VALUES CLARIFICATION WORKSHOP

modified from a workshop designed by Vicki Breitbart and Jini Tanenhaus of Planned Parenthood of New York City

The Values Clarification Workshop outline below is structured for a two-hour time slot. However, the Reproductive Health Access Project has used this workshop in a modified format for use during a one-hour staff lunch break, or spread it out over two one-hour sessions. By shortening each section or by selecting only some of the exercises, it is possible to fit this valuable material into a shorter period of time, without compromising the important messages being imparted. Values Clarification Workshops are best led by individuals with training in mental health and group process.

VALUES CLARIFICATION WORKSHOP

Goals: To provide an opportunity for staff who are new to the provision of abortion to assess their attitudes and beliefs regarding the issues surrounding abortion.

Objectives: After this workshop, staff will be able to:

1) identify the myths and reality *surrounding* the provision of abortion services in this country and the women who have them.

2) identify their own beliefs and attitudes towards the provision of abortion services and the women who have them.

3) separate their personal beliefs from their professional role in the provision of abortion services.

Materials:
- Newsprint or Erasable Board
- Markers
- Updated Fact Sheet on Abortion in the U.S.
- Sentence Completion forms
- Signs with "agree" and "disagree" written in large bold letters

I. Introduction — 5 - 10 minutes

Everyone goes around and states their role in the centers.
Facilitator describes the goals and the objectives for the session.

II. Establishing ground rules — 5 minutes

Materials: - Newsprint or erasable board and markers

Establish ways of working together. Facilitators take notes on board. Participants in this workshop will be discussing very sensitive issues and they need a safe environment. Examples: Keep everything confidential; listen even if we disagree; there are no wrong answers.

III. Breaking the News (alternative to IV "establishing empathy" exercise to follow)

Facilitators ask participants to pair up for a role play. One partner plays the "clinician" and the other the "patient". The clinician tells the patient that she is pregnant. The "patient" doesn't want to be pregnant. After one minute, the roles are reversed and the other partner plays the clinician breaking the news.

The facilitators then ask the participants to describe the most helpful aspects of the way the "clinician" broke the news. The answers are written on the board ("non-judgmental", used sympathetic body language, etc.)

IV. Establishing empathy **25 minutes**

Materials: **-** Newsprint and markers

Exercise 1:

The facilitator asks 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 or a counselor.

Participants are then asked to choose someone sitting near them. One member of each team is asked to talk to their partners about what it was like to ask for help. After two minutes the other member of the team is given a chance to talk about their experience asking for help.

The facilitator stresses that when participants are listening to their partners they can use what we call "minimal encouragers", things like "uh huh" or "mm", but they are not to ask questions or give any verbal response to your partner.

Discussion:

After the allotted time, the facilitator asks the group as a whole the following questions, listing the responses on the newsprint:

What did you hear it was like for that person to ask for help?
What was your partner's message about what was helpful?
What was your partner's message about what was NOT helpful?
What did it feel like talking for 2 minutes without interruption?
What are the important values in dealing with someone in a crisis?

Exercise 2 – "Stand-up/Sit-down":

The facilitator asks everyone to stand and introduces this exercise by saying:

> We all do things that we "know better" not to do even though we know the consequences.
>
> Now sit down if you smoke.
> Now sit down if you ever eat too much.
> Now sit down if you cross in between cars.
> Now sit down if you work too hard or too many hours

The exercise ends when no one is left standing. The facilitator points out that:

> We have all done something we know isn't good for us even though we know what the consequences could be. One of these things could even be having intercourse without contraception at a time when we did not want to become pregnant. We all have the right to "make bad choices". How do we provide a service without imposing our judgement on others? There is nothing that is "not judgmental". The goal is to separate the personal from the professional and to relate to clients in their terms.

V. Myths About Abortion — 15 minutes

Materials: - Newsprint and markers
- Fact sheet on abortion

What do people say about women who get abortions? For instance: they are "selfish." They are irresponsible. They use abortion as birth control. The facilitator lists the responses on newsprint.

After brainstorming a list of stereotypes, hand out the fact sheet and share information about the reality of abortion in the U.S.

VI. Values Clarification — 30 minutes

Materials:
- List of value statements (for facilitator only)
- Signs that say: Strongly agree / Strongly Disagree
- Masking tape
- Sentence completions
- Pens or pencils

Exercise 1:

The facilitator asks the group to stand and explains that she/he is going to read statements about abortions. She/he has designated one side of the room for people who "strongly disagree" by posting a sign on the wall and the other side of the room for people who "strongly agree."

The facilitator explains that after each statement is read, people will move to where they think they are on the continuum. They can either move to where the sign is or anywhere else in the room that designates where they believe they fit. The middle of the room is neither agree or disagree, close to the sign that reads "strongly agree," but not directly under it, would be "somewhat agree."

To get people moving, 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 really wanted the Yankees to win the World Series

Then the facilitator reads one of the statements on the Value Statements list. After the group stops moving to their positions, the facilitator has a few

people explain why they moved to where they are. The people should be selected from various different positions in the room.

VALUES CLARIFICATION STATEMENTS

- Every woman has the right to choose to terminate a pregnancy.
- Parental consent should be required for any teen requesting an abortion.
- Women who have more than one abortion are irresponsible.
- Male partners should have the right to be part of the decision about terminating a pregnancy.
- Abortions should be legal only up to 12 weeks of pregnancy.

VII. Worst Fears 30 minutes

- The facilitator asks the group to write on a notecard the questions or statements they are most afraid a patient might ask them regarding abortion. The questions are not signed but are collected and then the facilitators go through the questions, answering some of them and opening up the discussion of the answers to the group.
- Some examples: "Can I see the baby after you do the abortion?" or "Don't you feel like you are a murderer for doing abortions?"

VALUES CLARIFICATION SENTENCE COMPLETIONS

(optional, if time permits)

1. **Abortions are:** _____

_____

2. **Women who have abortions are:** _____

_____

3. **A woman facing an unwanted pregnancy should:** _____

_____

4. **With a patient who has an unwanted pregnancy, the role of a primary care physician should be:**

_____

5. **My biggest concern about introducing abortions into our services is:** _____

_____

6. **If we provide abortions here, I am afraid that:** _____

_____

7. **Providing abortions here is:** _____

_____

8. **In this country, abortions should be:** _____

_____

Myth Busting: Facts About Abortion

Unintended Pregnancy

- Each year almost 50% of all pregnancies among American women are unintended. [2011]
- At least half of American women will have an unintended pregnancy by age 45. [2013]

Low-income women are more likely to have an unintended pregnancy [2014]

- **49%** of women obtaining abortions have incomes below 100% of the federal poverty level (**$11,670** for a single woman with no children)
- **26%** of women obtaining abortions have incomes between 100–199% of the federal poverty level

Abortion Statistics

- 3 in 10 women in the United States will have an abortion by age 45. [2008]

In 2011, 1.06 million **abortions were performed** in the United States, down from 1.21 million in 2008. [2011]

Fifty-one percent of the women getting abortions reported that they used contraception during the month they became pregnant. [2008]

Women have abortions at different times in their lives; [2014]

- 12% percent of American women obtaining abortions are teenagers
- Women in their 20s account for more than 60% of all abortions
- About 59% of abortions are obtained by women who have 1 or more children
- Women who have never married and are not cohabiting account for 46% of all abortions

Women who have abortions are from all racial, ethnic, socioeconomic, and religious backgrounds [2014]

- White women account for 39% of abortions, black women for 28%, Latinx women for 25% and women of other races for 9%
- 30% of women obtaining abortions identify as Protestant, 24% identify as Catholic, and 34% reported no religious affiliation

The reasons women give for having an abortion underscore their understanding of the responsibilities of parenthood and family life [2005]

- 3/4 of women cite concern for or responsibility to other individuals
- 3/4 say they cannot afford a child
- 3/4 say that having a baby would interfere with work, school or the ability to care for dependents
- 1/2 of women say they do not want to be a single parent or are having problems with their husband or partner

Abortion Complications

- Abortions performed in the first trimester pose virtually no long-term risk of such problems as infertility, ectopic pregnancy, miscarriage or birth defect, and little or no risk of preterm or low-birth-weight deliveries. This is the same for both medication abortion and surgical (aspiration) abortion. [2006]

- A first-trimester abortion procedure [which account for 92% of all abortions] is one of the safest medical procedures and carries minimal risk – less than .05% – of major complications that might need hospital care. [2013]

Abortion Access

- About 60% of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and difficulty finding funds as reasons for the delay. [2006]
- Teens are more likely than older women to delay having an abortion until after 15 weeks of pregnancy, when the medical risks associated with abortion are significantly higher. [2013]

Abortion and Mental Health

- According to numerous major studies over the past 15 years, there is no significant scientific evidence that the rates of mental health problems for women with an unwanted pregnancy are any different if they had an abortion than if they gave birth. [2008]

Abortion and Cancer

- Research has shown that women who have had an abortion are no more likely to develop breast cancer than women who have not had an abortion; there is also no indication that abortion is a risk factor for other cancers. [2008]

Medical Abortion Reversal

- There is no evidence-based study to support George Delgado's claim that medication abortion is reversible, and 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, [*Continuing pregnancy after mifepristone and "reversal" of first-trimester medical abortion: a systematic review.* Grossman, D. et al. National Institute of Health, Sept. 2015].

Unless otherwise noted, all information is care of the Guttmacher Institute. A hyperlinked version of this fact sheet is available at www.reproductiveaccess.org.