WEBVTT

1
00:00:05.224 --> 00:00:09.317
Hi, my name is Alissa Perrucci and I am
the Counseling and Administrative Manager

2
00:00:09.317 --> 00:00:13.200
at the Women's Options Center at
San Francisco General Hospital.

3
00:00:13.200 --> 00:00:15.410
And today we're going to talk
about Decision Counseling for

4
00:00:15.410 --> 00:00:17.340
Positive Pregnancy Test Results.

5
00:00:18.980 --> 00:00:21.710
So we have some goals as health
care providers in order to

6
00:00:21.710 --> 00:00:25.220
create a space where our patients
feel comfortable speaking with us.

7
00:00:25.220 --> 00:00:28.367
And first is we want to create a space
where patients feel that it is safe to

8
00:00:28.367 --> 00:00:29.110
ask questions.

9
00:00:29.110 --> 00:00:33.130
And we're going to demonstrate that
by listening without an agenda for

10
00:00:33.130 --> 00:00:34.840
the outcome of her decision.

11

00:00:36.170 --> 00:00:37.630
The second thing we're
going to do is we want to

12
00:00:37.630 --> 00:00:40.270
become a person whom patients trust.

13
00:00:40.270 --> 00:00:43.410
We want to be known as someone who
will give them accurate information.

14
00:00:43.410 --> 00:00:47.240
And our patients along the way of
obtaining abortion care often run to,

15
00:00:47.240 --> 00:00:49.830
into a lot of medical misinformation.

16
00:00:49.830 --> 00:00:52.050
So that's going to be something
that's really important for us.

17
00:00:53.050 --> 00:00:56.310
The third goal that we have is to
establish an environment that's free of

18
00:00:56.310 --> 00:00:58.720
stigma around pregnancy decisions.

19
00:00:58.720 --> 00:01:02.250
And one of the ways we're going to do
that is by modeling unbiased language.

20
00:01:04.840 --> 00:01:08.950
So the fundamental principle that grounds
all the work that I do with patients and

21
00:01:08.950 --> 00:01:12.250
what I teach is to really live
the principle that the patient has

22
00:01:12.250 --> 00:01:13.960
the answer to her dilemma.

23
00:01:15.060 --> 00:01:18.920
One pregnancy decision does not,
is not more moral than another.

24
00:01:18.920 --> 00:01:22.760
She is a good person making
a moral decision for herself.

25
00:01:22.760 --> 00:01:25.920
And I know that in a lot of the work
that we do in nursing and medicine and

26
00:01:25.920 --> 00:01:30.280
social work and healthcare in general,
we are supposed to possess the answer, and

27
00:01:30.280 --> 00:01:32.810
the right answer for the patient.

28
00:01:32.810 --> 00:01:36.860
But in this context, in helping
people make pregnancy decisions,

29
00:01:36.860 --> 00:01:41.350
I want you to suspend that assumption
that you have the answer and

30
00:01:41.350 --> 00:01:43.700
let the patient find that for herself.

31
00:01:43.700 --> 00:01:47.000
You do possess a lot of medical and
nursing knowledge, but

32
00:01:47.000 --> 00:01:52.370

in terms of what is the right decision for
how a person should resolve her pregnancy,

33
00:01:52.370 --> 00:01:56.510
that is information that she alone has
in terms of what is the right way to go.

34
00:01:59.010 --> 00:02:01.460
When I teach preg, counseling for

35
00:02:01.460 --> 00:02:05.510
positive pregnancy test results, I look
at both an approach and a framework.

36
00:02:05.510 --> 00:02:09.940
And an approach is the way that
we prepare our minds psychology.

37
00:02:09.940 --> 00:02:14.780
It's the way that we want to think about
things before we go into a conversation.

38
00:02:14.780 --> 00:02:19.050
And the approach has three steps,
listen, do not assume, and self reflect.

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00:02:19.050 --> 00:02:21.070
And lets look at those three
a little more closely.

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00:02:22.690 --> 00:02:24.490
So what is listening mean?

41
00:02:24.490 --> 00:02:29.120
Well first of all it seems kind of
obvious, but listening means being silent.

42
00:02:29.120 --> 00:02:34.670
In order for a patient to feel comfortable
opening up, asking questions, sharing

43
00:02:34.670 --> 00:02:40.090
concerns, you need to be silent and
give her that space to ask that question.

44
00:02:41.190 --> 00:02:43.800
Another way is to ask
open-ended questions.

45
00:02:43.800 --> 00:02:46.534
That doesn't mean that there's something
wrong with closed-ended questions.

46
00:02:46.534 --> 00:02:48.720
Closed-ended questions
are really important.

47
00:02:48.720 --> 00:02:52.350
They can help us get really focused,
pointed information.

48
00:02:52.350 --> 00:02:56.100
But in terms what constitutes listening or
creating an environment where

49
00:02:56.100 --> 00:03:00.520
listening is a priority an open-ended
question is often the most important.

50
00:03:02.200 --> 00:03:06.190
The third thing we want to do when
we're helping patients know that

51
00:03:06.190 --> 00:03:10.740
we are listening is we want to be open to,
curious about, fascinated with, and

52
00:03:10.740 --> 00:03:15.020
interested in the patient's process while
not having an agenda for the outcome.

53
00:03:15.020 --> 00:03:19.650
And when you truly are living and
practicing the fundamental principle that

54
00:03:19.650 --> 00:03:23.260
the patient has the answer
to her pregnancy dilemma,

55
00:03:23.260 --> 00:03:27.320
that's when you can relax and
you can sink into the conversation and

56
00:03:27.320 --> 00:03:30.040
be really interested in what
the other person is saying.

57
00:03:30.040 --> 00:03:31.630
Because you no longer have an agenda.

58
00:03:31.630 --> 00:03:35.050
You're no longer pressing for
something specific to happen.

59
00:03:36.980 --> 00:03:39.790
The second part of our
approach is not assuming.

60
00:03:39.790 --> 00:03:40.890
So what does not assuming mean?

61
00:03:40.890 --> 00:03:43.860
Well first that you don't take for
granted that you and the patient share

62
00:03:43.860 --> 00:03:48.440
the same understanding of medical
terminology, feelings, or beliefs.

63

00:03:48.440 --> 00:03:51.160
We know a lot of that from
giving test results, right?

64
00:03:51.160 --> 00:03:56.290
We don't assume that the patient shares
understanding of complex words and terms.

65
00:03:56.290 --> 00:04:00.670
We also don't assume that patients
understand that a positive test result

66
00:04:00.670 --> 00:04:04.870
means one thing where as because
a negative result can mean the other.

67
00:04:04.870 --> 00:04:08.620
But it takes a little more
practice to start realizing that

68
00:04:08.620 --> 00:04:11.450
when patients talk about feelings,
when they share feelings or

69
00:04:11.450 --> 00:04:15.700
beliefs, we also don't want to
assume that we understand what

70
00:04:15.700 --> 00:04:20.190
that personal meaning is for them even
if we're speaking the same language.

71
00:04:20.190 --> 00:04:24.620
So when we not, when we're not assuming we
become all of a sudden free to inquire,

72
00:04:24.620 --> 00:04:27.440
to investigate, and
actually learn from the patient.

73

00:04:28.720 --> 00:04:31.640
And in non-assuming, we take a step
back form professional mode.

74
00:04:31.640 --> 00:04:32.340
And I know again,

75
00:04:32.340 --> 00:04:35.994
this is difficult right because
the way that we're taught in medicine,

76
00:04:35.994 --> 00:04:40.450
in nursing, in social work, in psychology
is that we're supposed to have the answer.

77
00:04:40.450 --> 00:04:42.390
We are the one in know.

78
00:04:42.390 --> 00:04:47.930
But again in this context, when guiding
people through pregnancy decision making,

79
00:04:47.930 --> 00:04:51.890
you actually don't have the answer nor
are you obligated to find it out for

80
00:04:51.890 --> 00:04:52.820
the patient.

81
00:04:52.820 --> 00:04:54.580
Remember that she has the answer.

82
00:04:55.660 --> 00:04:58.310
So the last part of our approach
here is self-reflecting.

83
00:04:58.310 --> 00:04:59.400
Let's look at what that means.

84

00:04:59.400 --> 00:05:02.680
And this is an exercise that
I want you to do at home.

85
00:05:02.680 --> 00:05:06.560
Sometimes it's particularly
useful to get out a journal and

86
00:05:06.560 --> 00:05:08.530
write down your answers
to these questions.

87
00:05:08.530 --> 00:05:13.430
This also something that's important
to return to on a regular basis to

88
00:05:13.430 --> 00:05:17.580
see how your values may have shifted
based on different experiences that you

89
00:05:17.580 --> 00:05:19.120
have at work.

90
00:05:19.120 --> 00:05:23.840
I want you to think about in the context
of people making pregnancy decisions,

91
00:05:23.840 --> 00:05:25.810
what scenarios are hard for you?

92
00:05:27.040 --> 00:05:30.540
What particular decisions do you
find yourself actually wanting

93
00:05:30.540 --> 00:05:32.040
patients to make?

94
00:05:32.040 --> 00:05:35.710
And really importantly,
what decisions do you think are foolish?

95
00:05:35.710 --> 00:05:38.320
And it's really important to
be honest in your answers and

96
00:05:38.320 --> 00:05:41.510
not think, well I need to be someone
who has no judgement and no bias.

97
00:05:41.510 --> 00:05:43.020
Well we all have judgement.

98
00:05:43.020 --> 00:05:46.660
We all have preferences and we definitely
have beliefs about what is right or

99
00:05:46.660 --> 00:05:51.400
wrong for us to do, but we want to
delve deeper into this, about what we

100
00:05:51.400 --> 00:05:54.930
think about the other person's decisions
so that we can bracket those and

101
00:05:54.930 --> 00:05:58.660
set them aside when we're having
conversations with our patients.

102
00:06:00.740 --> 00:06:05.570
So let's look at the concrete situation
of pregnancy test counseling.

103
00:06:05.570 --> 00:06:08.370
I like to think of that as
having three distinct parts.

104
00:06:08.370 --> 00:06:09.070
It's temporal.

105

00:06:09.070 --> 00:06:11.600
There's a before, during, and after.

106
00:06:11.600 --> 00:06:13.240
And we're going to look at
each step individually.

107
00:06:13.240 --> 00:06:18.162
So step one is preparing to disclose
results, step two is disclosing results,

108
00:06:18.162 --> 00:06:22.569
and step three are the conversations
that we have with patients after we

109
00:06:22.569 --> 00:06:25.740
have given them a positive
pregnancy test result.

110
00:06:27.940 --> 00:06:31.640
So let's look at preparing
to disclose results.

111
00:06:31.640 --> 00:06:36.700
These are a couple questions I like to
ask patients before I run the test so

112
00:06:36.700 --> 00:06:39.370
that I'm asking these
questions authentically.

113
00:06:39.370 --> 00:06:42.230
I don't know what
the result is of her test.

114
00:06:42.230 --> 00:06:46.470
But the, the, her answers to these
questions give me information about how

115
00:06:46.470 --> 00:06:51.530

she might react when I come back in the
room and deliver any particular results.

116
00:06:51.530 --> 00:06:55.020
So I might ask,
what do you think the results will be?

117
00:06:56.128 --> 00:07:00.760
Many of us working in this field know that
women have often run multiple home urine

118
00:07:00.760 --> 00:07:03.310
pregnancy tests even before
coming to the clinic.

119
00:07:03.310 --> 00:07:07.290
So they may know that they're
going to get a positive results.

120
00:07:07.290 --> 00:07:09.170
But it's helpful to
sometimes know that for

121
00:07:09.170 --> 00:07:11.876
yourself so
that you know what you're going into.

122
00:07:11.876 --> 00:07:15.630
And then a correlative sort of question
that's really important is to ask,

123
00:07:15.630 --> 00:07:17.730
what are you hoping the results will be?

124
00:07:17.730 --> 00:07:21.220
That gives you a lot of information about
how she may respond when you give her

125
00:07:21.220 --> 00:07:22.205
the results.

126
00:07:22.205 --> 00:07:25.310
Le'ts look at a couple different
ways that we might disclose positive

127
00:07:25.310 --> 00:07:26.560
pregnancy test results.

128
00:07:26.560 --> 00:07:29.400
And this is an exercise that
I want you to do at home.

129
00:07:29.400 --> 00:07:33.390
I want you to take some time and
compare the following two statements.

130
00:07:33.390 --> 00:07:37.470
And what I want you to do is to
look closely at the word choice and

131
00:07:37.470 --> 00:07:41.800
the phrasing to see, what do these
different statements allow or

132
00:07:41.800 --> 00:07:44.400
open up in terms of conversation?

133
00:07:44.400 --> 00:07:46.330
And what do they disallow or shut down?

134
00:07:48.050 --> 00:07:49.080
So take a moment to do that.

135
00:07:49.080 --> 00:07:53.620
And if we look at the first statement,

136
00:07:53.620 --> 00:07:56.460
the statement on the left,
we're going to notice a couple of things.

137
00:07:56.460 --> 00:08:01.260
We're going to notice that the counselor
delivered the positive pregnancy test

138
00:08:01.260 --> 00:08:04.590
result as a statement, but
then didn't define the medical terms.

139
00:08:04.590 --> 00:08:05.820
So she made an assumption.

140
00:08:05.820 --> 00:08:08.500
She or he made an assumption that the,

141
00:08:08.500 --> 00:08:12.260
that the patient understood
what a positive result meant.

142
00:08:13.810 --> 00:08:18.400
She then went into what we call
a closed-ended question saying,

143
00:08:18.400 --> 00:08:20.000
do you want to keep the baby or not?

144
00:08:20.000 --> 00:08:22.620
And a lot of times people
respond to that saying, well,

145
00:08:22.620 --> 00:08:26.290
it makes it sound like there
are only two pregnancy alternatives.

146
00:08:27.640 --> 00:08:30.770
And it also feels like to a lot of
people that the council here is

147
00:08:30.770 --> 00:08:33.120

rushing the patient to
quickly make a decision.

148
00:08:34.950 --> 00:08:39.287
Another thing you want to look at and
analyze is the use of the words keeping

149
00:08:39.287 --> 00:08:44.600
and the use of the, or the use of the word
keep and the use of the word baby.

150
00:08:44.600 --> 00:08:46.770
In this scenario, the counselor or

151
00:08:46.770 --> 00:08:50.730
the person delivering the pregnancy test
result, has decided to use the word baby,

152
00:08:50.730 --> 00:08:55.690
maybe without knowing if that's how the,
the patient refers to the pregnancy.

153
00:08:55.690 --> 00:08:59.850
The counselor also used the word keep and
that's a really interesting word.

154
00:08:59.850 --> 00:09:04.310
Because in a lot of our everyday
dialogue and discourse about

155
00:09:04.310 --> 00:09:08.630
pregnancy you always hear people saying,
well I'm going to keep the baby.

156
00:09:08.630 --> 00:09:09.810
Is she going to keep the baby?

157
00:09:09.810 --> 00:09:14.160
And so that is a natural
way that our patients will

158
00:09:14.160 --> 00:09:15.530
talk about their pregnancies.

159
00:09:15.530 --> 00:09:17.530
But I want you to think a little
more deeply about what it

160
00:09:17.530 --> 00:09:19.560
means to use the word keep.

161
00:09:19.560 --> 00:09:22.390
And what that might imply
in terms of the opposite.

162
00:09:22.390 --> 00:09:24.970
So let's take a moment to look
at the statement on the right.

163
00:09:24.970 --> 00:09:26.850
There's a lot of differences
in that statement.

164
00:09:26.850 --> 00:09:31.110
One of the things that people most
often notice when analyzing this

165
00:09:31.110 --> 00:09:34.790
is that the counselor,
the person delivering these results,

166
00:09:34.790 --> 00:09:38.960
doesn't assume a shared knowledge
of medical information.

167
00:09:38.960 --> 00:09:41.723
So when the counselor says the words,
the test came back positive.

168

00:09:41.723 --> 00:09:46.568
There's no assumption that she, he, that
they and the other person, the patient,

169
00:09:46.568 --> 00:09:50.900
share a knowledge of what it means to
have a positive result in this context.

170
00:09:52.050 --> 00:09:55.160
The other thing that
the counselor does is that

171
00:09:55.160 --> 00:09:58.190
she pauses after
the delivery of the results.

172
00:09:59.690 --> 00:10:02.570
And in that pause right, we're going back
to our approach where we're creating

173
00:10:02.570 --> 00:10:05.520
a space where there's silence,

174
00:10:05.520 --> 00:10:09.590
where the patient has an opportunity
to gather her thoughts and respond.

175
00:10:10.730 --> 00:10:13.040
And after a few seconds it's
only then that she says,

176
00:10:13.040 --> 00:10:14.720
how are you doing with that information?

177
00:10:16.190 --> 00:10:19.990
It's also important to keep in mind
that if your patient had responded with

178
00:10:19.990 --> 00:10:23.620
a particular feeling,

you might want to create a space and

179
00:10:23.620 --> 00:10:25.430
speak directly to that feeling.

180
00:10:25.430 --> 00:10:30.010
I'm thinking specifically about
when people maybe start crying when

181
00:10:30.010 --> 00:10:31.710
you've given them result.

182
00:10:31.710 --> 00:10:32.730
And you want to validate and

183
00:10:32.730 --> 00:10:38.700
say something like, it's okay to
cry here and then go into silence.

184
00:10:38.700 --> 00:10:40.420
And then check in with them afterwards.

185
00:10:42.225 --> 00:10:44.890
Let's look at some common
reactions that people have to

186
00:10:44.890 --> 00:10:47.040
receiving positive pregnancy results.

187
00:10:47.040 --> 00:10:49.970
And I've got five written down here.

188
00:10:49.970 --> 00:10:51.520
We're going to look at feelings,

189
00:10:51.520 --> 00:10:56.100
absolute statements, shock,
uncertainty and certainty.

190
00:10:56.100 --> 00:10:59.500
And we're going to go into a little
bit greater detail on some of these.

191
00:10:59.500 --> 00:11:03.220
I want to make mention of
the framework that I use when

192
00:11:03.220 --> 00:11:07.040
approaching these conversations around
helping people make decisions as to

193
00:11:07.040 --> 00:11:10.470
how to resolve a positive
pregnancy test result.

194
00:11:10.470 --> 00:11:12.620
And I mentioned earlier
the approach that I use.

195
00:11:12.620 --> 00:11:15.290
And the approach is the state of mind or
the way that we

196
00:11:15.290 --> 00:11:20.130
prepare ourselves psychologically
to go into these conversations.

197
00:11:20.130 --> 00:11:24.010
In contrast, the framework is
the actual steps, techniques,

198
00:11:24.010 --> 00:11:27.970
skills that we will use to
engage in these conversations.

199
00:11:27.970 --> 00:11:29.550
And there are three
levels to the framework.

200
00:11:29.550 --> 00:11:31.740
The first is validating and normalizing.

201
00:11:31.740 --> 00:11:32.890
And in validating,

202
00:11:32.890 --> 00:11:36.930
what we do is we're witnessing
the feelings that we see and hear.

203
00:11:36.930 --> 00:11:41.730
We normalize experiences to communicate to
the person, you are unique but not alone.

204
00:11:42.970 --> 00:11:45.820
The second part of the framework
is called seeking understanding.

205
00:11:45.820 --> 00:11:49.140
And because we're not assuming
a shared understanding of feelings and

206
00:11:49.140 --> 00:11:53.880
beliefs, we want to seek understanding
of those and reach an understanding of

207
00:11:53.880 --> 00:11:59.400
what the personal meaning is of different
feelings and beliefs for each person.

208
00:11:59.400 --> 00:12:05.160
The third part of framework is to conduct
options counseling and or referrals.

209
00:12:05.160 --> 00:12:06.838
Let's look at validating more closely.

210
00:12:06.838 --> 00:12:11.070
I have here several examples of ways

to validate different feelings,

211
00:12:11.070 --> 00:12:14.960
statements, or attitudes that a patient
may be bringing to the conversation.

212
00:12:14.960 --> 00:12:18.900
And it's a really good idea for
you to practice these at home.

213
00:12:18.900 --> 00:12:21.830
It's an excellent idea to
practice them with a coworker or

214
00:12:21.830 --> 00:12:25.600
a friend so that you can give each
other feedback on your tone of voice,

215
00:12:25.600 --> 00:12:30.350
on your body posture, your countenance or
facial expression, and just the way that

216
00:12:30.350 --> 00:12:34.370
the other person feels when receiving
these validating statements from you.

217
00:12:34.370 --> 00:12:37.340
If you don't have someone to practice,
practice them with,

218
00:12:37.340 --> 00:12:40.600
you can do it in a mirror or you can
do it into a tape recorder where you

219
00:12:40.600 --> 00:12:44.510
can play it back and
analyze the style of your speech.

220
00:12:44.510 --> 00:12:49.230
So different validating statements

are things like, it's okay to cry here.

221
00:12:49.230 --> 00:12:54.450
Things like I can help you with that or
it's okay to not know the answer.

222
00:12:54.450 --> 00:12:57.500
So all these things, these validating
statements, what they're doing is they're

223
00:12:57.500 --> 00:13:02.110
communicating to the other person that you
hear them, that you see them, and that

224
00:13:02.110 --> 00:13:05.860
what they're experiencing is important and
that you're going to take it seriously.

225
00:13:08.310 --> 00:13:11.480
Similarly, normalizing I've
got six statements and

226
00:13:11.480 --> 00:13:14.560
this is also an exercise that
I want you to do at home.

227
00:13:14.560 --> 00:13:17.710
Better with a friend or
a colleague, but if not, alone.

228
00:13:17.710 --> 00:13:21.620
And practice delivering these
statements in the context of giving

229
00:13:21.620 --> 00:13:23.780
positive pregnancy test results.

230
00:13:23.780 --> 00:13:27.540
So some normalizing statements that
I use all the time are things like,

231
00:13:27.540 --> 00:13:29.230
it's okay to be scared.

232
00:13:29.230 --> 00:13:32.680
Or really normalizing the kinds
of questions that people ask me,

233
00:13:32.680 --> 00:13:35.530
which brings tremendous relief
to patients to know that

234
00:13:35.530 --> 00:13:38.370
they're not the only
person who's asked this.

235
00:13:38.370 --> 00:13:43.090
So you can say things like, you know, lots
of people have asked me that question.

236
00:13:43.090 --> 00:13:45.330
Or that's not a strange question at all.

237
00:13:45.330 --> 00:13:46.496
I'm so glad you've asked.

238
00:13:48.839 --> 00:13:52.698
The second part of our framework
is seeking understanding, and

239
00:13:52.698 --> 00:13:55.380
this is the most simple
questions on Earth.

240
00:13:55.380 --> 00:14:00.550
These are very basic open-ended
questions that we do to elicit

241
00:14:00.550 --> 00:14:05.160

an understanding of the feelings and
beliefs that the patient is experiencing.

242
00:14:05.160 --> 00:14:07.783
So these are things like,
like we said before when we

243
00:14:07.783 --> 00:14:09.920
were delivering that positive
pregnancy test result.

244
00:14:09.920 --> 00:14:13.440
When the counselor said,
how are doing with that information?

245
00:14:14.650 --> 00:14:17.770
Also statements and questions like,
what's coming up for

246
00:14:17.770 --> 00:14:21.810
you or, how are you feeling about that?

247
00:14:21.810 --> 00:14:25.500
So these are really important,
and they're really easy to ask.

248
00:14:25.500 --> 00:14:28.380
And I think sometimes our hesitation
to ask these questions is

249
00:14:28.380 --> 00:14:31.260
we're actually afraid to hear the answer.

250
00:14:31.260 --> 00:14:34.810
But with practice, you learn different
ways, since you don't, since you

251
00:14:34.810 --> 00:14:38.860
don't have to have the answer for the
patient really, what your motivation is,

252
00:14:38.860 --> 00:14:42.990
is to create a context where
it's safe to talk about things.

253
00:14:42.990 --> 00:14:46.950
And that you're going to listen
without judgement and with compassion.

254
00:14:46.950 --> 00:14:50.230
A lot of times people ask me how
to work with patients when they

255
00:14:50.230 --> 00:14:51.390
seem to be in shock.

256
00:14:51.390 --> 00:14:52.890
And shock is a really strong word.

257
00:14:52.890 --> 00:14:56.450
So I, I often think about
these circumstances as when

258
00:14:56.450 --> 00:14:58.690
patients are silent or

259
00:14:58.690 --> 00:15:03.010
when we feel like the other person is not
really participating in the conversation.

260
00:15:04.010 --> 00:15:08.150
And that's intimidating mostly because
a lot of us are afraid to sit in

261
00:15:08.150 --> 00:15:09.360
a space of silence.

262
00:15:10.480 --> 00:15:15.420
And I want to encourage you to practice

sitting in a space of silence and

263
00:15:15.420 --> 00:15:19.410
being okay with that because what it
communicates is the person is okay.

264
00:15:19.410 --> 00:15:21.650
And that you're comfortable
with their feelings,

265
00:15:21.650 --> 00:15:23.160
you're comfortable with their presence.

266
00:15:24.280 --> 00:15:27.430
Some things that you can do when
you're working with someone who is in

267
00:15:27.430 --> 00:15:31.690
a state of silence or
non-participation is you can validate.

268
00:15:31.690 --> 00:15:34.810
And you can say,
it's okay to not know which way to go.

269
00:15:36.380 --> 00:15:39.370
You can also use closed-ended questions.

270
00:15:39.370 --> 00:15:42.310
This can be very helpful
to try to narrow down or

271
00:15:42.310 --> 00:15:46.600
focus in on what, be go,
might be going on for the patient.

272
00:15:46.600 --> 00:15:48.470
So you could say things like,

273

00:15:48.470 --> 00:15:51.190
are you feeling overwhelmed by
the news of being pregnant?

274
00:15:51.190 --> 00:15:55.390
And then the person can just give you
a simple nod or a shake of the head no.

275
00:15:56.650 --> 00:15:58.220
You can change the subject and

276
00:15:58.220 --> 00:16:02.210
ask things like, who came with you
today or how far did you travel.

277
00:16:02.210 --> 00:16:04.750
These are great ways to sort
of shift the conversation.

278
00:16:04.750 --> 00:16:09.590
And in a similar vein you can do something
that's called breaking state where you

279
00:16:09.590 --> 00:16:11.780
really just change up what's going on.

280
00:16:11.780 --> 00:16:15.760
You may ask them to come to sit in
a different room that's more comfortable.

281
00:16:15.760 --> 00:16:18.770
You may say, I'm going to go eat,
get each of us a glass of water.

282
00:16:18.770 --> 00:16:23.430
And this can be a nice distraction from
an uncomfortable silence where the patient

283
00:16:23.430 --> 00:16:27.360
may be feeling a pressure to speak or

know the answer or to not know it.

284
00:16:27.360 --> 00:16:29.080
And so
that's kind of a nice way to shake it up.

285
00:16:30.300 --> 00:16:33.520
A lot of people ask me what they
should say when a patient asks,

286
00:16:33.520 --> 00:16:37.680
what do you think I should do or what
would you do if you were in my situation.

287
00:16:37.680 --> 00:16:41.140
This is a really common
question that patients ask us.

288
00:16:41.140 --> 00:16:44.020
And there are actually some
simple ways to respond.

289
00:16:44.020 --> 00:16:44.750
because the truth is,

290
00:16:44.750 --> 00:16:49.190
is you actually don't know what you would
do if you were in the patient's situation.

291
00:16:49.190 --> 00:16:52.800
So sort of looking at that first response,
you might say something like, if I were

292
00:16:52.800 --> 00:16:57.360
making a pregnancy decision I'd have to
look at my own life and my own situation.

293
00:16:57.360 --> 00:16:59.910
To see what was best for,
the best way for me to go.

294
00:17:01.210 --> 00:17:03.830
Another way to respond is
to add in some normalizing.

295
00:17:03.830 --> 00:17:07.540
This can help people feel a lot of relief,
because they may be also self conscious

296
00:17:07.540 --> 00:17:12.650
for even being so forward as to ask you
what you think that they should do.

297
00:17:12.650 --> 00:17:17.150
So you might say something like, you know,
lots of people ask me what I would do.

298
00:17:17.150 --> 00:17:17.790
That's normal.

299
00:17:17.790 --> 00:17:20.990
And it's okay to ask me what I would do.

300
00:17:20.990 --> 00:17:24.180
While it might make you feel better
right now if I told you what I would do

301
00:17:24.180 --> 00:17:27.090
the relief would probably
be only temporary.

302
00:17:27.090 --> 00:17:29.490
That's because only you
know the answer and

303
00:17:29.490 --> 00:17:31.800
only you know what's
the right decision for you.

304

00:17:34.920 --> 00:17:38.030
It's always okay to add
in reassuring statements.

305
00:17:38.030 --> 00:17:42.180
This really helps patients to feel
that you're not judging them,

306
00:17:42.180 --> 00:17:46.550
that you're compassionate, and that
this is an environment free of stigma.

307
00:17:46.550 --> 00:17:48.810
You might decide to say things like,
you know,

308
00:17:48.810 --> 00:17:51.400
I will support you no matter
which way you decide to go.

309
00:17:51.400 --> 00:17:55.270
A little more deep is a statement such as,

310
00:17:55.270 --> 00:17:58.760
you're a good person no matter
which way you decide to go.

311
00:17:58.760 --> 00:18:01.200
One way does not make you
a better person than the other.

312
00:18:02.760 --> 00:18:07.120
And really important is
normalizing the uncertainty,

313
00:18:07.120 --> 00:18:08.950
normalizing changing your mind.

314
00:18:08.950 --> 00:18:12.510
So you might say something like,

you have time to change your mind.

315
00:18:12.510 --> 00:18:13.800
You have time to decide.

316
00:18:13.800 --> 00:18:15.290
You don't have to decide today.

317
00:18:16.570 --> 00:18:21.040
Always follow up those statements
with things like an actual amount of

318
00:18:21.040 --> 00:18:24.470
time that the person has to make
the abortion decision before it

319
00:18:24.470 --> 00:18:25.820
might be either impossible for

320
00:18:25.820 --> 00:18:30.440
her to get an abortion or to get
an abortion somewhere near her hometown.

321
00:18:30.440 --> 00:18:34.570
And we're going to look at a,
that a little bit later in more detail.

322
00:18:37.170 --> 00:18:40.760
Different ways to transition through
sections of a conversation or

323
00:18:40.760 --> 00:18:44.670
different ways to close
a conversation where

324
00:18:44.670 --> 00:18:49.630
you've been talking about feelings is to
put in a reframe, a positive reframe.

325

00:18:49.630 --> 00:18:50.290
Saying things like,

326
00:18:50.290 --> 00:18:54.830
you're really brave or I'm proud of you or
you're doing a great job.

327
00:18:54.830 --> 00:18:56.380
You can express your own gratitude.

328
00:18:56.380 --> 00:18:57.680
You can thank the patient for

329
00:18:57.680 --> 00:19:01.920
sharing what she did because she may have
shared things that were very personal.

330
00:19:01.920 --> 00:19:06.120
You can always normalize her plan or
the next step that she's going to take.

331
00:19:06.120 --> 00:19:08.060
Say something like, you have a good plan.

332
00:19:08.060 --> 00:19:10.240
Lots of people take this next step.

333
00:19:10.240 --> 00:19:14.210
And the last thing is that you can
always present information or referrals.

334
00:19:17.350 --> 00:19:21.260
So let's take a little bit closer
look at the three pregnancy options,

335
00:19:21.260 --> 00:19:23.420
abortion, adoption, and parenting.

336
00:19:25.090 --> 00:19:26.648

We want to examine our language.

337
00:19:26.648 --> 00:19:30.230
So we want to pay attention to,
are we using the word abortion or

338
00:19:30.230 --> 00:19:32.920
are we finding different
ways to say abortion?

339
00:19:33.930 --> 00:19:35.700
It's not that you can't
use different words.

340
00:19:35.700 --> 00:19:38.880
A lot of people say termination,
a lot of people say procedure.

341
00:19:38.880 --> 00:19:42.510
But I think it's very interesting
to pay attention to whether you're

342
00:19:42.510 --> 00:19:47.640
avoiding saying certain words and
what that communicates to our patients.

343
00:19:47.640 --> 00:19:51.130
And what the might be contributing
to in terms of a sense of

344
00:19:51.130 --> 00:19:53.500
stigma around any particular option.

345
00:19:55.090 --> 00:19:59.760
Modern adoption language
is make an adoption plan or

346
00:19:59.760 --> 00:20:04.360
place the baby for adoption,
place the child for adoption.

347
00:20:04.360 --> 00:20:09.670
We no longer say putting the child up for
adoption, giving the baby away.

348
00:20:09.670 --> 00:20:13.444
And we also say continuing the pregnancy
instead of keeping the baby.

349
00:20:18.135 --> 00:20:21.309
When you're talking with someone
about different feelings or

350
00:20:21.309 --> 00:20:24.372
beliefs that they have about
the different pregnancy options you

351
00:20:24.372 --> 00:20:28.200
might find yourself wanting to seek
understanding of those beliefs.

352
00:20:28.200 --> 00:20:32.050
And you can say things like, how did you
come to your beliefs about abortion?

353
00:20:32.050 --> 00:20:33.830
What have you heard about adoption?

354
00:20:33.830 --> 00:20:36.200
What are your thoughts
about single parenthood?

355
00:20:36.200 --> 00:20:39.880
And this can just give you some
information about what forms or

356
00:20:39.880 --> 00:20:43.930
shapes the patient's beliefs, because
you're kind of looking out for whether

357
00:20:43.930 --> 00:20:49.590
the person possesses some misinformation
particularly, about abortion or adoption.

358
00:20:49.590 --> 00:20:53.130
That is you were able to
provide correct information,

359
00:20:53.130 --> 00:20:55.040
they might make a different decision.

360
00:20:56.830 --> 00:21:00.620
One thing that's really important in
having conversations with patients around

361
00:21:00.620 --> 00:21:04.720
pregnancy decision making is being able to
describe the different options for them.

362
00:21:04.720 --> 00:21:09.250
And this is really important in terms of
being able to describe early abortion and

363
00:21:09.250 --> 00:21:11.090
also open adoption.

364
00:21:11.090 --> 00:21:15.460
And here we have a couple of examples for
you about differen, short speeches.

365
00:21:15.460 --> 00:21:19.450
You might call it an elevator speech
about how to describe these two options.

366
00:21:19.450 --> 00:21:23.660
And in your descriptions, it's going to be
really important that you define medical

367
00:21:23.660 --> 00:21:28.140

terms or any kind of terminology that
the patient might not understand so

368
00:21:28.140 --> 00:21:32.600
that you're really ensuring
comprehension by your patient.

369
00:21:32.600 --> 00:21:37.431
When making an abortion referral it's
really important that you call around to

370
00:21:37.431 --> 00:21:40.243
clinics and
gather this information that, so

371
00:21:40.243 --> 00:21:44.378
that you can make competent,
intelligent, accurate referrals.

372
00:21:44.378 --> 00:21:48.950
So you want to know things like what
are the clinics around, around me,

373
00:21:48.950 --> 00:21:51.060
what are their gestational limits?

374
00:21:51.060 --> 00:21:53.160
Do they offer medication abortion?

375
00:21:53.160 --> 00:21:56.348
And what is the gestational limit for
a single visit abortion?

376
00:21:56.348 --> 00:22:01.380
You really want to know what the cost is
for services, what kinds of insurance

377
00:22:01.380 --> 00:22:06.920
the clinics accepts, and
whether different kinds of aspects of

378
00:22:06.920 --> 00:22:13.320
the visit are included within those costs
such as, anesthesia or analgesia, RhoGAM.

379
00:22:13.320 --> 00:22:17.339
Do they, are there other charges
that the patients may expect even

380
00:22:17.339 --> 00:22:22.094
though they're paying for the abortion
in a certain fee or with an insurance?

381
00:22:25.081 --> 00:22:28.223
A few other points that are really
important about making an abortion

382
00:22:28.223 --> 00:22:32.820
referral, you want to ask clinics about
whether they have any medical exclusions.

383
00:22:32.820 --> 00:22:37.730
Will they be able to see patients that
have acute or chronic medical conditions?

384
00:22:37.730 --> 00:22:41.180
Will they be able to see patients who
are currently using drugs or alcohol?

385
00:22:42.240 --> 00:22:43.690
If it's important to your patient,

386
00:22:43.690 --> 00:22:47.610
you want to know whether the clinic
offers post abortion contraception.

387
00:22:47.610 --> 00:22:51.258
And likewise, does the clinic offer
emotional support both before and

388
00:22:51.258 --> 00:22:52.424
during the abortion?

389
00:22:55.926 --> 00:22:59.824
In making an adoption referral, there
are also some really important things to

390
00:22:59.824 --> 00:23:03.250
look out for when you're making
phone calls to agencies.

391
00:23:03.250 --> 00:23:06.860
You want to make sure that when
you refer to a particular agency,

392
00:23:06.860 --> 00:23:11.970
that people there are being given accurate
information about how adoption is or

393
00:23:11.970 --> 00:23:13.850
should be practiced today.

394
00:23:13.850 --> 00:23:16.610
That means that they're talking
about open adoption and

395
00:23:16.610 --> 00:23:19.070
they're defining it correctly.

396
00:23:19.070 --> 00:23:23.530
You also want to look for adoption
agencies that support all options for

397
00:23:23.530 --> 00:23:26.980
the pregnant woman,
including talking about abortion and

398
00:23:26.980 --> 00:23:31.170
parenting if that comes to be what

the patient is interested in.

399
00:23:32.750 --> 00:23:35.271
The pregnant woman should
never be coerced or

400
00:23:35.271 --> 00:23:40.190
made to feel that she has an obligation
to place her baby for adoption.

401
00:23:40.190 --> 00:23:44.825
And finally, agencies should accept
diverse people as adoptive parents and

402
00:23:44.825 --> 00:23:46.045
as birth families.

403
00:23:50.286 --> 00:23:54.512
Our last slide here really goes back to
what I consider to be foundational for

404
00:23:54.512 --> 00:23:58.145
the work that we do in helping
people make pregnancy decisions and

405
00:23:58.145 --> 00:24:00.640
the best decisions for themselves.

406
00:24:00.640 --> 00:24:03.940
And you really want to go back to
the central principle that the patient has

407
00:24:03.940 --> 00:24:06.110
the answer to her dilemma.

408
00:24:06.110 --> 00:24:09.490
The patient knows what is
the way that she needs to go.

409

00:24:09.490 --> 00:24:13.810
And more, the more that you practice
this and think deeply about it,

410
00:24:13.810 --> 00:24:18.810
think about, and self-reflect about
what is hard for you, the more you're

411
00:24:18.810 --> 00:24:23.430
going to be able to achieve fluency in
your conversations with patients and

412
00:24:23.430 --> 00:24:26.470
the more you're going to be
the person that your patients trust.

413
00:24:26.470 --> 00:24:29.629
And your patients are going to come
back to you because they appreciate what

414
00:24:29.629 --> 00:24:30.681
you've done for them.