

VALUES CLARIFICATION WORKSHOP: ACTIVITIES GUIDE

This guide is a tool for facilitators and champions who are committed to integrating abortion care into primary care. The guide provides background about the values clarification process, sample activities with facilitation tips, and includes references and resources.

Healthcare providers (including all interdisciplinary staff working in a health center that provides this service), trainers, policymakers, and other stakeholders can benefit from Values Clarification conversations. Talking about abortion is vital to decreasing abortion stigma, which is often born out of insufficient information and/or misinformation. Therefore, we also recommend that facilitators arrange for and/or provide a Medication Abortion 101 workshop, to assure that staff understand the science, safety and efficacy, screening criteria, prescribing protocols, and the overall impact on the lives and health of pregnant people.

Thank you to those who have contributed over the years to developing, revising, and continuously improving this Workshop: Jini Tanenhaus, Vicki Breitbart, Lisa Maldonado, Laura Riker, Judy Lipshutz, and Nancy Morisseau.

Section I: What Is Values Clarification?

Values Clarification activities promote dialogue that helps us to develop self-awareness about how our values can impact our work with patients and colleagues, and to enable each of us to understand and explore what issues “push our buttons.” Developing self-awareness of how our values and feelings can impact our work, better positions us to provide non-judgmental care and to be more present with our patients. Values Clarification is not a magic bullet and the end goal is not to get everyone to be pro-choice, although that can happen. Values Clarification is a life-long process of reflection, rather than a one-off training.

We all have values, opinions, biases, and identities, and come from different generations, cultures, races, religions, and backgrounds. Ignoring our differences and our own beliefs and values makes it more difficult to provide patient centered care. Although a starting point is the assumption that we all want what is best for our patients; it is important that we are open to having honest and respectful discussions about how experiences and feelings impact care, and the importance of listening to the perspectives of others even if they disagree with us.

“The World Health Organization recommends values clarification training for abortion providers to address the role that abortion stigma plays in preventing people from getting the care they need.” ¹

Facilitating conversations about abortion among interdisciplinary health center staff (at all levels) is integral to this process of integration. Values Clarification helps us to:

- Examine our basic moral reasoning to identify the values that we find most meaningful and important
- Identify when core values conflict with assumptions or actions that may be informed by social norms and other external influences ²

¹ *Safe Abortion: Technical And Policy Guidance for Health Systems*. World Health Organization. 2012

² Turner KL, Pearson E, George A, Andersen KL. Values clarification workshops to improve abortion knowledge, attitudes and intentions: a pre-post assessment in 12 countries. *Reprod Health*. 2018; 15: 40. 2018. <https://doi.org/10.1186/s12978-018-0480-0>

How To Use This Document

This Guide is a compilation of different activities that can be used to facilitate Values Clarification Workshops. The facilitator should select the activity/activities that can be successfully completed in the time available, and feel most engaging and relevant to the staff who will be attending the session. Several activities are provided in the guide. It is recommended that any given workshop be allotted at least two-hours and they work best in small groups where everyone has the opportunity to participate. However, the Reproductive Health Access Project has used this workshop in a modified format for use during a 40-minute staff meeting, one-hour lunch break, or spread out over several sessions. Values Clarification Workshops are best led by individuals with strong facilitation skills. The activities can be used for both in-person and virtual workshops. Note that it is best practice to use the term pregnant person, when possible, to be most inclusive to the spectrum of people that may seek abortion care. We do understand that in certain environments that may not be possible for a number of reasons, but it is strongly recommended.

For more information about Values Clarification Training or training others on how to facilitate these activities, click [here](#) to find a copy of the Training of Trainers PowerPoint presentation.

Section II: Getting Started: Introductory Activities

All workshops should open with introductions and establishing group norms - this will help foster a sense of community and safety throughout the session. If there is time, conducting an icebreaker activity is also recommended. For each activity, review the relevant objectives. The following introductory activities help to establish comfort and trust – and help the facilitators to better understand the participants.

1. Facilitator and Participant Introductions

How introductions are facilitated depends on the amount of time you have, the number of people in the group, and whether the activity is in-person or virtual. You can begin by having the facilitators briefly introduce themselves (avoid long bios). You can then invite participants to introduce themselves, their role in the health center, and something they are looking forward to in this workshop. In a virtual environment you would do the same, encouraging participants to either come off mute or respond in the chat.

Depending on how much time you have you can:

- Share all the responses in the chat
- Share a few responses from the chat
- Simply have the participants read the introductions on their own in the chat

2. Goals and Objectives

After the introductions, the facilitator should introduce the workshop goals and objectives:

- Goal:** To provide an opportunity for staff who are new to the provision of abortion care to assess their attitudes and beliefs regarding the issues surrounding abortion and to begin addressing any potential barriers they have to providing abortion care.
- Objectives:** By the end of this workshop, participants will be able to:
 - Identify their own beliefs and attitudes towards the provision of abortion care and the people who have abortions
 - Separate their personal beliefs from their professional role in the provision of abortion care
 - Reflect on the thoughts and feelings of other people, even if they don't agree
 - Develop a strategy to continually engage in the process of self-reflection around their own beliefs and attitudes towards the provision of abortion and the people who have abortions
 - Develop an ongoing process of self-reflection

3. Community Guidelines and Norms

Developing community guidelines and norms is important for the group to establish ways of working together and to help shape the group dynamics. You can introduce this activity by stating that:

“Participants in this workshop will be discussing very sensitive, challenging issues and they need a non-judgmental, brave, safe-to-fail environment, so let’s spend a few minutes talking about some norms.”

It is best to be prepared with a list of common group guidelines, especially if time is limited; but it is also helpful to provide time for participants to comment and/or develop additional guidelines. When facilitating in person, group norms should be written on a whiteboard or large paper so that it is always up and visible; they should include the norms that participants developed. In a virtual setting, facilitators can take notes on a virtual whiteboard or on a slide shared on the facilitator’s screen. For virtual facilitation, cameras should be on.

For longer workshops/time permitting, the facilitator should ask participants:

- What group agreements might make this session most productive for you?
- What are the conditions you need in place to best engage in this session?

Examples of Group Norms:

- Keep everything confidential
- Welcome multiple viewpoints
- Actively listen even if we disagree
- There are no wrong answers,
- Take risks: lean into discomfort
- Notice and name group dynamics in the moment, challenge with care.
- Lessons leave, stories stay
- One mic/one diva
- Avoid interrupting
- Pipe up/pipe down
- Lean into discomfort
- Agree to disagree
- Cameras on
- Respectful communication
- Non-judgmental
- Embrace empathy
- Assume best intentions
- Show kindness and compassion

- The right to pass
- Use “pregnant person”
- Responses should shed light and not hate
- Be present (phones silent, cameras on)

Note: Facilitator’s can review [RHAP’s Community Guidelines](#) and [AWARE-LA’s communication guidelines](#) for creating a brave space for more ideas.

4. Icebreakers

If time allows it is generally a good idea to do an icebreaker as a way of literally breaking the ice. It’s a way to help relax people, evoke a sense of safety, community, and to find out a little bit more about the participants before proceeding. An icebreaker can also be used to facilitate introductions. For examples of icebreakers, see Appendix I.

5. Materials Needed

The following materials will be needed for all activities and vary based on whether you are facilitating in-person or virtually.

In-Person:

- Markers
- Sign with group norms
- Index cards/Post-its
- Easel and poster paper
- Name tags
- Fidget toys (e.g., spinners, pipe cleaners, playdoh)
- Pens and paper

Virtual:

- A platform designed to collect virtual responses (e.g., Zoom Poll, Poll Everywhere, Mentimeter, Whiteboard)
- Breakout rooms enabled
- Slide with group norms
- Slide deck (if needed)

Section III: Activities

The following are a variety of Values Clarification Activities that you can use for a workshop. Your group size, dynamics, experiences providing abortion care, strengths, assets, and known challenges can help guide your activity selection. Each activity should generate thought provoking discussions that help participants examine their feelings surrounding abortion as well as what others might feel about abortion.

I) Breaking the News 10-15 minutes

The purpose of this activity is to better understand what it is like to receive and provide an unwanted positive pregnancy test result. This activity can help clinicians further develop empathetic responses in these situations.

Materials Needed:

- Breakout rooms for virtual facilitation

Facilitators ask participants to pair up for a role play (or assign breakout rooms in pairs). One partner plays the “clinician” and the other the “patient.” The clinician tells the patient that they are pregnant. The “patient” shares that they don’t want to continue with the pregnancy at this time. After two minutes, the roles are reversed.

Participants may choose to emphasize certain character traits for the role plays. Possible characteristics of each role can include:

Clinician

- Supportive
- Combative/argumentative
- Shares personal belief against abortions
- Shares personal beliefs about the importance of adoption
- Shares religious beliefs
- Strongly encourages patient to terminate the pregnancy
- Ambivalence
- A parent
- A grandparent
- Has had an abortion in the past

Patient

- Ambivalent

- Determined
- Confused about next steps
- A student
- Low income
- High income
- Non-binary gender identity
- Already a parent
- Has no children
- Has had an abortion in the past

Afterwards, the group will come back together to debrief the experience. Facilitators ask participants to describe the most helpful aspects of the way the “clinician” broke the news of the positive pregnancy test and how the “clinician” responded to the “patient’s” reaction. Take note of participants’ answers on the board or on a virtual whiteboard (example answers may include: “non-judgmental”, used sympathetic body language, etc.)

II) Establishing Empathy 20-25 minutes

Exercise 1: A Time When You Needed Help

The purpose of this activity is to engage participants to reflect upon what it is like to ask for help, and consider what values they can draw upon to demonstrate empathy.

Materials Needed:

- Breakout rooms for virtual facilitation

Facilitators ask the group to think of a time when they were in trouble, had a problem, or were in a crisis and went to someone for help – it could have been a friend, a teacher, a family member, someone from your place of worship, a counselor, etc.

Participants are then asked to choose someone sitting near them or will be assigned to breakout rooms in pairs. One member of each pair is asked to talk to their partner about what it was like to ask for help (**participants should not share why they were seeking help, just about the experience of seeking help**). After two minutes the other person is given a chance to talk about their experience asking for help.

Before the pairs break out, the facilitator should stress that when participants are listening to their partners, they can use what we call minimal encouragers, things like “uh huh,” “mm” or head nodding to indicate their active listening, but they **are not** to ask questions or give any verbal response to their partner.

After the allotted time, the facilitator asks the group to come back together to discuss the following prompts, taking note of responses on a board or virtual whiteboard.

- In what ways did this activity require you to practice empathy?
- What was it like for your partner to ask for help?
- What stood out to you as something positive about their experience seeking help?
- Did you find anything helpful about their experience?
- What stood out to you as something that could have been better about their experience seeking help?
- Did you find any aspects that were NOT helpful?
- What are some important values to engage with when dealing with someone in a crisis?

Exercise 2: Hands Up/Hands Down

The purpose of the activity is to critically examine how we can provide a service without imposing our judgment on others.

Materials Needed:

- N/A

The facilitator asks everyone to put their hands up (virtual or in person) and introduces this exercise by saying:

We all do things that we “know better” not to do even though we know the consequences. The first time you hear a prompt that applies to you, put your hand down and **keep it down**.

- Hands down if you smoke.
- Hands down if you eat too much junk food.
- Hands down if you J-walk.
- Hands down if you work too many hours every week.
- Hands down if you spend too much time on social media.
- Hands down if you don't exercise/engage in physical activity at least 3x/week.
- Hands down if you don't see the dentist every 6 months
- Hands down if you don't floss daily
- Hands down if you leave the AC on when you're not home
- Hands down if you don't have an annual physical.
- Hands down if you have ever cut someone off in traffic.
- Hands down if you have ever driven above the speed limit.
- Hands down if you have ever ridden in a car without a seat belt.

Note: The facilitator can create additional prompts of their own.

The exercise ends when no hands are left up. The facilitator provides the following discussion prompts:

We all do things we know aren't good for us, even though we know what the consequences could be. One of these things could even be having sex without contraception at a time when we did not want to become pregnant. We all do things that in hindsight we did not intend to do because we are all human. Or, perhaps a situation was complicated and/or coercive. Some people may view those things as “bad choices.” What we should strive for is to separate the personal from our professional responsibilities and to relate to clients' experiences and needs in their own terms.

- How do we reconcile when there is conflict between what we think our patients

“should have” done, vs. what they did?

- How do we provide a service without imposing our judgment on others?
- How might knowing that coercion was involved impact your response?
 - How is this different than if you didn't know?
 - If it is different, what do you think about this?
- How do we ensure those seeking our services feel safe and heard, and not judged?

III) Myths About Abortion 15-20 minutes

The purpose of the activity is to identify the myths and realities surrounding the provision of abortion care in this country and the people who have abortions.

Materials Needed:

- Abortion Factsheet (Appendix II)

Ask participants to share what they have heard about abortion -- what myths, stories, uncertainties do people say about abortion and people who get abortions? For instance, maybe they are "selfish," they didn't use birth control and that's why they got pregnant, abortions cause breast cancer, etc. The facilitator lists the responses on a board or virtual whiteboard, or collects them on the Zoom chat.

After brainstorming a list of stereotypes and myths, hand out the factsheet or send a virtual copy via the Zoom chat and share information about the reality of abortion in the U.S. Discuss the different points and invite participants to share how these facts challenge what they have heard people say about abortion.

IV) Agree/Disagree 30 minutes - 120 minutes

The purpose of this activity is to dig deeply to consider why someone might feel a certain way, challenge ourselves to understand the perspectives of others even if we disagree, and to practice empathy. This activity is probably one of the most commonly used Values Clarification activities and it can be facilitated in person or virtually. Each method is described below:

There are two different ways of facilitating this activity with an in-person audience. In **Version I**, participants will be asked to self-identify their thoughts and feelings about a series of values statements. In **Version II**, participants will discuss the thoughts and feelings of other colleagues and be more challenged to practice empathy by imagining why a person may not think and feel the way they do. **Version III** is a virtual adaptation of this activity and uses anonymous polling to facilitate discussion about understanding the thoughts and feelings of others.

Materials Needed for In Person Facilitation:

- Sign with group norms
- Signs that say: **"Strongly Agree"** and **"Strongly Disagree"**
- **Redirection Strategies Handout (Appendix III)**
- Values Clarification Compendium (Appendix IV)
- Values Clarification Activity Handout (Appendix V)

Version I - In-Person Facilitation

Before the activity begins – post the Strongly Agree and Strongly Disagree signs on opposite ends of the room, assuring that people have ample space to walk around.

Point out the signs and explain that you will be reading a series of statements about sexual and reproductive health including abortion. Explain that after each statement is read, participants should move to the space in the room that best expresses what they think and feel about the statement. Participants can move to where the sign is or anywhere else in the room. For example, the middle of the room is neither agree or disagree, and close to the sign that reads Strongly Agree, but not directly under it would be Somewhat Agree.

The role of the facilitator is to listen, re-direct, and acknowledge that this activity can be difficult when we feel really strongly about something. But it is a way that we can consider the feelings of others even if we don't agree. The use of redirection strategies is encouraged, see Appendix III.

To warm folks up, the facilitator explains that the first example is not related to abortion but will give people the experience of moving to a place in the room that best represents their response to the statement. For instance:

I love chocolate cake, or I love to travel

Next, the facilitator reads one of the Values Clarification statements (see Appendix IV for Values Statements Compendium).

After the group stops moving to their positions, the facilitator asks for volunteers to explain why they moved to the space in the room where they ended up. Wherever possible select participants that represent a variety of healthcare center roles. If time allows, open the floor to general discussion and reactions to the different ideas expressed. Based upon the amount of time allotted for this activity, continue to read additional statements and facilitate discussion.

Version II - In-Person Facilitation

As with Version I, before the activity begins – post the Strongly Agree and Strongly Disagree signs on opposite ends of the room, assuring that people have ample space to walk around.

Instructions:

- Let participants know that you will be distributing a handout called: Values Clarification Activity Handout (Appendix V).
- Distribute handouts and pens to all participants.
- Explain that participants will have five minutes to complete the form which is a series of statements asking them if they agree or disagree. Advise participants to place an X in the column that reflects your feeling.
- Let participants know that they **should not** write their name on the paper.
- Inform participants that their responses will be anonymous and to be as honest as possible.
- Instruct participants to fold or crumple up their papers and hand them back to the facilitator. As an alternative – the facilitator can pass around a box or a basket and have participants place their handout in there.
- Next, the facilitator should re-distribute the handouts to the group so that each participant has a paper that is not their own.
- Next, explain to participants that you will read out some of the statements.
- Instruct participants to move to the Agree or Disagree side of the room, depending on what the response is on their handout
- Facilitator might need to continue to remind participants that they are speaking as if they were the person who completed the handout, and this is a way to encourage empathy and understanding of others' points of view.
- After the group have settled into their positions, the facilitator asks for volunteers to explain why they are standing where they are (explain why someone might agree/disagree with the statement that was read)
- If time allows, open the floor to general discussion and reactions to the different ideas expressed. Based upon the amount of time allotted for this activity,

continue to read additional statements and facilitate discussion.

- Group brainstorm processing – this activity can be summarized with a group discussion of the following prompts:
 - Why would someone agree with these statements?
 - Why would someone disagree with these statements?
 - What else does this activity make you think about?

Version III - Virtual Facilitation

Materials Needed:

- A platform designed to collect virtual responses (e.g. Zoom Poll, Poll Everywhere, Mentimeter, Whiteboard)
- Slide with group norms
- Values Statement Compendium (Appendix IV)
- Break-out rooms enabled

In the virtual environment you can use the polling function to introduce the values statements. Using polling allows all participants to respond anonymously. To prepare for this, select 5-10 statements you would like to use and develop a poll (using either Poll Everywhere, Zoom Poll or Mentimeter). After the poll is completed, participants will see the variation in responses, even among seemingly like-minded people.

Explaining the Process to Participants:

- We will now start by launching a poll that contains a series of statements. You will be asked if you agree or disagree with each of these statements. There are no right or wrong answers. The responses are anonymous – no one will see your answers – this is a safe space to be honest.
- You will have two minutes to complete the poll.
- When you are done with the poll, we will see the aggregate results for each statement and discuss a few of them together.

Facilitation Steps:

- **Launch the poll** and allow participants two minutes to complete.
- **Provide poll results:** Allow participants time to digest the results and engage them with the prompts below. Encourage participants to raise their hand and come off camera and/or put their responses in the chat.
- **Prompts:**
 - Advise participants to note the areas where people did not agree with their response.
 - What do you notice?

- What if anything surprised you?
- What feelings does this evoke?
- **Group Discussion of Statements-** this activity can be facilitated as a full group discussion and/or by using breakout rooms where people can discuss the statements in a smaller group setting. If using breakout rooms, it is recommended that the facilitator “visit” each room briefly and allow time for full group processing following the break-out. To process one statement, participants should be given 15 minutes in the break-out room and an additional 10 minutes for group discussion.
- Begin this component by asking participants to select one statement they would like to discuss in more detail with the group and to consider the following prompts for group discussion:
 - Why would someone agree with this statement?
 - Why would someone disagree with this statement?
 - What else does this make you think about?

(If there are no volunteers – the facilitator can select the statement based on the most disagreement in the poll results).

- **Summary**
 - With this activity it is always a good idea to ask for feedback
 - What went well?
 - What did you like?
 - How did it make you feel to have to “defend” someone else’s response?
 - Any surprises?

V) Worst Fears 10-20 minutes

The purpose of this activity is to consider difficult questions that patients might ask about abortion and develop empathetic responses.

Materials Needed:

- Index Cards
- Virtual Polling Platform
- Worst Fears Examples: Questions With Possible Responses (Appendix VI)

The facilitator asks the group to write on an index card or via anonymous online survey tool (e.g. Google Form, Microsoft Form, Survey Monkey, etc.) or Zoom (or other virtual) poll any questions or statements they are most concerned about a patient asking them regarding abortion and/or their worst fears about providing abortion care in practice. Some examples of what a patient might ask include:

- "Can I see the baby after the abortion?"
- "Do you think abortion is murder?"
- "Do you think I'm a bad person?"
- "Am I doing the right thing?"

The questions are collected and reviewed as a group, answering some of them and opening up the discussion of the answers to the group. For some examples of potential questions and talking points, see Appendix VI.

Use discussion prompts below to process and summarize the activity.

- Were there any statements that you would like to respond to?
- Were there any statements that surprised/shocked/were unexpected?
- How did this activity make you feel?
- What else does this activity make you think about?

VI) Case Reflections Activity 30 minutes (per case)

The purpose of this activity is to use case examples to prompt discussions about values differences in order to help focus participants and humanize the process of developing self-awareness. You can choose to facilitate discussion about one or two cases.

Facilitation Recommendations:

1. Case studies can be developed by facilitators based on the context of their own health center and/or you may use the examples provided here. When facilitating case study discussions, it is important to remind participants of the group norms and be prepared with prompts to stimulate discussion.
2. This activity is designed for participant discussion – so pay attention to whether you are speaking too much and try to draw participants out if there is silence. Try not to jump in too quickly – silence to an extent is to be expected. It is also helpful to be prepared with responses in case people have difficulty getting started. Facilitator responses can be prepared in advance based on the facilitators' training style, culture, experience, etc. (See potential responses below for Case 1 as an example of thinking ahead with your own responses if participants will not speak at all).
3. **Say:**
"We are going to read through a case example together. Please note any immediate reactions, thoughts, or feelings that you have as the case is being read. Following the reading – I will ask you a series of questions which you can respond to in the chat – or better yet by coming off mute and talking."
4. **Read the case.** If time allows, or if you are facilitating in-person, you can ask a participant to read the case.

Case Reflection – Sam

Sam is a 15-year-old non-binary young person who uses they/them pronouns and has a uterus. They walk in to see Dr. P today because they think they might be pregnant. Dr. P saw Sam a few months ago and provided them with birth control pills. Sam tells Dr. P they stopped taking the pills for fear that their mother would find them.

Sam's pregnancy test is positive. They ask Dr. P for advice about what to do about the pregnancy.

Note: Dr. P became a parent when she was 17. Her daughter is now 14.

Reflection Prompts

1. What comes to mind when thinking about this case?
2. How might Dr. P's experiences shape her responses and interactions with this young person?
3. What does Dr. P need to be mindful of in terms of potential biases that might arise from this scenario?
4. Does this situation make you think about anything else, if yes, please describe.

Case Reflection - Khalil

Khalil is a nurse practitioner at a FQHC. He is the parent of a 15-year-old female who is increasingly distant and wants more privacy. He finds condoms in the bathroom. While dealing with this at home, Khalil has a patient who is a young female teen seeking an abortion. She is not comfortable telling her parents.

Reflection Prompts

1. How might the providers' feelings and experiences impact the messaging and overall care this young person receives?
2. How can Khalil manage this situation?
3. How might Khalil's experience shape his responses and interactions with this patient?
4. What does Khalil need to be mindful of?
5. Does this situation make you think about anything else? If so, please describe.

Section IV: Closing Activities

To summarize or wrap-up a workshop session, it is generally a good idea to thank participants, and ask them for feedback through a conversation or a brief evaluation. We also recommend that a self-reflection discussion be built into the summary that also encourages participants to engage in the life-long process of self-reflection.

1. Sentence Completions 10-20 minutes

Materials Needed:

- Values Clarification Sentence Completion Handout (Appendix VII)

The purpose of this activity is to engage participants in a series of sentence completions as a way to collect their final thoughts in processing the activities.

You can use this as a closing activity or a take-home worksheet. If using as a closing activity, invite participants to take 5-10 minutes to reflect and fill out their responses to these statements. If there is time, you can also invite participants to share out some of their sentence completions (verbally or in the chat if on a virtual platform) and reflect on how their responses might have been different prior to the values clarification workshop.

2. Self-Reflection Activity

The purpose of this activity is to encourage participants to reflect on their experience, and also to begin a self-reflection journey.

This activity can be done in-person (or virtually using the raise hand function and/or chat). This activity doesn't have to take a lot of time. It is helpful if some volunteers agree to answer these questions, but you also want to re-assure participants that self-reflection can be private if they would rather not share. As stated before – self-reflection is a life-long process. Here is an example of three self-reflection prompts that the facilitator can provide to the participant:

One thing I have learned today...

One thing I will do differently ...

One thing that surprised me was...

Finally advise participants that thoughts and feelings are not stagnant and they change over time. Our own life transitions such as changing jobs, developing new relationships, raising children, growing older, and encountering other joyful or difficult life experiences can impact and change how we think and feel. That is why it is important to continue to think about these issues and tweak our self-awareness of the clinical and psychosocial strengths and challenges of the patients we serve.

APPENDICES

APPENDIX I - ICEBREAKER ACTIVITIES

(CAN BE USED AT THE BEGINNING OF ALL WORKSHOPS OR ACTIVITIES)

Icebreakers help relax people and evoke a sense of safety and community. They help the facilitators get a better understanding of who is in the room. You can learn anything from where people work, to what their attitudes might be coming into the training. Below we have provided some icebreakers that you can use for a Values Clarification workshop, but there are many more options beyond these.

Note: These icebreakers can be used for in-person or virtual facilitation.

1. Please share your name, pronouns and where you work.
2. Share where you grew up.
3. What excites you when thinking about providing abortion care services?
4. What is one concern you are hoping to address through this workshop?
5. What is the most unusual thing you've heard when it comes to abortions?
6. Tell us 2 truths and a lie.
7. What is your favorite season, and why?
8. Human Bingo*
 - a. First, create a bingo card containing a grid of squares with a statement or question in each square that will apply to some members of your group and is in line with the objectives of your class, workshop, or event. After each player gets a bingo card, they mingle around introducing themselves and finding other participants who can sign their cards indicating that a statement applies to him/her.
 - b. To avoid having people only talk to one or two people and filling up their card, limit the signatures they can give to 1 or 2 per card. When everyone has reached bingo or is super close, you can share something you've learned about each other, yourself and the experience of this ice breaker activity.
9. Unique and Shared*
 - a. Create groups of 4-5 people, and let them discover what they have in common, along with interesting characteristics that are unique to a person in the group.
 - b. This icebreaker promotes unity as it gets people to realize that they have more common ground with their peers than they first might realize. As people become aware of their own unique characteristics, they can also help people feel empowered to offer the group something unique.
10. What are you reading right now? *
11. Where is your favorite place that you've ever visited, and why? *
12. The real reason why you are here. *
 - a. When we first arrive in a meeting, we're often carrying other things with us. The stress of unfinished work, thinking about the evening or just what we're having for lunch. Encourage your team to be present and think about why they are in your meeting or workshop with this simple ice breaker that helps spark conversation.
 - b. Begin by asking the group to state the conscious reason for being in the meeting, and then invite them to consider the deeper reasons for

being in the session. The surfacing of these deeper reasons for being present can be surprising, but are often useful for the group to discuss while breaking the ice!

13. What is your hidden talent?

*<https://www.sessionlab.com/blog/icebreaker-games/>

APPENDIX II - Myth Busting: Facts About Abortion

(TO BE USED WITH ACTIVITY III - MYTHS ABOUT ABORTION)

The majority of the following statistics report specifically on women's experiences with abortion care. However, many transgender and non-binary patients also experience pregnancy and abortion. Data regarding these patients' care is alarmingly limited; most nationwide studies overlook these demographics entirely. More research must be conducted to analyze transgender and non-binary patients' unique healthcare experiences and, more generally, to comprehensively report on reproductive healthcare in America.

Abortion Overview

Abortion Statistics

- 1 in 4 women in the United States will have an abortion by age 45 ([2024](#))
- In 2023, an estimated 1,037,000 abortions were provided by clinicians in states without total abortion bans; an increase from 2020, when the total was 930,160 ([2023](#))
- In 2014, fifty-one percent of women getting abortions reported that they used contraception during the month they became pregnant ([2018](#))

Unintended Pregnancy

- Rates of unintended pregnancies declined overall by 15%, from 42.1 per 1,000 females ages 15-44 in 2010 to 35.7 in 2019. Rates of unintended pregnancy also declined for all age groups except for women aged 35-39 and 40 and over, for whom rates increased by 5% and 8%, respectively ([2023](#))

Abortion Patient Demographics

- Similar proportions of people obtaining an abortion were Black (29%), Latinx (30%) or non-Hispanic White (30%). Four percent were Asian and 7% identified as another race or ethnicity or as more than one race ([2024](#))
- 17% of abortion people obtaining abortions identify as Protestant, 24% identify as Catholic, 38% reported no religious affiliation, and 8% reported some other affiliation ([2020](#))
- Sixteen percent of people having abortions identified as non-heterosexual: 12% identified as bisexual, 2% as pansexual, 0.3% as lesbian and 2% as something else ([2023](#))
- Among people obtaining an abortion, more than half were in their 20s: 33% were aged 20–24 and 28% were 25–29 ([2024](#))
- Adolescents made up 10% of people obtaining an abortion; 2% of people obtaining an abortion were 17 or younger ([2024](#))
- 55% of people who obtained an abortion had previously had at least one birth ([2024](#))
- 41% of people obtaining abortions had an income below the federal poverty level (FPL) and 30% had incomes between 100% and 199% of the FPL ([2024](#)).

Types of Abortion

Abortion Procedure

- Procedural abortions are generally well-known in US popular culture. A clinician performs a gentle suction procedure to remove the contents of the uterus [2024, 2022]
- Procedural abortions are highly safe and effective [2018]

Abortion Pills

- Medication abortions typically involve a combination of two medications, mifepristone and misoprostol, which can be provided safely and effectively in the US up to 11 weeks gestation [2022]
- Medication abortions are highly safe, accessible, and effective, working 98% of the time without additional treatment [2024]
- Medication abortions are central to US abortion care, accounting for more almost two thirds (64%) all US abortions [2023]

Self-Managed Abortion (SMA)

- SMA involves any action that is taken to end a pregnancy outside of the formal healthcare system [2023]
- The most common and effective methods of SMA include self-sourcing and using mifepristone & misoprostol or misoprostol alone - the same medications used for a clinic-based medication abortion [2023]
- Unlike the limited options available before *Roe v Wade*, safe and effective methods of SMA are now available. Self-managed medication abortion is extremely safe and effective [2023]
- Studies demonstrate that SMA is safe and effective when people can access accurate information on how to use the pills (mifepristone & misoprostol, and misoprostol alone) and when to seek help [2021]
- Fears of “coat-hanger” or “back-alley” abortions date back to a medical and sociopolitical landscape predating *Roe v. Wade*. Today, medication abortion makes SMA a safe option for patients [2022]
- There are many reasons why someone may choose SMA: due to state bans and severe restrictions, SMA may be the most accessible and affordable option, to avoid discrimination and stigma in health care settings, to avoid anti-abortion protesters, and because it can feel more private, “natural,” or empowering [2022, 2023]

Medication Abortion Reversal

- Medication abortion is not reversible. The American Congress of Obstetricians and Gynecologists say the chances of “reversing” an abortion after mifepristone administration is the same (30-50%) as taking the mifepristone alone, not taking the misoprostol and waiting it out [ACOG].

Abortion Complications (or lack thereof)

- A first-trimester abortion procedure (which accounts for 94% of all abortions [2024]) is one of the safest medical procedures and carries minimal risk. “The incidence of major complications (hospital admission, surgery, transfusion) is <0.3%, and the incidence of minor complications (self-limited bleeding, ongoing pregnancy) is <4%.” [2023]

Abortion and Mental Health

- According to numerous major studies over the past 50 years, there is no significant scientific evidence that the rates of mental health problems for patients with an unwanted pregnancy are any different if they had an abortion than if they gave birth. [[The American Psychological Association, 2022](#); [Turnaway Study](#)]
- What psychological research does demonstrate is that denying someone an abortion that they want is a detriment to their physical and mental health [[The American Psychological Association, 2022](#); [Turnaway Study](#)]

Abortion and Cancer

- Research has shown that patients who have had an abortion are no more likely to develop breast cancer than patients who have not had an abortion; there is also no indication that abortion is a risk factor for other cancers. [[The American College of Obstetricians and Gynecologists, 2021](#)]

Abortion and Infertility

- There is no scientific evidence which demonstrates that patients who have had an abortion are at a greater risk of infertility than patients who have not had an abortion. [[The American College of Obstetricians and Gynecologists](#)]

Abortion Access

Abortion among Teens [[Advocates for Youth, 2019](#)]

- Teenagers are disproportionately affected by restrictive abortion policies because they are less likely to be able to take time off of school, afford travel expenses, or maintain privacy over their personal healthcare decisions
- Though most pregnant minors choose to tell their parents, many young people cannot tell their family about their pregnancy status
 - 20% of pregnant minors have experienced physical abuse by a parent or caretaker
 - 30% of pregnant teenagers who did not tell their parents about their abortion reported fearing violence or physical displacement
- Teens are more likely to experience delays in having an abortion until after 15 weeks of pregnancy, when the medical risks associated with abortion are significantly higher [2013]

Legal Barriers for Teens [[Advocates for Youth, 2019](#)]

- The majority of US states require that minors notify or receive consent from their patients to terminate a pregnancy
- These parental involvement laws:
 - delay or prevent abortion care entirely, leading to more expensive and later-term abortion procedures or carrying an unwanted pregnancy to term
 - can put young people's safety at risk
 - disproportionately affect undocumented youth
- Research demonstrates that parental involvement laws have no clear impact on abortion rates and almost no impact on a young person's decision to disclose their pregnancy status to their guardian

Judicial Bypass [[Advocates for Youth, 2022](#)]

- "Judicial bypass" allows minors to receive abortion care without involving a legal guardian. Acting as another barrier to access, the policy requires that young people receive court approval to have an abortion
- More details on state-specific parental involvement and judicial bypass policies can be found on the [Guttmacher Institute's "Parental Involvement in Minors' Abortions"](#)

Legal Barriers Nationwide

Across the United States, restrictions on legal abortion vary widely. These differences are becoming even more stark since June 24th, 2022, when the Supreme Court of the United States struck down *Roe v Wade*, no longer guaranteeing Americans a constitutional right to an abortion. With a rapidly changing reproductive healthcare landscape, resources tracking state-specific, day-by-day changes to abortion policies can be found at the following:

- [Interactive Map: US Abortion Policies and Access After Roe \(Guttmacher Institute\)](#)
- [After Roe Fell: Abortion Laws by State \(The Center for Reproductive Rights\)](#)

APPENDIX III - REDIRECTION STRATEGIES

(TO BE USED WITH ACTIVITY IV BUT CAN BE USED WHEN NEEDED WITH ALL ACTIVITIES)

When faced with challenging conversations we may need to employ some redirection strategies. Redirection allows the group to move together, back to the topic at hand. The list below is not exhaustive – and we encourage facilitators to add to the list as appropriate to their setting.

- Remind participants of the ground rules
 - This reminds the group of our expectations
- Offer for someone who hasn't spoken to speak
 - "I'd like to hear from someone who hasn't shared a lot today"
- Empower participants to call ELMO
 - Enough, Let's Move On
- Take a break
- Acknowledge limited time
- Parking Lot
- Switch facilitators
- Use humor (appropriately)
- Throw it back to the group
- Acknowledge how people are feeling and then move on

APPENDIX IV: VALUES STATEMENTS COMPENDIUM

(TO BE USED WITH ACTIVITY IV)

The statements below are useful for facilitating Values Clarification Workshops for providers of sexual and reproductive health. These statements can be used for the activity called “Agree/Disagree,” which asks participants to consider the thoughts and feelings of other people by putting themselves in their shoes even if they do not agree with them. Through the process of reflection and dialogue, participants are encouraged to evoke shared values, show compassion and empathy, and reflect on how the process can enhance patient-centered care. The list below is not exhaustive – and we encourage facilitators to add to the list as appropriate to their setting.

1. Every person has the right to choose to terminate a pregnancy.
2. It doesn't matter why a person chooses to have an abortion.
3. If a person has access to birth control, they shouldn't be allowed to have an abortion.
4. If a person has access to birth control, there is no reason for them to have an abortion.
5. People who have more than one abortion are irresponsible.
6. Abortion is part of primary care.
7. If a person has an unintended pregnancy, it is their fault.
8. Long-acting reversible contraception (LARCs) are the best method of birth control for all people.
9. Abortion is a form of birth control.
10. Emergency Contraception is a method of abortion.
11. IUDs are a method of abortion.
12. Access to abortion will encourage “promiscuity.”
13. People should not be able to have an abortion if they have already had one.
14. Health care providers need to support the pregnancy decisions of their patients even if it makes them uncomfortable.
15. People, no matter their age are best suited to decide the method of contraception that works best for them.

16. Adolescents are equipped to make sexual health decisions on their own.
17. Parents have a right to know if their adolescent children are sexually active.
18. Parents have a right to know if their adolescent children are using contraception.
19. Parents have a right to know if their adolescent children are pregnant.
20. Parents have a right to know if their adolescent children are having an abortion.
21. Anyone over 30 should not have an abortion.
22. If health centers start providing abortion their mission will change.
23. Asking people their pronouns can confuse people.
24. Asking/sharing pronouns is unnecessary for the provision of healthcare.
25. It is impossible for a man to become pregnant.
26. Only women can become pregnant.
27. Providing medication abortion saves lives.
28. Most people that have an abortion regret it.
29. People that have a lot of children already should have an abortion.
30. Abortion is a tool of population control.
31. Second trimester abortion care services should be available to every person who wants one. *
32. Both partners should have **equal say** in making a decision about a pregnancy.
33. A person should be able to have an abortion even if their partner wants them to continue the pregnancy. *
34. Pregnant people who are HIV positive should be counseled to terminate their pregnancy. *
35. A person should be able to have an abortion based on the sex of the fetus. *
36. I can support a person having an abortion in the first trimester, but never in the second trimester.*

* Turner K, Chapman Page K, Abortion attitude transformation: A values clarification toolkit for global audiences. Ipas. 2008. <https://www.ipas.org/wp-content/uploads/2023/05/VCATHS2E18-AbortionAttitudeTransformation-humanitarian-audiences-c.pdf>.

APPENDIX V: VALUES CLARIFICATION ACTIVITY HANDOUT

(TO BE USED WITH ACTIVITY IV, VERSION II)

Please indicate whether you agree or disagree with the following statements. This is anonymous, so please do not write your name on the paper and answer as honestly as possible. When you are finished, please fold or crinkle up your paper so no one will see your responses.

Statement	Agree	Disagree
Every person has a right to choose to terminate a pregnancy.		
If a person has access to birth control, there is no reason for them to have an abortion.		
People who have abortions are irresponsible.		
Abortion is part of primary care services.		
If a person has an unintended pregnancy, it is their fault.		
Access to abortion encourages "promiscuity"		
Adolescents are equipped to make sexual health decisions on their own.		
People should not have access to abortion if they have already had one.		
Second trimester abortion care services should be available to every person who wants one.		
Both partners should have equal say in making a decision about a pregnancy.		
Most people who have abortions regret it later		

APPENDIX VI - WORST FEARS EXAMPLES: QUESTIONS WITH POSSIBLE RESPONSES

(TO BE USED WITH ACTIVITY V)

What happens if the patient asks me about my personal beliefs around abortion?

- “Today is about you. I am here to provide you with whatever support you need to do what is best for you in this moment.”
- If the patient asks anything about politics, or what the provider believes/doesn’t believe, or if the provider thinks that the person should/shouldn’t have the abortion, just remember to say “You are the expert of your own body and health, and it’s my job to provide you with the support you deserve.”
- You can also use this sort of language if the patient asks you if you’ve personally had an abortion.

Is this a sin/will God punish me, or if they are a bad person for getting an abortion?

- Could ask the patient: “What does your God say about forgiveness?”
- Could say “many, many people of faith have abortions” and/or offer Faith Aloud as a resource.
- You are making a decision about what is best for you at this time, and that does not make you a bad person.

Concerns about how to support patients after the abortion

- Validate their feelings, don’t try to influence them or change their minds. If someone feels guilty, they are allowed to feel guilt. If someone feels relief, they are allowed to feel relief. If someone feels guilty about feeling relief, you can say “many people feel this way after an abortion.”
- People may feel lots of different and even contradictory emotions. Try not to change their minds or influence their feelings- all of their feelings are valid and very normal.
- Remind folks that this is a common experience.
- After abortion resources: Exhale, All-Options, Faith Aloud. These resources also offer training for providers and staff.

Having to deal with legal questions or situations.

- It is understandable to have fears about having to field legal questions that you might not know the answers to, especially given the complex legal landscape around this care. Most people who went into health care did not sign up to be a legal expert, and that is not expected of you. It's perfectly okay to say "I don't have an answer

for that, but let me get back to you or let me get you connected with the person best suited to answer you." If this seems to frustrate the person asking the question, you can apologize and say that you just want to make sure they are getting the correct answer.

- Offer <https://www.reprolegalhelpline.org/> or Abortion Defense Network at resources*

This will add a lot of work and as an organization do we have the bandwidth in time and personnel to properly provide this important service?

- Highlight the time, planning, training, and involvement that has gone into implementation.
- Know that you have an open line of communication with the team working on implementing this care - raise your concerns so that you can work together to address them and ensure that this service is provided in a way that meets staff and patients' needs

Lots of phone calls when things go wrong & staff overwhelmed

- Rate of complications is low, in most cases there are no issues.
- RHAP has resources to support training staff in how to handle the most common patient concerns

Fears about protestors/community backlash.

- The clinic already provides this care in other departments
- Offering abortion care here, in your family medicine setting, can be done discreetly
- Protestors more commonly target abortion clinics
- The clinic likely already had security protocols and systems for other reasons

Other language notes

- Reflect the language of the patient. Some patients may call their pregnancy a "baby," and don't try to minimize or tell them it's not true- this becomes a value judgment, and it's not your job to impose your belief on the patient.
- Remind people that this is common, safe, and a basic part of health care.

APPENDIX VII: VALUES CLARIFICATION SENTENCE HANDOUT

(TO BE USED WITH CLOSING ACTIVITY 1)

1. Abortions are:
2. People who have abortions are:
3. A person facing an unwanted pregnancy should:
4. With a person who has an unwanted pregnancy, the role of a primary care clinician should be:
5. My biggest concern about introducing abortion care into our practice is:
6. If we provide abortion care here, I am afraid that:
7. Providing abortion care here is:
8. In this country, abortions should be:

APPENDIX VIII: REFERENCES AND RESOURCES

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