Informed Consent, Decision Assessment, and Counseling in Abortion Care

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Your Goals as a Healthcare Provider

 To create a space where patients feel that it is safe to ask questions.

You are listening without an agenda.

To be the person whom patients trust.

You are known as someone who will give them accurate information.

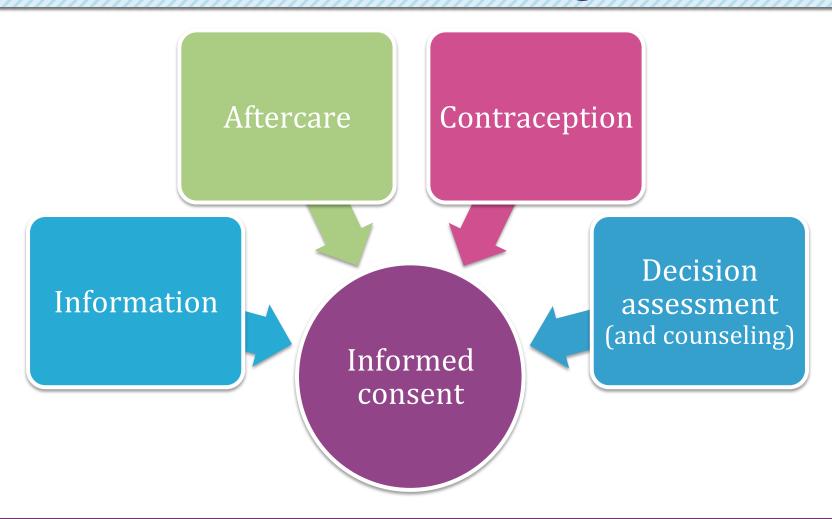
 To establish an environment free of stigma around pregnancy decisions.

You are modeling unbiased language.





What is abortion counseling?







Informed Consent

- Competence
 - the ability to reason, to understand, and to appreciate the consequences of a decision
- Understanding the nature and purpose of the proposed treatment, its alternatives, and the risks and benefits of each
- Appreciation of the consequences of a decision
- Making the decision voluntarily
- Evidencing a choice





Decision Assessment

- 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
 - Do you feel people are supporting you? Is anyone against you?
- Step 3: Planning for post-abortion coping
 - How do you think you might feel afterwards?





Philosophy of the Assessment

- The assessment *invites*, but does not *require*, the patient to discuss feelings and thoughts about her decision.
- People are allowed to be sure of their decisions.
- The foundation of our work is the doctrine of informed consent.





Why do decision counseling?

- Psychological response after abortion
- What improves post-abortion coping?
 - Positive framing of the abortion and oneself
 - Positive social support and an absence of negative support
 - Belief that one has the ability to cope post-abortion





The abortion decision

- Most people are:
 - Sure about their decision, have support, and expect to cope well.
- Decision conflict
 - Emotional conflict: feelings of sadness, guilt, or grief.
 - Spiritual conflict: concern about God, forgiveness, or sin.
 - Moral conflict: belief that abortion is murder.
- Ambivalence
 - Uncertainty about which way to go





The Framework

Validate and normalize

Witness the feelings that you see and hear. She is unique, but not alone.

Seek understanding

Learn about her feelings and their origins.

Set the stage for reframing

Learn what made abortion the best decision.

Reframe

Present a different way to think about her decision, based on what you have learned from her.





Analyzing Counselor Responses

Let's analyze different counselor responses to patient statements:

- What do the responses allow (open up)?
- What do they disallow (shut down)?





Analyzing Responses 1

Patient: Coming to this appointment was hard. I almost didn't come.

Counselor A: It can be a really hard decision, but we're going to take good care of you.

Counselor B: Is it because of being so far along?

Counselor C: What's been going on for you?





Analyzing Responses 2

Patient: When I told my boyfriend, he said it was my decision.

Counselor A: Sometimes guys have a hard time expressing feelings.

Counselor B: Did you feel supported?

Counselor C: How was it for you when he said that?





Analyzing Responses 3

Patient: I'm worried I might regret it.

Counselor A: You probably shouldn't have the abortion.

Counselor B: Do you want to take some time to think about it?

Counselor C: Say more about that.





Report Back

- What patterns did you notice across Counselors A, B, and C?
- Role of non-verbal cues
 - tone of voice
 - eye contact
 - countenance
 - posture





The Ethic that Grounds Our Work

- The ability to converse with patients about their feelings and beliefs is an important part of good customer service.
- Part of caring about staff is giving them the tools that they need to have conversations with patients and with co-workers.
- We have the power to create a workplace where our skills are recognized as integral to excellence in abortion care.





Conclusion

