Unit 7: Communicating with the Adolescent Client
Several **principles** must be kept in mind when counseling adolescents:

- Service providers should not make assumptions about young persons’ sexuality based on factors such as disability, HIV status, etc. Providers should first of all listen to what the young person has to say in relation to their sexuality and experience.
- If the young person has a disability, the service provider should avoid focusing on the disability, but rather stay focused on the SRH experience/problem that the young person is interested in discussing and asking for support with.
- The service provider must **lead a conversation** that enables a young person to analyze and reflect on the issues she/he may be facing, by encouraging them to explore and express feelings and to make their own decisions. This will promote ownership of their decisions, greater self-confidence and self-control.
TRUSTWORTHY COUNSELING

• The counselor must **avoid giving advice**. Rather, the counselor helps the adolescent to evaluate their own behavior and to generate possible solutions to the situation or problem.

• The provider must **respect the adolescent, encouraging their ability** to help themselves, to trust in themselves and to take responsibility for their decisions.

• Counselors must **address all adolescents as individuals**, should help them to identify their good qualities and potential, respect their rights as people, and promote their self-confidence and capacity to think and make decisions.

• The counselor must **avoid being judgmental**. Accept all adolescents and do not judge them as good or bad.
TIPS FOR GOOD COMMUNICATION

Adolescence is a period of dramatic physical, social, and psychological changes, which are at the same time completely normal. Seeking health care, however, may be hard for them to do.

Each staff person who interacts with adolescents should understand and be empathetic to these circumstances and feelings, and must be prepared to assist in a helpful, non-judgmental, respectful, and inclusive way.
TIPS FOR GOOD COMMUNICATION

The following tips facilitate good communication:

• Be genuinely open to and respectful of all adolescents’ questions or need for information. Such questions can range from “Where is the toilet?” to “Should I use contraception?”

• Avoid using words that are judgmental or suggests disapproval of their being at the clinic, of their behavior, appearance, the way they speak, or of their questions or needs. Be conscious of your body language and tone of voice as well!

• Understand that young people are likely to feel uncomfortable and uncertain. Reassure them, make them feel welcome and comfortable and encourage their confidence.

• If sensitive issues are being discussed, be sure that conversations are not overheard.
FOSTERING COMFORT

The more an adolescent client can be made comfortable, the more likely s/he will be to express concerns, to participate in determining treatment and follow-up, and to continue making healthy decisions.

Three factors contribute to the comfort of the adolescent client:

- **Privacy**: Provide a space in the facility where counseling and/or examination can take place without being seen or overheard and where the interaction is free from interruptions.

- **Confidentiality**: Assure the adolescent client that all discussions and matters pertaining to the visit are confidential and will not be discussed with others. All provider and health facility staff should maintain confidentiality of all clients.

- **Respect**: Respect also assumes that all needs are legitimate and deserve a professional response. The provider/counselor must demonstrate recognition of all clients’ humanity, dignity and right to be treated as capable of making good decisions.
FOSTERING COMFORT

As many services are not accessible, young persons with disabilities are often accompanied by a family member or caregiver to help overcoming physical and communication barriers. In these circumstances, find out if the client would like the accompanying person to stay or to wait outside the consultation room. If the adolescent client asks for the accompanying person to stay, make sure the client with disability remains your main focus and prevent the accompanying person from speaking or making decisions on the behalf of the person with a disability.
WHEN SHOULD ONE BREAK CONFIDENTIALITY?

In some instances, the counselor/provider may believe it necessary to share information with others (for example, to report or prevent further sexual abuse). In this instance, the counselor or provider must explain to the adolescent client why it is important and explain to whom, when, and how the information will be shared.
BUILDING TRUST AND RAPPORT

Creating an atmosphere of trust and rapport will facilitate discussion and enhance the likelihood that concerns will be revealed and addressed.

Important conditions for trust and rapport include the following:

- Allow sufficient time for the adolescent client to become comfortable. Once they are comfortable they will be more likely to ask questions and express their thoughts.
- Show understanding of and empathy with the client’s situation.
- Demonstrate sincerity and willingness to help.
- Be honest and forthright. This includes the ability to admit when you do not know the answer.
- Provide positive reinforcement for their decision to seek counseling and/or health care.
- Express non-judgmental views.
- Be confident and demonstrate professional competence.
Counseling about Sexuality and SRH
BENEFITS OF A POSITIVE COUNSELING EXPERIENCE

A client-provider interaction will be more positive when the client feels that s/he was actively involved in health decision-making, including choice of contraceptive method. The chances are greater that they will:

• Be more proactive in making decisions about if, when, how, and with whom to engage in sexual activity.
• Decide to adopt safe and protective behaviors, including the correct use of contraceptives and condoms to protect from STIs/HIV.
• Recognize warning signs and symptoms of potential STI/HIV infection.
• Successfully manage minor side effects of contraceptive methods.
• Return to see the service provider for information and services, including resupply or switching of methods.
• Be less likely to believe myths or rumors and may even try to correct them with family members and friends.
• Encourage others to use health services and products, including contraception.
COMMUNICATING ABOUT SEXUALITY

Providers can more effectively communicate with and counsel adolescents on sexuality when they:

- Consider the adolescent’s age, disability and level of sexual experience.
- Demonstrate patience and understanding and adapt their communication style to accommodate the need of persons with different types of disabilities (refer to the chapter “Adolescents with disabilities for additional inputs). Adolescents often find it difficult to talk about sex and young persons with disabilities may face additional barriers.
- Assure privacy and confidentiality.
- Show respect for all adolescents, including adolescents with disabilities and their feelings, choices, and decisions.
COMMUNICATING ABOUT SEXUALITY

- Ensure the adolescent feels comfortable to ask questions and communicate concerns and needs.
- Respond to expressed needs for information in understandable and honest ways.
- Explore young people’s feelings as well as providing them with facts.
- Encourage the adolescent to identify several possible alternatives when problem solving.
- Help adolescents to analyze the advantages, disadvantages, and consequences of options.
- Assist the client to make an informed decision.
- Help the adolescent plan how to implement their choice.
- These approaches help young people to make their own decisions. When the adolescent makes their own decision, with appropriate information, they are more likely to be satisfied with their decision and more capable of adopting changes in their behavior.
Note: Adolescent clients, like adult clients, will occasionally make decisions with which health providers may disagree. Their reasons may seem unclear. The provider’s role is not to make decisions for the adolescent, but to help them to make their own decision with as much information as is available as well as understanding the (positive and/or negative) consequences of their decision.
Adolescents often make significant decisions. These include the following decisions related to sexual and/or reproductive health:

- How to discourage and/or prevent unwanted sexual advances.
- Whether or when to have sex.
- How to prevent pregnancy.
- How to prevent STIs/HIV.
- Whether or when to conceive a child.
- Whether to continue or terminate a pregnancy.
- Where and when to seek antenatal care.
- How to deal with sexual abuse and/or violence.

Most of these decisions can be addressed as part of counseling. Sexual abuse and violence, however, are much more difficult and require additional help. This topic will be covered in Unit 13.
TYPES OF QUESTIONS

• CLOSED: lead only to one brief response or brief, precise answers, often “yes” or “no.”
  – “How old are you?” “Have you had sexual intercourse?”

• OPEN-ENDED: permit more detailed responses, support reflection and permit the responder to express feelings or concern.
  – “How can I help you?” “What have you heard about contraception?”

• IN-DEPTH: based on responses to previous questions to solicit more information.
  – “Can you tell me what you mean by...”

• LEADING/BIASED: lead the person being questioned to a “correct” response or judgment.
  – “Have you heard that the condom is not a very effective method?”