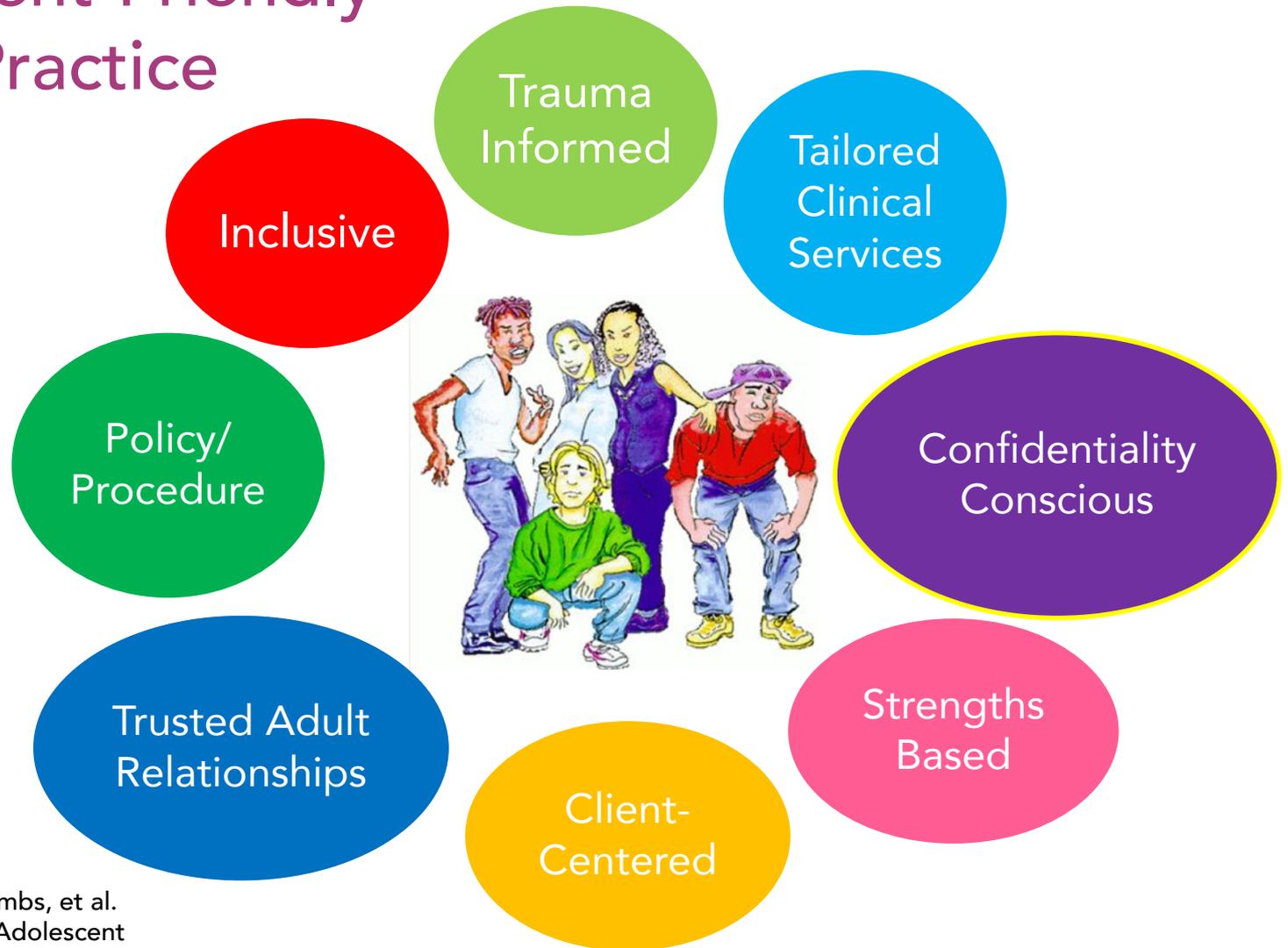


**Providing Foster-Friendly, Trauma-
Informed care:
Practical Strategies for Health Care
Providers to Reduce
Bias and Create Inclusive Clinical
Environments**

Erica Monasterio, MN, FNP-BC
Clinical Professor, Emerita
Division of Adolescent and Young
Adult Medicine
UCSF

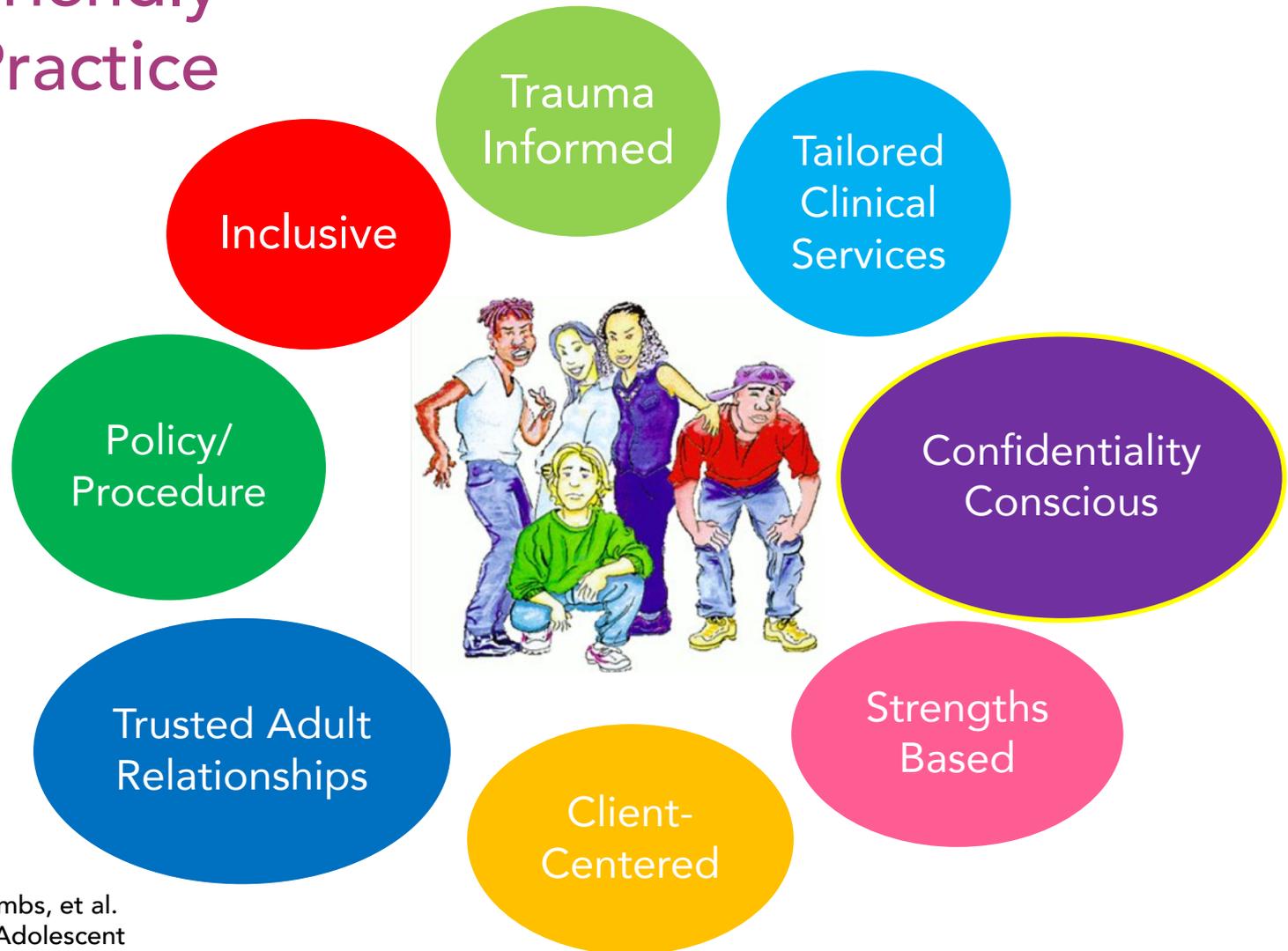
Components of an Adolescent-Friendly Health Practice



Based on Monasterio, Combs, et al. (2010) *Sexual Health: An Adolescent Provider Toolkit*. Adolescent Health Working Group, San Francisco.

Components of a Foster-Friendly Health Practice

Look Familiar?



Based on Monasterio, Combs, et al. (2010) *Sexual Health: An Adolescent Provider Toolkit*. Adolescent Health Working Group, San Francisco.

Confidentiality and Privacy Conscious



Confidentiality
Conscious

All Adolescents:

- Trust and confidentiality are critical to adolescent care seeking.
- Adolescents report willingness to talk to providers about sensitive topics.
- Concerns about privacy may prevent teens from seeking care or prevent them from fully disclosing their health needs.
- Many choose to involve a parent or caretaker but want to be asked.

Foster youth lens – All of this and:

- Often have had already experienced serious breaches of trust.
- Multiple systems and adults are regularly accessing the most personal information about them.
- Often asked to repeat the same personal information to multiple adults
- Sometimes feel judged and labeled.

Foster-Friendly Readiness Quiz

- Do you know the consent and confidentiality rules when treating foster youth and how they differ from other youth?
- Must you disclose sexual health information to a caregiver or social worker?
- Do you know who must/may consent for a foster youth's contraception?

Confidentiality and Privacy Conscious

Youth Voice

Confidentiality Conscious

"If I know my provider will keep things private, then I feel comfortable. Sometimes I share too much and I think they see it as something wrong."

"Don't talk to anyone else (foster parent, group home staff, social worker) before you talk to me."

"If I give permission, *then* you can communicate information to the social worker."

Inclusive



Inclusive

All Adolescents:

- Want you to be gender and sexual identity neutral in your communications and practice.
- Want you to work to counteract Implicit Bias and Stereotypes that we all have.
- Want you to be non-judgmental. Address risk but don't blame.
- Want you to be culturally competent.
- Want you to treat them as an individual, not a statistic.

Foster youth lens – All of this *and* may be more likely to experience treatment as exclusionary or unwelcoming because:

- Higher proportion of youth who identify as LGBTQI2-S (lesbian, gay, bisexual, transgender, questioning, intersex, two-spirit)
- Higher proportion of youth of color
- Stereotypes about youth in foster care

Foster-Friendly Readiness Quiz:

Inclusive

- What are your stereotypes about foster youth?
- Do you make any assumptions about sexual orientation, gender identity, expression, sexual history or behavior?
- Do you make any assumptions about what is in, and not in, a youth's control?

Inclusive

"Being LGBT sometimes, you aren't seen as equal and sometimes are teased and [that] causes unhealthy choices."

"All sex tips should be inclusive because STIs and pregnancy and birth control is for all."

Youth Voice

Inclusive

"I've had a couple of doctors, and I always see if their energy is good, and depending on that, I might open up.

It's all about the approach. If you don't approach me right, or I feel like I'm not welcome, I won't feel comfortable or I'll feel embarrassed."

Strengths-Based

Strengths
Based

All Adolescents benefit when providers:

- Identify and celebrate 'wins' and strengths.
- Recognize that empowerment and finding meaning lends itself to resilience
- Emphasize that resilience trumps adverse childhood events
- Engage with youth in mapping assets

Foster youth lens – All of this and:

- Are commonly viewed from a deficit-based, problem-oriented perspective
- Higher proportion of sexual and gender minority youth
- Higher proportion of youth of color
- Experience structural barriers

Foster-Friendly Readiness Quiz:

Strengths
Based

- What are your stereotypes about foster youth?
- Do you ask questions about assets and strengths?
- Do you find something to complement or reinforce in each visit?

Practice Tool: Mapping Assets

Strengths
Based

40 DEVELOPMENTAL ASSETS® FOR ADOLESCENTS (AGES 12-18)
 Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets—that help young people grow up healthy, caring, and responsible.

EXTERNAL ASSETS	SUPPORT	<ol style="list-style-type: none"> 1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. 3. Other adult relationships—Young person receives support from three or more nonparent adults. 4. Caring neighborhood—Young person experiences caring neighbors. 5. Caring school climate—School provides a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping young person succeed in school. 	
	EMPOWERMENT	<ol style="list-style-type: none"> 7. Community values youth—Young person perceives that adults in the community value youth. 8. Youth as resources—Young people are given useful roles in the community. 9. Service to others—Young person serves in the community one hour or more per week. 10. Safety—Young person feels safe at home, school, and in the neighborhood. 	
	BOUNDARIES AND EXPECTATIONS	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear rules and consequences and monitors the young person's whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring young people's behavior. 14. Adult role models—Parent(s) and other adults model positive, responsible behavior. 15. Positive peer influence—Young person's best friends model responsible behavior. 16. High expectations—Both parent(s) and teachers encourage the young person to do well. 	
	CONSTRUCTIVE USE OF TIME	<ol style="list-style-type: none"> 17. Creative activities—Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth programs—Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious community—Young person spends one or more hours per week in activities in a religious institution. 20. Time at home—Young person is out with friends "with nothing special to do" two or fewer nights per week. 	
	INTERNAL ASSETS	COMMITMENT TO LEARNING	<ol style="list-style-type: none"> 21. Achievement Motivation—Young person is motivated to do well in school. 22. School Engagement—Young person is actively engaged in learning. 23. Homework—Young person reports doing at least one hour of homework every school day. 24. Bonding to school—Young person cares about her or his school. 25. Reading for Pleasure—Young person reads for pleasure three or more hours per week.
		POSITIVE VALUES	<ol style="list-style-type: none"> 26. Caring—Young person places high value on helping other people. 27. Equality and social justice—Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity—Young person acts on convictions and stands up for her or his beliefs. 29. Honesty—Young person "tells the truth even when it is not easy." 30. Responsibility—Young person accepts and takes personal responsibility. 31. Restraint—Young person believes it is important not to be sexually active or to use alcohol or other drugs.
		SOCIAL COMPETENCIES	<ol style="list-style-type: none"> 32. Planning and decision making—Young person knows how to plan ahead and make choices. 33. Interpersonal Competence—Young person has empathy, sensitivity, and friendship skills. 34. Cultural Competence—Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance skills—Young person can resist negative peer pressure and dangerous situations. 36. Peaceful conflict resolution—Young person seeks to resolve conflict nonviolently.
		POSITIVE IDENTITY	<ol style="list-style-type: none"> 37. Personal power—Young person feels he or she has control over "things that happen to me." 38. Self-esteem—Young person reports having a high self-esteem. 39. Sense of purpose—Young person reports that "my life has a purpose." 40. Positive view of personal future—Young person is optimistic about her or his personal future.

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www.ahwg.net Adolescent Provider Toolkit 27 © Adolescent Health Working Group, 2013

Adolescent Provider Trauma Toolkit. Adolescent Health Working Group (2013), citing Search Institute, Developmental Assets for

Trauma Informed

All adolescents:

Benefit from trauma-informed care, which does the following:

- Creates a safe space
- Establishes predictability
- Builds a sense of trust
- Offers choices and gives control/empowers client as much as possible
- Helps individuals stay regulated
- Doesn't blame for behavior that is a trauma symptom

- **Foster youth lens – All of this and:**
- Higher rates of past trauma, current trauma, multiple trauma
- More likely, but not always, to feel a lack of predictability, stability and control in their lives

Foster-Friendly Readiness Quiz:

Are you prepared to:

- Take universal trauma precautions?
- Engage in trauma-specific care?

Client Centered

All adolescents:

- Aware of geographic, schedule and transportation limitations of clients' ability to seek and use health care
- Aware of influences and concerns of youth clients
- Aware of what is in client control and what is not
- Responsive to client needs
- Informed by client advice and requests
- Aware of appropriate referral resources for client population

Foster youth lens – All of this *and:*

- Often have additional restrictions on movements
- Often face frequent placement changes
- Lack of privacy in some placements may influence choices for types of care and communications
- May have less control over their lives – for example, failure to use birth control is not always a 'choice'

Foster-Friendly Readiness Quiz:

- Do you provide one stop services for clients who may face difficulties returning for appointments?
- Do you have information that can be accessed safely and confidentially?
- Are you asking each client what their concerns and questions are?

Client Centered

Youth Voice

Client-
Centered

"I've had so many doctors rush, and I feel like I'm trying to tell them what is going on, but they just rush me out."

"A lot of times my doctor will say that I need to do something, but then doesn't offer me any support in figuring out how to get that thing done."

"Please understand that finding transportation is often really hard for us, and we might move placements, so it might be hard to come back for another appointment."

Policy and Procedure for Reporting and Safety Referrals

Policy/
Procedure

For all adolescents, it is important to:

- Know the law and have in place policies and procedures to handle suspected child abuse and mandated reporting
- Know and have in place policies and procedures to address suspected sexual assault and interpersonal violence
- Know and have in place policies and procedures to address suspected trafficking

Foster youth lens – All of this and:

- Circumstances for some foster youth place them at higher risk for violence, assault and being trafficked.
- By definition, a foster youth is a survivor of either abuse, neglect, or abandonment.
- Use trauma-informed reporting methods

Foster-Friendly Readiness Quiz:

- Do you know to whom you send reports if you believe a foster youth is a victim of abuse?
- Do you know what to do if you believe a foster youth is a victim of trafficking?
- Do you know the referral resources?

Tailored Health Services and Counseling

Tailored
Clinical
Services

All adolescents:

- LGBTQ friendly and culturally competent
- Screening for sexual assault and reproductive coercion
- Birth control counseling and options and STD screening that are:
 - Responsive to client needs
 - Consider what is in client's control and what isn't
 - Consider resources available, and not available, to client

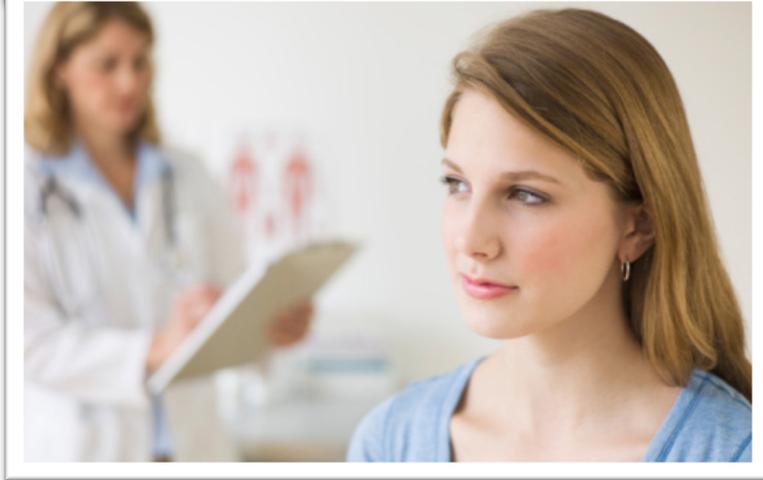
Foster youth lens – All of this and:

- Possibly earlier sexual debut
- Possibly earlier puberty
- Possible history of sexual abuse or assault
- Unique circumstances regarding control, resources, needs that may influence the type of care and services they ask for and use

Foster-Friendly Readiness Quiz:

- Do you ask clients about their environment and what's in their control when counseling about safety and options?
- Do you ask about nonconsensual activity or history?

Great goals...but how do we get there



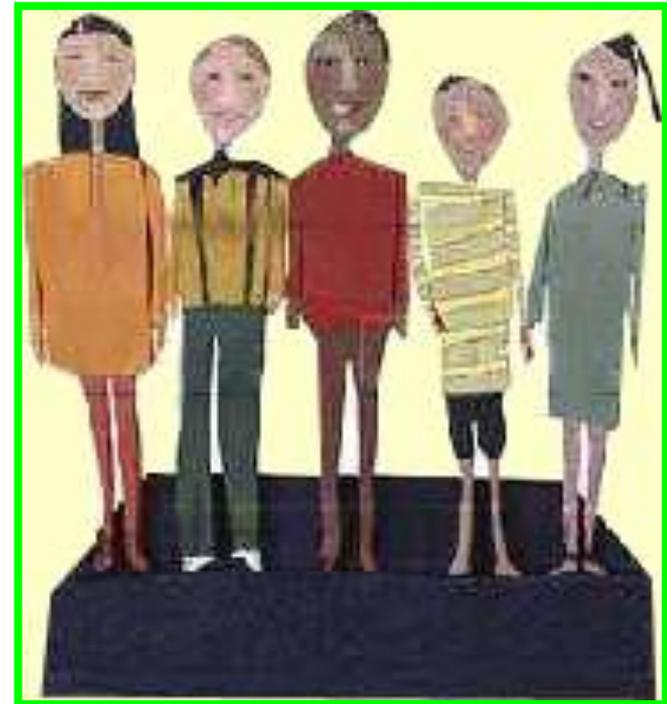
Know Yourself

- Explore your experiences with and attitudes towards youth in foster care
- Surface and confront your biases
 - Conscious and unconscious
- Question your assumptions about your clients and their motivations
- Be an ally
- Be aware of the impact of secondary trauma



Know the Population

- Invest time in learning from the data
 - Who makes up the “foster youth” population
 - What are the common situations that bring them into foster care
 - What are the systems that impact on their lives and decisions
 - What are the common barriers to care



Know the Law

- Foster youth have all the protections related to minor consent and confidentiality that any young person has
 - ...plus a few more!
- Lawyers, social workers, foster parents and group home workers are often NOT the experts about sexual and reproductive health rights of youth in foster care
 - Know and utilize your resources

Know Your Client/Patient

- Invest time in developing a trusting relationship
- Strive to understand your client's context
 - Avoid asking them to go over (relive) the difficult details
 - Get a sense of their time in foster care
 - Establish if they have or have ever had a stable placement
 - Make no assumptions about how they feel about their caregiver/foster placement
 - Ask permission, then ask open-ended questions



Be Trauma Informed: SAMHSA's Six Key Principles

Reflects adherence to six key principles rather than a prescribed set of practices or procedures:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues



Why Medical Settings May be Distressing for People with Trauma Experiences:

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Negative past health care experiences
- Assuming gender of patient or their partner
- Language barrier
- Power dynamics of relationship
- Gender of health care provider
- Vulnerable physical position
- Loss of and lack of privacy
- Unfamiliar with provider, or health system

BECOMING A FOSTER FRIENDLY PROVIDER: PRACTICAL TOOLS AND GUIDANCE



Maya: Walking in the front door of the Clinic

Maya enters the health clinic waiting room escorted by a group home staff person. The front desk hands Maya a health questionnaire to fill out.

Maya sits next to the group home staffer and answers the questions on the form, which include questions about her race and ethnicity, her last menstruation, her last sexual activity, and how many sexual partners she has had in the last year, among others.

How can we make this a more foster-friendly environment?

A Foster Friendly Environment



Environment and operating (signs, posters, photos)

- When escorts and patients first enter, there are signs regarding confidentiality rules
- There are teen friendly photos and materials, with positive imagery of all spectrum of relationships
- There are materials for adult caretakers
- Clinic hours that respond to the needs of youth

Intake and assessment process

- If asked to fill in intake or assessments in the waiting room, there is private space to do so.
- Consider whether you must ask sensitive questions on the intake form
- There is information on the standard practice and process ahead of time that explains that all patients will have private time with the provider

A Foster-Friendly Environment

Youth Voice

Tips from Foster Youth!

"It is important that everyone the youth comes in contact with is professional – from the receptionist on up."

"Be professional and don't talk about other patients or staff in front of us."

"We should be given the opportunity to express a preference for the gender of our doctor."

Maya: Entering the exam room

A medical assistant comes out to greet Maya and invite her back to an exam room. The group home worker follows them, saying, "Oh, I am supposed to go with her at all times, it's the rules."

They enter the exam room. Maya sits slumped in a chair. The medical assistant reviews Maya's forms and asks Maya what she is there for. Maya looks all around and in a bored, almost annoyed voice says she thinks she might have a urinary infection.

How can we make this a more foster-friendly environment?

The Exam Room: Confidentiality

Confidentiality
Conscious

- Separate ALL patients from anyone accompanying them regardless of age or stated relationship
 - Foster youth have the same rights to confidentiality as other adolescents.
 - Caregivers and social workers do not have a right to enter the exam room during a sexual and reproductive health appointment without the client's explicit and knowing consent.

The Exam Room: Confidentiality

Confidentiality
Conscious

- Start the visit by establishing confidentiality and discussing the limits to confidentiality.
- Have posters and materials in the exam room that reference confidentiality rules.
- If asking why a client is seeking care, it is important to recognize that the answer provided in front of an adult may be different than the answer provided in private and after assurances of confidentiality.

Principles of Communicating Conditional Confidentiality



- Define confidentiality
- Provide specific information regarding when confidentiality might be breached that is specific to the individual in front of you
- Use developmentally appropriate language and concepts
- Keep it simple and concrete
- Ask the youth if they have any questions or concerns about confidentiality

Practice Tools for Communicating Conditional Confidentiality



YOUTH: CLINIC POSTER



Teens... Did You Know?

Anything you say about sex, drugs and your personal feelings is confidential.*

There are some exceptions so ask your doctor about confidentiality rules.

What we say here stays here

*Visit www.teenhealthrights.org for more information about laws that protect your privacy when talking to your healthcare provider.

FOR YOUTH: THE TRUTH ABOUT CONFIDENTIALITY



The TRUTH ABOUT Confidentiality

Confidentiality means privacy.

Confidential health care means that information is kept private between you and your doctor or nurse.

Your doctor or nurse CANNOT tell your parents or guardians about your visits for:

- Pregnancy
- Birth control or abortion
- Sexually transmitted diseases (STDs)

For your safety, some things CANNOT stay confidential. Your doctor or nurse has to contact someone else for help if you say...

- You were or are being physically or sexually abused.
- You are going to hurt yourself or someone else.
- You are under 16 and having sex with someone 21 years or older.
- You are under 14 and having sex with someone 14 years or older.

CONFIDENTIALITY TIPS FOR TEENS

Ask questions about confidentiality. You can ask your doctor or nurse and health insurance plan what information will be shared with your parent/guardians.

Know your rights in the health care system and speak up.

Read and understand forms before you sign them.

Even if you do NOT need permission from your parent/guardian to see a doctor, it's a good idea to talk with them or a trusted adult about the help you need.

Every state has different confidentiality laws. This information applies ONLY to California. Visit www.teenhealthrights.org for more information about laws that protect your privacy when talking to your health care provider.

Based on Monasterio, Combs, et al. (2010) *Confidentiality and Consent: An Adolescent Provider Toolkit*. Adolescent Health Working Group, San Francisco.

Maya: Addressing health needs

Once the group home worker leaves the room and Maya is assured about confidentiality, she discloses that the real reason she is there is that she had sex over the weekend and wants to get emergency contraception. She seems impatient and like she just wants to get this over with.

How can the provider proceed in a foster-friendly way?

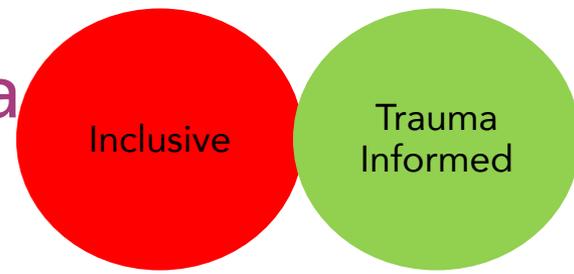
Practice Tool: Culturally Sensitive Approaches to Trauma



Not Trauma Informed: "What's Wrong with You"	Trauma Informed: "What Happened to you"
Provider decides what needs of patient are	Collaboration and shared decision making
Assume one person's story represents story of group	Recognize one person's story is just one person's story
Apply norms and standards of behavior without considering political and social context	Recognize that trauma responses vary and different cultures express grief and loss and understand trauma differently
Assume violence is unusual and generally perpetrated by individuals	Recognize that violence is perpetrated by groups and institutions as well and may be so common that people become desensitized to it
Safety is defined only as risk management	Authentic relationships are emphasized in context of wellness.

Excerpt from "Culturally Sensitive Approaches to Trauma" in St. Andrews, Adolescent Provider Trauma Toolkit. Adolescent Health Working Group (2013), citing Blanch et al., Engaging Women in Trauma-Informed Peer Support.

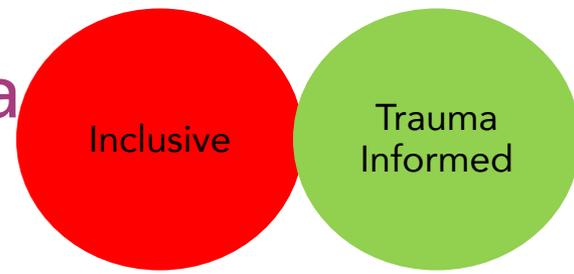
Practice Tool: Inclusive and trauma informed engagement



Not Trauma Informed Interpretation and Response	Trauma Informed Interpretation and Response
Example: Youth acts bored and impatient as you speak.	
Youth is disrespectful and doesn't appreciate that I am trying to help/what I am offering. I will get out of here as quickly as possible.	What is going on in this environment or in the youth's history that is triggering this response. Provider considers presenting observations to youth and ask for feedback/ask if anything is needed.

Adapted from Adolescent Provider Trauma Toolkit. Adolescent Health Working Group (2013), citing Stefanidis et al., Trauma-Informed Consequences for Homeless Youth.

Practice Tool: Inclusive and trauma informed engagement



Not Trauma Informed Interpretation and Response

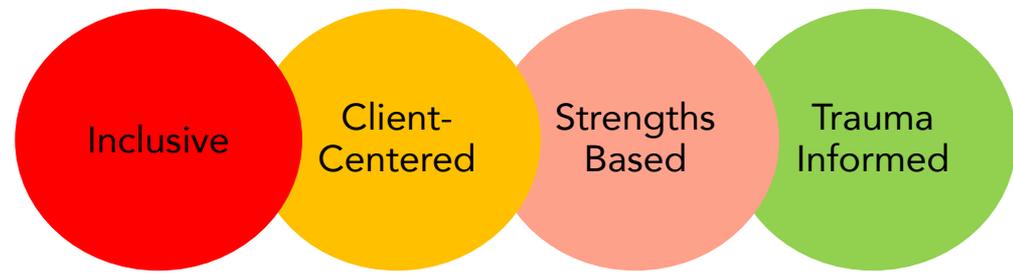
Trauma Informed Interpretation and Response

Example: Youth who you have counseled about birth control, who told you she didn't want to get pregnant, just told you she didn't use B.C. last time and now is pregnant.

You are frustrated and think, "what is wrong with this teen? She's a typical teen who can't keep on top of things. I thought she was going to be different!"

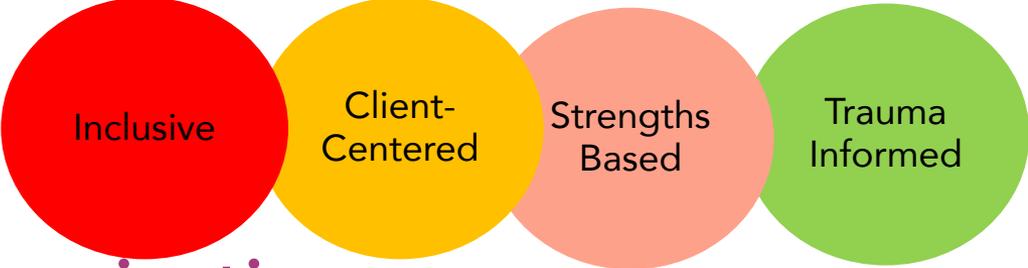
What was going on in this youth's life that she was unable to align her stated intent with actions.

The Exam Room: Provider-Youth Communication



Tips for Talking to Teens:

- Remove distractions
- Begin by discussing confidentiality and its limits
- Negotiate the agenda
- Avoid jargon or complex medical terminology
- Use inclusive language
- Listen and don't assume or jump to conclusions
- Respect the youth's experience and autonomy
- Discuss risk, but don't blame
- Explain the exam process before beginning
- Ask youth if they have any questions



Inclusive

Client-
Centered

Strengths
Based

Trauma
Informed

The Exam Room: Provider-Youth Communication

Examples:

“Sexuality and relationships are things that many teens are dealing with, and different people are at different points in exploring these issues. Have these issues ever come up for you?”

“Do you have someone to talk to about sex and relationships?”

“How do you feel about having sex? Is it a good thing or a bad thing?”

The Exam Room: Provider-Youth Communication

A purple speech bubble containing the text "Youth Voice".

Youth Voice

Tips for Talking to Foster Youth... from Foster Youth!

- It's important to be non-judgmental
- Ask us what we are comfortable with
- Let us know that you are there to help us
- Let us know that we can come forward with questions

The Exam Room: Provider-Youth Communication

Examples:

“Let me know if there is any way I can help you”

“If you have questions and I don’t know the answer, we can look them up together or figure out how to find the answer”

“If I say something wrong, please stop me and let me know, I am here to help you and don’t mean to hurt you.”

The Exam Room: Provider-Youth Communication

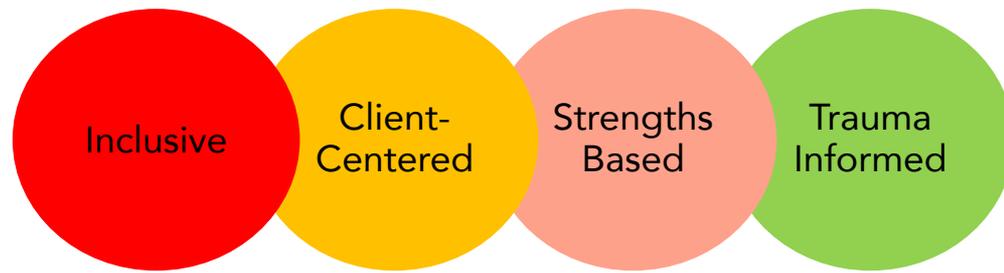
A purple speech bubble containing the text "Youth Voice".

Youth Voice

Tips for Talking to Foster Youth... from Foster Youth!

- Avoid attacking/blaming us and use phrasing that will make us comfortable
 - Apologize if you offend us (even if by accident)
- Try to go above and beyond
- Providers should share a little bit about themselves
 - Why did they become a doctor?
 - This is an opportunity to show the youth that they are a person and they are there to help
- Watch for body language signals that show we are uncomfortable – acknowledge it and use as a sign to change communication tactics
 - Youth is rubbing their neck
 - “The glaze” (faraway look)
 - General anxiety

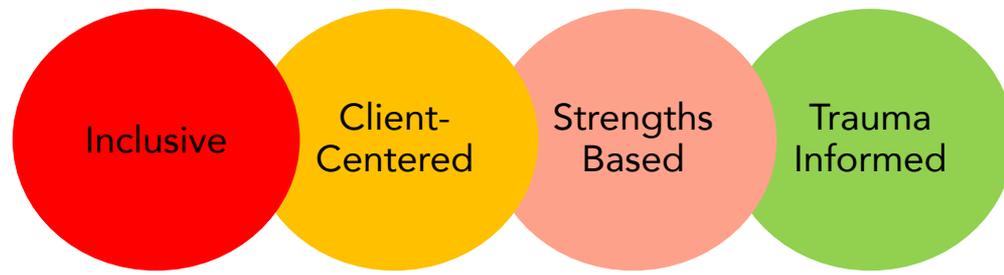
Practice Tool: Taking a Client-Centered Sexual Health History



Tips for Taking a Client-Centered History:

- Don't assume sexual orientation
- Don't assume that all foster youth are sexually active
- Approach questions from a strengths-based framework
- Approach questions from a trauma-informed framework
- Be sensitive to questions about sexual debut with youth who may have histories of sexual abuse
- Assess relationship quality and discuss characteristics of healthy and problematic relationships
- Acknowledge that youth may have been asked these questions before

Practice Tool: Taking a Client-Centered Sexual Health History



Examples:

“Sexuality and relationships are things that many teens are dealing with, and different people are at different points in exploring these issues. Have these issues ever come up for you?”

“I am going to ask you a few questions about your experiences and knowledge of sex so that I can help you in keeping/making these experiences fun, positive and healthy”

“What do you consider is ‘having sex’?”

The Exam Room: Screening for Trafficking & Coercion

Tailored
Clinical
Services

Keeping in mind:

- Likely history of trauma
- Possible history of sexual abuse or assault
- Unique circumstances regarding control, resources, needs

- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed?
- Have you ever been deprived of food, water, sleep, or medical care?
- Do you have to ask permission to eat, sleep, or go to the bathroom?
- Are there locks on your doors or windows so that you cannot get out?

The Exam Room: Counseling about Birth Control

1. Ascertain what methods the teen knows about and is interested in. Don't assume client has received sexual health education. Ask!
 - Make sure to ask what the teen has heard about different kinds of methods – they may have received inaccurate information from friends, caregivers, or others.
2. Briefly describe all options. Ask questions about their daily life and what is most important for them. Guide them in their decision based on their comfort level, needs and behaviors.
3. Describe the chosen method in greater detail to ensure the youth knows how to use it effectively.

The Exam Room: Counseling about Birth Control

4. Have the teen report back and demonstrate correct use.
5. Provide same day access to method of choice if possible
6. Schedule a future visit to ensure that the method is working right. If youth may have difficulty coming for a return visit, discuss other ways the youth can get follow up.
7. Always re-emphasize the importance of condom use.

The Exam Room: Counseling about Birth Control

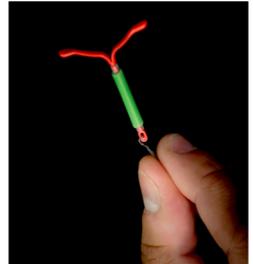
Things to consider when counseling foster youth:

- Understand their context:
 - Do they have a stable home and regular schedule?
 - Do they have private storage space?
 - Do they have the ability to return for appointments?
 - Are there individuals in their lives that may interfere with birth control, such as caregivers or partners?
- Ask questions about possible reproductive coercion and birth control sabotage, as appropriate

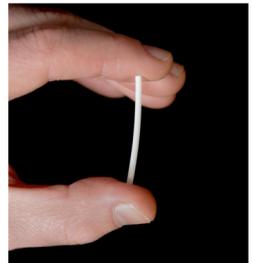
The Exam Room: Long-Acting Reversible Contraceptives (LARCs)

Tailored
Clinical
Services

- LARCs may be a very good option for some foster youth
- Be aware that communities of color have experienced coercive and discriminatory practices related to reproductive choice, and may have negative associations with the use of LARCs.
- To ensure informed choices health care providers should
 - be aware of this history, and
 - offer comprehensive counseling
 - acknowledges the history of discriminatory practices
 - address concerns individuals may have about the use of LARCs.



Intrauterine Devices



Contraceptive Implant

The Exam Room: Presenting LARCs



- Information on LARCs should be presented in a manner that recognizes, in a non-judgmental way, the existence of cultural differences and experiences which may affect individual attitudes, values and behavior.

Examples:

"I am going to present you with options, but it is your body and your choice what you think is best for you"

"Some people really like birth control that you can leave and forget about. Some really want something that they can decide when to use and easily stop using when they want to. There is no right or wrong answer. It's up to you."

Maya: Addressing relationship needs

After addressing Maya's specific concern about pregnancy, the provider talks with Maya about other sexual health needs and her interests.

Maya seems to relax and starts to share with the provider about her boyfriend. She tries to hang out with him as much as possible because she just hates living in her current placement, even though he is a "player" and sometimes makes her feel uncomfortable with what he asks her to do. Some of Maya's comments start to raise red flags with the provider. One part of her is afraid that Maya's disclosures may trigger some reporting requirements. She doesn't know if she should ask more questions or tell Maya to stop talking.

How can the provider proceed in a foster-friendly way?

Exam Room: Asking about Healthy Relationships

- Strong adult relationships are an important external asset
- Supportive relationships and non-parental adult mentors have both been shown to significantly reduce pregnancy and STI risks.
- Adolescents may not use labels like “abusive” or “unhealthy” but can describe specific behavior in their relationships – both romantic and with friends and adult mentors.
- For foster youth, the trusted adult in their lives may not be a parent. It may be a social worker, a foster caregiver, an attorney, a teacher, or a health care provider!

Continuous patient-provider relationships

- Allows youth opportunity to develop trust
- May be especially important for:
 - Youth with maltreatment history
 - Youth who have experienced discrimination and oppression
 - Youth with chronic health problems



=



Practice Tools: Healthy Relationships

FOR PROVIDERS: PRACTICE READINESS

Healthy Relationships

The physiologic and cognitive impacts on romantic interest make adolescence an optimal time for providers to begin conversations about trust, communication, and respect. Regardless of whether a teen looks mature or displays a rebellious attitude towards authority, teens need to hear positive messages reinforced by adults who demonstrate an interest in their health and wellbeing. An assessment of relationships may also serve as a vehicle for exploring topics such as sexual activity, condom and birth control use, and intimate partner violence.



DISCUSSING HEALTHY RELATIONSHIPS WITH ADOLESCENTS:

Using the Healthy Relationships Wheel as a visual tool, ask the following four open-ended questions to begin a conversation about Healthy Relationships:



1. Can you find any areas on the wheel that match what your relationship with your girlfriend/boyfriend/partner is like?
2. Which areas on the wheel are the most important to you when you think of respect? Why?
3. How do you handle a disagreement in your relationship? Which ideas on the wheel can help you deal with conflict?

MESSAGES FOR HEALTHY RELATIONSHIPS

- ⇒ The two people are equal in the relationship.
- ⇒ Each shows some flexibility in role behavior.
- ⇒ Each avoids assuming an attitude of ownership toward the other.
- ⇒ They encourage each other to become all that they are capable of becoming.
- ⇒ Each avoids manipulation, exploiting and using the other.

RESOURCES

- ▶ SIECUS: <http://www.sexdlibrary.org/index.cfm?pageId=740>
This site contains links to a variety of healthy relationship publications and data.
- ▶ <http://www.cdc.gov/Features/ChooseRespect/>
The CDC's issue brief on healthy relationships.

Hedberg VA, Brackeen AC, Stastwick CA. Long-term consequences of adolescent health behaviors: Implications for adolescent health services. *Adol Med: State of the Art Review*. 1999; 10(3): 137-151.
Kamey BR, Beckett MK et al. Relationships as Precursors for Healthy Adult Marriages: A Review of Theory, Research, and Programs. Rand Corporation, 2007.

Healthy Relationships

The following are some tips for deciding what you should look for in a relationship. These should also help you know when you are in an unhealthy relationship. Healthy dating and sex habits now lead to healthy sex and dating habits in the future. If you think you might be in an unhealthy or abusive relationship, talk to a trusted and caring person in your life. Most people need support when they are in these situations.

THE RELATIONSHIP BILL OF RIGHTS

I HEREBY DECLARE THAT I HAVE THE RIGHT TO...

- TRUST MY FEELINGS.
- BE WITH WHO I WANT, WHEN I WANT, AND HOW I WANT.
- SAY NO OR LEAVE A SITUATION IF I FEEL UNCOMFORTABLE.
- DISAGREE WITH MY PARTNER.
- HAVE SEX WHEN MY PARTNER AND I BOTH WANT TO.
- HAVE SEX THAT FEELS GOOD TO ME.
- FEEL GOOD ABOUT MYSELF WHETHER I AM IN A RELATIONSHIP OR NOT.
- ACCUSE SOMEONE OF HURTING ME PHYSICALLY OR SEXUALLY.
- RECEIVE EMOTIONAL SUPPORT AND UNDERSTANDING.
- CONTROL MY OWN FUTURE.



Resources/Links:

- ⇒ Advocates for Youth: <http://www.advocatesforyouth.org/youth/health/relationships/index.htm>
- ⇒ Planned Parenthood: <http://www.plannedparenthood.org/health-topics/relationships-4321.htm>
- ⇒ Planned Parenthood's Teenwire: <http://www.teenwire.com/topics/relationships-friends-and-family.php>

Maya: Addressing possible abuse

In the conversations, Maya discloses that sometimes she and her boyfriend get into serious fights, and that sometimes he hits her. They also drink together. In fact, one reason she didn't use protection when she had sex last weekend is that she passed out from drinking and doesn't really remember it all.

How can the provider proceed in a foster-friendly way?

Are you confident in your knowledge of mandated reporting law as it applies to foster youth?

Policy/
Procedure

Confidentiality
Conscious

Foster-friendly practice requires that you be familiar and comfortable with reporting laws as they relate to foster youth.



Trauma-Informed Abuse Reporting- Provider's Primary Role: Intervention

Trauma
Informed

1. Always address the reason the youth was seeking care first.
2. Inform the youth of the need to report, framing it in the context of assuring that they get the help they may need, rather than "I have to report this because it is the law."

This is why the initial explanation of conditional confidentiality is so important!

3. Provide messages of support and empower the youth.

"It sounds like there are a whole lot of things going on for you, and I am worried about your health and your safety. Let's start with why you came in today..."

"It took guts to talk with me today about what has been happening. Sharing this, and getting help shows what a very brave, strong young person you are. Even though things may feel frightening and out of control right now, you have taken the first step to getting things in control by sharing your story."

Trauma-Informed Abuse Reporting- Provider's Primary Role: Intervention

4. Respect what they want to disclose and how (while considering legal issues re: reporting).
5. Invite the youth to participate in the reporting process.
6. Educate your client about his/her rights, safety, and problematic relationship patterns.
7. Assess for safety first! If the youth is afraid of his/her partner or parent, get assistance with safety planning from CPS or a domestic violence or sexual assault advocacy program.

"Even though you don't have a choice about whether or not I fill out this report, you do have some choices. You can decide how much information you want to share with me, we can complete the paperwork together, and you can see everything I write down and hear the phone conversation when I call the report in."

Key Messages:

- "We are here to help"
- "We want you to be safe: your safety is our first priority"
- "You have rights and are entitled to assistance"

Wrapping up the visit

- Allow time for follow-up questions and provide additional resources (LA RHEP website!)
- Ask for teen's input into treatment plan. This will help encourage adherence!
- Safety planning if red flags were raised (that did not rise to level of mandated report)
- Summarize findings and treatment
- Schedule follow-up appointment, considering barriers and negotiating a plan that meets the youth's needs. Make sure the teen is given office/clinic contact information, including the names of people to call for questions or follow-up. Include the daytime and after-hours phone numbers.

"Steps 2 Wellness"

Youth Voice

The perfect clinic, as designed by our Youth Advisory Board...

Environment

- Walls are a nice light blue, and they have fun facts including foster youth rights
- Decorated with pretty pictures from around the world
- Atmosphere is quiet and calm
- Youth offered tea, snacks, and coloring books to reduce anxiety while waiting
- There are safe sex books available in the waiting room
- Clinic is open 24 hours a day and located near a main metro stop

Visit

- Staff are respectful and nice
- There are interpreters for those who don't speak English
- Visits would be quick and not take a long time

Incentives

- Youth are offered goodie bags with condoms and lube
- Clinic has a punch card system – each time a youth goes in for a check-up or appointment, they get a stamp. By the time they get a 10th stamp, the youth would get a gift card or goodie bag.

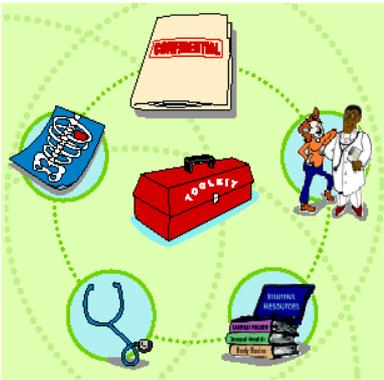


Provider's Toolkit series: www.ahwg.net



ADOLESCENT HEALTH CARE 101: THE BASICS - CA EDITION

An Adolescent Provider Toolkit



Illustrations by Jordan Stone, 17



SEXUAL HEALTH

An Adolescent Provider Toolkit



Illustrations by Jordan Stone, 17



BEHAVIORAL HEALTH

An Adolescent Provider Toolkit

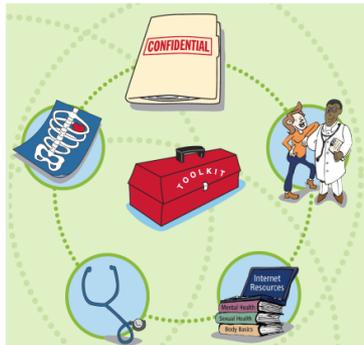


Illustrations by Jordan Stone, 17



UNDERSTANDING CONFIDENTIALITY AND MINOR CONSENT IN CALIFORNIA

An Adolescent Provider Toolkit



First Revised Edition

Illustrations by Jordan Stone, 17

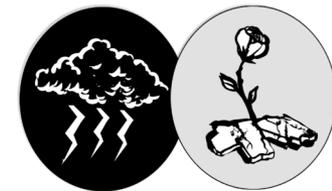
BODY BASICS

An Adolescent Provider Toolkit



Illustrations by Jordan Stone, 17

TRAUMA & RESILIENCE



AN ADOLESCENT PROVIDER TOOLKIT

ADOLESCENT HEALTH WORKING GROUP



Resources available online:

A PROJECT OF THE NATIONAL CENTER FOR YOUTH LAW

California Teen Legal Guide To Sex, Pregnancy, And Parenting



YOUTH LEGAL GUIDE

FIND HELP

FOR CAREGIVERS OF TEENS

FOR PROFESSIONALS

YOUTH VOICES

WHAT IS THIS?

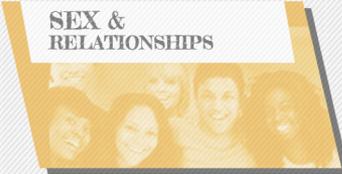
On this website, lawyers from [The National Center for Youth Law](#) answer your questions about teens' legal rights and responsibilities related to sex, pregnancy, and being a young parent in California.

CHEAT SHEET: KNOW YOUR RIGHTS

YOUTH VOICES

FIND LEGAL QUESTIONS & ANSWERS ABOUT:

SEX &
RELATIONSHIPS



AM I PREGNANT?



I AM PREGNANT,
NOW WHAT?



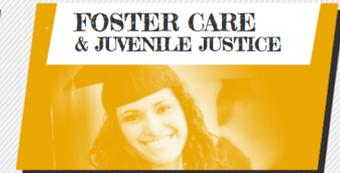
BECOMING A PARENT



RAISING A FAMILY



FOSTER CARE
& JUVENILE JUSTICE



What does it mean to be a parent?

November 7, 2016

I'm not a parent yet, but what I believe makes a good parent is... »



Ask NCYL: If I'm in Foster Care can I still live with my child?

October 20, 2016

You've sent us your questions about sex, pregnancy, and parenting rights. Each month, we'll... »



My Sex Ed Experience in School

October 4, 2016

by Isabel M. Isabel is a teen writer who is part of the Females Against... »

MORE VOICES

NOT SURE WHERE TO BEGIN?

<http://www.teenhealthrights.org/>

For more resources and information, www.FosterReproHealth.org

Select the Issue That Interests You

Background and
Introductory
Information

State Law and Policy

Sexual and
Reproductive Health
Services and
Programs

Trainings

Toolkits and
Implementation
Guidance

Research and Data

[Click here to view all resources.](#)