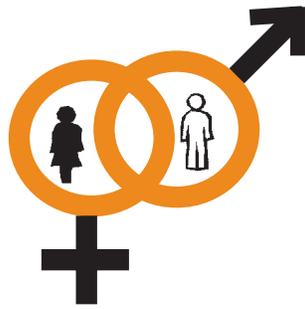


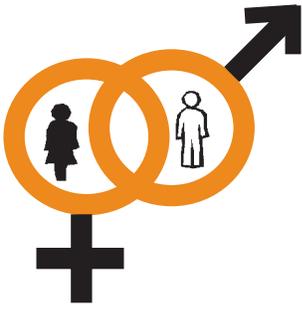
Ministry of Health – Jamaica
VCT Programme
Youth.now
UNICEF

**Adolescent Sexual
Decision-Making
Counselling Protocol**



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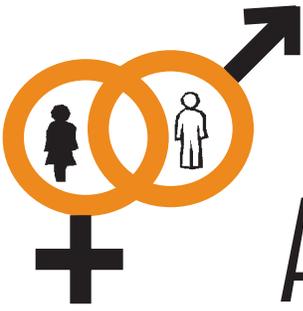
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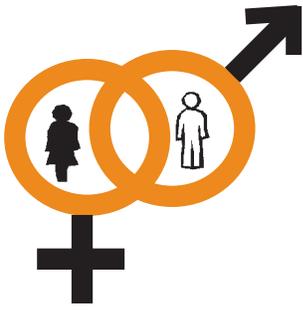
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CHAPTER 1

Introduction

This manual is developed to assist counsellors to identify the factors that influence sexual decision-making in adolescents aged 10–19 years. It also enables the counsellors to explore with the adolescents the possible situations that could put them at risk of forced or coerced sexual activity.

It has been developed as a result of a research project conducted in March 2002 that investigated the factors that affect sexual decision-making in adolescent females 10–14 years old in St. James, Jamaica. Though the research was conducted with adolescent females aged 10 to 14 years inclusive, the counselling protocol has been designed to be applicable to male and female adolescents up to 19 years old.

The research revealed that female adolescents face four (4) main risks in their sexual decision-making:

1. **Being enamoured with transactions and being in love**
2. **Coerced or forced sex (carnal abuse, rape)**
3. **Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs)**
4. **Pregnancy**

A review of the literature has indicated that these findings are consistent with those of previous research and hence the development of this protocol is to further explore these issues with adolescents with the aim of making them aware of the concerns involved in their sexual decision-making. Hence it is hoped that this manual will motivate adolescent caregivers to consistently explore these issues with the adolescents.

The counselling protocol has been developed for use by guidance counsellors as well as other health professionals who have acquired skills in counselling and whose



professional responsibilities bring them in contact with adolescents. These professionals will be expected to undergo training in its use. The training will focus on the appropriate use of the counselling skills outlined in the protocol in order to fully and ably address their clients' needs and concerns.

This manual provides an explanation of the use of this counselling protocol. It organizes and details the elements necessary in both understanding the various aspects involved in counselling adolescents as well as using the protocol.

Purpose of the Manual

Aims

The counselling manual is designed to facilitate improved counselling of adolescents about their sexual decision-making. The purpose is two-fold:

1. It is designed to provide information to assist counsellors in both understanding the issues involved in adolescent sexual decision-making and using the protocol.
2. It presents a focused counselling tool for addressing the sexual decision-making needs of adolescents ages 10 – 19 years.

Objectives

The objectives of the manual are as follows:

- To give counsellors an understanding of how to use the counselling protocol.
- To provide background information on concepts and issues to be explored in the counselling session.
- To increase the counsellors' knowledge of the factors influencing adolescents' sexual decision-making.
- To define some terms and slangs currently used and understood by adolescents in Jamaica.
- To sensitise counsellors about the key tenets to effective counselling of adolescents.
- To provide counsellors with an understanding of counsellor and adolescent rights and responsibilities.
- To educate counsellors about the rights and responsibilities of the adolescents as well as the counsellors.

The objective of the counsellors' protocol is to provide counsellors with a tool that will guide them in helping adolescents to:

- Identify situations that could possibly result in unplanned/risky sexual activity.
- Assess situations and determine the associated risk and risk levels.
- Formulate strategies to deal with high-risk situations.
- Employ safer sex practices.

Introduction to the Protocol for Counselling Adolescents in Sexual Decision-Making

In order to help the counsellor understand the concept of Sexual Decision-Making Counselling, the following definitions of the ideas involved have been included.

Counselling is a process that uses individual communication to help people examine their personal issues, make decisions, and make plans for taking action (Corey, 1996).

Sexual decisions are choices made about engaging in sexual intercourse. These include choosing to have sexual intercourse or to abstain; choosing to use a condom while having sexual intercourse or not.

Sexual decision making counselling, therefore, is a predetermined focused counselling session that allows persons to explore the issues related to their sexual decision-making so they can make informed sexual decisions and plans.

While in a general counselling session the counsellor explores various issues as guided by the client, with sexual decision-making counselling the counsellor conducts the session by following the prescribed protocol, focusing on issues relevant to the client's situation.

What is included in the Adolescent Sexual Decision-Making Counselling Protocol?

The counselling protocol is divided into six (6) components:

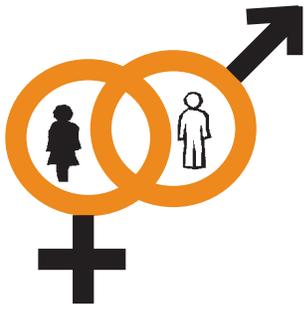
- 1 • **Component 1:** Introduction to Counselling
- 2 • **Component 2:** Assessing Client Understanding and Psycho-education Re: Sex and Risk
- 3 • **Component 3:** Exploring Possible Influences to Adolescent Sexual Decision-Making
- 4 • **Component 4:** Identifying and Exploring Risky Sexual Situations
- 5 • **Component 5:** Risk Reduction
- 6 • **Component 6:** Referral Issues

Benefits of Counselling Adolescents Using the Sexual Decision-Making Protocol

Adolescents often do not have the opportunity to freely discuss with responsible adults issues related to sex. They are prone to being misguided in this vulnerable period of their lives, leading to negative sexual outcomes, including unplanned pregnancy, sexual abuse and STIs including HIV.

There are several benefits to be derived from discussing sexual issues with adolescents and counselling them about their sexual decision-making using the protocol. These include the following:

- It provides an opportunity for them to ask questions and clarify misconceptions about sex.
- Discussions about sex help them think clearly through issues specific to their situation that may affect how they respond to requests or demands for sex.
- It allows them to choose in a non-pressured environment the option that is best for them.
- Discussions could promote abstinence as well as allow them to plan for sex safely if they are sexually active or planning to have sex.
- This process can build life skills including negotiation, refusal and condom use skills.
- The experience can help the adolescent to become more assertive and to communicate effectively their sexual decisions to their friends and prospective partners.



CHAPTER 2

Understanding Adolescents

It is necessary for counsellors using the protocol to have good knowledge and understanding of adolescents and concepts explored in the protocol as a foundation for use. This section will provide information to the counsellors about the following:

- The physical and behavioural development that takes place during the period of adolescence.
- Possible factors and issues that affect sexual decision-making among adolescents.

The issues discussed here came out of the research process and will serve as supporting information for counselling with adolescents.

Physical and Behavioural Changes in Adolescence

Adolescence is the period of growth from childhood to maturity. It is that stage of human development when there are physical and biological changes, increasing independence and changes in behaviour (Millstein et al, 1993).

It is necessary for counsellors using the protocol to have good knowledge and understanding of adolescents and concepts explored in the protocol as a foundation for use.



The Adolescents period is grouped into the following three (3) phases:

- 1 • **Pre Adolescence** – The period between 10 and 14
- 2 • **Middle Adolescence** – The period between 15 and 17
- 3 • **Late Adolescence** – The period between 17 and 19

Table 1 – provides information on the physical changes with regards to reproductive development occurring during adolescence.

Table 2 – itemizes developmental tasks and behaviours of adolescents during the different phases of adolescence.

Table 1: Stages of Male and Female Reproductive Development

| STAGE | FEMALE DEVELOPMENT | MALE DEVELOPMENT | AGE RANGE |
|-------|---|--|-----------|
| 1 | <ul style="list-style-type: none"> • No breast budding • No pubic hair growth | <ul style="list-style-type: none"> • Pre-pubertal, small penis and testes • No pubic hair growth | <10 years |
| 2 | <ul style="list-style-type: none"> • Small breast buds • Fine, delicate, fuzzy pubic hair growth | <ul style="list-style-type: none"> • Testes grow • Scrotal skin becomes redder and coarser • Sparse, fine hair develops at the base of the penis | 10–13 |
| 3 | <ul style="list-style-type: none"> • Enlarging breast buds • Increased pubic hair, mainly in the centre and not extending out to thighs or upward; dark and coarser | <ul style="list-style-type: none"> • Penis lengthens, with small increase in diameter • Scrotum and testes continue to grow • Pubic hair increases in amount and becomes darker, coarser, and curly | 12–14 |
| 4 | <ul style="list-style-type: none"> • Noticeable growth of pubic hair in a triangle, the shape it will take in adulthood • Underarm (auxiliary) hair growth visible • Breasts form mounds • Menarche | <ul style="list-style-type: none"> • Penis and testes continue to grow • Pubic hair increases in amount and becomes darker, coarser, and curly | 13–15 |
| 5 | <ul style="list-style-type: none"> • Breasts fully formed • Pubic hair is adult in quantity and forms an upside-down triangle, a shape common to women | <ul style="list-style-type: none"> • Penis is at its full adult size • Pubic hair is at its adult colour, texture, and distribution | 14–17 |

Adapted from: *Reproductive Health*, Springer Series: Focus on Men, vol. 3, 1984



Table 2: Developmental Tasks and Behaviours of Adolescents

| | PRE-ADOLESCENCE (APPROXIMATELY 10–14) | MIDDLE ADOLESCENCE (APPROXIMATELY 15–17) | LATE ADOLESCENCE (APPROXIMATELY 17–19) |
|---|---|---|--|
| Cognitive Development | <p>Concrete thinkers:</p> <ul style="list-style-type: none"> ● present oriented ● appreciate immediate reactions to behaviour ● little sense of later consequences | <p>Early abstract thinkers:</p> <ul style="list-style-type: none"> ● engage in reasoning and analysis ● understand later consequences of actions ● self-absorbed ● introspective ● daydream and fantasize | <p>Abstract thinkers:</p> <ul style="list-style-type: none"> ● adult ability to think abstractly ● philosophical ● intense idealism about love, religion, social problems |
| Social and emotional development and identity concerns | <ul style="list-style-type: none"> ● concrete sense of morality and rules ● preoccupied with physical appearance ● moody ● close friendships with same-sex peers ● may experiment with drugs or alcohol ● may experiment or explore homosexual behaviour ● may experiment or explore heterosexual behaviour | <ul style="list-style-type: none"> ● more comfortable with sexual identity. ● homosexual youth at risk for depression, sadness, suicide ● “Who am I?” ● autonomy ● sensitive to peer social norms ● conforms to perceived peer attitudes and behaviours ● identifies with group or clique ● may develop relationship with romantic partner ● limited capacity for emotional intimacy | <ul style="list-style-type: none"> ● focuses on vocational and personal options ● uses life experience to generate options and make decisions ● capacity for moral reasoning ● formulates ethical principles ● capacity for mature emotional intimacy in relationships ● adult sense of self |
| School/Vocation | <ul style="list-style-type: none"> ● academic anxiety about Grade Six Achievement Test and high school placement ● adjustment to high school ● need to be time efficient ● may see decrease in scholastic performance as other demands increase ● truancy may begin | <ul style="list-style-type: none"> ● academic or vocational decisions ● increased anxiety about academic performance, especially exams ● concerns about safety in school or community, or physical harm | <ul style="list-style-type: none"> ● time of choice and empowerment |
| Family | <ul style="list-style-type: none"> ● need for more privacy ● ambivalence about emotional independence ● opinionated ● challenges family rules, values and behaviours ● need supervision and setting of limits that promotes autonomy in decision-making ● family members are important role models ● potential for sexual abuse increases as adolescent emerges sexually | <ul style="list-style-type: none"> ● increased individualism and autonomy ● extremely opinionated and challenging ● increased family conflict, especially over issues of control ● spends less time with family ● peer groups take on greater importance ● parents may be frustrated, but communication is important | <ul style="list-style-type: none"> ● relationships are more harmonious and accepting ● more adult to adult interaction ● family feels sense of loss or freedom as adolescent independence increases |

Taken from *Youth.now* Adolescent Manual, 2000



Factors Influencing Sexual Decision-Making of Adolescents

Several factors influence adolescents to engage in sexual activity. The most dominant of these factors are:

- a. Being in love
- b. Influence of Peer Pressure
- c. Transactional sex
- d. Forced/coerced sex
- e. Unplanned sexual activity
- f. Lack of power in their relationship
- g. Unwillingness to stop having sex
- h. Attitude towards sex

By exploring their situations with them, the counsellor encourages the adolescents to think about other factors that may also influence how they feel and therefore helps them to come to a more thorough understanding of what they want in sexual relationships.

It is important to note that the social, economic and emotional situations that they face can strongly influence their decision to engage in sexual activity.

a. Being in love

Being in love can influence adolescents to say yes to sex. However, often they do not fully think through what being in love means and how their potential sex partner may feel about them.

b. Peer Pressure

The way adolescents are perceived by their friends often affects how they behave. Sexual intercourse is often considered as an activity that adolescents should be involved in, in order to be part of a popular social group. Adolescents are also pressured by peers of the opposite sex to engage in sexual activities.

c. Transactional sex

Transactional sex is sex in exchange for goods, services, money and other tangible or intangible objects. Some adolescents engage in transactional sex to fulfil some basic needs that they have, for example, for lunch money, bus/taxi fare for school, school supplies and toiletries. Others engage in this type of sexual activity to fulfil their wants/desires for less essential things such as brand name clothes and shoes and a flashy lifestyle.

d. Forced/Coerced sex

Not all adolescents make the decision to have sex. Sometimes peers, family members, other relatives or strangers force them into sexual activity. Often adolescents do not readily disclose that they have been forced into sexual activity so the counsellor would need to probe for this information.

e. Unplanned sexual activity

It is not uncommon for adolescents to say “it just happened” since adolescents do not always plan to have sex. They, therefore, do not think about how to protect themselves from unplanned pregnancies and from STIs including HIV.

f. Lack of power in their relationship

Since adolescents may often have little power or no power in their sexual relationships, sexual decision-making may not involve them. In such situations, the adolescents may be unable to say no to sexual activity and are unable to negotiate or initiate condom use.

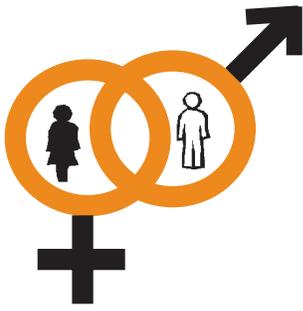
g. Inability to say “no” to sex

It is important to recognise that some adolescents will choose to continue having sexual intercourse even while the caregiver/counsellor think it would be better to delay sexual activity. There may be various reasons for them refusing to stop, which the counsellor should seek to explore with them.

h. Attitude towards sex

Adolescents have varying attitudes towards sex. Some feel that sex is a means to get things, while other may feel ashamed of their sexual involvement. It is vital that counsellors are very sensitive and careful with their approach to the issue of sexual activity in counselling sessions with adolescents.

It is important to note that the social, economic and emotional situations that they face can strongly influence their decision to engage in sexual activity.



CHAPTER 3

Counselling Issues

This manual prescribes a specific approach to working with adolescents. This section provides information about this approach by discussing the following:

- The philosophical approach to counselling using the counselling protocol.
- Counsellor attitudes, skills and strategies necessary to effectively use the protocol with adolescents.
- Counsellor and adolescent rights and responsibilities.

Philosophical Approach to Counselling Using the Counselling Protocol

The counselling protocol combines a constructivist philosophy with an existentialist approach to counselling.

The constructivist approach acknowledges the view that personal interpretation of the world is not fixed and therefore can be modified and replaced as new information becomes available to the individual (Brammer et al, 1993).

The existential approach is concerned with the adolescent's search for the meaning of life within his or her social and cultural setting. Existentialism emphasizes that humans are free to choose and are therefore responsible for their choices and actions (Corey 1996).

The combined philosophy is well suited for adolescents who are trying to make sense of their lives through the different stages of their development (Geldard & Geldard, 2003). In the context of this protocol, the adolescents are seeking to understand the meaning of the sexual decisions that they make.

The combined approach also stresses the quality of the therapeutic client–counsellor relationship and emphasizes the relationship as the major factor that leads to constructive personal understanding and change with far less emphasis on the counsellor’s techniques (Corey 1996).

The Counselling Process

The protocol addresses the counselling process by depending on a central core of primary counselling functions. Geldard & Geldard (2003) state these primary functions as:

- Relationship building
- Assessing the problem
- Addressing the problem

It adapts a counselling approach that emphasizes the use of counselling micro-skills discussed on page 12, as the counsellor progresses through the counselling protocol. Therefore, questions are not merely to be asked of the clients, but counsellors are to integrate the appropriate attitudes, skills and strategies as they discuss the clients’ responses.

This protocol promotes the use of a single counselling session. This is thought to be a useful approach for working with adolescents who may generally find it difficult committing to multiple counselling sessions. The protocol encourages movement through the primary counselling functions and hence should provide the adolescent with resolution at the end of the session.

The counselling approach used in the protocol acknowledges that counselling adolescents can be different from counselling adults. It recognizes and encourages the use of the following combination:

- **Giving information and guidance** – directive information that is useful when the client may need assistance with decision-making.
- **Counselling** – the counsellor skilfully facilitates the adolescents in exploring their own issues and coming to their own decisions and plans for action.

Counsellor Attitude, Skills and Strategies

Counsellor Attitude

Geldard & Geldard (2003) stated that in order for counselling to be successful with adolescents, the counsellor will need to demonstrate the following personal qualities:

- **Empathy:** Empathy is the ability of the counsellor to understand and identify with the client's situation during their session. It is necessary for the counsellor to focus on understanding how the client sees the world, their experiences and their feelings concerning these.
- **Congruence or Genuineness:** The counsellor must be sincere in the relationship with the client, not saying one thing and meaning another and not hiding their true feelings. Adolescents will easily identify inconsistencies with the counsellor's feelings and attitudes.
- **Unconditional Positive Regard:** This involves the counsellor being non-judgemental and accepting of the client's behaviour regardless of how offensive it may seem. It is difficult to create a trusting counselling relationship and to gain the confidence of the client without this quality.

Counselling Micro Skills

These are skills that the counsellor uses as s/he manoeuvres through the counselling session using the questions/pointers outlined in the protocol. Only the skills most relevant to this protocol will be discussed. The counselling micro skills below are listed as presented by Geldard and Geldard (2003) with the explanations of their use.

- Observation:** This is the most useful skill when making an assessment of adolescents. Some areas to pay attention to when observing adolescents are: general appearance, behaviour, mood, what is said and how it is said.
- Active listening:** Active listening takes into consideration the need for the counsellor to not only listen to the client but to also indicate to the client that he or she is listening.

The counsellor must be sincere in the relationship with the client, not saying one thing and meaning another and not hiding their true feelings.

The following cues should be employed as appropriate during counselling sessions:

- i. **Non-verbal responses** – Eye contact, appropriate facial expression, nodding.
 - ii. **Encouragers** – “Mm-hm”, “OK”, “Really” used in a non-judgemental manner.
 - iii. **Reflection of content and feeling** – This is about rewording only the important aspects of what the client has said; for example, “you’re feeling pressured for sex when you are alone with him at his house”.
 - iv. **Summarizing** – Briefly feeding back in your own words the salient features in the client’s story.
 - v. **Clarifying** – Restating or paraphrasing is useful when you want to be sure that you understand the client’s question or statement. It also assures the client that you are truly listening and want to understand clearly what is being said.
 - vi. **Noticing what is missing** – It is important to note what is left out of the adolescent’s story and to carefully invite the client to discuss these missing narratives as they can provide useful information about clients.
- (c) **Giving Feedback:** Feedback involves providing the adolescents with information about what they have previously stated and serves several purposes. Forms of feedback include:
- i. **Giving compliments** – Often adolescents get feedback that is related to what they have not done well. During the counselling sessions, however, the counsellor is encouraged to provide the clients with positive feedback where possible.
 - ii. **Making Affirmation** – This is when the counsellor acknowledges and verifies a positive effort that the client has made. For example, an adolescent has indicated that he is managing to use condoms whenever he has sex. The counsellor could say, “You obviously are doing very well with your decision to use condoms consistently”.
 - iii. **Normalizing** – This is a very important skill especially when working with adolescents because it puts some perspective to their world when they feel they are going crazy. This skill allows the counsellor to tell the client that feelings associated with an extreme situation are normal, if that is the case.
 - iv. **Reframing** – Adolescents tend to view their situations from a very shortsighted or narrow perspective. Reframing encourages them to see the larger picture and not just what they can see in the moment. Care must be exercised, however, when using this skill to ensure that the adolescent has the opportunity to discard the larger picture of their lives as detailed from the counsellor and reframe it.

(d) **Questioning:** Questioning can be used as a means of gaining information and is a necessary part of any counselling session. However, when working with adolescents, questions need to be used in moderation so as not to get into a question and answer format during the session. Allowing the adolescent to freely express their thoughts and feelings should be a consistent focus of the counsellor.

Several types of questions will be useful when using the Adolescent Sexual Decision-Making Counselling protocol and these are discussed below.

- i. **Open-ended questions** – These encourage the adolescent to respond in a manner that will result in an open discussion. An example of an open-ended question is “What were the circumstances that led you to decide to have sex?”
 - ii. **Closed-ended questions** – These types of questions usually require only one-word answers and limit the adolescent’s response. An example of a closed-ended question is “Are you sexually active?”
 - iii. **Transitional questions** – These are very useful with adolescents as they encourage them to move from talking about one thing to another. They can be used to focus the adolescent on specific areas of the session. An illustration of this type of question is “You have told me how your mother feels about your boyfriend; now tell me how do you feel about him?”
 - iv. **Goal-oriented questions** – These are direct questions that allow the adolescent to think about how things could be different. Such as “What might happen if you left your present partner?”
 - v. **Questions that exaggerate or highlight consequences** – These questions encourage the adolescent to see how well he/she is handling a situation and helps him/her discover his/her strengths. “So what prevents you from getting pregnant or contracting an STI?”
- (e) **Challenging:** The counsellor may use this skill when he/she feels or recognises that the adolescent is stuck on one aspect of an issues or problem and the counsellor perceives that the adolescent needs to be encouraged to move on to other issues of see the problem via a different light.
- (f) **Disclosure skills:** This involves the counsellor sharing appropriate information about himself with the adolescent. This often makes the adolescent feel understood and further fosters the development of adolescent trust and confidence in the counsellor and encourages the adolescent’s disclosure on sensitive matters. Care must be taken however, to ensure that the focus of the session returns on the clients’ needs.

Allowing the adolescent to freely express their thoughts and feelings should be a consistent focus of the counsellor.

Counselling Strategies

Counselling strategies are used to enhance the counselling process. Some strategies used in this counselling protocol are discussed below.

1 Identification of the Problem

Using the various counselling techniques described above (counsellor attitude and skills) and the counselling session guide outlined in the protocol, the counsellor is able to, with the adolescent, identify the problems that may be influencing the adolescent's sexual decision-making and subsequent behaviour.

2 Observation of Behaviour

The counsellor should be very observant of the adolescent's behaviours throughout the counselling session in order to reflect feelings to the adolescent. The adolescent can also be encouraged to observe his own behaviour via the use of a diary or journal.

3 Psycho Education

The counsellor should share relevant knowledge and experiences with the adolescent in order for the adolescent to integrate useful information into his own body of knowledge.

4 Setting Consequences for Behaviour

Establishing rewards for the adolescent to gain when he/she achieves set goals will positively reinforce desired behaviours. This often occurs naturally in the adolescents' life as he/she moves away from undesirable behaviours with negative consequences to more appropriate behaviours with positive outcomes.

5 Identifying Personal Triggers

A trigger is an activating event that leads to something else. The protocol encourages the counsellor to explore with the adolescent what the triggers are as it relates to him being in a potentially risky situation. Recognition of these triggers becomes important to the adolescent as he/she seeks to avoid or manage possible risk situations.

6 Finding More Appropriate Ways to Get Needs Met

The counsellor needs to guide the adolescent through exploring how he can meet his personal needs without becoming the object of another's sexual gratification.

7 Setting Lifestyle Goals

Lifestyle goals provide a sense of direction for adolescents as they go through the unforeseen territories of their lives. Goal setting also provide motivation for an adolescent to maintain goals previously attained. Goals can take several forms including:

- i. **Task oriented goals:** These goals are geared toward meeting material needs or making behavioural changes.
- ii. **Relationship-oriented goals:** These goals are set for the purpose of the adolescent defining relationships between themselves and others with whom they come in contact.

8 Role Play

Role-playing allows for the exploration of several aspects of the self. It can also be a useful skill when making choices and getting at one's feelings and beliefs that are not easily verbalised. In the protocol, role-playing is used to show how an adolescent could discuss or negotiate sexual decision with a prospective sexual partner.

9 Assertiveness Training

Since adolescents are often powerless in their relationships, they need to be assertive. Assertiveness provides a non-defensive way of presenting one's point of view. Here are steps involved in being assertive that are explored in the protocol:

- Listening to the other person
- Validating what the other person has said
- Believing in your right to present a point of view
- Being prepared to negotiate a compromise
- Being prepared to accept that differences do exist

10 Making Decisions

Adolescents need help to make good sexual decisions and counsellors need to enable them to use available resources to make good decisions. The counsellors also need to teach the adolescent the skills of healthy sexual decision-making and provide them with the information they need to assist them in decision-making. Here are the stages of decision-making:

- Identifying unhelpful decision making response patterns
- Exploring risks associated with change or with not changing
- Exploring lifestyles goals
- Identifying losses involved in choosing
- Examining alternatives
- Informing others of a decision
- Maintaining a commitment to a decision

Some of these stages are explored in the protocol.

Negotiation Skills

Negotiation is a useful skill in trying to achieve one's desired outcome. It is exceptionally useful for adolescents to optimize this skill.

- Be clear and state the reasons why you want to do the desired behaviour.
- Identify rebuttals/responses to your friend's or prospective partner's anticipated response.
- Shift the focus of the discussion towards yourself and your feelings, beliefs, intentions, etc.
- Establish what behaviours you just definitely will not accept (refusals).

12 Male Condom Demonstration Skills

Accurate condom use skills are key to safer sex practices for the adolescent. It is important that adolescents be able to demonstrate proper condom use skills. It should not be taken for granted that the adolescent knows and or practises the correct use of male latex condoms. The steps for use are as follows:

- Make sure the penis is erect.
- Move the condom to the side of the package and ensure that there is air in the package. Also check the expiration date. Do not use if condom has expired or if package appears flat.
- Tear the flat section of the package and remove the condom.
- Hold the tip of the condom and squeeze the air out.
- While holding the tip on the penis, unroll the condom onto the base of the penis.
- After use, remove the condom carefully making sure that no semen spills or leaks from the condom. Remove before the penis becomes flaccid/limp.
- Tie the condom and discard in the garbage. Do not flush down the toilet.

Rights and Responsibilities of Adolescents and Counsellors

Rights are privileges provided through guidelines that dictate how persons in society should be treated and the services to which they should have access (McDonald, 2000).

Responsibilities are things for which an individual will be held accountable (McDonald, 2000). Adolescents are often not aware of their rights and responsibilities. They are outlined here to provide information to counsellors about the rights of

adolescents with the aim of educating them should a related issue surface during the session. The rights and responsibilities of the counsellor are also outlined so that counsellors are also knowledgeable about their rights in this role as the counsellor and to conduct the session in an ethical manner.

For the purpose of this manual, the rights and responsibilities specified will be limited mainly to those related directly to adolescents' sexual health and to counselling.

Adolescents' Rights

Adolescents have the right to access health services. This includes:

- ✓ The right to confidentiality – if confidentiality needs to be broken, the conditions under which this occurs should be discussed with the adolescent.
- ✓ The right to be treated fairly and equally without being discriminated against by reason of one's:
 - sexual choice/practices
 - involvement in sexual activity
 - disease status (e.g. being HIV positive)
 - social circumstances (race, colour, socio-economic status, area of residency, etc.)
- ✓ The service should involve the provision of non-judgemental health information. This means that information should not be withheld from adolescents due to the discriminatory attitude of a service provider.
- ✓ Access to adequate, affordable and geographically accessible 'easy to reach' health services.
- ✓ The provision of contraceptive services – counselling and method of choice.
- ✓ To receive health service with or without the presence or consent of parents or guardians.
- ✓ To be informed/advised about the nature and effects of any treatment given.
- ✓ To seek another health professional who is able to deliver services adhering to the above rights.

2 Adolescents have the right to consent to sexual activity. However, sexual activity below the legal age of consent (16 years) is an offence under the law regardless of whether the adolescent "consents" or not.

- 3 Adolescent women have the right to choose to have children and to determine the number.
- 4 Adolescents have the right and the ability to participate in decisions on matters in which they are directly involved. (*Taken from the Convention on the Rights of the Child, 2001.*)

Adolescents' Responsibilities

Adolescents have the following societal responsibilities:

- ✓ To inform parents or guardians of their health care needs.
- ✓ To be open with information in order for the Health Care Provider to provide the relevant care.
- ✓ To take responsibility for their actions and behaviours.
- ✓ To follow-up on appointments scheduled and treatment modality recommended.
- ✓ To seek relevant information about issues that affect them.
- ✓ To report any sexual misconduct by adults or peers to the appropriate authorities.

See Appendix B – Policy Guideline for Health Professionals: Providing contraceptives to persons below the age of 16 years (Ministry of Health).

Counsellors' Rights

Counsellors have the following rights:

- To withdraw counselling services.
- To be respected by clients.
- To access support.

Counsellors' Responsibilities

Counsellors have several responsibilities to their clients some of which have been alluded to in chapter three, page 12 (Counsellor Attitude). Three (3) others are highlighted below:

Duty to Refer: Counsellors are expected to appropriately refer adolescents to other health professionals and or services determined necessary, after completing the counselling session. The counsellors should ensure that the adolescents have all the relevant information in order to access service at the point to which they are referred.

2 **Duty to Report (Mandatory Reporting):** When discussing sexual decision-making with adolescents, it is highly likely that the issue of mandatory reporting will surface. With the change in the Child Protection Law in Jamaica in 2004, counsellors are now legally required to report child sexual abuse on reasonable suspicion. This is termed mandatory reporting. Counsellors using their protocol will be expected to report any suspicion of child sexual abuse that surfaces in the counselling session.

3 **Duty to Protect:** Counsellors are expected to protect the safety and confidentiality of their clients.

Child Sexual Abuse is defined as:

Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.



Please note that mandatory reporting of such abuse as required by law overrides professional duty to protect client's confidentiality.

Reporting is essential for the following reasons:

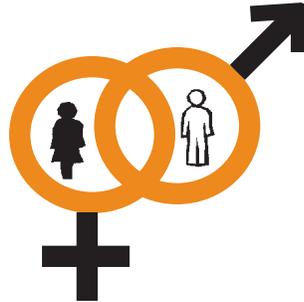
- It is against Jamaican law for a child, who is legally a minor (under 16 years of age) to engage or be engaged in sexual activity.
- It is the ethical responsibility of counsellors to protect clients from harm.

Reports of suspected child sexual abuse may be made to any of the following organizations:

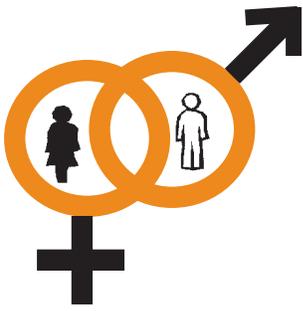
1. **The Child Development Agency (CDA):** An oral report to a Children's Officer at the nearest Child Development Agency office is warranted when there is suspicion of child abuse.
2. **The Jamaica Constabulary Force (JCF) (the Police):** An oral report should be made to the nearest police station where there is an obvious breach of the child protection law; for example, a thirteen (13) year-old girl being pregnant. The report could also be made to the Centre for Investigation of Sexual Abuse and Offences within the JCF.

Once the report has been filed, the Child Development Agency will conduct an official investigation into the suspicion. It is very unlikely that a counsellor will be called to give evidence in court about his or her suspicion. It is the responsibility of the Child Development Agency to substantiate the suspicion and this may be with or without the assistance of the counsellor.

Reports made to the JCF will be fully investigated by them in collaboration with CDA. Once again it is highly unlikely that the counsellor will be involved after the report has been given in the case of a suspicion. **If, however, it is not a suspicion, it is mandatory for the counsellor to make a report to either organization.** Further involvement in the case may or may not be required. This will be dependent upon the specifics of the case.



When discussing sexual decision-making with adolescents, it is highly likely that the issue of mandatory reporting will surface. With the change in the Child Protection Law in Jamaica in 2004, counsellors are now legally required to report child sexual abuse on reasonable suspicion. This is termed mandatory reporting. Counsellors using their protocol will be expected to report any suspicion of child sexual abuse that surfaces in the counselling session.



CHAPTER 4

Adolescent Sexual Decision-Making: Overview of the Counselling Protocol

How to Use the Counselling Protocol

The protocol is divided into six components each with a specific heading.

| Component | Issues Explored | Approx. Duration |
|-------------|--|------------------|
| Component 1 | Introduction to Counselling | 2 min. |
| Component 2 | Assessing Client Understanding and Psycho-education re: Sex and Risk | 10 min. |
| Component 3 | Exploring Possible Influences of Adolescent Sexual Decision-Making | 10 min. |
| Component 4 | Identifying and Exploring Risky Sexual Situations | 15 min. |
| Component 5 | Risk Reduction | 18 min. |
| Component 6 | Referral Issues | 5 min. |
| TOTAL | | 60 min. |

Each component of the counselling Protocol is divided into **Tasks** and **Questions/pointers**.

The tasks advise the counsellor of what information is to be either given to or gained from the client.

The questions/pointers associated with each task serve to provide the counsellor with a sample question that may be asked in order to accomplish the relevant task or present instructions on how to proceed with the counselling session.

Depending on the context, the counsellor may need to ask other questions that are not stated in the protocol to help the client to think about the factors that affect his/her sexual decision-making.

Each component also has a suggested duration – the average time period needed to complete the component. However, the actual duration will vary from client to client. In counselling some clients it may take more or less time recommended to complete a given component of the session.

It is preferable to ask questions in the order that they appear as moving around can lead to omitting necessary questions. However, if the natural flow of the session yields responses to questions not yet asked, skip those questions and summarize or clarify as necessary. Questions that do not relate to the client's situation should also be skipped.

It is very important that the counsellor becomes familiar and comfortable with the protocol before putting it into use. Not only will this allow the counsellor to build confidence in using the protocol, but this will also facilitate smoother flow of the session.

Overview of the Counselling Protocol

Component I – Introduction to Counselling

Task 1: Greet the client with respect and introduce yourself to the client

This task presents the opportunity for the counsellor to build trust with the client that will enable the counselling relationship and therefore set the stage for change or problem-solving. It would be useful to affirm the client here by giving a positive message about coming in for counselling.

Task 2: Outline role as counsellor

The client needs to be clear about the role of the counsellor and the purpose of the counselling session. This ensures that the client has come ready to discuss the issues of sexual decision-making. It is important for the counsellor to make observations of the

client and assess their comfort level in participating in sexual decision-making counselling.

Task 3: Explain confidentiality

Be sure to explain confidentiality, as it is the basis for establishing a counsellor-client relationship built on trust. This also influences the willingness of an adolescent to disclose sensitive information. However, when working with adolescents who are minors and below the legal age of consent (under 16 years old in Jamaica), limits to confidentiality also need to be discussed. This may become particularly important with instances of suspect/alleged child abuse or carnal abuse. *(See section “Rights and Responsibilities of the Counsellors” for more on mandatory reporting on pages 19–20.)*

Be sure to discuss these issues with your client to empower them in deciding how, when and what to disclose.

Task 4: Address questions and concerns

Encourage the client to voice any questions or concerns he/she may have and address them. This helps to build a trusting relationship as it tells the client that you are genuinely interested in him/her.

Counselling protocol Component 1 – See Appendix A page 34.

Component 2 – Assessing Client Understanding and Psycho-education Re: Sex and Risk

Task 1: Introduction

Open-ended questions are used to explore the clients understanding and perception of sexual behaviour. This is a particularly important task in the protocol as it sets the stage for appropriate psycho-education when the client needs information.

Task 2: Explore sexual decisions

The counsellor should explore the sexual decisions that the client is presently making and educate about what a sexual decision is, if the client is unaware. This is a good time for the counsellor to give positive feedback for healthy sexual decisions made by the client.

Task 3: Explore leading sexual behaviours

Information-seeking questions are used to solicit the behavioural triggers. It is important to explore these behaviours in order to guide the client in developing his risk reduction plan later on in the session. *(Refer to definition given on page 35.)*

Task 4: Ascertain client’s understanding of sex and risk

The task allows the counsellor to gain insight into the client’s understanding of sex and risk. It sets the foundation for the counsellor to assess the client’s risk situation.

Task 5: Clarify client’s perception of risky sexual behaviour and consequences

This task presents the client with the opportunity to voice his/her opinion on some possible outcomes of risky sexual behaviours.

Task 6: Examine client’s understanding of Prevention (Pregnancy, HIV and other STIs)

This section gives the counsellor an awareness of the client’s understanding of ways to prevent risk situations and negative outcomes. At this point, the counsellor should ensure that the client acknowledges abstinence as an option. This is a good opportunity to summarise the client’s story.

Counselling protocol Component 2 – See Appendix A page 35.

Component 3 – Exploring Possible Influences to Adolescent Sexual Decision-Making

Task 1: Introduction

During this task the counsellor engages in active listening, and learns from the client the possible influences to his/her sexual decision-making. The information gleaned here will facilitate further exploration of the influences later in this component.

Task 2: Discuss how peer influence affects sexual decision-making

As the client discusses how peer influences affect decision-making, he/she will also heighten his/her own awareness of this. Heightening awareness is a strategy used throughout this component.

Task 3: Discuss how the desire for fun influences sexual decision-making

The client’s awareness of how the desire to have fun impacts on sexual decision-making is heightened in this task.



Task 4: Explore client's understanding of the connection between love and sexual decision-making

The task enables the client to explore any links that may exist between love and sexual activity, again heightening the client's awareness.

Task 5: Explore conditions regarding love and sexual decision-making

This task is a continuation of task 4 and it allows the client to explore other love-related issues that may affect his/her sexual decision-making. The counsellor may have to prompt the client at this stage in order to ensure that the issues are adequately explored.

Task 6: Explore the effect of giving and receiving favours or compliments

This task allows the client to become aware of how having someone grant him/her favours or compliments may affect him/her decision to engage with that person. Also to be explored with the client is how granting someone a favour or compliment may result in anticipation of sexual expression of appreciation.

Task 7: Explore inability to say no to sex

Adolescents reported that they feel embarrassed saying no to sexual advances made to them. This task allows the client to see if feelings of pity or embarrassment influence sexual decision-making.

Task 8: Explore transactions as a factor that affects sexual decision-making

This task explores whether the receipt of money, good/services or other tangible rewards does or could influence the client's decisions regarding sexual intercourse. Reasons motivating such transactions should be sought by the counsellor and will then allow the counsellor to facilitate the client in exploring other ways of meeting his/her needs.

Task 9: Summarise issues/factors that affect client's sexual decision-making

Not all the factors discussed in the above tasks will affect any one client. This task serves to pull together all the important issues that the client has discussed that influence his sexual decision-making. The summary becomes quite useful in planning for the next component that explores risk situations revolving around these influences.

Counselling protocol Component 3 – See Appendix A page 36.

Component 4 – Identifying and Exploring Risky Sexual Situations

Task 1: Assess the client's reason(s) for accessing services

This task will help to identify possible risk situations that may be directly associated with the client's reason for seeking or being referred for counselling.

Task 2: Identify previous sexual decisions

The task allows the client to become aware of the sexual decisions that s/he has already made.

Task 3: Identify positive/healthy sexual decisions

In referring to positive/healthy sexual decisions, the task aims to have the client look at those decisions that are either risk free or low risk. For example, abstaining from sex, choosing to use a condom, deciding to delay sex. Counsellor should utilize the opportunity to positively reinforce healthy sexual decisions made by the client.

Task 4: Explore concerns about previous sexual decisions

This task presents the opportunity for the counsellor to discuss with the client the sexual decisions that he/she has already made that he/she is concerned about.

Task 5: Explore client's view of risky sexual outcomes

Here the counsellor gains an awareness of the client's perception of risky sexual outcomes. The counsellor might need to prompt the client with some possible risky outcomes in order for the client to get the general idea of what such outcomes might be. Some examples to give to the client would be unplanned pregnancies, school interruption, and STIs including HIV.

Task 6: Link experiences with the potential for risky sexual situations/ activities

This task allows the client to think of situations that can possibly lead to risky outcomes. These situations may be from the client's own past experience or other persons' experiences that he/she is aware of. The counsellor should enable the adolescent to make links between an activity previously mentioned and the possible risk that could result from that behaviour.

Task 7: Explore the frequency of risky sexual situations and the potential for sexual consequences

This task allows the client to gain some perspective on how often these risky situations may be occurring in his life.

Task 8: Assess the client's perceptions of potential sexual risk

This task allows the counsellor to assess of the client's perception of his/her personal sexual risk based on his/her current behaviours and practices. Where the client is aware of the likelihood of negative sexual outcomes associated with his/her behaviour but expresses the desire to continue them nonetheless, it may be necessary for this client to be referred for further counselling.

Task 9: Identify risky sexual situations or outcomes

This task helps the client identify risky sexual situations and subsequently avert risky sexual outcomes. The next component will build on this by helping the client to build skills and develop a risk reduction plan.

Task 10: Summarize and link current issues to previous ones

The counsellor needs to provide feedback to the client by summarizing the issues from this component while linking them with those from the previous component. This will allow client to make the link between actual sexual decisions he/she made and the factors that possibly influenced those decisions.

Counselling protocol Component 4 – See Appendix A page 37.

Component 5 – Risk Reduction

Task 1: Explore risk reduction options

This task allows the counsellor to discuss with the client the options for risk reduction. During this task it is important to correct any misconceptions that the client may have about ways of reducing risk of unfavourable sexual outcomes. The counsellor should bring out all the client's risks that were discussed in previous sections in order to establish options for risk reduction. Documentation should also be made of any plans and options discussed in this component.

Task 2: Identify successful experiences with risk reduction

It is always useful for counsellors to acknowledge when clients have made good

decisions. This task allows clients to think about times when they were able to reduce their risk. It would be useful here for counsellors to provide positive feedback and to validate the client's risk reduction strategy used.

Task 3: Identify obstacles to risk reduction

At this stage the client is able to discuss the obstacles he/she has already or is likely to encounter in trying to reduce his/her sexual risk. The obstacles will be explored later.

Task 4: Explore situations that increase the likelihood of high-risk sexual behaviour

This task focuses the client on specific situations in which high-risk sexual behaviour is more likely to occur and leads the discussion into reasons why this may be so.

Task 5: Introduce and/or develop negotiation skills

This task introduces some negotiation skills the client can use to reduce his/her sexual risk. The next few tasks aid the client by discussing skills that can be used to reduce his/her sexual risk and the counsellor practises these skills with the client.

Task 6: Introduce and/or demonstrate male condom use skills

The task demonstrates accurate condom use and allows the client to practise the skill acquired.

Task 7: Use role-play to develop refusal and problem-solving skills

This task uses role-plays to teach client refusal skills and problem-solving skills. The counsellor gives a brochure to the client – “101 ways to say no to sex”. This brochure is generally distributed to adolescents within the Ministry of Health clinics.

Task 8: Explore ways of coping with emotional influencing factors

In this task the counsellor should recall all the emotional influences that were discussed previously in the protocol and allow the client to problem – solve how to manage these emotions without resorting to risky behaviours.

Task 9: Summarize risk reduction options/discussions

The task provides an overview of the client's risk and risk reduction techniques discussed during the session.

Counselling protocol Component 5 – See Appendix A pages 38– 39.



Component 6 – Referral Issues

Task 1: Introduce referral issues

This task informs the client about other services to assist him/her in dealing with issues that may have surfaced during the session.

Task 2: Assess willingness to be referred

The client is encouraged to make decisions about his/her need for other services. This both empowers the client and gives him/her an opportunity to use his/her decision-making skills. The counsellor should give the client feedback about the decision(s) that he/she has made. See below a list of possible referral sources to be discussed with the client:

- Referral for STIs including HIV
- Referral for further counselling (e.g. VCT)
- Referral to support services – (financial issues)
- Referral to Centre for Investigation of Sexual Offences
- Referral to Family Court/Child Development Agency

Task 3: Discuss consent issues

It is important that the client be educated about issues involved in referral to other services. The counsellor can inform the client about the policy on provision of contraceptives to minors. (*Refer to Appendix B*)

Task 4: Summarize the counselling session

This is the final summary of the session and therefore should include issues from all components. The counsellor should make sure to inform the client of any needed referral information such as, the phone number and location of the service in order to ensure that the referral is carried out.

Counselling protocol Component 6 – See Appendix A page 40.

Definitions of Some Terms Used and Skills Used in the Counselling Protocol

Sexual Intercourse (Sex)

The concept of sex used in the protocol is one that embraces a wide range of sexual behaviours. Some of these sexual behaviours will be discussed when exploring sexual decision-making with the adolescents. Since adolescents are likely to engage in and experiment with several forms of sexual activity and since these activities all have potential risks associated, counsellors need to be aware of the variety of sexual activity/behaviours and should explore these as outlined in components two (2) and three (3) of the Sexual Decision-Making Counselling Protocol.

Sexual intercourse refers to any of the following sexual activities:

- **Vaginal sex:** Sexual activity that involves insertion of the penis, or an object (other than a finger) into the vagina.
- **Anal sex (Rectal Sex):** Sexual activity that involves the insertion of the penis, or an object (other than a finger) into the anus of a man or woman.
- **Oral sex:** Sexual activity that involves the use of the mouth to suck or lick the penis, vagina or anus. This includes fellatio and cunnilingus.
- **Digital sex (Finger sex):** Sex that involves the insertion of the finger into the vagina or anus.

Sexual risk

Sexual risk refers to the possibility of experiencing negative sexual outcomes consequent on sexual behaviours. There are varying degrees of risk associated with different behaviours hence some sexual activities are considered more risky than others (low risk versus high risk sexual behaviours/practices). Counsellors need to be aware of degrees of sexual risk that the adolescent may face. They should also be mindful that adolescents' risk perception vary.

Risk situations

Risk situations refer to conditions/circumstances that may pose or present sexual risk to the adolescent. In counselling adolescents, counsellors need to recognize that some adolescents may not be able to easily detect that certain situations present potential sexual risk. Therefore counsellor should assist adolescents in identifying and managing such situations

Risk behaviour

This describes actions or practices that make individual vulnerable to negative sexual outcomes for example, unprotected sexual intercourse, having multiple concurrent or consecutive sexual partners.

Sexual outcomes

These are the results of the sexual behaviour or practices adapted. Greatest attention is paid in the protocol to negative sexual outcomes that occur as a result of engagement in risk sexual behaviours.

Such outcomes include:

- Outcome I** – Being enamoured with transactions and being in love
- Outcome II** – Coerced or forced sex (carnal abuse, rape)
- Outcome III** – HIV and other Sexually Transmitted Infections (STIs)
- Outcome IV** – Pregnancy

An exploration of these situations will allow adolescents to think through and plan their activities with insight.

Life skills

These are interpersonal skills that individuals need to use throughout their life; for example skills in communication, analytic thinking and problem-solving. These skills enable adolescents to engage in discussions with their peers and adults about how to practise safe sex or to abstain.

Negotiation skills

These refer to the ability to hold discussions with others so as to reach an agreement or come to a compromise. These skills can be very useful for adolescents who are deciding whether to have sex or to abstain or how to proceed safely having decided to have sex.

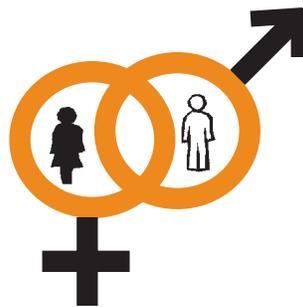
Refusal skills

These are skills that enable persons to successfully refuse or reject unwanted requests or advances. In the process of sexual decision-making refusal skills assist adolescents in

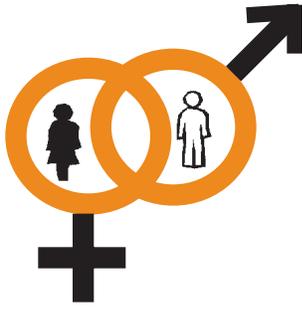
saying no. Effective applications of refusal skills may be necessary when adolescents want to say no to sex or sex without a condom, or no to the offer of money in exchange for sex.

Probable Challenges when Counselling Adolescents in Sexual Decision-Making

1. **The adolescent is silent** – silence in a client may be as a result of several things. A good place to start would be to give sufficient time for the adolescent to warm up to the counsellor.
2. **The adolescent appears to have very little knowledge about sex** – your client may need educating about the issues that are being discussed and several areas in the protocol may need to be skipped when working with this client.
3. **The adolescent cries** – issues involved in sexual decision-making can be very painful for a client to discuss. It is important to provide a supportive environment for your client to continue to express feelings about the issues. It is ok to just let the client cry.
4. **The adolescent wishes to talk about something else other than sexual decision-making** – Although it is useful to accommodate your client and their desire to talk, the proactive counsellor focuses the session on sexual decision-making. If the client is not ready to address this issue, discuss this observation with your client and further assess your client's readiness to be in counselling for the issues now.



Although it is useful to accommodate your client and their desire to talk, the proactive counsellor focuses the session on sexual decision-making. If the client is not ready to address this issue, discuss this observation with your client and further assess your client's readiness to be in counselling for the issues now.



APPENDIX A

Adolescent Sexual Decision-Making Counselling Protocol

The parts of the protocol that are in italics are instructions or comments for the counsellor. Questions are to be skipped as appropriate to client responses and stated experience.

Counselling Session

COMPONENT ONE

| Introduction to Counselling | |
|--|--|
| | Time: 1 to 2 minutes |
| Tasks | Questions and comments/pointers |
| Greet the client with respect and introduce yourself to the client. | Good day _____ my name is _____. Today we are going to be talking about factors that influence your sexual decisions. |
| Outline role as counsellor | We will discuss your situations and experiences that may affect how you make decisions to engage in sexual activity or not. This session will take about 60 minutes. |
| Explain confidentiality | What we will talk about today will be kept confidential. That means that your personal information will not be discussed with anyone else except those involved directly in your care However, there may be some circumstances that may require that I break this confidence and some could include situation that cause me to feel that you have been harmed or were likely to harm yourself or someone else. |
| Address questions and concerns | Before we go any further, do you have any concerns or questions that you need to talk about right now? |

| Assessing Client Understanding and Psycho-education Re: Sex and Risk | |
|---|--|
| | Time: 10 minutes |
| Tasks | Questions and comments/pointers |
| Introduction | In order for us to explore the factors that affect your sexual decision-making later in the session, first we need to have a basic understanding of sex and risk. Let us talk for a little while about sex and risk. What do you consider sexual risk to be? |
| Explore sexual decisions | What do you consider a sexual decision? Sexual decisions are choices that you make that affect your sex life. Can you think of any sexual decision that you have made recently? |
| Explore leading sexual behaviours | Leading sexual behaviours are those behaviours that may lead to sexual activity. Can you think of any leading sexual behaviours? I am curious about why these behaviours are leading for you? |
| Ascertain client's understanding of sex and risk | When you think about sex, could you describe the different ways that people engage in sex? (Vaginal, anal, oral and digital) Do you think that any of these types of sexual activity are risky? Why do you view these as risky? |
| Clarify client's perception of risky sexual behaviour and consequences | What do you think could result from unprotected sexual activity? |
| Examine client's understanding of prevention (pregnancy, HIV and other STIs) | What could you do to reduce your risk of consequences of unprotected sexual activity? |



| Exploring Possible Influences to Adolescent Sexual Decision-Making | |
|---|---|
| Time: 10 minutes | |
| Tasks | Questions and comments/pointers |
| Introduction | Could you think of any factors that may influence you to make sexual decisions? |
| Discuss how peer influence affects sexual decision-making | How does what your friends think and say about you affect your decision to engage in sexual activity? How does this make you feel? In what ways do you think you resist these pressures? |
| Discuss how the desire for fun influences sexual decision-making | How would a desire to have fun affect your decision to have sex? |
| Explore client's understanding of the connection between love and sexual decision-making | Do you think there could be any connection between you being in love and the sexual decisions that you make? What might that be? How do you know (determine/identify) that you are in love? |
| Explore conditions regarding love and sexual decision-making | Are there any other conditions related to you being in love that would have an effect on your decision to have sex? |
| Examine the effect of giving and receiving favours or compliments | How do you feel when your (potential) partner or someone else does nice things for you or says nice things to you? What might you give or do for the person who was nice to you, in return for their kindness? What might you ask for in return for your kindness to someone or someone you did nice things for? How do you feel about giving (restate what client gives) in return? |
| Explore inability to say no to sex | How would you refuse a (potential) partner or person who requests sex from you? How would you feel about saying no? Later we can talk about ways to help you say no and accept no and still maintain a friendly nature (disposition) |
| Explore transactions as a factor that affects sexual decision-making | Is there a connection between your willingness to have sex and your needs and desires such as clothes or partying? |
| Summarise issues/factors that affect client's sexual decision-making | We have talked a lot, now let me just summarise the issues and factors that you stated affect or would affect your decision to have sex. |

| Identifying and Exploring Risky Sexual Situations | |
|---|--|
| Time: 15 minutes | |
| Tasks | Questions and comments/pointers |
| Assess the client's reason(s) for accessing service | Could you tell me the specific reason that brought you here today? |
| Identify previous sexual decisions | Let's discuss some of the sexual decisions that you have made? |
| Identify positive/healthy sexual decisions | What are some healthy sexual decisions that you have made? |
| Explore concerns about previous sexual decisions | Now that we have had a chance to talk for a while, how do you feel about these decisions that you made in the past about sex? |
| Explore client's view of risky sexual outcomes | What would you consider a risky sexual outcome? |
| Link experiences with the potential for risky sexual situations/activities | Can you think about an experience that could lead to a risky sexual situation? Can you think of other behaviours that you have engaged in that could put you at risk? |
| Explore the frequency of risky sexual situations and the potential for sexual consequences | Tell me about the last time that you may have put yourself at risk. How often would you say that you are at risk? |
| Assess the client's perceptions of potential sexual risk | How concerned are you that you could have been at risk? Would you have engaged in it if you knew that you could be at risk? If yes, why? |
| Identify risky sexual situations or outcomes | Let us talk about how you can begin to identify possible risk situations before they occur? <i>Refer to sexual risk as defined in glossary (page 46).</i> |
| Summarise and link current issues to previous ones | Let's sum up what may have influenced your sexual decisions and therefore put you at risk. |



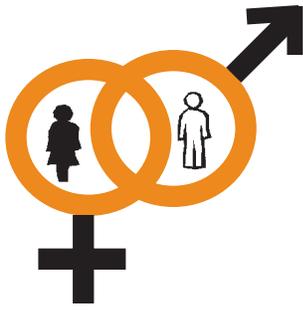
| Risk Reduction | |
|---|--|
| Time: 18 minutes | |
| Tasks | Questions and comments/pointers |
| Explore risk reduction options | What would be your best options to reduce risk of negative sexual outcomes? |
| Identify successful experiences with risk reduction | Can you think of a time when you were able to reduce your risk? Can you tell me about that time? How was that for you? |
| Identify obstacles to risk reduction | What have you found most difficult when trying to reduce your risk of? |
| Explore situations that increase the likelihood of high-risk sexual behaviour (Triggers) | Are there times when you think you are more likely to find yourself in a risky situation? Could you tell me about that? In what particular situations or in whose company do you find it difficult to avoid risk? |
| Introduce and/or develop negotiation skills | Effective negotiation can help to reduce your sexual risk. You can use negotiation skills in several ways for example; negotiating to be in a relationship without having sex (abstinence) or to use a condom if sex is involved. What do you think may be involved in good negotiation? Let's demonstrate negotiation skills by negotiating abstinence. Could you tell me why you think abstaining from sex is good for your sexual health? How might your (potential) partner respond to (<i>summarize what client stated as reasons to abstain?</i>) How will you rebut that (<i>feedback client's [potential] partner's response?</i>) Now let's practise negotiation skills by negotiating condom use. (<i>Repeat using condom use as the desired behaviour.</i>) |
| Introduce and/or demonstrate male condom use skills | Since we have spoken about condom negotiation, would you like me now to demonstrate accurate condom use? (<i>Allow client to demonstrate condom use</i>) – <i>That was a good attempt</i> Now let me demonstrate this skill for you? (<i>Demonstrate accurate skill highlighting gaps observed in adolescent demonstration</i>) Where would you be able to get condoms when you need some? If you are interested in talking with someone about other family planning choices, you can go to ____ (<i>give the client information about other resources in the community</i>). |

| Risk Reduction (cont'd) | |
|---|---|
| Tasks | Questions and comments/pointers |
| <p>Use role-play to develop refusal and problem-solving skills</p> | <p>What do you understand by refusal skills?</p> <p>Tell me your feelings about refusing someone's (boyfriend/girlfriend, taxi driver, family member, family friend, older person) sexual request or having your request for sex refused/denied</p> <p>How would you handle it if this persisted?</p> <p>Let us role-play your refusal skills.</p> <p>Let us imagine that you are the person requesting sex of me. You will try to get me to have sex and I will respond to you. <i>(Role play)</i></p> <p>Now let us switch roles. You will be you, and I will be the person who wants sex from you.</p> <p>How did you think the role-plays went?</p> <p>What was positive about it?</p> <p>What could have been done better?</p> <p>This brochure will help you find other ways to say no to sex if that is your choice. <i>(Give client: "101 ways to say no to sex")</i></p> |
| <p>Explore ways of coping with emotional influencing factors</p> | <p>We discussed how emotional factors such as <i>(feedback relevant information about emotional issues that client stated in previous section)</i> affects your sexual decision making. How do you feel you could effectively manage these factors?</p> |
| <p>Summarize risk reduction options/discussions</p> | <p>You have a lot of choices to help you make safer sexual decisions and therefore lower or eliminate your sexual risk. During our conversation, I have been writing down on this paper some of the choices that you seem comfortable with. Let's write down your risk reduction plan on this form so you will have a copy of the specific details of your risk reduction plan.</p> |



| Referral Issues | |
|--|---|
| Time: 5 minutes | |
| Tasks | Questions and comments/pointers |
| Introduce referral issues | Other services are available that can address some of the issues that surfaced today. |
| Assess willingness to be referred | Based on our discussion about your sexual decision-making and risk behaviour(s), do you think you are in need of any of these referral services? <i>(Allow client to make assessments of their referral needs)</i> |
| Discuss of consent issues | Before we can make these referrals, however, we need to discuss consent issues. Consent means that an adult will need to either accompany you to these services or they will need to give permission for you to be seen within the service. Not all services will require consent by your parent/guardian but some will. |
| Summarize the counselling session | <p>_____ <i>(name of client)</i> during our session today we have talked about sexual decisions and risk situations. You have assessed your sexual risk and have decided to reduce your risk by <i>(read from risk reduction plan written)</i></p> <p>If you are able to stick to this plan you would really be protecting yourself and allowing yourself the freedom to focus on things in your life that you want to achieve.</p> |





APPENDIX B

Policy Guideline for Health Professionals

Providing Contraceptives to Persons Under 16 Years

Effective Date: 03-09-16

Page: 1 of 2

Policy Guideline for Health Professionals

Providing Contraceptives to Persons Under 16 Years

This policy applies to the provision of contraceptive advice, counselling and treatment to persons under sixteen years by Health Professionals at a Health Facility.

I. Clinic Clerk Registers Individual

A clerk at the health facility will:

- Register any individual requesting services, whether or not the person is accompanied by an adult, has a referral or visits on individual volition.
- Direct such person to a health professional.



2. Health Professional Provides Counselling

The health professional has an ethical obligation to:

- Ascertain whether the minor is in the care and control of a parent or guardian.
- Seek to persuade the minor to involve his/her parent or guardian.
- Ensure that the minor does not wish the health professional to inform his/her parent or guardian.
- Respect the minor's wishes (if (s)he is not so inclined) not to involve his/her parent or guardian.
- Provide contraceptive related services (where his/her best interests warrants this) which are:
 - Confidential, provides non-judgmental health information; and shows respect for the individual at all times and in all circumstances.
 - Where confidentiality must be breached, as in cases of STIs, pregnancy, sexual violence, the health professional should inform the individual that (s)he intends to disclose the information, and the consequences of such disclosure.
- Counselling should include interpersonal relations, mental health, sexually transmitted infections, including HIV/AIDS, contraception and gender-based violence.

3. Health Professional Promotes Abstinence

The health professional should urge the individual to delay initiation of sexual intercourse with full explanation of the benefits of abstinence for the individual.

4. Health Professional Provides Non-surgical Contraceptive

The health professional should exercise his/her best judgement in determining that the individual:

- Is likely to begin or continue having sexual intercourse with or without the use of contraception.
- Physical, or mental health or both are likely to suffer unless (s)he receives contraceptive advice or treatment.

- Is given detailed and clear information on all non-surgical contraceptive options available (including information on any side effects).
- Receives preferred choice of non-surgical contraception.
- Understands the nature and effects of the treatment given.
- Is encouraged to use dual protection to reduce the risk of acquiring sexually transmitted infections.

If the health professional refuses to provide contraceptive advice and/or treatment, the individual may wish to have his/her case reviewed by another health professional; and this should be facilitated.

5. Health Professional Schedules Follow-up Visit

Provides written instructions as to date, time and place for follow up to the individual to whom any contraceptive is given.

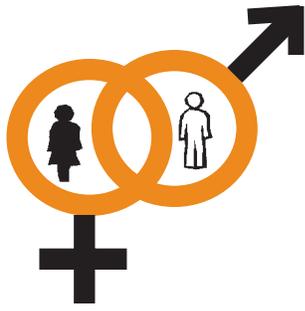
Conclusion

The Policy approach proposed by the Ministry of Health is not motivated by a desire to sanction or encourage the engagement of children in sexual activities. It has two (2) principal bases:

- It is based on the reality of the high incidences of sexual activity involving children of 16 years and under.
- It is based on the recognition of the need for action to be taken to prevent unwanted pregnancies and the transmission of sexually transmitted infections.

This policy seeks to deal effectively with these issues at the level of the health professionals, who are the persons outside the family that have the responsibility to advise and counsel children on safe sexual practices, including abstinence.

Counselling should include interpersonal relations, mental health, sexually transmitted infections, including HIV/AIDS, contraception and gender-based violence.



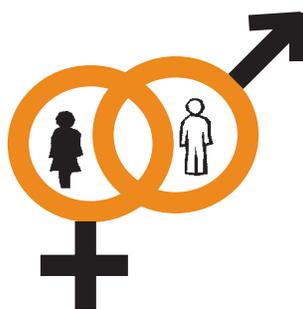
Glossary of Terms

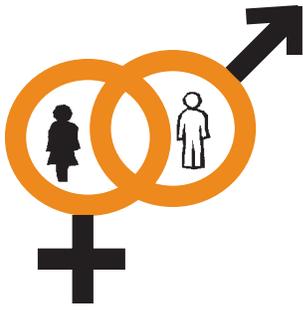
| | |
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| Abstinence: | Choosing to refrain from a particular behaviour. In this context choosing not have sex. |
| Adolescence: | The period from the onset of puberty to the attainment of adulthood, about ages 10 – 19 years. |
| AIDS: | Acquire Immune Deficiency Syndrome: a severe disruption of the body's immune system as a consequence of HIV infection. |
| Anal sex: | Sexual activity that involves the insertion of the penis or another object into the anus. |
| Condoms: | A piece of latex or polyurethane, sheath like device that prevents body fluids from being exchanged during vaginal, anal, or oral sex. Male condoms are put on the penis, while female condoms are put into the vagina. Condoms help prevent HIV infection other sexually transmitted infections and pregnancy. |
| Confidentiality: | The act of keeping information private. |
| Consequence: | An outcome from an action or inaction. |
| Counselling: | A process that uses individual communication to help people examine personal issues, make decisions, and make plans for taking action. |
| Consent: | To say one is willing to do or allow what is asked. |

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| Digital sex: | Sex that involves insertion of a finger into the anus or the vagina. |
| Finger sex: | Sex that involves insertion of a finger into the anus or the vagina. (Used interchangeably with digital sex.) |
| HIV: Human Immune Deficiency Virus: | The virus that weakens the human immune system, causing it to malfunction progressively, leading to the development of AIDS. |
| HIV positive: | The state of being infected with HIV and having a positive test result. |
| HIV test: | A test that determines if one is infected with HIV. |
| Negotiation skills: | Skills that assist one in reaching an agreement or coming to a compromise after a discussion. |
| Oral sex: | Sexual activity involving the use of the mouth on the penis (fellatio), vagina (cunnilingus) or anus (anuslingus). |
| Partner: | Someone with whom you are having sexual intercourse. |
| Petting: | Touching, kissing and “feeling up”. These are sex play activities that may lead to sexual intercourse (vaginal, anal, oral and/or digital sex). Also called making out. |
| Rebuttal: | A statement used to refute, disprove or contradict another statement. |
| Refusal skills: | Skills that assist one in saying no to an unwanted request. |
| Sexual Outcome: | <p>The consequence of sexual behaviour(s) or decisions; sexual outcomes may be negative for example unplanned pregnancy, forced sexual experience, STIs including HIV.</p> <p>The protocol sees outcomes in four categories:</p> <p><i>Outcome I – Being enamoured transactions and being in love</i></p> |

| | |
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| Sexual Outcome (cont'd): | <p><i>Outcome II – Coerced or forced sex</i></p> <p><i>Outcome III – HIV and sexually transmitted diseased</i></p> <p><i>Outcome IV – Pregnancy</i></p> |
| Risky Behaviours: | Actions or practices that make an individual vulnerable to negative sexual outcomes. Such practices include unprotected sexual intercourse, transactional sex. |
| Risk situation: | A situation or circumstance that has the potential to present sexual risk to the adolescent. |
| Safer sex: | Sexual behaviours associated with reducing the risk of contracting a Sexually Transmitted Infection including HIV. |
| Sex: | A biological status, typically based on the appearance of one's genitals (male or female); also genital contact between individuals for the purpose of pleasure and/or reproduction. |
| Sexual decision: | Choices made about sexual activity for example, whether to have sex or not and whether to use condoms consistently during sex or not. |
| Sexual decision-making counselling: | A counselling process that allows persons to explore making the issues and circumstances involved in their sexual decision-making that is aimed at empowering persons to make responsible and healthy sexual decisions. |
| Sexual health: | State of complete physical, mental, social and spiritual wellbeing as it relates to the individual's sexuality and reproductive organs. It suggests but is not limited to absence of diseases (STIs) |
| Sexual risk: | Possibility of meeting danger or suffering harm as a result of sexual activity/behaviour. |
| Sexually Transmitted Infection: | An infection that is passed on from one individual to another through sexual intercourse, e.g. syphilis, herpes, gonorrhoea and HIV. |

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| Transaction: | An exchange of a tangible object or intangible thing. |
| Transactional Sex: | Sexual activity occurring in exchange for money, goods, services, or some intangible gain/benefit. |
| Trigger: | An activating event or cause that leads to another event. |
| Unplanned pregnancy: | A pregnancy whose occurrence was not planned; often, but not always an unwanted pregnancy. |
| Unprotected Sex: | Sexual activity occurring without the use of a condom or other barrier methods. |
| Vaginal sex: | Sexual activity that involves insertion of the penis, or an object (other than the finger) into the vagina. |
| Voluntary: | Done, given or acting by choice/freewill. |
| Voluntary Counselling and Testing: | A counselling session which identifies risks involved with being infected with HIV and ways of preventing the infection and spread of the virus. It also includes the decision to have a blood test to determine one's status and accessing information on support services. |





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