

Decision assessment and counseling in abortion care

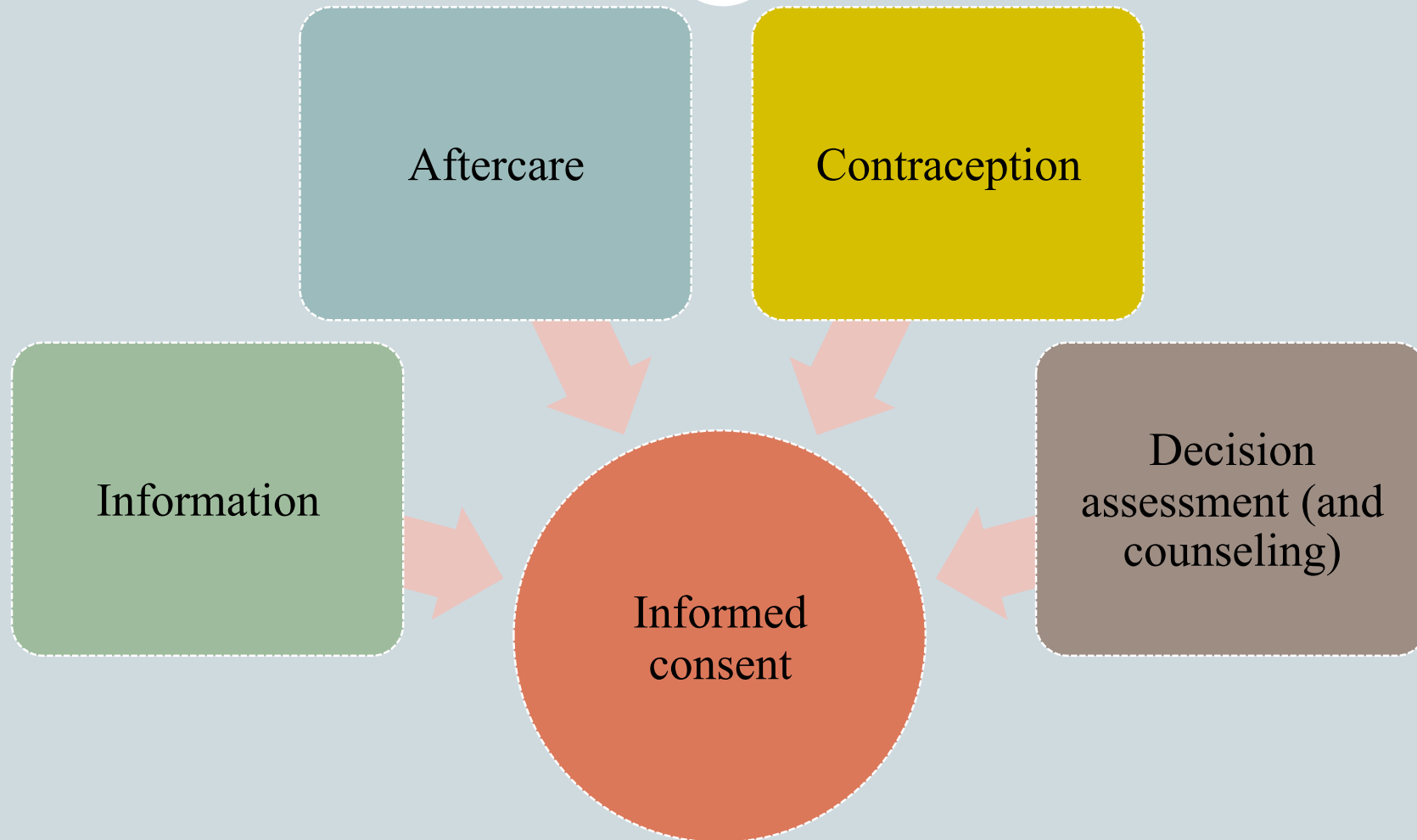


**ALISSA PERRUCCI, PHD, MPH
WOMEN'S OPTIONS CENTER
SAN FRANCISCO GENERAL HOSPITAL**

**FIAPAC
OCTOBER 3, 2014**

What is abortion counseling?

2



What we recognize

3

- People are allowed to be sure about their pregnancy decisions.
- Our approach and framework extends an *invitation* to the other, not a requirement.
- The foundation of our work is the legal doctrine of informed consent.

Informed consent

4

1. Competence★
2. Understanding the nature and purpose of the proposed treatment, its alternatives, and the risks and benefits of each
3. Appreciation of the consequences of a decision
4. Making the decision voluntarily
5. Evidencing a choice

Competence

5

1. The ability to reason
2. The ability to understand
3. The ability to appreciate the consequences of a decision

Why do decision counseling?

6

- Psychological response after abortion
 - ✦ Major et al. 2009
- What improves post-abortion coping?
 - Positive framing of the abortion and oneself
 - ✦ Trybulski 2006
 - Positive social support and an absence of negative support
 - ✦ Cozzarelli, Sumer, and Major 1998
 - Belief that one has the ability to cope post-abortion
 - ✦ Major et al. 1998

Decision assessment

7

- **Step 1: Learning about her experience making the decision**
 - What was it like for you to make the decision to have an abortion?
- **Step 2: Checking in about support**
- **Step 3: Planning for post-abortion coping**

Philosophy of this style of assessment

8

- The assessment is part of the invitation to the patient to discuss feelings and thoughts about her decision.
- We are encouraged to be transparent in our intentions with the patient.
- Patients are allowed to be sure of their decisions; patients are allowed to decline the invitation as long as you and the patient fulfill the process of informed consent.

Staff



- Para-professional model
- Non-judgment around parenting, adoption, and abortion
- Compassion
- Capacity for listening over talking

Training and evaluation



- Shadow the supervisor
- Task sharing within a counseling session
- Counseling with the supervisor present
- Observation of co-workers to compare styles
- Checking in on difficult cases; some cases the supervisor joins the session
- Checking in for advice
- Annual observation during performance evaluation

Fundamental principle

11

The patient has the answer

One pregnancy decision is not “more moral” than another; she is a good person making a moral decision for herself. There is no knowledge that you possess about the answer to her dilemma that she does not.

Approach

12

- Listen.
- Do not assume!
- Self-reflect.

Listening means...

13

- Silence
- Asking open-ended questions
- Being open to, curious about, fascinated with, and interested in the patient's process – while *not* having an agenda for the outcome

Not assuming means...

14

- That you don't take for granted that you and the patient share the same understanding of medical terminology, feelings, or beliefs
- You are free to inquire, investigate, and *learn from the patient*
- Taking a step back from “professional mode.” You do not have *The Answer*, nor are you obligated to find it for the patient.

Self-reflecting means asking yourself...

15

- What scenarios are hard for me?
- What particular decisions do I *want* patients to make?
- What decisions do I think are foolish?

Conflict with an abortion decision

16

- **Emotional conflict**
 - I'm never going to forgive myself
 - I'm going to miss the baby after it's gone
- **Spiritual conflict**
 - Will God forgive me? Is abortion a sin?
 - I'm worried about what God is thinking about me.
- **Moral conflict**
 - I think abortion is murder but I still have to have one.

Ambivalence

17

- “Simultaneous and contradictory attitudes or feelings toward an object, person, or action.”
- “A continual fluctuation as between one thing and its opposite.”
- “Uncertainty as to which way to follow.”
 - I feel torn.
 - I don't know what to do!
 - I almost didn't come to my appointment today.

From *Merriam Webster Online*

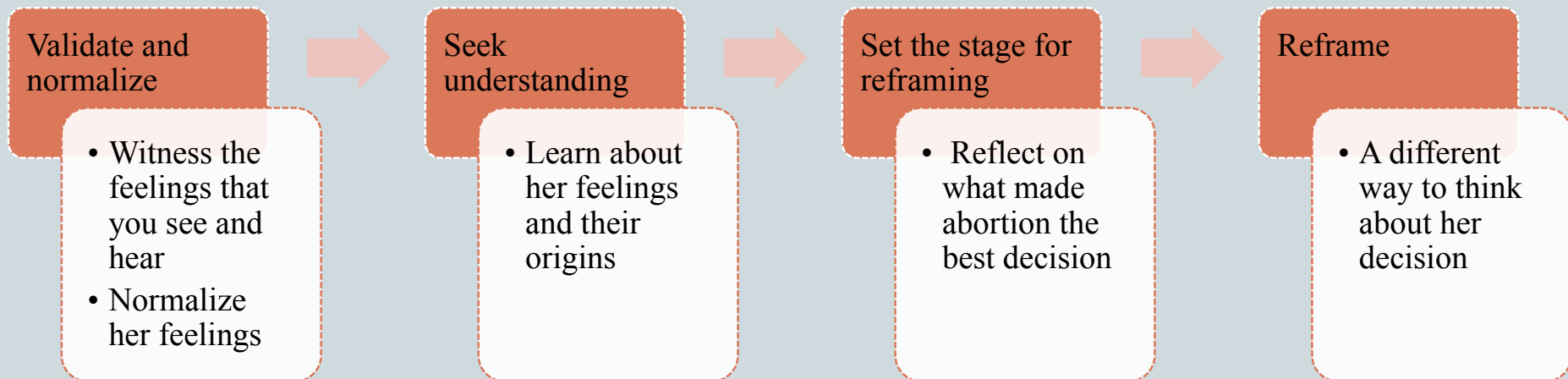
The framework

18

1. Validate and normalize.
2. Seek understanding.
3. Reframe.

The framework

19



Dialogue: Validate

20

- Counselor: What was it like for you to make the decision to have an abortion?
- Patient: It was hard.
- Counselor: What made it hard?
- Patient: [*starts to cry*] I've felt movement.
- Counselor: [*silence*]
- Patient: [*crying*]
- Counselor: It's okay to cry here.

Seek understanding

21

- What is the *personal* meaning of expressed feelings or beliefs?
 - Don't assume that you understand how she feels just because you understand the words she is using.
- There is no *solving* here; witnessing feelings is healing in and of itself

Ways to seek understanding

22

- Can you say more about that?
- What is that like for you?
- How do you feel about that?
- How's that been for you?
- What's been going on for you?

Attend to the exceptional statement

It may be buried within a litany of congruous statements

Dialogue: Seek understanding, normalize



- Counselor: It's okay to cry here.
- Patient: [*sniffles*]
- Counselor: [*gently*] What's that like for you, to feel movement?
- Patient: It makes me realize that it's a baby; I think about my kids and how much I love them.
- Counselor: I've talked to other women who've felt this way, too. Can you describe the feelings that are coming up for you right now?

Dialogue: Normalize, Seek understanding



- Patient: [*crying*] I feel like I'm killing my baby.
- Counselor: [*with empathy*] You know, other women have told me that they feel the same way. Can you tell me more about what that means for *you* when you say that?

Dialogue: Reframe



- Counselor: I'm listening to what you're saying and I want to acknowledge that I can see how much you care for your daughter, your mom and what would be right and fair for a second child. The other thing I would want to say to you is that having an abortion does not mean that you have bad feelings toward the baby. Deciding when it is the right time to bring a baby into the world is a caring, loving decision.
- Patient: [*crying*] Thank you for saying that.

Dialogue: Reframe



- Counselor: I hear in what you're saying a lot of care and compassion toward this baby, your kids, and yourself. That says something about you as a person.
- Patient: Thank you for putting it that way.

Thank you

27

- *Decision Assessment and Counseling in Abortion Care: Philosophy and Practice*

