

Working with Ambivalence in Pregnancy Decision-Making

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Why Care If It's So Rare?

- ◀ Patients more commonly are either certain or have conflict with the decision they have **already made**
- ◀ Improving your skills with ambivalence makes you a better counselor



Ambivalence

- ◀ Simultaneous and contradictory attitudes or feelings toward an object, person, or action
- ◀ Continual fluctuation as between one thing and its opposite
- ◀ Uncertainty as to which way to follow



“

I've been going back
and forth
throughout my
pregnancy”



“

I'm on the fence”



“

I'm not sure which way
to go”



Non-verbal examples

- ◀ Taking a long time in the bathroom getting changed before the procedure
- ◀ Hesitation in signing the consent forms
- ◀ No-shows, cancelations, and reschedules



“

I'm not sure if I want
to go through with
this”



“

I'm having second
thoughts”



Conflict is not ambivalence

- ◀ Feelings of attachment
- ◀ Grief and loss
- ◀ Deep religious or spiritual concerns
- ◀ Questioning one's moral authority in terminating a pregnancy



True ambivalence

Patient does not want to continue the pregnancy

BUT

Can't get themselves to do the abortion

**The patient has
the answer**





Counseling Practice

- ◀ Create space for patients to reveal conflict or ambivalence?
- ◀ Invite patients to check in about their feelings?



“

What was it like for
you to make the
decision to have an
abortion?”



Listening, Curiosity, Openness





Patient Journey

- ◀ Part 1: Gather information about the path of decision making
- ◀ Part 2: Investigating that information to identify the sources of “stuckness”



Tools for Gathering Information

- ◀ The Story
- ◀ The Certainty Scale
- ◀ The Six Dimensions

The Story

Let's go back to the moment when you first found out that you were pregnant.

What did you think?



The Certainty Scale





The Certainty Scale

- ◀ On a scale of 1-10,
 - ◀ 1 is being sure that continuing the pregnancy is the best decision
 - ◀ 10 is being sure that abortion is the best decision
 - ◀ Where are you now?
- ◀ Check for a shared understanding

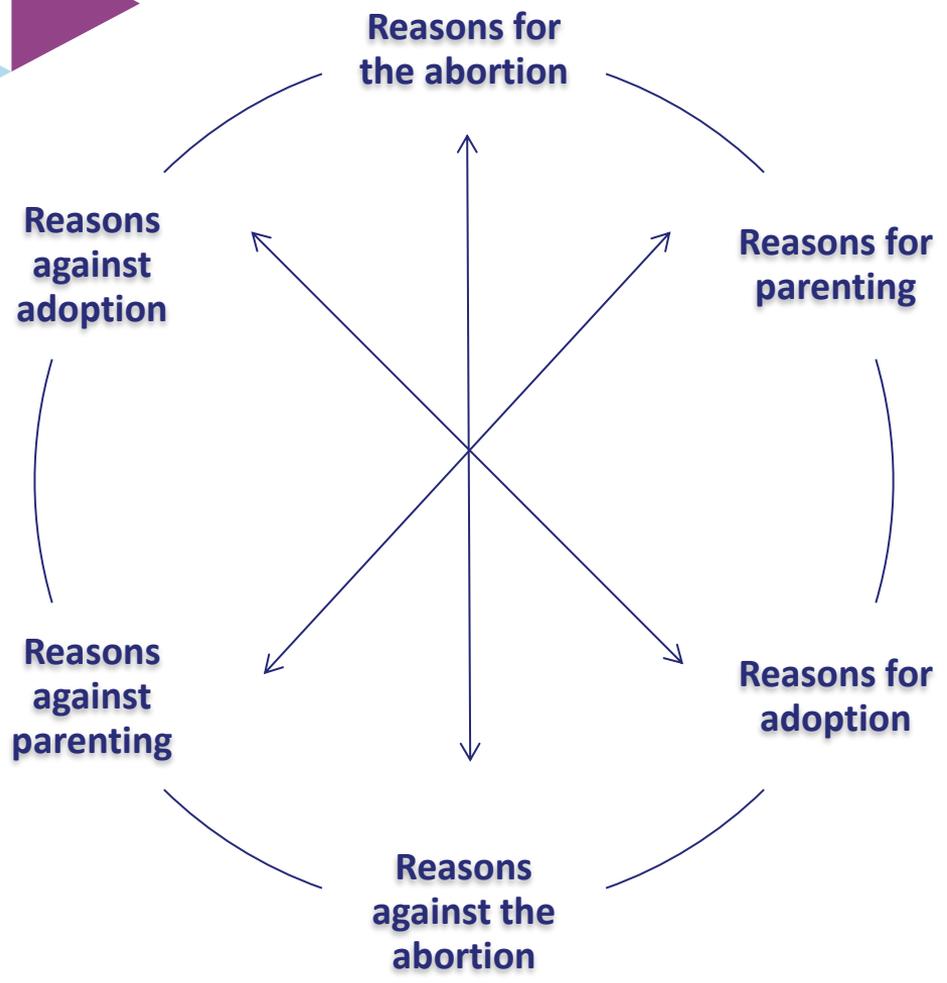


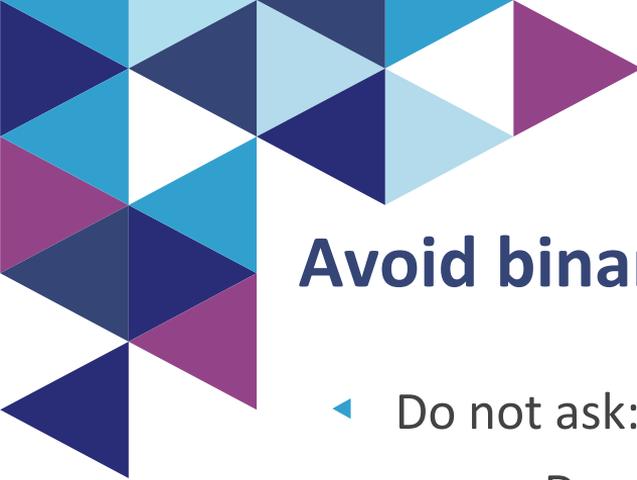
Tools do not produce an
“answer” or a “score”



Six Dimensions



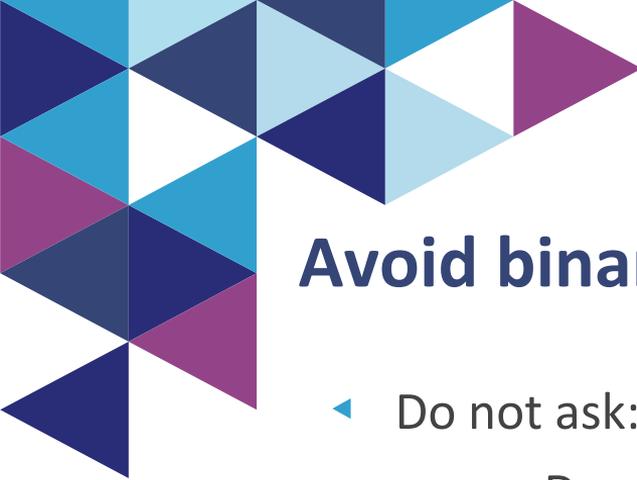




Avoid binary questions

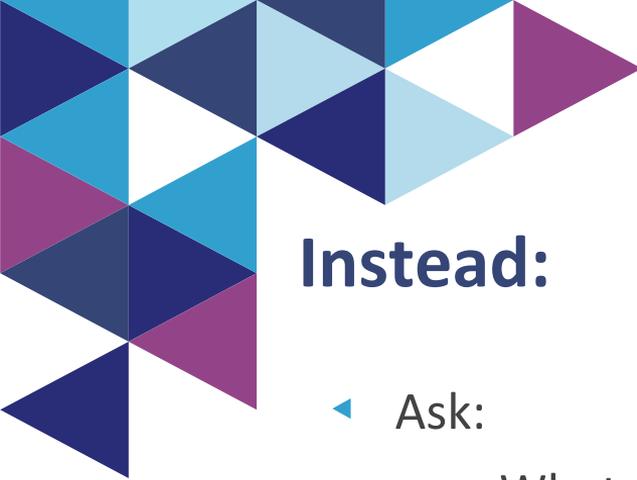
- ◀ Do not ask:

Do you want to get an abortion or not?



Avoid binary questions

- ◀ Do not ask:
~~Do you want to get an abortion or not?~~
- ◀ Framing inhibits quality decision making



Instead:

- ◀ Ask:

What would be GOOD or NOT GOOD about

- ◀ having an abortion?
- ◀ continuing the pregnancy and parenting?
- ◀ making and adoption plan



Good/Not good framing:

- ◀ Challenges narrowed or restrictive thinking
- ◀ Presents opportunity for nuanced exploration of pregnancy alternatives



Story + Certainty Scale + Six Dimensions





Listen for “Stuckness”

- ◀ Things that are getting in the way of having an abortion, parenting, or making an adoption plan

What if?

You did a kin adoption?

You had a parenting program at school?

You decided to be a single parent?

You saw the abortion as a loving decision?

You were able to have an induction
termination?



Listen for “Possibilities”

- ◀ Things that are drawing the patient toward abortion, parenting, or adoption
 - ◀ What happens if we entertain a possibility?
 - ◀ Does anything change?



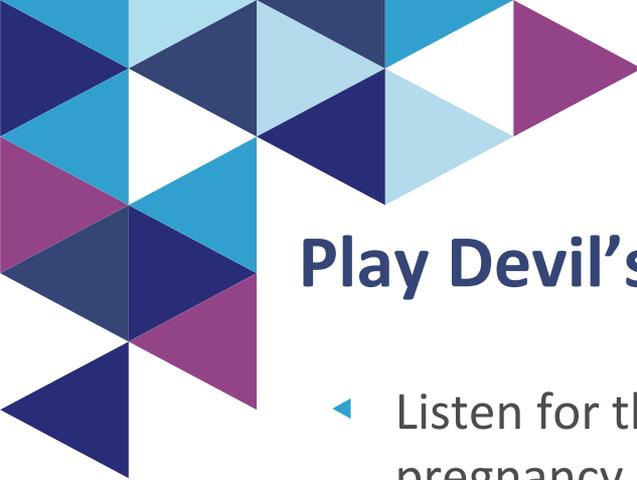
“

It is essential to bring that circumstance into the light so that its role as obstacle – *no matter how unfair or unjust it may be* – can be recognized and acknowledged”



“

Recognizing that they are making
the best decision that they can,
given their life circumstances”



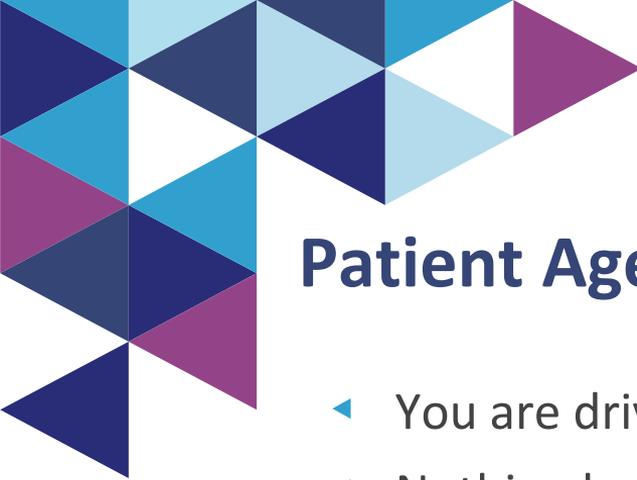
Play Devil's Advocate

- ◀ Listen for the patient's arguments for and against a pregnancy alternative
- ◀ Take a position, for the sake of debate
- ◀ Look for what the patient considers to be **realistic** and **acceptable**



What Do the Tools Give Us?

- ◀ Do not produce an “answer” or a “score”
- ◀ Techniques that allow the patient to think out loud
- ◀ Engage in conscious reflection



Patient Agency

- ◀ You are driving the bus
- ◀ Nothing happens today unless you say it does
- ◀ No one in this clinic has a preference for which decision you make



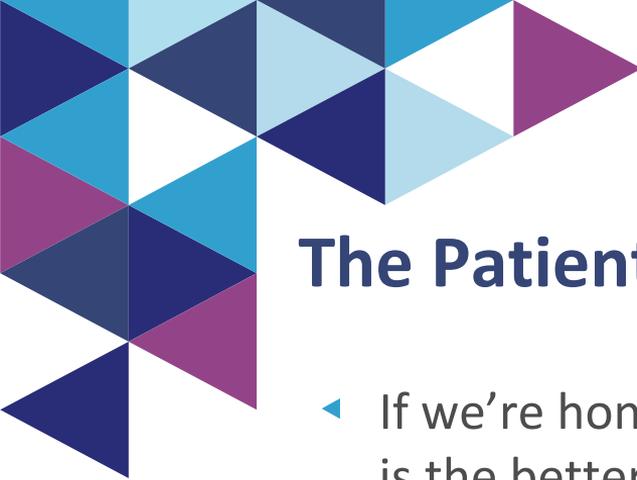
Reassuring Statements

- ◀ I feel the same way about you no matter which decision you make
- ◀ You are a good person no matter which decision you make
- ◀ Sometimes neither way feels good



Boundaries with Lovingkindness

- ◀ Set agreed-upon time limits
 - ◀ The provider is leaving at 5:00pm
 - ◀ You need to sign the consent form by 4:30pm
- ◀ Involve the patient in the plan



The Patient Has the Answer

- ◀ If we're honest with ourselves, we might think abortion is the better alternative
- ◀ But it's not our decision
- ◀ And it's not about us



Decision Assessments and Counseling

- ◀ Opportunity to better understand the nuances of patient struggle
- ◀ Patients make decisions, no matter how small
- ◀ Uphold their autonomy, even the context of low freedom