A COUNSELLING FRAMEWORK:

THE BASICS
&
AMBITALENCE/COMPLEXITY

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Fertility Control Clinic
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OVERVIEW

WHAT OUR CLIENTS BRING

WHAT A REGIONAL SETTING BRINGS

WHAT WE BRING & HOW TO USE IT
WHAT OUR CLIENTS BRING

• Clear decision
• High stress/crisis
• Coping style
• Abortion beliefs/myths
• Nonrational, fantasy thinking
• Perception of initial contact
• Social support/coercion
• Medical & reproductive history
• Psychosocial History
WHAT A REGIONAL SETTING BRINGS

Access barriers ↑
Local services ↓ Disruption ↑
Information ↓ Stigma ↑
Travel ↑ Anonymity/Privacy ↓
Cost ↑ Isolation ↑
Time ↑ ? Other
WHAT A REGIONAL SETTING BRINGS

? Access Enablers
Informal & Formal Network building

Internet – but also beware

Distance/Travel is “normal”, but…..

YOU!
WHAT WE BRING

• Personal history

• Abortion beliefs, myths, knowledge

• Basic Counselling Skills

• Specialised knowledge

• Crisis Pregnancy Counselling Framework
A woman’s right to choose abortion is something central to her life, to her dignity. When governments control that decision for her, she’s being treated as less than a full adult human being responsible for her own choices.

Ruth Ginsberg, 1990
ABORTION DISCOURSE

TOO MANY

TOO AWFUL/TRAUMATIC

TOO YOUNG

TOO LATE IN PREGNANCY

TOO IRRESPONSIBLE/IMMORAL ETC!
What we bring
?Our psychosocial baggage

STATS & FACTS

MIX & MATCH
STATS & FACTS

85,000 ABORTIONS PER YEAR IN AUSTRALIA

Chan & Sage, 2005

39% Women having an abortion who have had at least one previous abortion

Rosenthal et al, 2009
STATS & FACTS

42% Women having an abortion who have children
   Rosenthal et al 2009

95% Abortions performed prior to 13 weeks gestation
   Grayson et al, 2005
90% Women with “no doubts” about their abortion decision

Fertility Control Clinic, 1995
STATS & FACTS
10% Women having an abortion who experience post-TOP emotional problems including mild/short lived to severe
  Astbury & Allanson, WHO, 2008

8-20% Women suffering Post Natal Depression
  Milgrom et al, 1999

80% Women experiencing post partum “blues”
  Milgrom et al, 1999
42% Women reporting history of physical abuse (Krug et al, WHO, 2002)

(13+ % Women reporting history of sexual abuse   ABS, 1997  )
Myth vs Fact – Too Many?

There are too many:
– Unintended pregnancies
- Contraceptives not on PBS
- Sex/relationship Ignorance
- False providers
- Perpetrators of violence ETC!
Eliminate intimate partner violence =

5% decrease in unintended pregnancies

(32,000-45,000 abortions) annually.

Pallitto & O’Campo (2004, Columbia)
VIOLENCE - 2

Include intimate partner violence as research variable & consult question
Myth vs Fact – Too Many?

THE RIGHT NUMBER OF ABORTIONS

(And is DECREASING)

Myth vs Fact – Too Awful/Trauma?

Most common, safe & simple

Safer than continuing a pregnancy

Unintended/problem pregnancy = crisis

Elective Abortion = Relief & improvement

Astbury & Allanson (WHO/UNFPA, 2009)
Myth vs Fact – Too young?

- Mean age = 26
- 48% aged 20s
- 27% aged 30-39
- 6% aged 40-45+
- 18% aged 15-19
- 1% aged <15

Myth vs Fact – Too Late?

94% < 12 weeks

0.7% > 20 weeks

MYTH vs FACT – TOO IMMORAL

Coercion to continue a problem pregnancy
  David, Dytrych & Matejcek, 2003

Denying women humanity – privileging personhood of embryo/fetus

Disregarding woman’s welfare, decision, human rights…..
80+ % Australians Prochoice

WHAT WE BRING

CRISIS PREGNANCY COUNSELLING
Based on DEVILLY & COTTON (2003)

• BEST PRACTICE
• SUPPORT/SAFETY
• INFORMATION
• NORMALISE
• TERMINOLOGY
• PROACTIVE PROBLEM SOLVING
• AT RISK
• REFERRAL & follow up
WHAT WE BRING

BASIC COUNSELLING SKILLS

ACTIVE LISTENING

- Nonjudgmental
- Respect
- WOMAN-
- Clear boundaries
- Summarise/Reflect
- Know your limits - Referral

- Empathy
- Concrete
- Questions
- Clarify
WHAT WE BRING

RISK/PROTECTIVE FACTORS
FOR POST OP PROBLEMS/DISTRESS

• (TOP for medical/fetal abnormality)
• Poor Self-efficacy
• Decision Ambivalence/Complexity
• Coercion
• Violence (PIP)
• Lacks support
• Mental ill health/history
Risk Factors

- Planned pregnancy
- False providers
- Ultrasound
- Abortion Beliefs Fantasies
- Reproductive history
Risk Factors (cont’d)

- Others pregnant/babies
- Biological clock
- Relationship breakdown
- Loss history
- Decision length
- Personality/immaturity
WORKING WITH AMBIVALENCE/INDECISION

• Maternal attachment

• Shame, guilt, poor self-efficacy

• Coercion/Support

• Mismatch b/n PIP & woman

• Beliefs & myths
AMBIVALENCE/INDECISION (cont’d)

• Intergenerational issues
• Impact of Reproductive trauma/problems
• Theatre/medical phobia
• Personality/interpersonal style
• ??OTHER
WE KNOW

• Support

• Positive Role models

• Not Silenced

• Normalised

• No Violence
ADVANCED CLINICAL SKILLS
Complexity & Conflict:
Assessment/management/Intervention:

Ambivalence      Pregnancy as person
Risk             Violence      Reproductive trauma/loss

Psychopathology   Family       Childhood

Repetitive maladaptive patterns/attachment style

Appropriate referral/services
Targeting Stigma

Protest

Education

Contact

MURDER ON HIS MIND

My own

Protest

Educate via True Crime

Contact via stories of real women.
HUMAN RIGHTS
The right to:

Life, liberty & security  (UN, 1948)
Privacy  (UN, 1966)
Freedom from discrimination/gender discrimination  (UN, 1948/1979)
Modify customs violating women’s rights  (UN 1979)
Bodily integrity  (UN, 1966)
Health, reproductive health, family planning  (UN, 1979)
Decide number & spacing of children  (UN, 1979)
HUMAN RIGHTS

“Basic right of all couples and individuals to decide freely and responsibly the number and spacing and timing of their children

and to have the information and means to
do so, and the right to attain the highest

standard of sexual and reproductive health.

UNFPA Programme of Action of the International Conference on Population &
Development (ICPD) Cairo, 1994; UN Fourth World Conference on Women, Beijing
It also includes the right to make decisions regarding reproduction free of discrimination, coercion and violence, as expressed in human rights documents.”
WORLD HEALTH ORGANIZATION

United Nations agency devoted to researching & promoting public health worldwide
“A woman’s right to choose an abortion is something central to her life, to her dignity and when governments control that decision for her, she’s being treated as less than a full adult human being responsible for her own choices”

Ruth Ginsberg, 1990
“As long as women are victims of society’s double standards regarding sexuality, the decision to abort will be overshadowed by shame, fear and stigma, at the cost of women’s physical and emotional health.”

Gupte, Bandewar and Piscal, 1997
REFERENCES

Watch your Language – Dr Susie Allanson


Astbury, J. *Crazy for You*


REFERENCES (Cont’d)

Watch your Language – Dr Susie Allanson


WE KNOW

- Social support
- Positive Role models
- Not Silenced
- Normalised
- No Violence