or local law, reported the situation to the relevant authorities. *42 CFR 59.2*

### Procedure:

Confidential Services, Family Involvement, coercion, and victimization

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* and 2.12 *Human Trafficking*).
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. However, confidentiality may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking, or similar reporting laws. *42 CFR 59.11*
5. While adolescents are able to self-consent for services, Title X Providers must counsel adolescent clients regarding family participation and must document specific actions taken to encourage

family participation in the medical record or the specific reasons family participation was not encouraged (42 CFR 59.5(a)(14).

6. 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 play in teenagers' lives and ideally as primary sex educators.
7. Title X clinics must ensure that every minor who presents for STD treatment is counseled on how to resist attempts to coerce them into engaging in sexual activities (42 CFR 59.17).
8. Title X clinics must conduct a preliminary screening of any minor who presents with a sexually transmitted disease, pregnancy, or any suspicion of abuse, in order to rule out victimization of the minor (42 CFR 59.17).

#### 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 (including the benefits of delaying sex, or if already sexually active, that choosing to avoid sexual activity for a defined period of time is an option), family involvement, and ways to resist sexual coercion. Title X providers must provide adolescent counseling at the client’s initial visit and annually thereafter, until the client is no longer considered a minor ( $\geq 18$  years old). The content must include the following:
  - a. Abstinence: Discussion on abstinence as a form of birth control, and the benefits of delaying sex or returning to a sexually risk-free status.
  - 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.

If a provider has completed full adolescent counseling at initial visit and annually, and the adolescent does not present for STD testing or treatment, pregnancy, or with suspicion of abuse, the providers must document in the medical record follow up on adolescent counseling, if needed, or provide the reason they are not counseling at that visit (e.g. adolescent counseling provided at previous visit this year).

#### 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 that abstinence is the only 100% effective method to prevent pregnancy and STDs.

- e. Discuss the benefits of delaying sex, or if already sexually active, that choosing to avoid sexual activity for a defined period of time is an option, which reduces the overall number of lifetime sexual partners.
  - f. Discuss ways to negotiate with a partner those sexual activities that they will or will not engage in within their relationship.
  - g. Identify ways to avoid high-pressure sexual situations.
  - h. Emphasize the importance of avoiding the use of alcohol or other drugs as they can adversely impact the abstinence decision.
  - i. Explore ways to say “no” so it is clear.
  - j. Discuss other forms of sexual expression and their related risks for pregnancy and/or STI transmission.
  - k. Discuss other methods of contraception, including condoms and emergency contraception, so that the client is ready when he/she decides to become sexually active.
  - l. 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 their family 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.
  - f. Document in the medical record specific actions taken to involve a family member in their reproductive healthcare or the specific reason involvement was not recommended.
3. Sexual Coercion
- a. Explore the power differential between the partners. Ask 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 parent, parents, 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 parent, parents, 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.*