Counseling Adolescents to Resist Sexual Coercion: Strategies for Implementation, Training, and Documentation

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Objectives

By the end of today's session, you will be able to:

- Use client-centered counseling strategies to **communicate effectively with adolescents about how to resist sexual coercion**
- **Identify relevant resources** to support staff training for counseling adolescents
- Describe **strategies for documentation** of counseling adolescents to resist sexual coercion used in other NYS FPP sites

What is Sexual Coercion?

- Sexual coercion can be any type of nonphysical pressure used to make someone participate in sexual activity that they do not agree to.
- Sexual coercion includes a range of behaviors that a partner may use related to sexual decision-making to pressure or coerce a person to have sex without using physical force.

Activity

Examples of Sexual Coercion

Ways someone might use sexual coercion	What he or she may say
Wearing you down by asking for sex again and again or making you feel bad, guilty, or obligated	• "If you really loved me, you'd do it." • "Come on; it's my birthday." • "You don't know what you do to me."
Making you feel like it's too late to say no	• "But you've already gotten me all worked up." • "You can't just make someone stop."
Telling you that *not* having sex will hurt your relationship	• "Everything's perfect. Why do you have to ruin it?" • "I'll break up with you if you don't have sex with me."
Lying or threatening to spread rumors about you	• "Everyone thinks we already have, so you might as well." • "I'll just tell everyone you did it anyway."
Making promises to reward you for sex	• "I'll make it worth your while." • "You know I have a lot of connections."
Threatening you that they will find someone else to have sex with if you do not.	• "If you don't have sex with me, I'll find someone who will."
Putting you down about not having sex with them	• "I guess it's true that you're frigid."
Threatening to reveal your sexual orientation publicly or to family or friends	• "If you don't do this, I will tell everyone you're gay."

Introduction to the Title X Requirement

- Counseling Adolescents on Sexual Coercion

  Legislative mandate: "None of the funds appropriated in this Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it **provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.**"

Introduction to the Title X Priorities

- Counseling Adolescents on Sexual Coercion

  2018 Program Priorities: Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and **providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities**

NYS Specific Audit Criteria – Counseling Adolescents on Coercion

- Audits look for:
  - Adolescents are counseled on resisting coercion
  - Staff complete training on how to involve family members in the provision of family planning services to minors, and counseling minors on how to resist being coerced into engaging in sexual activity

Client-Centered Counseling Strategies

- How to communicate effectively with adolescents to resist sexual coercion
  - Key considerations when counseling adolescent clients
  - Specific best practices for counseling adolescents to resist coercion
  - Use a couple of case studies to apply best practice

Counseling Tips: Raising the Issue

- Practice effective counseling skills tailored to youth (O.A.R.S Model and Motivational Interviewing)
- Use a strengths-based approach
- Discuss confidentiality and its limits upfront - check for understanding
- Help the client explore ways to be empowered and take charge in the situation
- Help the client explore next steps and make a choice that is right for them
- Know your state mandatory reporting laws for child abuse and neglect
- If you need to make a report to child services, be clear about the process and potential outcomes
- Demonstrate ongoing support and concern in the face of adolescent attitude

Counseling Tips: Raising the Issue

- Say…
  - "Sometimes young people are in relationships in which a partner is pushing them to have sex when they aren't really sure they want to. It can be really difficult to say 'no!'"
  - "I don't know if this is a concern for you, but many adolescents I see are dealing with abuse issues, so I've started asking everyone questions about sexual coercion. Sexual coercions is…"
  - "Another situation that lots of people have been in is being pressured to have sex when they didn't want to. What's your experience been with that?"

Counseling Tips: Responding to Difficult Emotions

- PEARLS statements that reinforce relationships by focusing on:
  - P=Partnership ("I know we can figure this out together.")
  - E=Empathy ("This is hard." "You look scared.")
  - A=Acknowledgement ("Your effort really shows here.")
  - R=Respect ("You were brave to tell me this.")
  - L=Legitimation ("Who wouldn't be angry about this?")
  - S=Support ("I'd like to help you with this.")

Goals for Universal Education about Healthy Relationships

- Distinguish between healthy and unhealthy relationship behavior
- Focus on healthy relationships
- Encourage youth to choose safe and respectful relationships, and reject unhealthy relationship behavior
- Support youth to take action to report or confront unhealthy behavior they witness among peers
- Educate sexually active adolescents about sexual coercion and the importance of consent
- Create an environment where youth will see the clinic as a safe place to discuss relationships and seek related advice and assistance

Healthy Relationship Wheel and Questions

This wheel, with its open-ended questions, can help guide conversations about healthy relationships with adolescents.

Discuss:

- Which statements on this wheel describe your relationship with your partner?
- Which statements on the wheel are the most important to you when you think of respect? Why?
- Which statements on the wheel can help you deal with conflict (or disagreements) in a healthy way?

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Relationship Spectrum

All relationships exist on a spectrum from healthy to abusive with unhealthy somewhere in the middle.

A healthy relationship means that both partners are...	You may be in an unhealthy relationship if one of you is...	An abusive relationship starts when one of you...
RESPECTFUL	DISRESPECTFUL	MISTREATS THE OTHER
COMMUNICATIVE	NON-COMMUNICATIVE	COMMUNICATES IN A WAY THAT IS HARMFUL/ INSULTING
TRUSTING	NOT TRUSTING	MAKES ACCUSATIONS
HONEST	DISHONEST	DENIES THAT THE ABUSIVE ACTIONS ARE ABUSE
HAPPY TO SPEND TIME TOGETHER OR APART	NOT SPENDING TIME WITH OTHERS	ISOLATES THE OTHER PARTNER
EQUAL	STRUGGLING FOR CONTROL	CONTROLS THE OTHER
MAKING MUTUAL SEXUAL CHOICES Both partners make decisions together and can openly discuss what each one is dealing with, like relationship problems and sexual choices.	**PRESSURING THE OTHER INTO SEXUAL ACTIVITY** One person tries to make most of the decisions. He or she may pressure the other about sex or refuse to see how one's actions can hurt the other one.	**FORCES SEXUAL ACTIVITY** One person makes all of the decisions in the relationship. The partners spend all of their time together and one may feel unable to talk to other people, especially about what's really happening in the relationship. It's an imbalance of power and control.

Safety Tip: Key Recommendation

Develop a sign for your waiting room that says:

"In this clinic, we respect a patient's right to privacy and always see patients alone for some portion of their visit."

Counseling to Adolescents to Resist Sexual Coercion

Risk Assessment /Coercion Avoidance and Harm Reduction with Adolescents Principles, Processes and Documentation

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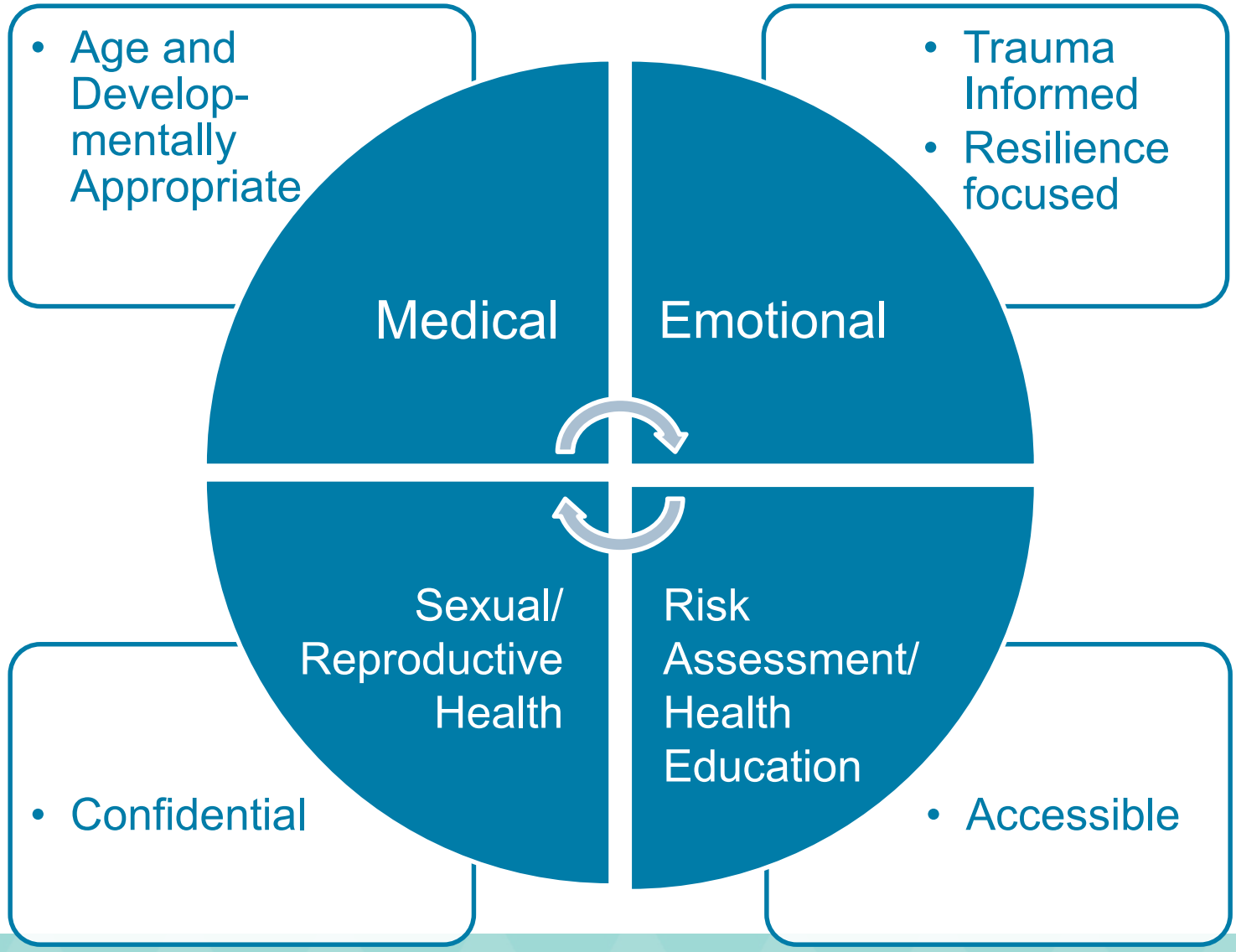
Guiding Principles of Risk Assessment/ Risk Reduction and Coercion Avoidance with Adolescents

- Maximizing safety through empowerment
- Strength based approach with a focus on resilience
- Minimizing vulnerabilities for sexual coercion and assault (harm reduction)
- Improve communications with sexual partners
- Responsible sexual decision making
- Strategies to resist/avoid/receive help regarding sexual coercion, sexual assault and dating violence

MSAHC Clinical Services Model of Care

- Holistic, Interdisciplinary, Integrated and Coordinated
- Adolescent and young adult friendly
- Confidential
- Patients are seen regardless of ability to pay
- Staff are adolescent focused

Individual Encounters



Risk Assessment/ Risk Reduction / Coercion Avoidance

- Impossible to separate out coercion avoidance counseling without a risk assessment and understanding the patient's full psychosocial picture
- Identify strengths early
- There is no "one size fits all" counseling module
- All engagement and counseling needs to be:
  - Trauma informed
  - Nonjudgmental
  - Age and developmentally appropriate
  - Motivational interviewing for best engagement

TABLE 3 A strengths-based approach

When talking to adolescents, search for positives in the history. Approaches based on risk factors alone may induce feelings of shame and deter patient engagement. It also sets low expectations—absence of risk factors does not equate to success. Here are some tips:

1 **Identify strengths early** so that they can be "built on" when motivating the patient to change or when encouraging ongoing success. An alternative acronym, SSHADESS, accounts for this strategy.[10]

2 **Look for examples of past difficulties that your patient has successfully overcome.** The ability to adapt to and overcome adversity is known as resilience and is highly protective against a wide range of bad outcomes.

3 **Praise** when praise is warranted! Many adolescents, especially those at high risk, never hear any praise from adults!

4 **Use reflective listening and pause.** This allows the teenager time to confirm and expand on his or her thoughts.

5 **Create a comfortable, trusting, nonjudgmental setting** that communicates respect. Consider: "I want you to feel comfortable coming to me for health information and comfortable telling me what is going on in your life."

6 **Share your concerns.** It is acceptable to gently challenge your patient by saying, for example, "I'm worried that daily marijuana use may be a barrier to your achieving your goal of serving in the military."

Abbreviation: SSHADESS, Strengths, School, Home, Activities, Drugs/substance abuse, Emotion/depression, Sexuality, Safety.
Goldenring JM, et al[1]; Ginsburg KR[10]; Resnick MD, et al.[14]

Basic Visit Format

Visit Overview

Step 1: Introduction / Engagement

Step 2: Interview / Questionnaire (Medical Hx) HEEADDSS / MSAHC Data Base)

Step 3:* Physical Exam / Diagnostics / Treatment

Step 4: Education & Counseling Principles

Step 4: Referral & Navigation

Step 5: Documentation

Step 6: Follow-up

** Medical Providers Only*

Risk Assessment Tools Documentation Capture

- Medical Providers
  - HEEADSSS 3.0: The psychosocial interview for adolescents updated for a new century with inclusion of social media (EMR Questionnaire)
- Health Educators: MSAHC Assessment Data Base (EMR Questionnaire)
- Primary Care Social Worker
  - MSAHC Primary Care Initial Assessment Tools –
    - Mental Status
    - Social History and Risk Screening
    - Suicide / Self Harm Assessment

TABLE 1 The HEEADSSS psychosocial interview for adolescents

	Potential first-line questions	*Questions if time permits or if situation warrants exploration*
Home	Who lives with you? Where do you live? What are relationships like at home? Can you talk to anyone at home about stress? (Who?) Is there anyone new at home? Has someone left recently? Do you have a smart phone or computer at home? In your room? What do you use it for? (May ask this in the activities section.)	Have you moved recently? Have you ever had to live away from home? (Why?) Have you ever run away? (Why?) Is there any physical violence at home?
Education and employment	Tell me about school. Is your school a safe place? (Why?) Have you been bullied at school? Do you feel connected to your school? Do you feel as if you belong? Are there adults at school you feel you could talk to about something important? (Who?) Do you have any failing grades? Any recent changes? What are your future education/employment plans/goals? Are you working? Where? How much?	How many days have you missed from school this month/quarter/semester? Have you changed schools in the past few years? Tell me about your friends at school. Have you ever had to repeat a class/grade? Have you ever been suspended? Expelled? Have you ever considered dropping out? How well do you get along with the people at school? Work? Have your responsibilities at work increased? What are your favorite subjects at school? Your least favorite subjects?
Eating	Does your weight or body shape cause you any stress? If so, tell me about it. Have there been any recent changes in your weight? Have you dieted in the last year? How? How often?	What do you like and not like about your body? Have you done anything else to try to manage your weight? Tell me about your exercise routine. What do you think would be a healthy diet? How does that compare to your current eating patterns? What would it be like if you gained (lost) 10 lb? Does it ever seem as though your eating is out of control? Have you ever taken diet pills?
Activities	What do you do for fun? How do you spend time with friends? Family? (With whom, where, when?) Some teenagers tell me that they spend much of their free time online. What types of things do you use the Internet for? How many hours do you spend on any given day in front of a screen, such as a computer, TV, or phone? Do you wish you spent less time on these things?	Do you participate in any sports? Do you regularly attend religious or spiritual activities? Have you messaged photos or texts that you have later regretted? Can you think of a friend who was harmed by spending time online? How often do you view pornography (or nude images or videos) online? What types of books do you read for fun? How do you feel after playing video games? What music do you like to listen to?
Drugs	Do any of your friends or family members use tobacco? Alcohol? Other drugs? Do you use tobacco or electronic cigarettes? Alcohol? Other drugs, energy drinks, steroids, or medications not prescribed to you?	Is there any history of alcohol or drug problems in your family? Does anyone at home use tobacco? Do you ever drink or use drugs when you're alone? (Assess frequency, intensity, patterns of use or abuse, and how patient obtains or pays for drugs, alcohol, or tobacco.) (Ask the CRAFFT questions in Table 5, page 25.)

	Potential first-line questions	Questions if time permits or if situation warrants exploration
Sexuality	Have you ever been in a romantic relationship? Tell me about the people that you've dated. Have any of your relationships ever been sexual relationships (such as involving kissing or touching)? Are you attracted to anyone now? OR: Tell me about your sexual life. Are you interested in boys? Girls? Both? Not yet sure?	Are your sexual activities enjoyable? Have any of your relationships been violent? What does the term "safer sex" mean to you? Have you ever sent unclothed pictures of yourself on e-mail or the Internet? Have you ever been forced or pressured into doing something sexual that you didn't want to do? Have you ever been touched sexually in a way that you didn't want? Have you ever been raped, on a date or any other time? How many sexual partners have you had altogether? (Girls) Have you ever been pregnant or worried that you may be pregnant? (Boys) Have you ever gotten someone pregnant or worried that might have happened? What are you using for birth control? Are you satisfied with your method? Do you use condoms every time you have intercourse? What gets in the way? Have you ever had a sexually transmitted infection or worried that you had an infection?
Suicide/ depression	Do you feel "stressed" or anxious more than usual (or more than you prefer to feel)? Do you feel sad or down more than usual? Are you "bored" much of the time? Are you having trouble getting to sleep? Have you thought a lot about hurting yourself or someone else? Tell me about a time when someone picked on you or made you feel uncomfortable online. (Consider the PHQ-2 screening tool [Table 6, page 26] to supplement.)	Tell me about a time when you felt sad while using social media sites like Facebook. Does it seem that you've lost interest in things that you used to really enjoy? Do you find yourself spending less time with friends? Would you rather just be by yourself most of the time? Have you ever tried to kill yourself? Have you ever had to hurt yourself (by cutting yourself, for example) to calm down or feel better? Have you started using alcohol or drugs to help you relax, calm down, or feel better?
Safety	Have you ever been seriously injured? (How?) How about anyone else you know? Do you always wear a seatbelt in the car? Have you ever met in person (or plan to meet) with anyone whom you first encountered online? When was the last time you sent a text message while driving? Tell me about a time when you have ridden with a driver who was drunk or high. When? How often? Is there a lot of violence at your home or school? In your neighborhood? Among your friends?	Do you use safety equipment for sports and/or other physical activities (for example, helmets for biking or skateboarding)? Have you ever been in a car or motorcycle accident? (What happened?) Have you ever been picked on or bullied? Is that still a problem? Have you gotten into physical fights in school or your neighborhood? Are you still getting into fights? Have you ever felt that you had to carry a knife, gun, or other weapon to protect yourself? Do you still feel that way? Have you ever been incarcerated?

Abbreviations: CRAFFT, Car, Relax, Alone, Forget, Friends, Trouble; HEEADSSS, Home, Education and employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, Safety; PHQ-2, Patient Health Questionnaire 2.
Adapted from Goldenring JM, et al[1]; Goldenring JM, et al.[2]

Risk Assessment Medical Provider Documentation (captured in body of medical note)

HEADSS

Home and Family:
Household members: Father, Brother(s) and Sister(s).
Primary residence: Rent.
Patient @he@ does not have own room..
Number of people in the household including patient: 5.

Education:
Last grade completed: 14th Grade (SUNY Delhi-transferring to John Jay).
School attendance: Full Time.
Receives(d) educational support services: No.
Repeated class/grade more than 3 years ago. Patient is not failing any classes.
Grades are: EXCELLENT(90 -100).
Patient has not been suspended from school in past.
Patient has never been expelled from school in past.
What are your future education plans/goals?: College bound (transferring to John Jay).

Employment:
Work, Job corp, training: Not Currently
What are your future employment plans/goals?: Lawyer.

Nutrition:
Number of servings of fruits/vegetables per day: 2.
Number of servings of Dairy products per day: 1.
Number of meat servings per day: 3.
Number of servings of Fast Foods/Junk Food per day: 0 (not every day).
Number of sugar/sweet servings per day: 0 (about 2-3 times per week).
Number of Caffeine (coffee, energy drinks etc) per day: 0 (cut it all out).
Patient is satisfied with their weight.

Exercise:
Number of times patient exercised each week: 3 (while at school 3 times per week- now walking al ot).
For how long on average (in minutes in a given day)?: 60.

Activity:
For fun, patient does: Hang out with Friends/Significant Other/Family, TV, Movies and Talk/Text on Phone.
On an average school/work day, how many hours do you watch TV: 0 (time to time).
On an average school/work day how many hours are you ion social media? " all day long"

Risk Assessment Medical Provider Documentation (captured in body of medical note)

HEADSS

Sexual History:
Types of sexual activity: Vaginal, Received Oral to Genital and Given Oral to Genital
Number of lifetime male sexual partners: 1.
Number of lifetime female sexual partners: 0.
Number of male sexual partners in past 3 months: 1 (20 year old male).
Number of female sexual partners in past 3 months: 0.
Have you ever had a sexual partner who was 5 years or older than you? No.
Last sexual contact was Last 30 days (6-30 days ago).
Contraception used at last sexual contact: Male Condom.
Prior contraceptive use (ever)- Enter last used date in comment: Male Condom, Patch, Depo shot and Pill.
Aware of emergency contraceptives: Yes.
Date of HIV test: 6-12 months.
Patient has taken an HIV test previously.
Prior HIV results: NEGATIVE.
HIV test results were: NEGATIVE.
Requesting HIV test today: no .

Interpersonal Violence:
Have you ever been punished by being hit physically? No.
Have you ever been hit hard enough to cause bruises/marks that were noticeable or where you had to see a doctor or go to a hospital? No.
Have you always felt loved, taken care of and protected by your family? Yes.
Ever experienced teen dating violence? No - have not experienced it.
Ever experienced/witnessed domestic violence among parents/guardians? No.
Ever pressured or forced to have or perform sexual acts (including someone touching you in a sexual way or making you touch them)? No.
Ever had sex in return for money, drugs or other favors? No.
Ever been so high/drunk that you might have had sex but not remember? No.

Mental Health:
Have you often felt down or depressed? No.
Had anxiety attack - suddenly feeling anger or panic: No.
Have you ever felt nervous, anxious on edge or worried: No.
Have you felt like your life was worthless? No.
Had thoughts of hurting yourself or killing yourself? No.
Have you ever tried to hurt yourself? No.
Have you ever tried to kill yourself? No.
Did you ever plan to kill yourself? No.
Patient considers overall health to be excellent.
Three things patient likes about themselves: my hair, my smile and I am smart.

Risk Assessment Medical Provider Documentation (captured in body of medical note)

HEADSS

***Safety*:**
When do you wear a seatbelt in the car?: Always.
Do you wear a helmet when you ride a bike/skateboard?: I don't ride a bike/skateboard.
Substance Use:
Tobacco Use (Cigarettes, Cigars, Cigarillos or little cigars): Never Used.
Marijuana (Hashish, pot, grass, or weed): Never Used.
Alcohol (wine, beer, tequila, rum, vodka, whiskey, liquor): Never Used.
Other illicit Drugs(s) (crack, heroin, speed, 'Shrooms", angel dust): Never Used.

***CRAFFT*:**
Have you ever ridden in a car with someone under the influence? Has not ridden in a car with someone under the influence.
Have you ever used alcohol or drugs to relax or fit in? Has not used alcohol or drugs to relax or fit in.
Have you ever used alcohol or drugs while you were by yourself? Has not used alcohol or drugs while you were by yourself.
Do you ever forget things you did while using alcohol or drugs? Has not forgotten things you did while using alcohol or drugs.
Has your family or friends ever tell you to cut down drinking/drugs? Your family or friends has not told you to cut down drinking/drugs.
Have you ever been in trouble while using drugs/alcohol? Has not been in trouble while using drugs/alcohol.

***Sexual History*:**
Number of lifetime male sexual partners: 1.
Number of lifetime female sexual partners: 0.
Number of male sexual partners in past 3 months: 1 (20 year old male).
Number of female sexual partners in past 3 months: 0.
Have you ever had a sexual partner who was 5 years or older than you? No.
Last sexual contact was Last 30 days (6-30 days ago).
Contraception used at last sexual contact: Male Condom.
Prior contraceptive use (ever)- Enter last used date in comment: Male Condom, Patch, Depo shot and Pill.
Aware of emergency contraceptives: Yes.
Date of HIV test: 6-12 months.
Patient has taken an HIV test previously.
Prior HIV results: NEGATIVE.
HIV test results were: NEGATIVE.
Requesting HIV test today: no .

Documentation of Counseling Provided

Health Education/Self-Management Education

- Health Education provided by: Anne Nucci- Sack:
- Abstinence support, Condom use for pregnancy/STI prevention, Depression / Suicide, Emergency contraception (EC) awareness, Family participation, Hormonal Birth Control, Interpersonal Partner Violence Screening completed, Nutrition, Physical activity, cardio and weight bearing exercise, Risk reduction, Safety recommendations, Sexually transmitted infections, Substance Screening / Tobacco Abstinence / Cessation and Coercion Avoidance

Health Education provided by Health Educator/Social Worker: not referred today

Patient Understanding

- Verbalized understanding: Yes
- Understanding limited: No
- Barriers to learning: No
- Barriers to adherence: No

Return to Clinic: Return in about 6 months (around 4/3/2019) for 6 months for HPV Vaccine #2.

MSAHC HIV PRE-TEST / RISK REDUCTION DATABASE - Health Education / Primary Care SW

Has patient ever taken an HIV test
See provider's encounter for risk database

Entered by:
Entered on 10/3/2018 5:38 PM
Age at Coitarche
Have you ever been sexually active?

Number of lifetime sexual partners: MEN
Number of lifetime sexual partners: WOMEN
Any partner greater than 5 years older?

Age of current partner
# of partners in the past 3 months

Date of last sexual activity (vaginal/anal/oral)
Consensual

Was contraception used
If yes, which method
Date of last unprotected sex or condom breakage?
Patient is aware of ECP
Contraceptive Plan
Current Partner Situation
Contraceptive History
Condom use (past 3 months)

Patient has engaged in
Vaginal sex
Anal sex
Oral sex
Survival sex
Anonymous sex
IV drug use
Sex with an IV drug user
Comment

AHC HIV PRE-TEST / RISK REDUCTION DATABASE - Health Education / Primary Care SW

Has the patient ever had a pelvic exam/STI screening
If no, reviewed 1st pelvic with patient

Has patient ever been diagnosed with a STI?
# of Pregnancies?
# of Partners impregnated
Outcome
Comment
Patient reports history of domestic violence
Patient reports current/recent domestic violence
Comment
Patient reports incidents of sexual abuse

Patient's age at time of abuse

Types of abuse
Perpetrator(s)
To whom did the patient first disclose

Was disclosure met with support

Is patient interested in testing today

Does the patient want HIV rapid testing

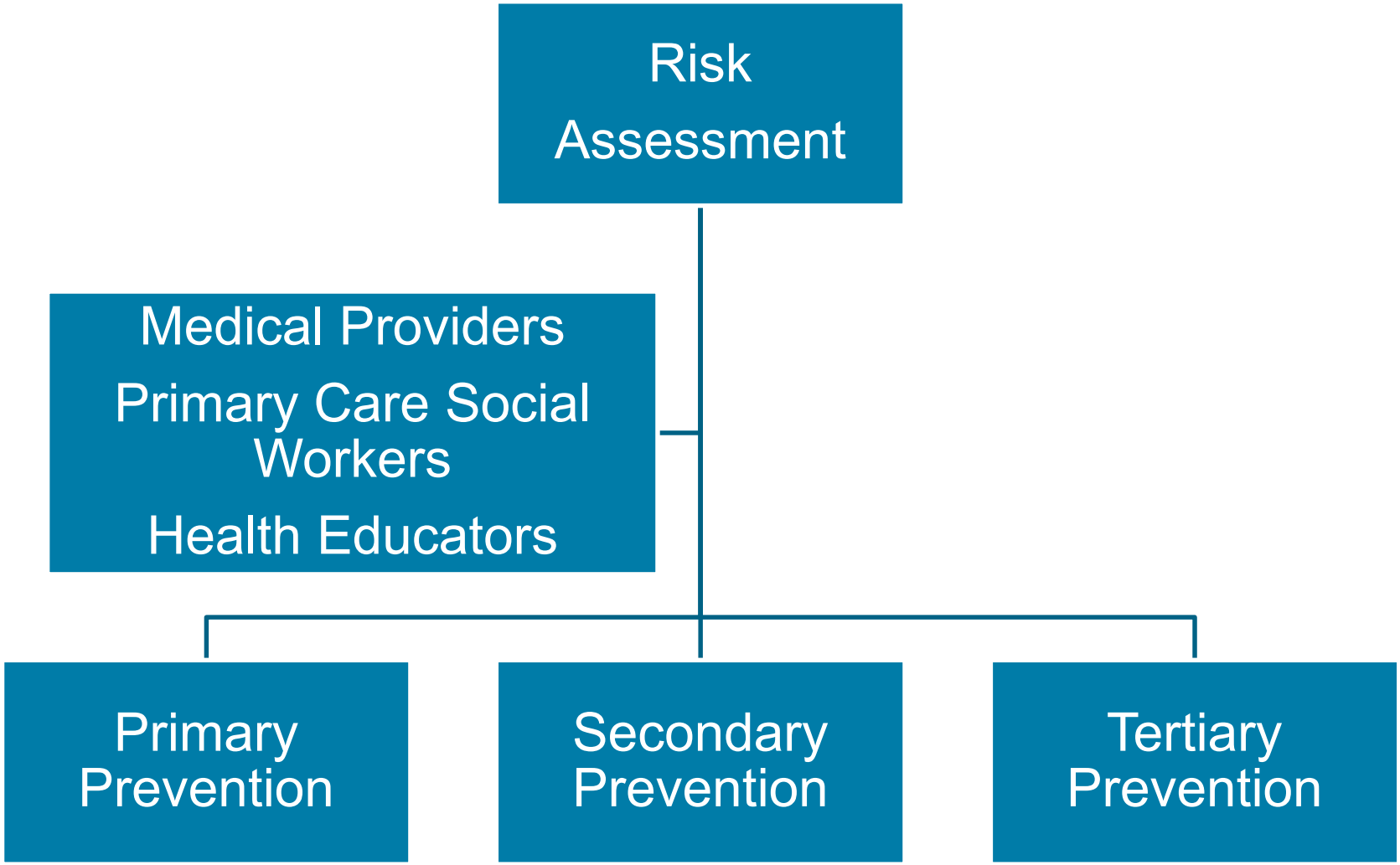
Reason for testing at this time

If your test result returned positive, in whom you confide
If your result returned positive, would you hurt yourself?
@
Do you know anyone who is HIV + or living with AIDS
HIV Test Summary
Patient verbalizes understanding?

Do you know what NPEP is?

Education on NPEP provided

Risk Assessment / Coercion Avoidance Counseling



Vignettes and Counseling

Case #1

- 16 year old female presenting for a contraceptive follow up visit and STI screening. Client was started on OCP's 3 months prior and taking as directed.
- She is happy with method and has had no major or nuisance side effects. She uses the alarm on her phone to remind her to take her pill daily.
- Has provisional plan B at home. Uses condoms 90% of the time and has one male sexual partner.

Case #1: Risk Assessment

- Home : Lives with mother and brother- feels safe at home; no history of physical abuse and never witnessed DV at home
- Education: Attends the local high school and reports good grades- hopes to become a nurse after completing college
- Activities: Likes to spend time with family and friends, on facebook and uses snap chat
- Appropriate self image / exercises 3 days a week in gym class
- Drugs: Denies tobacco, has tried alcohol and weed- does not like them
- Gender / Sexuality: Identifies as female and interested in males
  - Menarche at age 12 year Coitarche at age 16 years
  - 1 Lifetime sexual partner 16 year old male
  - Sexual activity is vaginal and oral
  - No history of sexual abuse, assault or coercion
- Denies depression, anxiety , SI or SA, no history of self harm

Discussion Questions

- Does this scenario “ring true”? Have you had a similar experience with a client?
- What are some approaches you have found helpful for opening communication when talking with adolescents about this situation?
- What is your approach to explaining confidentially and its limits?
- What other issues might you want to explore? How might you explore those issues?
- What would you document in the client’s record?

Case #1: Discussion Talking Points Meeting with Medical Provider

- Risk Assessment / Counseling: Primary Prevention
  - Empowerment by reinforcing responsibility for oneself
  - Communication with partner
  - Support network
    - Family
    - MSAHC
    - Friends
    - Other advocates (teachers, guidance counselors)
  - Avoidance of vulnerable settings
    - Planning with friends
    - Cell phone charged
  - Social media regulation and use

Case #1: Discussion Talking Points Meeting with Counselor

- Risk Assessment / Counseling: Primary Prevention
- Welcome discussion with patient and information about the adolescent friendly resources at the center.
- Engage patient through use of a strengths based perspective by highlighting their decision to start a method of birth control, discuss their current method, and explore how it's working out for them as a way to establish rapport.
- Explore patient's understanding of healthy and unhealthy relationships including sex and intimacy.
- Provide psycho-education related to consent, healthy relationships, sexual and reproductive health.
- Provide ongoing availability and contact information for future use.

Case #2

- 17 year old female presenting with a vaginal discharge for 3 days. Associated with “irritation” , no dysuria, no spotting, no abdominal pain. Had a history of chlamydia 6 months prior for which she was treated and had a follow up chlamydia screen 2 months prior that was negative. HIV and RPR negative 6 months prior.
- Unsure of last menstrual period. Has been sexually involved with 1 partner for the last year. Does not use condoms- partner does not like them. Has provisional Plan B but does not use it.
- Her pregnancy intentions are ambivalent.

Case #2: Risk Assessment

- Home: Lives with her mother and aunt but spends most of her time at her boyfriend's home. Had witnessed DV when she was younger but her mother's boyfriend is no longer in the picture. No history of physical abuse growing up
- Education: Attends an alternative high school part time and working part time as a cashier at a supermarket. Is not sure what she would like to do with her life
- Activities: Hangs out with friends, watches netflix, "chills out"
- Diet/ Exercise: Sees herself as overweight but has never tried to "diet" and does not routinely exercise
- Drugs: Drinks "socially" but has never been drunk, smokes hookah on weekends with friends and smokes weed about 4 times per week

Case #2: Risk Assessment

- Gender/ Sexuality: Identifies as female and has had both female and male partners in her life
  - Menarche : 11 years
  - Coitarche: 13 years
  - Reports : 12 Lifetime sexual partners (9 male and 3 female)
  - Sexual activity is oral and vaginal and uses sex toys
  - Current partner is 22 years old – he has one 2 year old from a previous relationship
- Patient has no history of sexual abuse, assault or coercion but has been in a previous relationship with a partner who was verbally abusive and controlling. She reports that her current relationship is OK. " We argue" and " I can take care of myself. She denies ever being forced to have sex but has felt pressured. She also reports her current partner would like for her to have his baby.
- Has been depressed in the past and has panic attacks but not recently
- No history of SI or SA and no history of self harm

Discussion Questions

- Does this scenario “ring true”? Have you had a similar experience with a client?
- What are some approaches you have found helpful for opening communication when talking with adolescents about this situation?
- What is your approach to explaining confidentially and its limits?
- What other issues might you want to explore? How might you explore those issues?
- What would you document in the client’s record?

Case # 2: Discussion Talking Points Medical Provider

- **Risk Assessment: Secondary Prevention**
  - Referral to Social Work encouraged
  - Motivational Interviewing around establishing healthy relationships and setting future goals and
  - Safety Planning
  - Empowerment
  - Communication with partner
  - Support network
    - Family- work to enhance relationship with a supportive adult
    - MSAHC
    - Friends
    - Other advocates (teachers, guidance counselors)
  - Avoidance of vulnerable settings
    - Planning with friends
    - Cell phone charged
  - Social media regulation and use

Case #2: Discussion Talking Points Meeting with Counselor

- Risk Assessment: Secondary Prevention
  - Engage patient through their visit with the provider that day and establish rapport.
  - Explore patient's understanding around healthy and unhealthy relationships including sex and intimacy.
  - Explore safety concerns.
  - Explore barriers to use of barrier methods and plan b.
  - Explore understanding of consent and power differential due to age.
  - Provide psycho-education related to healthy relationships, sexual and reproductive health.
  - Provide resources and follow up appointment.

Case #3

- 18 year old female presenting for an STI screen. No complaints
- Has a Nexplanon in place and happy with method- uses condoms by her report.
- Chart review reveals that she was treated for GC and Chlamydia several times in the past.
- Here RPR and HIV were negative 1 year prior and is interested in being tested today.

Case #3: Risk Assessment

- Home: Lives with her boyfriend currently . He is “older” and she cannot tell you what he does for a living. Mother lives “upstate” and has infrequent communications. Witnessed DV at home growing up
- Education: Attended a school for cosmetology but has not finished her certification. Would like to own a salon and “do hair” when she is finished. Not working currently except for some “dancing”
- Activities: Hangs out with friends, social media
- Diet/ Exercise: Has an appropriate self image and does not routinely exercise. “I walk a lot”
- Drugs: Does not drink but has been smoking weed daily since age 14 years. Has tried molly, cocaine and meth- denies narcotic use
  - + CRAFFT

Case #3: Risk Assessment

- Gender/ Sexuality: Identifies as female and is interested in males yet has had sex with females as well
- Menarche: 9 years Coitarche: 12 years
- Sexually abused from age 5-8 by her mother's boyfriend and never disclosed .
- Reports > 90 Lifetime sexual partners, 6 partners in the last 3 months
- Sexual activity is oral, vaginal, and anal
- Has exchanged sex for money and her current boyfriend is "supporting her", however the expectation is for her to cover half of the expenses and her partner becomes upset when she doesn't bring home enough money. He is aware she has exchanged sex for money in the past
- Asked his occupation, you get an evasive answer.
- She reports that she has been "beat up" in the past but not in a long time and feels that she can protect herself
- She has been pregnant twice and has both pregnancies terminated
- + Depression and cutting in the past + history of suicidal ideation but no attempts. Had been in counseling in the past but stopped.

Discussion Questions

- Does this scenario “ring true”? Have you had a similar experience with a client?
- What are some approaches you have found helpful for opening communication when talking with adolescents about this situation?
- What is your approach to explaining confidentially and its limits?
- What other issues might you want to explore? How might you explore those issues?
- What would you document in the client’s record?
- How will you identify good adolescent referrals in the community?

Case # 3: Discussion Talking Points Meeting with Medical Provider

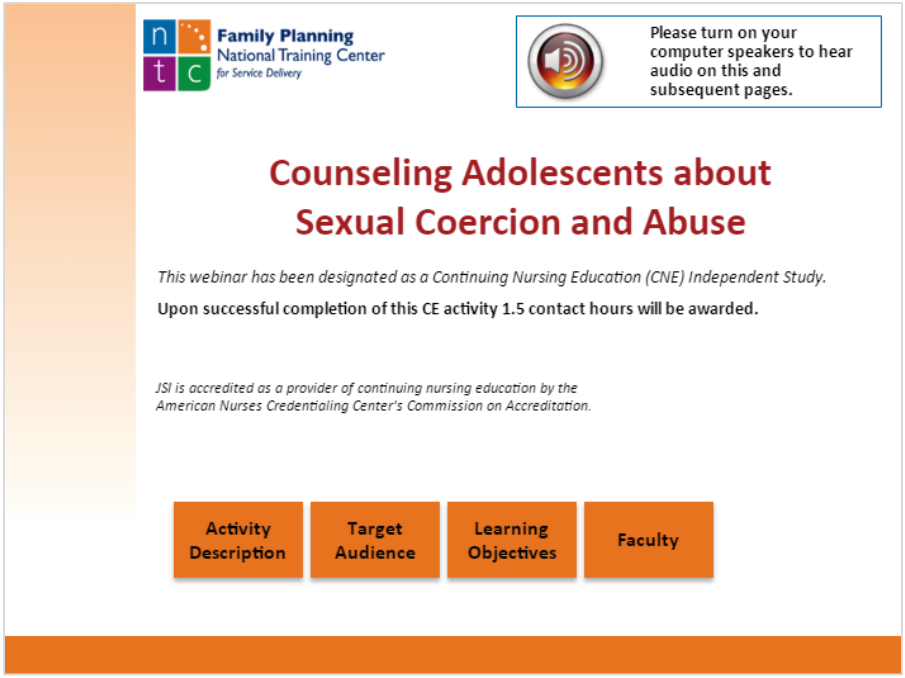
- Risk Assessment: Tertiary Prevention
  - Social Work referral
  - Motivational Interviewing around establishing healthy relationships and setting future goals and
  - Safety Planning
  - Substance use counseling
  - Empowerment
  - Communication with partner
  - Support network
    - Family
    - MSAHC
    - Friends
    - Other advocates (teachers, guidance counselors)
  - Avoidance of vulnerable settings
    - Escape routes
    - Cell phone charged

Case #3: Discussion Talking Points Meeting with Counselor

- Engage patient through exploration of medical visit to establish rapport.
- Through use of the HIV Pre-Test Questionnaire all risk factors will be assessed and allow for point of entry to explore patients exposure in greater detail.
- Explore safety as it relates to the intimate partner, current line of work and mental health.
- Discuss safe sex practices and provide education on PrEP.
- Provide psychoeducation on healthy relationships, sexual and reproductive health, comorbidty of trauma history and use of substances and other maladaptive coping skills.
- Provide further resources and follow up appointment.

Resources

- FPNTC eLearning course: **Counseling Adolescents About Sexual Coercion and Abuse**
  - With CNE credit
- Upcoming resources



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Questions?

Thank you!

Contact us at nysfptraining@jsi.com