



Counseling Tools & Resources

This section provides clinical health workers and CHWs with several counseling tools and high-level guiding principles on how to provide integrated counseling on SRH services to adolescents. Additional resources for CHWs and other community health modalities can be found in [Community-Based Services and Outreach Platforms](#). The tools included or referenced below provide guidance on the core components of counseling adolescents with different methods and mechanisms (checklists, assessments, cue cards, etc).

How is counseling adolescents different from other patients?

As discussed earlier, adolescents listed negative experiences regarding the providers' attitudes, biases, or lack of skills or knowledge as major barriers to seeking or receiving SRH services. This demonstrates a clear need for providers to better understand how to talk to, counsel, and provide services to adolescents. The below guidance helps point out what some of these differences are and how practitioners can provide more tailored counseling that meets adolescents' needs. Since adolescents face immeasurable obstacles in accessing healthcare, providers should utilize the opportunity to provide holistic care or make referrals for specialized care, as referred to in [Chapter 5: Going Beyond Health Services](#). This means that if service providers see signs of depression, suicide, any form of GBV, and other risk factors, they should take the appropriate actions related to international and organizational principles of child safeguarding. It is also important to note that counseling adolescents on their SRH needs does not equate to therapy, and front-line providers should make the appropriate referrals to specialists.

Save the Children—in consultation with the IAWG ASRH Sub-Working Group—developed a list of five principles for staff to use to create a trustful atmosphere in counseling adolescents.

These principles align with other counseling guidance, but are not the only principles. As with other guidance and tools in the Toolkit, the counseling principles and related guidance must be contextualized—meaning staff providing counseling sessions should use language that is appropriate and relevant to the culture and community of the context. This list is merely a guide for helping health staff (eg service providers, CHWs, social workers) to create an environment that is more comfortable, inviting, and open for adolescents seeking SRH services. Save the Children's counseling resource has been piloted in Colombia, with plans to pilot in their other SRH emergency country programs. For more information on these principles and how to train others using these principles, Save the Children has developed a half-day [training package](#) for service providers on how to counsel adolescents on contraceptive methods.

Five Principles for Creating a Trustful Atmosphere for Adolescent Counseling

1. **Be respectful and non-judgmental with the adolescent patient**
2. **Listen actively and show interest in the adolescent**
3. **Ensure privacy and confidentiality of the adolescent patient**
4. **Use terms and counseling resources that are adolescent-friendly**
5. **Allocate more time for counseling adolescent patients**

1 Be respectful and non-judgmental with the adolescent patient

- a. Respectfully introducing yourself is vital, as this is the initial moment to provide a safe environment and terminate possible walls of shame and stigma. Use plain language and utilize accurate terminology. For example, say, 'Hello, I am Shirin, and the last five years I have been providing a broad range of health services, such as pregnancy care, contraception, abortion, STI, and sexual violence services, and I have worked with lesbian, gay, bisexual, and transsexual young people, and children who have been sexually assaulted.' Putting what is considered destigmatizing language on the table provides adolescents with reassurance, invites confidence in you as the provider, and assures them that they are in the right place to access SRH services.
- b. Providers should also use general questions to make the adolescent feel more comfortable. For example: "How are you? What do you do for fun?" instead of, "Why are you here?"
- c. Providers should respect adolescents' autonomy, including their choice of contraceptive method and/or their choice of provider, where possible. Providers should not make assumptions about their level of sexual activity (such as assuming adolescents with cognitive impairments or physical disabilities are not sexually active), nor about their sexuality preferences (see [Using Gender-Neutral and Non-Stigmatizing Language](#)).
- d. It is important to recognize and acknowledge biases and perceptions of staff before thinking about how to address those attitudes when counseling others. [VCAT](#) exercises provide an excellent resource for identifying staff's attitudes and biases.

Using Gender-Neutral and Non-Stigmatizing Language

Given the vulnerability of adolescents in humanitarian settings, it is important for providers to utilize inclusive language and refrain from other forms of discrimination and stigmatizing language and services. Below are some inclusive, gender-neutral, and non-stigmatizing language that providers can utilize when initiating services with adolescents:

DOs	DON'Ts
Say, "The patient is here in the waiting room," or use the term "they". For example, "They are here for the 3pm appointment."	Avoid using gender terms and pronouns when first addressing adolescents or when talking to other staff about a client. Avoid referring to a person as "it".
Ask: "How may I help you?" Ask: "I would like to be respectful. How do you wish to be addressed?" Use the terms that adolescents want to use to describe themselves.	Avoid assuming an adolescent's gender identity and avoid using gender terms and pronouns. Avoid using Mr/Mrs/Miss/Ms.
Ask: "Are you in a relationship?" Use the terms that adolescents use to describe their partner. For example, if an adolescent refers to their "girlfriend," then say, "your girlfriend" when referring to her.	Avoid using: "Do you have a boyfriend or husband?" Avoid saying "your friend".
Display positive and warm facial expressions and verbal and body language.	Avoid showing disapproval or disrespectful language, negative facial expressions, staring or expressing surprise at someone's appearance, or gossiping about an adolescent's appearance or behavior.
Reaffirm that the adolescent's gender status will remain confidential and only disclosed if necessary for adolescent's healthcare.	Avoid disclosing an adolescent's gender status unless it's necessary for the adolescent's healthcare.
Ask yourself: "Is my question necessary for the patient's care, or am I asking it for my own curiosity?" Ask yourself: "What do I know? What do I need to know?"	Avoid asking adolescent unnecessary questions for your own curiosity.
When sharing results of clinical labs, say "healthy" or use "HIV negative".	Avoid using stigmatizing language and services. Avoid using "normal" or "clean". Avoid disclosing an adolescent's test results.

For additional guidance for providers establishing gender-neutral and inclusive services, refer to National LGBT Health Education Center's [Providing Inclusive Services and Care for LGBT People](#), Essential Access Health's [Providing Inclusive Care for LGBTQ Patients](#) and IRC's [Inclusion of Diverse Women and Girls Guidance Note](#).

2 Listen actively and show interest in the adolescent

- a. Active listening includes:
 - i. **Silence** that allows one to hear the concerns and questions of the patient;
 - ii. **Paraphrasing** language to show attention and understanding and to encourage the patient to continue; and
 - iii. **Using Clarifying Questions** to better understand what the patient has said.
- b. Sit in a position so that the adolescent can choose to establish eye contact or not. As the provider, it is essential to maintain eye contact when you are speaking to the adolescent and when the adolescent is speaking to you. If the adolescent does not establish eye contact, do not be discouraged, as it could be cultural or due to feeling self-conscious.
- c. Adolescents are going through many changes that they may not understand. They may have questions about these changes but be too afraid to ask. Thus, it is very important that the adolescent feel like you are interested in their concerns, fears, and questions. Using the active listening technique and establishing eye contact throughout the counseling session are good ways to show your interest to the adolescent. By providing a calm, open, and welcoming atmosphere, the adolescent will be more willing to share.

3 Ensure privacy and confidentiality of the adolescent patient

- a. Privacy relates to the physical surroundings (both auditory and visual privacy) of the patient. We want to ensure that anything they share will not be heard by other people.
 - i. When counseling adolescent patients, providers should be talking to them in a setting where visual and auditory privacy can be ensured and where adolescents feel comfortable. With the exception of life-saving situations, humanitarians should take extra care to ensure confidentiality and privacy for GBV survivors, adolescents seeking abortion services, and SO-GIE populations.
 - ii. Per the [Principle of Capability](#), adults are not required to be in the room during a counseling session. Healthcare workers can confidently trust adolescents and follow the adolescents' lead in whether or not they prefer a parent or caregiver present at the time of counseling and service delivery. If the adolescent wants someone present, allow it, but use discretion and ensure there is no coercion.
 - 1. Healthcare workers can utilize other options to reassure the parent or caregiver. For example, without breaking confidentiality, the provider can reassure the parent/caregiver by providing a brief status update on the adolescent's condition—stating if they are safe and well.
- b. Confidentiality is related to privacy because we want to ensure that anything that is shared in these private settings is kept private—meaning that we will protect that information from being shared with anyone else. For confidentiality, all service providers must sign/agree to confidentiality policies. This means that they are not permitted to discuss any aspect of the appointment with anyone else. Should the provider need to consult another staff member for advice on how to provide services, the patient's identity must be protected.

- i. Equally important, providers must clearly communicate what confidentiality entails to ensure the adolescent understands the concept. Similarly, any information collected from the patient must be guarded and kept in a safe location at all times (under lock and key) and should be destroyed responsibly when the time comes for discarding patient information.
- ii. When discussing confidentiality with the adolescent it is also important for providers to be up-front regarding local medico-legal restrictions.

4 Use terms and counseling resources that are adolescent-friendly

- a. SRH terms can be confusing to explain to adults. Think about how these concepts might be difficult for adolescents to understand, particularly if they have never heard these words before your session.
 - i. For example, if you tell an adolescent that your conversation is confidential, they may not understand what that means. Instead, you should try to use terms they are familiar with. The provider could instead say, “Whatever you want to share with me during our discussion will stay between only you and me. This is a safe space.”
- b. Remember to adapt your words or phrasing depending on the needs and capacities of the adolescent patient.
 - i. The way you explain menstruation to a VYA should be different to the way you explain the term to an older adolescent. Be prepared to adjust your explanations to ensure comprehension.
 - ii. Adolescents might be hesitant to ask questions about their body or the services they are requesting. Some adolescents may have difficulty understanding verbal or written explanations due to cognitive impairments, language difficulties, or other factors. Using pictorial [job aids](#) and SRH-related commodities that are user friendly are ways of helping to overcome some of these challenges.

5 Allocate more time for counseling adolescent patients

- a. As demonstrated through the previous four principles, many of these considerations for adolescents require more time than other patients.
- b. Providers should allow additional time for adolescent appointments to ensure adequate time to greet them and make them feel comfortable, answer questions in terms they understand, and provide all the information and optics they need for them to make an informed choice.
- c. The principle of “do no harm” is extremely important when working with adolescents. Ensure that you follow through on your efforts. For example, if you have established trust and the adolescent begins to disclose information on difficult subject matters, ensure that you stay with the adolescent and finish the task of providing the necessary support and referrals they may need. As a provider, if you end the visit earlier than the adolescent needs, you can do a lot of harm by creating additional disappointment, confusion, and a deeper sense of loneliness and helplessness than was there previously.

- d. When ending the appointment, it can be useful to ask an open question regarding if the adolescent has any additional concerns or questions. For example, "Is there anything else you would like to talk about and/or do you have any additional questions?" Seeking counseling can be intimidating for adolescents, and asking them an open question at the end allows the adolescent to ask or disclose information that they perhaps were not comfortable doing at the beginning of the appointment, as well as providing an opportunity to refer them to additional services they may need or request.
 - i. Accept that not all adolescents may want to access additional services. For example, some survivors of sexual violence may not want MHPSS counseling.
 - ii. Lastly, when a follow-up session is scheduled, make sure that you look through your notes from the previous session before starting the follow-up session. It gives a sense of identity to the adolescent patient (as opposed to being a number or simply the next in line) and re-establishes the trustful atmosphere.

What are some other counseling resources we can use with adolescent patients?

The five principles outlined above broadly provide a glimpse into the complexities of counseling adolescents. Below are tools that provide healthcare workers with detailed guidance on providing quality and integrated counseling to adolescents and adolescent heterogenic groups.

GATHER Counseling Checklist

Given the increased risks faced by many adolescents during crises, it is crucial to take the time to carry out individual assessments to identify adolescents at increased risk and provide them with immediate counseling or link them to support systems as soon as the situation permits. The GATHER (Greet, Ask, Tell, Help, Explain, Return) checklist tool can be used in trainings and by health providers to facilitate counseling sessions with adolescents and informed decision-making on SRH and services. The questions and actions in the guide in [Annex J](#) have been adapted for use with adolescent patients and provide examples of how the GATHER assessment might look in an emergency context.

Skills Assessment Checklist for ASRH Counseling

A counseling checklist provides an opportunity for providers to practice their skills. A skills assessment checklist can be used in trainings, supportive supervision and coaching visits, and as a self-assessment guide for providers to refer to and improve their skill set. The [IAFM](#) and other resources (eg [WHO Family Planning Handbook](#)) include additional guidance on how to provide quality and clinically accurate information and counseling for SRH services aligned with the [MISP](#). Pathfinder International created a [counseling skills assessment checklist](#) that healthcare providers can use as a quick guide throughout all phases of a humanitarian emergency response.