

Stages of Change in Crisis Pregnancy Counseling

Hebraic Life Alliance

Abortion-Minded, or Life Precontemplation

She speaks in terms of planning or intending to obtain an abortion. Women in the precontemplation stage appear to have no intention of carrying to term for the foreseeable future. They are not thinking about changing their mind relating to obtaining an abortion, and may not see their plans as a problem when asked. These individuals are often labeled as "resistant" or in "denial."

Things to Consider

Reasons for being in a state of Life Precontemplation can fit into the "four R's": reluctance, rebellion, resignation, and rationalization. (DiClemente 1991)

- *Reluctant life precontemplator*. Inertia or lack of information prevents her from being fully aware of all aspects of her decision. Sensitively delivered test information such as an ultrasound can be very helpful for this person.
- *Rebellious life precontemplator*. A heavy investment in the decision to terminate a pregnancy or in controlling a situation related to the pregnancy makes the person actively resistant and often hostile. Providing information about life centered choices with this group seems to be helpful.
- *Resigned life precontemplator*. A belief in the inability to change circumstances around a pregnancy keeps the person stuck, and there is a lack of energy for and investment in changing to a life position as a result. The key task here is to instill hope and explore barriers to changing to a life minded position.
- *Rationalizing life precontemplator*. The client determines there is no problem with obtaining an abortion, the odds of personal risk are in her favor, or the problem is really someone else's, such as being forced into the decision. The difference from rebellion is the process is more thinking than feeling for a "rationalizer". Empathy and reflective listening are suggested tools with a particular emphasis on double-sided reflections.

Counselor Tasks

- Identify "the problem" - often something different for the counselor and the client.
- Be aware of difference between reason and rationalization. A person, well aware of the risks and problems, may choose to continue towards an abortion.
- Recognize that more is not always better as intensity may produce fewer positive results with this group. Use MI strategies to raise awareness and doubt. Increase the client's perceptions of risks and problems with their current decision.
- Remember the goal is to help move them to contemplation.

Strategies

Primary tools are providing information and raising doubt. Basic skills such as reflective listening, open-ended questions, and functioning as a collaborator (rather than an educator) may be enough while matching to the type of precontemplators is also helpful.

Outcome

The client begins to consider that a problem or matter of concern exists.

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Abortion-Vulnerable or Life Contemplation

She is continuing her pregnancy but faces obstacles she may feel incapable of handling, is aware a problem with terminating her pregnancy exists and seriously considers choosing life but has not yet made a commitment to carry to term.

Things to Consider

This is a paradoxical stage of change. She is willing to consider abortion as a problem and the possibility of carrying to term, yet ambivalence can make contemplation a continuing vulnerable stage. Clients are quite open to information and yet wait for the one final piece of information that will compel them to change. It's almost as if they either wait for a magic moment or an irresistible piece of information that will make the decision for them. This is a particularly opportune time for motivational interviewing strategies. Contemplation and interest in change are not commitment. Information and incentives to change are important elements for assisting contemplators. Personally relevant information can have a strong impact at this stage.

Counselor Tasks

- Consider the pros and cons (from the woman's perspective) of the problem behavior, as well as the pros and cons of change.
- Explore options the woman has considered for the change process and offer additional options where indicated and if the client is interested. Remember that she is not a novice to the change process.
- Elicit change statements, watch for **D**esire, **A**bility, **R**eason, **N**eed and **C**ommitment language (**DARN-C**).

Strategies

Bravely inquire about the "good and less good" things regarding change (choosing life) and no change (choosing to terminate); explore concerns about choosing life and watch for DARN-C and reflect and support commitment language.

Outcome

She is making change statements towards a life position and makes a tentative commitment to changing the behavior.

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Life-minded Action Stage: Intending to carry to term,

She does not believe abortion is right and is aware that terminating her pregnancy is a greater problem than carrying to term and actively modifies her behavior, experiences and environment in order to overcome the problems faced. Commitment is clear and a great deal of effort is expended towards making changes. She has support from significant influences in her life sufficient to overcome barriers.

Things to Consider

Life-minded action involves a sustained effort at making changes. This period usually lasts for the duration of her pregnancy, however watch for fall back to earlier stages due to barriers. She has made a plan and has begun implementing it. Ambivalence and commitment are still issues. Too often people do not go back and re-evaluate their change plan. Where is it working? Where is it not? How are my support systems doing? Is there a procedure for re-evaluating the plan? Recognize differing levels of readiness to change among issues and the recycling process in the Stages of Change.

Counselor Tasks

Help increase her self-efficacy by:

- Focusing on successful activity including utilizing support systems.
- Reaffirming commitment
- Making intrinsic attributions for success

Offer successful models with a variety of action options. The counselor may be used more as a monitor than a change agent.

Strategies

This stage is familiar to most counselors and involves interventions they have experience in providing including utilization of prenatal care, normal experiences during various stages of pregnancy, connecting with support systems, overcoming barriers. Continue to provide support that is problem/barrier centered and help to increase self – efficacy by celebrating small victories along the way.

Outcome

Clear changes in behavior are manifested and the risk of relapse diminishes as new behavior patterns replace the old problematic behavior.

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Life-minded Maintaining the pregnancy

She has made a sustained change and new behaviors showing a commitment to live have replaced her prior ambivalent mindset. Commitment is firmly established and threat of returning to a more ambivalent stage becomes less and less.

Things to consider

Maintenance is often viewed as an afterthought where very little activity occurs. However, maintenance is not a static stage. Relapse to increased ambivalence is possible and occurs for a variety of reasons. She will most likely turn to a known counselor during times of questioning if she made the right choice. During these times the client's self-efficacy is weakened and fear is high. She is seeking reassurance from a counselor while trying to make sense of the crisis that has her questioning her decision.

Counselor Tasks

Counselors do not usually see women that are well-established in maintenance. If they do, a review of the action plan and support systems and a strategy for periodic review of the plan are useful. More often counselors will see her when a crisis is present. Tasks for these times are:

- Exploration of the factors precipitating and maintaining the crisis
- Provision of information
- Feedback about plans
- Empathy

Strategies

When crises are occurring, slow the process down. Explore what succeeded, as well as what is precipitating their current concerns or crisis. Offer models of success while normalizing ambivalence in situations where change is not easily accomplished. If she is returning to discuss her success, reinforce her active efforts in making change to life minded possible and her commitment to her baby.

Outcome

She exits maintenance having carried her baby to term.