

## **SECTION 1.10 ADOLESCENT SERVICES**

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### **A. OVERVIEW**

1. Adolescent clients (defined as <18 years of age) have specialized needs when they come to a family planning program for services. Many need skilled counseling and detailed information to avoid contraceptive failure.
2. While research shows most adolescent clients who come to a family planning program have been sexually active nine months to one year, some teenagers are seeking assistance in reaching a decision about sexual activity. Abstinence should be discussed with all teens as a valid and responsible option.

### **B. CONTRACEPTIVE SERVICES**

1. Adolescents seeking contraceptive services must be informed about all methods of contraception, including abstinence.
2. Adolescents should be offered information about basic female and male reproductive anatomy and physiology.
3. All counseling and education must be documented.

### **C. CONFIDENTIALITY**

1. Services provided to adolescents are confidential.
2. However, adolescents must be encouraged to discuss their needs and decisions with family.
3. The family planning program recognizes the key role family members have to play in teenagers' lives and ideally as primary sex educators.
4. Adolescents must understand that there are certain reportable situations that supersede confidentiality. Please refer to the section on Mandatory Reporting found at the end of this section, as well as Section 1.1 of the Administrative Manual.

### **D. ENCOURAGING FAMILY INVOLVEMENT**

Family involvement includes, but is not limited to, parental awareness of an adolescent's decision to seek family planning services, discussion of family planning options, and encouragement of responsible sexual decision-making.

By integrating encouragement of family involvement into the family planning visit, the staff may help adolescents develop the interpersonal skills necessary to involve their families. Adolescents will need information about contraception, safer sex, abstinence, teen pregnancy, STIs, and HIV/AIDS. Adolescents often need to be introduced to the concept of responsible decision-making as regards their sexuality.

Motivating adolescents to involve family should include the following:

1. A straightforward explanation of the confidentiality policy. This would include examples of what information would have to be shared, e.g., situations covered under the mandatory reporting laws, reporting of certain STIs, threats to the client's safety, etc.
2. Stating it is the clinic policy to talk to all adolescents about family involvement

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3. Asking whether the adolescent has ever talked to his/her parent about sex, birth control, or STIs.
4. Being positive about the potential benefits of family involvement, while allaying any fears about requiring family involvement.
5. Getting the adolescent to verbalize what the hardest part about talking to a parent or family member would be; what the worst part of the parent's or family member's response might be; what the best part of involving the parent or family member might be.
6. Provision of the brochure, available from the CDPHE Family Planning Program or some other brochure on the topic of family involvement that has been approved by your agencies Information and Education (I & E) committee.

**E. COUNSELING ON RESISTING SEXUAL COERCION**

Sexual coercion is the act of persuading or coercing a person, including an adolescent, into engaging into an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation. It differs from rape in that the coerced individual feels it is easier to consent to sexual activity than to decline, because of an imbalance in power. Coercive situations may not be obvious, even to the coerced individual.

Educational and counseling:

Information about sexual coercion must be provided to all new adolescent clients. It should be provided to any other client when there is suspicion of abuse or forced sexual activity. The imbalance of power can present itself through pressuring, intimidation, and threats; and it can be physical, emotional, psychological, or spiritual in nature. Education should include, but not be limited to:

1. an explanation of what coercion is
2. the right to refuse sex at any time without negative consequences
3. the right to set limits
4. an awareness of the different kinds of peer pressure that might lead to sexual coercion and how the influence of drugs and alcohol can affect behavior and decision-making ability
5. the importance of self-esteem and self-respect in avoiding coercive relationships
6. a list of any available community resources
7. written information on the topic of sexual coercion that has been approved by your agencies I & E committee.

**F. DOCUMENTATION ON EDUCATION/COUNSELING**

Education and counseling about family involvement and sexual coercion must be documented in the client chart. Use of a check off box is acceptable. If the topic is listed as "Adolescent Counseling" or "Teen Counseling" then marking it off would mean that the information listed under both 'D' and 'E' above has been covered. If the topics are listed separately, as "Family Involvement" and "Sexual Coercion" or "Partner Coercion," then each topic would need to be marked, as indicated.

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Please be sure that your education check-off list covers these topics.  
Documentation of abstinence counseling is required.

**\*Refer to Section 1.15 for Mandatory Reporting/Human Trafficking\***