

WEBVTT

1

00:00:07.800 --> 00:00:09.440

- My name is Alissa Perrucci,

2

00:00:09.440 --> 00:00:11.920

and I am the Counseling

and Administrative Manager

3

00:00:11.920 --> 00:00:13.290

at the Women's Options Center

4

00:00:13.290 --> 00:00:16.100

at San Francisco General Hospital.

5

00:00:16.100 --> 00:00:19.450

In this video I'm gonna discuss

the topic of ambivalence,

6

00:00:19.450 --> 00:00:22.553

and pregnancy decision making

in the abortion care setting.

7

00:00:23.410 --> 00:00:25.260

It is rare to encounter a patient

8

00:00:25.260 --> 00:00:28.490

presenting for abortion care

who is truly ambivalent.

9

00:00:28.490 --> 00:00:31.660

Most people make up their minds

before coming to the clinic.

10

00:00:31.660 --> 00:00:35.090

However, honing our skills

for working with ambivalence

11

00:00:35.090 --> 00:00:37.820

is an opportunity to
build foundational skills

12

00:00:37.820 --> 00:00:41.450
in decision counseling for
any healthcare decision.

13

00:00:41.450 --> 00:00:44.540
Ambivalence can be
defined as simultaneous,

14

00:00:44.540 --> 00:00:46.080
and contradictory attitudes,

15

00:00:46.080 --> 00:00:49.370
or feelings toward an
object, person, or action,

16

00:00:49.370 --> 00:00:52.720
a continual fluctuation
as between one thing,

17

00:00:52.720 --> 00:00:53.710
and its opposite,

18

00:00:53.710 --> 00:00:56.773
and uncertainty as to which way to follow.

19

00:00:57.720 --> 00:00:59.570
Thinking about these definitions,

20

00:00:59.570 --> 00:01:01.820
how do we recognize ambivalence?

21

00:01:01.820 --> 00:01:04.780
Classic examples are
patient's statements such as,

22

00:01:04.780 --> 00:01:07.610

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

23

00:01:07.610 --> 00:01:08.570
I'm on the fence,

24

00:01:08.570 --> 00:01:11.330
or I'm unsure about which way to go.

25

00:01:11.330 --> 00:01:13.080
Nonverbal examples might be

26

00:01:13.080 --> 00:01:14.680
taking a long time in the bathroom,

27

00:01:14.680 --> 00:01:16.760
getting changed before the procedure.

28

00:01:16.760 --> 00:01:19.370
Hesitation in signing the consent forms,

29

00:01:19.370 --> 00:01:23.320
or lots of no shows,
cancellations, and reschedules.

30

00:01:23.320 --> 00:01:24.550
When patients state,

31

00:01:24.550 --> 00:01:26.470
I'm not sure if I want
to go through with this,

32

00:01:26.470 --> 00:01:28.380
or I'm having second thoughts.

33

00:01:28.380 --> 00:01:30.210
It's important to validate the courage,

34

00:01:30.210 --> 00:01:31.420
and this honesty,

35
00:01:31.420 --> 00:01:34.480
bring them to a private space
to listen to their story,

36
00:01:34.480 --> 00:01:36.060
and when appropriate,

37
00:01:36.060 --> 00:01:38.830
introduced the idea of rescheduling.

38
00:01:38.830 --> 00:01:42.980
Conflict with one's decision
is not the same as ambivalent.

39
00:01:42.980 --> 00:01:46.160
For some people, this
pregnancy decision was hard,

40
00:01:46.160 --> 00:01:47.530
and what made it hard

41
00:01:47.530 --> 00:01:50.730
could be any combination
of feelings of attachment,

42
00:01:50.730 --> 00:01:54.560
grief, and loss, deep religious,
or spiritual concerns,

43
00:01:54.560 --> 00:01:56.610
or questioning one's moral authority

44
00:01:56.610 --> 00:01:58.183
in terminating a pregnancy.

45
00:01:59.160 --> 00:02:02.700

Conflict with abortion can be
at the heart of ambivalence,

46

00:02:02.700 --> 00:02:04.730
but not necessarily so.

47

00:02:04.730 --> 00:02:07.580
Oftentimes in true ambivalence,

48

00:02:07.580 --> 00:02:11.260
the patient also does not want
to continue the pregnancy,

49

00:02:11.260 --> 00:02:14.050
the problem lies in that
they can't get themselves

50

00:02:14.050 --> 00:02:15.780
to do the abortion.

51

00:02:15.780 --> 00:02:18.730
It's often important, and
reassuring to both patient,

52

00:02:18.730 --> 00:02:21.850
and provider to recognize
the patient's autonomy,

53

00:02:21.850 --> 00:02:25.030
and freedom in the process
of decision making.

54

00:02:25.030 --> 00:02:27.690
This returns the focus
toward our neutrality,

55

00:02:27.690 --> 00:02:31.920
and recognizes that ultimately
the patient has the answer.

56

00:02:31.920 --> 00:02:34.090

Reflecting on your own
counseling practice,

57

00:02:34.090 --> 00:02:36.360

do you have a way of creating space

58

00:02:36.360 --> 00:02:39.460

for patients to reveal
conflict or ambivalence?

59

00:02:39.460 --> 00:02:42.680

Do you invite patients to
check in about their feelings?

60

00:02:42.680 --> 00:02:44.730

The best way to find
out how someone is doing

61

00:02:44.730 --> 00:02:47.650

with their decision to have
an abortion is to ask them.

62

00:02:47.650 --> 00:02:50.360

I favor an open ended question such as,

63

00:02:50.360 --> 00:02:51.800

what was it like for you

64

00:02:51.800 --> 00:02:54.630

to make the decision to have an abortion?

65

00:02:54.630 --> 00:02:57.610

I then follow my framework
for decision assessment,

66

00:02:57.610 --> 00:02:59.590

which includes asking about support

67
00:02:59.590 --> 00:03:01.320
and expectations for coping,

68
00:03:01.320 --> 00:03:04.591
and providing decision
counseling as needed.

69
00:03:04.591 --> 00:03:06.810
Let's say the person I'm talking to

70
00:03:06.810 --> 00:03:09.020
tells me that this
decision was really hard,

71
00:03:09.020 --> 00:03:12.450
and that they almost didn't
come to the appointment today.

72
00:03:12.450 --> 00:03:15.160
My listening skills are now activated,

73
00:03:15.160 --> 00:03:16.810
along with my curiosity,

74
00:03:16.810 --> 00:03:19.370
and openness toward this person's journey.

75
00:03:19.370 --> 00:03:22.210
I now want to learn more
about what it's been like

76
00:03:22.210 --> 00:03:24.090
to get to this point in the decision,

77
00:03:24.090 --> 00:03:27.035
and all of the twists, turns, influences,

78
00:03:27.035 --> 00:03:30.751

pressures, barriers, and opportunities along the way.

79

00:03:30.751 --> 00:03:32.680
How do I do that?

80

00:03:32.680 --> 00:03:35.780
In two parts, first by gathering information

81

00:03:35.780 --> 00:03:37.800
about the path of decision making,

82

00:03:37.800 --> 00:03:40.010
and second, by engaging with,

83

00:03:40.010 --> 00:03:41.990
and investigating that information

84

00:03:41.990 --> 00:03:44.450
to identify the sources of stuckness,

85

00:03:44.450 --> 00:03:48.080
and put forward alternatives for the sake of debate.

86

00:03:48.080 --> 00:03:50.830
I use three tools for gathering information

87

00:03:50.830 --> 00:03:53.910
on the path of decision making around this pregnancy,

88

00:03:53.910 --> 00:03:57.974
the story, the certainty scale, and the six dimensions.

89

00:03:57.974 --> 00:04:01.494

The story method starts
with an open ended question.

90
00:04:01.494 --> 00:04:03.240
Let's go back to the moment

91
00:04:03.240 --> 00:04:05.633
when you first found out
that you were pregnant.

92
00:04:05.633 --> 00:04:06.972
What did you think?

93
00:04:06.972 --> 00:04:09.010
What did you do?

94
00:04:09.010 --> 00:04:10.730
The listener is asking the patient

95
00:04:10.730 --> 00:04:12.860
to tell the story of the path,

96
00:04:12.860 --> 00:04:14.880
from the discovery of the pregnancy,

97
00:04:14.880 --> 00:04:17.460
to the appointment at the clinic.

98
00:04:17.460 --> 00:04:19.600
It requires the listener to step in

99
00:04:19.600 --> 00:04:21.440
at various points along the way,

100
00:04:21.440 --> 00:04:24.050
to seek understanding of
the patient's experience

101

00:04:24.050 --> 00:04:28.247
of different barriers, and
facilitators to resolution.

102

00:04:28.247 --> 00:04:31.070
The certainty scale is another tool

103

00:04:31.070 --> 00:04:32.420
for gathering information

104

00:04:32.420 --> 00:04:34.760
on the patient's path of decision making.

105

00:04:34.760 --> 00:04:36.363
Here's how to use the scale.

106

00:04:37.400 --> 00:04:39.000
On a scale of one to 10,

107

00:04:39.000 --> 00:04:40.550
if one is being sure

108

00:04:40.550 --> 00:04:43.035
that continuing the pregnancy
is the best decision,

109

00:04:43.035 --> 00:04:47.170
and 10 is being sure that
abortion is the best decision,

110

00:04:47.170 --> 00:04:48.600
where are you now?

111

00:04:48.600 --> 00:04:49.440
Make sure that you,

112

00:04:49.440 --> 00:04:52.010
and the patient are using
the scale in the same way,

113
00:04:52.010 --> 00:04:54.460
so that when someone says, I'm a three,

114
00:04:54.460 --> 00:04:56.400
that you both understand that to mean,

115
00:04:56.400 --> 00:04:58.060
that more of them is leaning

116
00:04:58.060 --> 00:05:00.720
toward continuing the pregnancy.

117
00:05:00.720 --> 00:05:05.080
Remember, tools do not
produce an answer, or a score.

118
00:05:05.080 --> 00:05:08.210
Their utility is derived
from the inquiry into,

119
00:05:08.210 --> 00:05:11.530
and reflection upon the patient's answers.

120
00:05:11.530 --> 00:05:13.310
The six dimensions is a technique

121
00:05:13.310 --> 00:05:15.380
for getting information about the pros,

122
00:05:15.380 --> 00:05:18.040
and cons of each pregnancy alternative,

123
00:05:18.040 --> 00:05:20.400
continuing the pregnancy, and parenting,

124
00:05:20.400 --> 00:05:23.320
continuing the pregnancy,

and making an adoption plan,

125

00:05:23.320 --> 00:05:25.150

and having an abortion.

126

00:05:25.150 --> 00:05:27.920

This diagram helps remind

us that there are pros,

127

00:05:27.920 --> 00:05:29.910

and cons for each alternative,

128

00:05:29.910 --> 00:05:32.510

and that each deserves to be investigated,

129

00:05:32.510 --> 00:05:36.070

and that a person's

reasons for the abortion

130

00:05:36.070 --> 00:05:38.460

are not the same as their reasons against

131

00:05:38.460 --> 00:05:39.963

continuing the pregnancy.

132

00:05:40.850 --> 00:05:43.233

It's critical that we don't

frame our question as,

133

00:05:43.233 --> 00:05:46.189

do you want to get an abortion, or not?

134

00:05:46.189 --> 00:05:49.653

Binary framing inhibits

quality decision making,

135

00:05:50.740 --> 00:05:52.680

asking about what would be good,

136

00:05:52.680 --> 00:05:55.060

and not good about each alternative,

137

00:05:55.060 --> 00:05:57.780

challenges narrowed or
restrictive thinking,

138

00:05:57.780 --> 00:05:59.860

and instead opens up the possibility

139

00:05:59.860 --> 00:06:03.450

of looking at the nuances of
what is getting in the way of,

140

00:06:03.450 --> 00:06:07.150

or drawing the patient toward
different alternatives.

141

00:06:07.150 --> 00:06:09.340

These tools can be used in combination,

142

00:06:09.340 --> 00:06:10.313

or on their own.

143

00:06:11.160 --> 00:06:12.570

As you use the story,

144

00:06:12.570 --> 00:06:15.270

the certainty scale,
and the six dimensions,

145

00:06:15.270 --> 00:06:18.840

you're listening for the places
where the patient is stuck.

146

00:06:18.840 --> 00:06:23.020

That's where you get the data
to engage, and investigate.

147

00:06:23.020 --> 00:06:24.680

A patient is stuck,

148

00:06:24.680 --> 00:06:26.650

because there are things
getting in the way

149

00:06:26.650 --> 00:06:27.940

of having the abortion,

150

00:06:27.940 --> 00:06:30.470

and things getting in the
way of either parenting,

151

00:06:30.470 --> 00:06:32.230

or making an adoption plan.

152

00:06:32.230 --> 00:06:35.430

Investigating the sources
of stuckness is an exercise

153

00:06:35.430 --> 00:06:37.126

in asking, what if.

154

00:06:37.126 --> 00:06:39.620

As you listen to the patient's narrative,

155

00:06:39.620 --> 00:06:41.270

you are listening for the patient's,

156

00:06:41.270 --> 00:06:44.380

and other important people's
feelings, and beliefs,

157

00:06:44.380 --> 00:06:46.725

and aspects of their
current life situation

158

00:06:46.725 --> 00:06:49.240
that are getting in the way of the patient

159
00:06:49.240 --> 00:06:51.070
coming to a decision.

160
00:06:51.070 --> 00:06:53.320
What if you could remove that obstacle?

161
00:06:53.320 --> 00:06:54.890
Would anything shift?

162
00:06:54.890 --> 00:06:58.060
Examples of what if statements
are questions such as,

163
00:06:58.060 --> 00:07:00.810
what if your aunt, and
uncle did a kin adoption,

164
00:07:00.810 --> 00:07:04.390
or what if you could be part
of the teen parenting program

165
00:07:04.390 --> 00:07:05.353
at your school?

166
00:07:06.630 --> 00:07:09.230
Patients also present possibilities,

167
00:07:09.230 --> 00:07:12.490
things that might make a
particular option more realistic,

168
00:07:12.490 --> 00:07:13.890
and acceptable.

169
00:07:13.890 --> 00:07:16.580
What happens if we

entertain a possibility?

170

00:07:16.580 --> 00:07:18.360

Would anything shift?

171

00:07:18.360 --> 00:07:20.200

Sometimes the circumstance

172

00:07:20.200 --> 00:07:21.790

that would make something possible

173

00:07:21.790 --> 00:07:25.120

has a very low chance
of coming to fruition.

174

00:07:25.120 --> 00:07:27.254

This can be incredibly disappointing,

175

00:07:27.254 --> 00:07:30.280

but it is essential to
bring that circumstance

176

00:07:30.280 --> 00:07:33.500

into the light so that
its role as obstacle,

177

00:07:33.500 --> 00:07:36.780

no matter how unfair, or unjust it may be,

178

00:07:36.780 --> 00:07:39.180

can be recognized, and acknowledged.

179

00:07:39.180 --> 00:07:40.430

This could be the impact

180

00:07:40.430 --> 00:07:42.820

on this person's life of oppressions,

181

00:07:42.820 --> 00:07:47.390
structural racism, poverty,
or intimate partner violence.

182
00:07:47.390 --> 00:07:48.750
Bringing it into the light,

183
00:07:48.750 --> 00:07:51.530
and making it speakable doesn't remove it,

184
00:07:51.530 --> 00:07:54.900
but it respects it as integral
to this person's story,

185
00:07:54.900 --> 00:07:56.200
and reality.

186
00:07:56.200 --> 00:07:57.980
Ultimately, it is a way

187
00:07:57.980 --> 00:08:00.350
that they can have
compassion for themselves

188
00:08:00.350 --> 00:08:01.950
by recognizing that they are making

189
00:08:01.950 --> 00:08:03.860
the best decision that they can,

190
00:08:03.860 --> 00:08:05.940
given their life circumstances.

191
00:08:05.940 --> 00:08:07.320
The tools in this section

192
00:08:07.320 --> 00:08:10.140
are essentially ways of
playing devil's advocate,

193

00:08:10.140 --> 00:08:11.060
in other words,

194

00:08:11.060 --> 00:08:14.290
identifying something that
the patient has put forward

195

00:08:14.290 --> 00:08:18.530
as a barrier, or a facilitator
to a particular alternative,

196

00:08:18.530 --> 00:08:21.760
and taking a position on
it for the sake of debate,

197

00:08:21.760 --> 00:08:25.270
not because you actually think
it's the better way to go.

198

00:08:25.270 --> 00:08:28.340
For each of these tools,
there isn't a set answer,

199

00:08:28.340 --> 00:08:30.630
or score that points to a likelihood

200

00:08:30.630 --> 00:08:32.930
of making a particular decision.

201

00:08:32.930 --> 00:08:35.510
They are techniques to create
a space for the patient

202

00:08:35.510 --> 00:08:38.220
to think out loud in a neutral setting,

203

00:08:38.220 --> 00:08:40.915
and engage in conscious reflection.

204

00:08:40.915 --> 00:08:43.840

Sometimes we've worked through the tools,

205

00:08:43.840 --> 00:08:46.000

and the patient is still stuck.

206

00:08:46.000 --> 00:08:47.680

Here are statements that I use

207

00:08:47.680 --> 00:08:49.570

toward the end of the conversation.

208

00:08:49.570 --> 00:08:52.320

I'll remind patients that
they are driving the bus,

209

00:08:52.320 --> 00:08:56.550

or that nothing happens today
unless they say it happens.

210

00:08:56.550 --> 00:08:58.990

These reminds us that the
clinic does not prefer

211

00:08:58.990 --> 00:09:00.600

that the patient has an abortion,

212

00:09:00.600 --> 00:09:03.750

and that ultimately the
patient has the answer.

213

00:09:03.750 --> 00:09:05.350

This can be liberating.

214

00:09:05.350 --> 00:09:08.620

It's also an important part
of validating, normalizing,

215
00:09:08.620 --> 00:09:10.240
and practicing loving kindness

216
00:09:10.240 --> 00:09:12.530
to let patients know that
you will support them

217
00:09:12.530 --> 00:09:15.250
no matter which way they decide to go.

218
00:09:15.250 --> 00:09:18.310
For some, the inability
to evidence of choice

219
00:09:18.310 --> 00:09:22.370
for having an abortion is
how they make a decision.

220
00:09:22.370 --> 00:09:24.590
It's important not to confuse this

221
00:09:24.590 --> 00:09:27.460
with a desire to continue the pregnancy,

222
00:09:27.460 --> 00:09:29.083
but it's still a decision.

223
00:09:30.070 --> 00:09:31.750
When a patient is paralyzed,

224
00:09:31.750 --> 00:09:34.030
the clinic team must be on the same page,

225
00:09:34.030 --> 00:09:37.790
and set concrete limits,
albeit with loving kindness.

226
00:09:37.790 --> 00:09:41.590

The clinic does close, and
the providers do go home,

227

00:09:41.590 --> 00:09:45.270
involve the patient in
the plan, be explicit,

228

00:09:45.270 --> 00:09:47.260
set agreed upon time limits.

229

00:09:47.260 --> 00:09:50.950
Look at the clock together,
hold to those limits.

230

00:09:50.950 --> 00:09:53.500
Remember if 51% of the patient

231

00:09:53.500 --> 00:09:56.170
felt that abortion was
the way they needed to go,

232

00:09:56.170 --> 00:09:58.030
they would move forward with it,

233

00:09:58.030 --> 00:10:01.480
but sometimes only 49% of them does.

234

00:10:01.480 --> 00:10:02.830
That's not enough,

235

00:10:02.830 --> 00:10:05.720
and that's why they
don't take the next step.

236

00:10:05.720 --> 00:10:08.000
We're uncomfortable setting boundaries.

237

00:10:08.000 --> 00:10:09.730
We want people to like us,

238

00:10:09.730 --> 00:10:12.160

and we don't want to disappoint them,

239

00:10:12.160 --> 00:10:14.320

or if we're honest with ourselves,

240

00:10:14.320 --> 00:10:15.660

we might think abortion

241

00:10:15.660 --> 00:10:18.030

is the better alternative for this person,

242

00:10:18.030 --> 00:10:22.340

but it's not our decision,

and it's not about us.

243

00:10:22.340 --> 00:10:25.350

Working with ambivalence and
decision making is challenging,

244

00:10:25.350 --> 00:10:27.450

clearly for the person who is struggling,

245

00:10:27.450 --> 00:10:29.740

but also for the providers.

246

00:10:29.740 --> 00:10:32.270

It challenges us to face our own fears,

247

00:10:32.270 --> 00:10:35.120

about times when we were
unable to make a decision,

248

00:10:35.120 --> 00:10:38.700

and the powerlessness,
and vulnerability therein.

249

00:10:38.700 --> 00:10:41.060
Approaching people
struggling with ambivalence

250
00:10:41.060 --> 00:10:43.502
with compassion is essential.

251
00:10:43.502 --> 00:10:45.350
This is made possible

252
00:10:45.350 --> 00:10:48.620
by doing the work of decision
assessment, and counseling,

253
00:10:48.620 --> 00:10:51.530
because it gives you the
opportunity to better understand

254
00:10:51.530 --> 00:10:53.460
the nuances of their struggle,

255
00:10:53.460 --> 00:10:56.830
to see them as making
decisions no matter how small,

256
00:10:56.830 --> 00:10:58.930
and to uphold their autonomy,

257
00:10:58.930 --> 00:11:01.293
even in the context of low freedom.

258
00:11:02.190 --> 00:11:06.003
For more information, visit
Innovatingeducation.org.