

Introduction

Encourage your team to consider how staff and providers in varied roles can create a climate that fosters adolescent-friendly nondirective counseling for pregnancy options under Title X guidelines.

Objectives

By the end of this Spark training, participants will be able to:

- Identify common assumptions about adolescents and young adults and their capacity to make decisions about pregnancy
- State reasons that nondirective counseling aligns with the developmental characteristics of adolescents and young adults
- List basic characteristics of nondirective counseling and apply to different clinical and non-clinical roles

Supplies

Prepare these supplies prior to facilitating this Spark.

- Laptop
- Projector *if in person

Additional Resources

If you would like to learn more about this Spark topic, review these additional resources.

- AHI's [Confidentiality resources](#)
- AHI's [Nonverbal Communication Bias Spark Training](#)
- The Guttmacher Institute's [Article on State Family Planning Funding Restrictions](#)
- The Guttmacher Institute's [Article on State Consent to Reproductive Health Services by Young People](#)

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Key of Icons

 = Slide change  = Estimated duration of topic  = Script for facilitator  = Note for facilitator

Intro/Hook  (3 minutes)

1 – TITLE SLIDE

 Today we're going to do a 15-minute Spark mini-training to look at ways we can create a nonjudgmental space for adolescents and young adults in our clinic who present for nondirective pregnancy options counseling. This form of counseling neutrally explores the various pregnancy options for a client and offers them the tools to make their decisions regarding the pregnancy.

 Explain how this fits into your organization's practices/practice improvement plans, if applicable.



2 – EVERYONE HAS A ROLE

 When we refer to "adolescents and young adults" in this Spark, we mean anyone in the range of 12-24 years old. Let's keep in mind that this age range represents a wide span of developmental characteristics, especially when we're discussing maturity and pregnancy intentions.

Adolescents often interact with people other than the provider in a clinical setting. Each of us can play a pivotal role in helping them feel at ease and supported so that they can make the best decisions for themselves.



3 – ASSUMPTIONS

 Let's start by imagining a scenario where a 15-year-old makes an appointment for a pregnancy test, receives a positive result, and is seen for nondirective counseling. In your mind, picture what they look like. You might even be visualizing a particular client.

 Pause for a moment, then click the mouse/advance so the questions appear on the slide.

 Briefly read through these questions and share your answers with the group (or in the chat, if this training is virtual).

 Pause so they can read through the questions and invite them to share answers. You can also read the questions aloud if appropriate.

Key Concepts  (8 minutes)**4 – CLIENT-CENTERED CULTURE**

 When people of any role work with adolescents or young adults, it can be easy to develop a “type” in your mind and run on autopilot, giving instructions and asking the same questions. Conversations about pregnancy and reproductive health with younger adolescents will be very different from conversations with a young adult.

 Advance/click the mouse to reveal.

 It’s also important to remember that each individual has their own needs, identities, and social contexts to be respectful of and responsive to – such as those in the thought bubble. Think to yourself: What other identities might belong in the thought bubble? What can you do to increase client-centeredness in your clinic?

 Pause for a moment to allow people to think, then continue.

 Even with the different identities, there are some common, developmentally appropriate priorities that are particularly important to adolescents when discussing reproductive health, such as confidentiality and trust in adults. What can we do to increase that trust?

**5 – NONDIRECTIVE PREGNANCY OPTIONS COUNSELING**

 The American College of Obstetricians and Gynecologists defines a nondirective counseling model as one in which a counselor provides information in an unbiased way and doesn’t steer a client in any direction, allowing them to decide what’s best for themselves.¹

In the context of pregnancy options, a provider lists factual health information about each pregnancy option (parenting, adoption, or abortion), then encourages the client to make a decision based on the information provided and their personal values. After, the provider should offer resources and appropriate referral related to the decision.

The main advantage to this approach is a neutral, nonjudgmental space for adolescent and young adult clients to ask questions about health facts, express feelings, and explore alternatives. The goal is to provide guidance and tools to allow the adolescent or young adult to make the best decision for themselves, emphasizing the “client-centered” side of the scale on the slide.

 Advance/click the mouse to reveal the discussion question.

 How might your personal beliefs interfere while discussing pregnancy options with youth? How might this impact them and their choices, positively or negatively?

 Invite people to share answers.

**6 – TITLE X: THE 2021 FINAL RULE**

 Under the OPA Title X 2021 Final Rule, nondirective counseling is a requirement of the Title X program. Everyone who has a positive pregnancy test must be offered options counseling. The following are some provisions made with the 2021 decision.

1. Nondirective options counseling includes information on pregnancy, prenatal care, adoption, and abortion.ⁱⁱ

 Pause for reflection or any questions. Then, advance/click the mouse to reveal.

 2. Nondirective counseling should also be tailored to the needs of the client.

Under the 2021 Final Rule, Title X especially highlights certain components of care that are equitable, affordable, client-centered, and quality.

The 2021 Final Rule also requires that providers serve people in a nondiscriminatory way, including based on age.

If the client wants counseling, it should be about the options they are interested in discussing. If the client chooses, they are able to opt-out of counseling entirely.

 Pause for reflection or any questions. Then, advance/click the mouse to reveal.

 3. Like we said before, adults must earn the trust of adolescents and young adults. The 2021 Final Rule reaffirms their protections to have confidential conversations.

Clinics are required to *encourage* caregiver engagement and communication when the adolescent is seeking Title X family planning services, including nondirective counseling. But the clinic may not *require* caregiver consent or engagement before, during, or after request or reception of such services.

There may be some increases in anxiety about access and confidentiality regarding reproductive health services, especially for adolescents. Under the 2021 Final Rule, Title X providers should clarify client protections and reaffirm rights to reproductive health care access based on current laws and regulations.

 Offer space for reflection or any questions.



7 – ADOLESCENTS AND OPTIONS COUNSELING

 Pregnancy decisions can be complicated, especially when there's a struggle for autonomy between clients and their caregivers. It can also be stigmatizing to be a young parent, experience pregnancy as a young person, create an adoption plan, or have an abortion. The bubbles on this slide describe three main concerns of adolescents regarding reproductive services.

[Left bubble] Historically, people of color and other marginalized individuals have experienced inequities in the reproductive health space, from increased risks for birth complications and maternal mortality, to forced abortions and sterilizations.

 Advance/click the mouse to reveal.

 Your clients may be aware of these histories and be wary to seek prenatal care from medical professionals which can increase the chances of a high-risk pregnancy. Nondirective counseling presents the facts to everyone, regardless of any demographic characteristics. Integrating history into clinic-wide trainings can create trauma-informed, culturally-responsive, and overall more comfortable experiences for clients.

[Middle bubble] As mentioned before, it's developmentally appropriate for adolescents and young adult to have difficulty placing trust in adults. Perhaps that trust was broken when a provider disclosed confidential conversations to caregivers even though it wasn't necessary. Since confidentiality laws vary state-to-state, it can be hard for adolescents to know their rights and under which circumstances caregivers must be involved.

 Advance/click the mouse to reveal.

 Adolescent and young adult clients cite confidentiality as one of the key determinants of their use of health care. Providing adolescents with confidential care results in better social and health outcomes, and a lack of confidential services may lead to unintended health consequences. Some might have an easier time disclosing sensitive information when a caregiver isn't in the room, while others are the opposite – it's important to understand their preferences!

[Right bubble] There is often stigma surrounding adolescent and young adult pregnancy. As providers, we might think that telling clients about negative consequences (physical, mental, and social) associated with continuing with pregnancy is helpful. However, it is largely ineffective to emphasize these negative points in your overall goal to support your client.

 Advance/click the mouse to reveal.

 As a provider or a staff member, it's important to recognize your own personal values or opinions and clearly separate those from your professional role. It's also important to offer support to your clients with their decision. Even those who are not in provider roles can have an impact on the clients in any interaction.



8 – THE NONDIRECTIVE COUNSELING PROCESS

 Here is an outline of a general nondirective counseling process, starting with the confirmation of a positive pregnancy test. Pregnancy counseling may look different in every state, depending on what existing rulings your clinic may follow and in what order. You can access more resources on state-specific restrictions on family planning and minor's ability to consent to reproductive health services in the Additional Resource section of this Spark's script. If you are unsure about your state's laws, it always best to check with your clinic leadership or a legal expert. Please take a minute to read over the steps.

 Pause for a moment.

 The following application slides will walk you through a scenario with an adolescent client and allow you to reflect on how to foster a nonjudgmental culture in your clinic.

Application (4 minutes)



9 – APPLICATION – FRONT DESK

 You receive a call from Adrian, a 14-year-old client who is seeking to schedule an appointment following a positive pregnancy result done by a home test. This is the second time they've called in the last 6 months after a possible positive pregnancy test. As a front desk staff, what can you offer in the phone call for this client? How can you convey the information in a non-judgmental way?

 Invite people to share. Then, advance/click the mouse to reveal.

 Here's a comment made by another staff member on the phone with Adrian to schedule their appointment. "Another pregnancy test? Your record says you were just here for one. I'll order a couple of STI tests as well since it sounds like you've been having unprotected sex again."

Think about the intent of this comment. What might the impact be on Adrian? How can this be rephrased?

 [Pause for a moment, then advance/click the mouse to reveal.](#)

As one of the first people at the clinic an adolescent or young adult may interact with, it's important to use neutral and nonjudgmental language. Instead, you can ask, "Since we are scheduling you for a pregnancy test, are there any other tests you would like to have done during the appointment?" If you're unable to schedule an appointment, you can assist them in finding another clinic that can confirm their pregnancy test. Outlining procedures clearly and avoiding biased language can make your clinic more approachable for Adrian or any client.



10 – APPLICATION – PROVIDER

 Your clinic was able to schedule a same-day appointment for Adrian along with the tests they requested. "Your pregnancy test came back positive," you say to Adrian. They ask, "Does this mean I have to get an abortion now, or do I have time to think more?"

 [Advance/click the mouse to reveal the discussion question.](#)

 How can you present the options in a neutral way after their initial reactions?

 [Invite people to share.](#)

 "Would you like to talk about what your options are?" is a good way to begin the conversation. When presenting the options, it's important to use relaxed body language, neutral tone, and good eye contact. A sample conversation could sound like this:

"The options would be to continue with the pregnancy to term or stop the pregnancy with an abortion. If you'd like to continue with the pregnancy, you can evaluate if you or someone you know could be a caregiver, or consider adoption."

Make sure to consistently use unbiased language, like "pregnancy" over "keeping/having/giving up the baby." Alternative phrases would be "terminating pregnancy," "continuing the pregnancy," and "considering adoption." This part of the conversation especially requires you to recognize your own personal opinions about adolescent pregnancy and clearly separate them from your professional role. Avoid vague questions such as "How do you feel?" as you may not have earned their trust at this point to support such questions.

Depending on your state's abortion laws and how far along the pregnancy is, your client may need to make a decision at the appointment. It's important to be informed on these laws and be able to discuss them with clarity.



11 – APPLICATION – PROVIDER CONT.

 After presenting the options, you ask Adrian if there was any option that particularly stood out to them. Adrian reveals they've thought about continuing the pregnancy to term and raising the child with their current partner, but are scared of what other people will think, including their caregivers.

How can you support Adrian during their appointment and once they leave the clinic?

 [Invite people to share.](#)



12 – APPLICATION – PROVIDER CONT.

 In this case, you can redirect the client to adolescent-specific prenatal care, resources, and any support your clinic can provide throughout the pregnancy. Make sure to go over the specific challenges of any decision made, which in Adrian’s case might be going over the process of childbirth, post-partum, and getting support with child rearing.

Additionally, in any appointment with a minor, it’s important to reiterate their confidentiality rights as it pertains to your state and the circumstance. The 2021 Final Rule requires that “to the extent practical, [grantees] shall encourage family participation,” but their involvement is not mandatory, and you are required to protect adolescent confidentiality.ⁱⁱ Doing this can look different for each client depending on their preference to include caregivers and when. Asking questions about if they have trusted adults in their life, who they go to for support, and if they want to share their results with anyone are some of the many ways to discuss caregiver engagement while also reaffirming confidentiality. If your client isn’t receptive or ready to take that step, you should respect their preference.

Lastly, it’s important to stay updated on fluctuating state and federal rulings on abortion and nondirective counseling in order to provide the highest quality care possible for your clients.



13 – THANK YOU!

 To keep this conversation going over the next month, I will share Sparklers about today’s topic. I’ll post the Sparklers around the office in places that you all can easily see them. When you see a Sparkler, take a moment to read them and reflect on your responses. Thank you for your participation!

 [Print and post Sparklers in areas your staff can see \(e.g., break room\).](#)

ⁱ Patient-Centered Contraceptive Counseling. Committee Statement No. 1. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2022;139:349–53. Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2022/02/patient-centered-contraceptive-counseling#>

ⁱⁱ Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services. 42 CFR § 59 Subpart A (2021). Retrieved from <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A>