



Video Transcript: Intro

Speaker 1 (00:02): Non-Directive Pregnancy Options Counseling, Best Practices. These videos were created by RHNTC, Reproductive Health National Training Center, and Envision Sexual and Reproductive Health.

Patty Cason (00:19): Hi, I'm Patty Cason, a family nurse practitioner with a specialty in Sexual and Reproductive Health.

Joely Pritzker (00:25): And I'm Joely Pritzker, I'm also a family nurse practitioner and my clinical practice is at an FQHC.

Patty Cason (00:30): The Reproductive Health National Training Center, RHNTC, and my organization, Envision Sexual and Reproductive Health, or Envision SRH, collaborated to create the following videos. Our goal is to demonstrate person-centered pregnancy options counseling visits that are non-directive and non-judgmental.

The scenarios present key learning points by portraying counseling conversations with people who are experiencing a variety of clinical and personal circumstances.

Joely Pritzker (00:57): Both licensed and non-licensed health care professionals effectively engage in pregnancy options counseling. While some scenarios present more complex clinical scenarios, the communication skills demonstrated, and information provided are largely relevant to all options-counseling visits. We hope you find the videos engaging and easy to learn from. And while you're watching, we suggest that you note the specific language recommendations that the health care professionals use, such as— your pregnancy test came back positive, which means you are pregnant.

Patty Cason (01:33): Or—what thoughts do you have about what you might do?

Joely Pritzker (01:36): Or—what do you think you might do?

Patty Cason (01:39): And making an adoption plan. The interactions and communications you'll observe in these videos are based on a simple provider-patient communication strategy called ASA cycles. You'll notice that before giving information, the providers affirm or acknowledge something about the client or what the client has said. This is the first A in the ASA cycle. This acknowledgment can come in several forms. If the client has expressed a feeling, an emotion, like...

Joely Pritzker (02:05): That's really scary.

Patty Cason (02:07): Or...

Joely Pritzker (02:08): I'm really excited!

Patty Cason (02:11): Acknowledge the person by responding with a brief expression of empathy like— wow—or— I can see how that would feel scary— or—your excitement is contagious!

If the client expressed no emotion but voiced misinformation, acknowledge the patient in a positive way by pointing out any part of what they said, that is true. And then saying “and” to add the correct information. Acknowledge if the person has quit smoking or displayed other health-supporting behaviors like getting STI tests before having unprotected coitus, and you can always acknowledge with validation.

Patty Cason (02:47): Something like— I can see why you would think that— or—absolutely, this is confusing to me too.

The S part of the ASA cycle is to share a digestible amount of information that is directly relevant to the client, using language they understand. Then, before overloading the client with more information, the second A in the ASA cycle is to ask a follow-up question about the information you just shared. Listen carefully to the client's reply and then start the ASA cycle all over again.

Joely Pritzker (03:22): Over the past few years, there have been many changes that have impacted the provision of pregnancy options counseling. Local, state, and federal legislation continues to affect the broader landscape in which clients access care. How health care professionals support clients in their decision making, however, remains the same. These videos highlight best practices for providing non-directive, person-centered pregnancy options counseling.

Speaker 1 (03:55): Learn more at [RHNTC.org](https://rhntc.org) and [EnvisionSRH.com](https://envisionSRH.com).