

This information is for staff who would like to provide all options counseling for School Based Clinic patients. Many staff already provide this service. This information is not meant to tell you how you must do this, but merely offers information for those who might find it helpful. For staff who have not provided this service in the past but would like to, this information will help you guide the patient through the decision making process and the steps to take once the decision is made. Much of the information presented here details the services and supports available for young women, especially those under the age of 18, who live in the Minneapolis area. For more detailed suggestions on helping the patient sort through her emotions while making this decision, please refer to www.pregnancyoptions.info, click on “pregnancy options workbook” at the top of the screen.

Values clarification

Clarifying your values around all of the options is essential in order to decide if you feel comfortable providing all options counseling. Everyone has values around teen pregnancy, parenting teens, adoption and abortion. How do you feel about teens getting pregnant or having children? Do you have strong emotions about adoption or abortion? Would your values change if your patient already has a child, is homeless, uses drugs and/or alcohol or lives in a home where violence may occur? Exploring these values and emotions will help you decide if you can remain impartial to the outcome. As we all know, adolescents are like emotional sponges- they pick up on our feelings. It is always an option for a provider to refer the patient to another provider in the clinic to do the options counseling.

Initial Meeting

Upon meeting the patient for the first all options counseling session, review the School Based Clinic’s confidentiality procedure with the patient. Tell her the decision is hers, there is no right or wrong decision, and we will support her in whatever decision she makes. Our role in options counseling is to remain neutral to the outcome. We can provide information about each of the options and help the student problem solve, weigh the options and consider the pros and cons of each option.

Even if the student says she knows what she wants to do, it is important to tell her the options that are available to her, to make sure she is fully informed of all the options.

Suggestions for opening questions:

- When did you find out you are pregnant?
- Was this a planned pregnancy?
- How far along are you in your pregnancy?
- What was your first reaction? The initial reaction is often shock and it is a good idea for the patient to take some time to think through her decision. Sometimes it takes a few visits to process her feelings before she knows how she wants to proceed. However, if she is further along in her pregnancy, she may need to decide fairly quickly if she is considering terminating.
- Who else knows about the pregnancy? If she is considering terminating the pregnancy, she may want to limit who she talks to about this. Often when a student tells others about her pregnancy (and they, in turn, may tell others) she may get unwanted advice or judgment. She may wish to limit who she confides in.
- What is your relationship with your parent/guardian like? Can they help you with this decision?
- What are your dreams and wishes for your future?
- How would having a child affect you reaching your goals?

Review all options:

Sample: In the state of Minnesota, women have three basic options but there are several alternatives within each option.

- 1) A woman may continue the pregnancy and parent the child. Some women do this on their own; some do this with the help of family, the father of the baby, or friends. She may decide to assign care of the child to another person without going through a legal adoption process. Legal Aid's **Youth Law Project*** can help with this procedure.
- 2) She may "create an adoption plan". Open adoptions allow the birth mother to select the adoptive family and decide how much or how little contact she has with the child. There are agencies that help with each step of the process.
- 3) She may terminate the pregnancy. This can be done confidentially and safely. (The word abortion may have negative connotations for the student whereas termination may be less emotionally charged.)

Processing feelings:

You can help the patient process her feelings and worries by recommending she think through the details of each option, considering relationships, finances, childcare, living arrangements, school, and anything else that would be affected by any of the choices. Does she have someone she can confide in who would be supportive of any decision and who would keep her confidence? She might want to write out pros and cons of each choice and envision how her life would be if she parented, made an adoption plan or terminated the pregnancy. If she "acted as if" she already made the decision, how would she feel? Would it be a decision she can make peace with? You can give her more details about each option and you can tell her about the website www.birdsandbees.org.

After she has had time to consider and has made a decision, these are the action steps:

PARENTING

- Has she told her parents? Does she need help in planning how to tell them? It is important she tell them fairly soon for health and safety reasons.
- Does she have medical insurance? If not, refer to "**MA for pregnant students***" handout on where to apply. If she lives with her parents, she will need her parent's income and asset information so it's best if a parent goes with her to apply. If she does not have insurance but qualifies for MA, bills can be paid retroactively three months from the date the application is submitted to the county.
- Is she still involved with the father of the baby? Would he be a source of support?
- If she has not done so, help her schedule an appointment for prenatal care. This can be a confidential visit so she does not need to wait until she tells her parents to get the prenatal care. However, if she doesn't get on insurance quickly, they could receive medical bills that aren't covered by the retroactive coverage.
- Refer to MVNA, with patient's consent (**MVNA referral forms*** and **MVNA brochures*** are in gmail documents). Ask the patient to sign the referral form.
- Refer to the TAPPP coordinator if there is one at your school. If there is not a TAPPP coordinator in your school, notify the school social worker (with student's consent) to find out about any supports for pregnant and parenting students in your school. The student may wish to explore schools that have on-site daycares.
- Notify the school nurse in case of emergency (with student's consent). The school nurse is responsible for setting up a Homebound tutor while the student is on maternity leave.

ADOPTION

If she is considering an adoption plan, refer to **“Adoption and Birth Parent Services*”** handout for agencies that help with this option. Tell her that adoptions are much different than they were in the past. The birth mother chooses how much involvement she will have in the baby’s life and who will parent the baby. Some women choose to be very involved in all aspects of the child’s life while others may choose minimal or no contact. This is completely up to the birth mother.

TERMINATION

If a patient is considering having an abortion but she has religious or spiritual questions, she may contact All Options Clergy Counseling at 612-870-0974. Their website is www.mnrcrc.org Volunteer ministers provide all options, pro choice counseling. Their belief is that abortion can be a moral choice. As stated on their website: “You will be asked to provide the Religious Coalition staff person with your name, preference for denomination of counselor, concerns, and a phone number and time of day where you may be safely reached. A clergy counselor will then call you for a phone counseling session or to set up an appointment. We also welcome calls from clinic counselors on behalf of women in need, if that is more comfortable for you. The *All Options Service* is not a crisis hotline. It may take several days to arrange a conversation with a clergy person. Counseling is done only on a short term basis for moral or ethical concerns.”

If a student chooses termination, it is best that this be done in the first 10-12 weeks since her last period. Midwest Clinic can perform the procedure up until just under 16 weeks. The patient may want to use the clinic phone to schedule the appointment. We can’t schedule the appointment for her but we can be with her to help her through the phone call.

Judicial bypass procedure

If considering terminating the pregnancy, tell the student about the Judicial Bypass procedure if she is under 18. More information can be found on the Midwest Health Center website (www.midwesthealthcenter.org or at www.birdsandbees.org. Either both of her parents will need to consent to the procedure or else she will need to go to the court to request that a judge sign the clinic consent. This is a routine court process to make sure that this is an informed decision, that the choice is hers and that she is not be coerced into the decision. Midwest clinic will help her set up this appointment. If she is going to a clinic other than Midwest, she should ask how this gets scheduled.

If the patient is 18 or older, she will not need to do the judicial bypass and can sign the clinic consent herself. This also applies to women who are under 18 and already have a child. She can bring the child’s birth certificate to the clinic to prove she has a child and she can sign the consent herself.

Paying for the procedure

- Medical Assistance:

If she has Medical Assistance, the cost of the procedure is covered and she should tell the clinic she wants this to be a confidential visit. On rare occasions, an insurance statement may be sent home though this is not supposed to happen. If a statement is mailed home, it will state the date, the name of the clinic and the amount of the charges but will not say what the reason for the visit.

- Other insurance:
If the patient has insurance other than Medical Assistance, she may need help contacting her insurance provider to find out if the procedure is covered and if a statement of services will be sent home. Each insurance plan is different.
- Paying cash:
The other options would be to pay cash for the procedure (see the **Midwest Health Center for Women handout*** for current prices). There are ways to request financial help for the procedure (see the **ProChoice Resources handout***). If the patient does not have Medical Assistance to pay for the procedure, or she chooses to pay cash, the financial assistance will pay a portion (about \$200- \$250.00) but not all of the cost. Clinic staff can call Melissa at Pro-Choice Resources (612-825-2000) Mondays through Fridays between 9-5 to request a grant on behalf of the student. The appointment for the procedure will already need to be scheduled to request a grant. The patient will need to come up with the remainder of the fees prior to the appointment (she will be asked about this at the time she makes the appointment). The judicial bypass court hearings are always on Tuesdays and Midwest Clinic will schedule the procedure on the same day as the hearing. Midwest Clinic has the most reasonable prices in cases where the patient pays cash, and is the most helpful with the judicial bypass, when this is needed. The location of the judicial bypass hearings is within walking distance of Midwest Clinic (at the Government Center). Generally, the patient needs to arrive early in the morning (about 8:30), and needs to plan to spend the entire day at the clinic. She should arrange for a ride home; it not recommended she take the bus home.

Minnesota's 24 hour waiting period

There is a 24 hour waiting period in the state of Minnesota that requires that the patient speak with the doctor at least a day before the appointment to review the procedure and ask any questions. This can be done over the phone.

Attendance issues

Since having an abortion may require missing a full day of school, this may be an issue for patients who have not informed their parents. School may call home and the parent may question the student about her whereabouts. Some students confide in their parents while others choose not to. Warn the student about this and discuss how she will handle this. This is a difficult situation as we cannot encourage the student to lie. If it is at all possible, it would be best to schedule the appointment on a school release day though this is not usually possible.

Birth Control

Discuss birth control options with the student for after the procedure. The clinic that provides the abortion will also do this but it is best if the student has decided on the form of birth control before the visit. She may choose to start birth control immediately following the procedure then follow up at the School Based Clinic.

Six week follow up appointment

The student must return to the clinic for a six week follow up appointment. This is very important and the charge for this visit is covered in the initial clinic fee.



All Options Counseling



Post-abortion counseling

Though a student may feel termination is the best choice for her at that time in her life, it is still a major life event and can result in feelings of grief and loss. Offer the student the opportunity to process these feelings with a clinic counselor. If she declines, let her know this service will remain available to her if she chooses it in the future.

Conclusion

The most important role for an options counselor is to be present and listen with an open heart. We don't have to solve the problem for the young woman, we just need to be objective listener and provide reassurance that the answer is inside her.

*These handouts are available on the ClinicSource and Gmail documents.

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