



# **MLCPC 110:**

***The ABCs of Crisis Intervention:  
Crisis Pregnancy and its Aftermath***

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**Abstract**

This session will discuss the identifying characteristics and results of a crisis. Participants will learn how to best meet clients in their time of need and how to identify the different stages clients may be at upon seeking help at the crisis pregnancy center. Finally, the ABCs of crisis intervention will be discussed, as well as spiritual action items that may be implemented by crisis pregnancy workers.

**Learning Objectives**

1. Participants will distinguish the causes of crises.
2. Participants will identify the common emotions experienced by those in a crisis pregnancy.
3. Participants will be able to apply the ABCs of crisis intervention to their work with women.

## I. Crises

### A. A crisis can be:

1. A **real event** that actually happened (accidents, a death, drug overdose, suicide, child running away, etc.)
2. **Imagined** (fears, drug-induced psychosis, delusions, demonic oppression, etc.)
3. **Anticipated** (an unwanted pregnancy, expected legal action, potential job loss, pending divorce, terminal illness, etc.)

### B. A crisis can be the result of:

1. Living in a sinful and broken world
2. The sinful choices of another person
3. Making unwise and/or sinful choices
4. Spiritual warfare and spiritual attacks

### C. Most crises dissipate within **6-8 weeks**—it's how a crisis is managed that often determines the outcome. Unresolved issues can cause the person to feel "stuck," thereby creating what's called a **trans-crisis state**.

1. Someone is "stuck"
2. Common attitudes often observed in the women who are in the process of trying to resolve a crisis pregnancy:



## II. The ABCs of Crisis Intervention

### A. **ACHIEVE** a connection and relationship with the client.

1. Instill confidence by demonstrating a strong positive voice.
2. Instill confidence by demonstrating a strong positive attitude.
3. Understand the power of presence in the moment.
4. Be calm and in control yourself.
5. Listen! Listen! Listen!
6. Encourage the expression of feelings.
7. Be empathetic as opposed to sympathetic.
8. Don't minimize, devalue or underestimate the situation.
9. Begin where the other person is (spiritually, emotionally, cognitively, etc).
10. Accept the person as they are (not necessarily their choices/behavior).
11. Be confidential unless the person or someone else is endangered.
12. Common emotions:
  - **Fear:** The predominant fear in a crisis is the fear of abandonment. Will her partner leave? Will her parents reject her in anger? Will she have to drop out of her social environment or not finish her education? Will there be health implications?

- **Confusion:** Confusion is often the result of her desperation to find relief from the painful circumstances of her unplanned pregnancy. The degree of her crisis will impact her ability to make well thought out decisions.
- **Guilt:** She may feel ambivalent and guilty about her sexual activity. This may either increase a need for help and change, or a need to rationalize or deny consequences of behavior. If she feels she is being judged, it may intensify her need to justify her actions.
- **Joy:** A vague sense of joy about being pregnant, even in an unwelcome situation, may actually add to her confusion and feelings of guilt.
- **Worthlessness:** A pregnancy can exacerbate existing feelings of a poor self-image. This is complicated by the fact that many male partners abandon the relationship in a crisis, leaving the woman alone during this severe turmoil.

**B. BREAK DOWN** the problem.

1. Look for major issue(s) or theme(s). In crisis pregnancy situations, the woman has **three** choices:
  - **Abortion:** The “top of the mind” concept is what hits first. “I have to have an abortion. I’ll get rid of this as soon as possible. I have to do it. It will hurt too many people if I have a baby. This is best for me. No one even needs to know.” Having an abortion may seem like the easiest way out. Most women feel some doubt and fear about the possible consequences, but reach toward abortion because it is staring her in the face and ringing in her ears.

- **Adoption:** Adoption offers a different kind of solution, but unmistakably brings huge loss with it. “How could I carry a baby for nine months and then give it away?” That is a cry often made by a pregnant woman. Placing for adoption is often viewed as a selfish thing, like abandonment, even though the child lives and thrives. It is hard to accept the more positive thought that the mother is providing a good family for her child. Some convince themselves that they would rather abort than place for adoption. This also avoids the discovery of the pregnancy, and the sacrifice of carrying through to term and delivery.
  - **Parenting:** While the vast majority of women desire to have children eventually, having a baby when young, unmarried, in school, or when pursuing a career can seem like a difficult or unwelcome prospect. A woman struggling to raise children she already has, and perhaps alone and in poverty, will resist adding to her difficulties with another pregnancy.
  - Women of all ages and stages are told they should take primary and personal responsibility for making choices about what to do with their body. In the case of crisis pregnancy, they are presented with three seemingly unsatisfactory choices, choices that need to be made while dealing not only with negative and conflicting thought and emotions, but with the realities of their personal situations. Our role as coaches and counselors who affirm life is to help them make a well-informed choice that they can live with for the rest of their lives.
2. Assess **how critical** the situation or crisis really is in terms of **thoughts, feelings, behaviors, experiences, incidents**, etc. (use a **10-point Self-Report Scale** like the typical Pain Scale used by doctors and in the Emergency Room). Be aware of the tendency to deny, minimize, and/or under-report:
- Frequency

- Intensity
  - Duration
  - Variability
3. Begin to help the client create a sense of ownership. Expected pressures may come from multiple sources:
- **People:** It has been said that the most common reason for choosing an abortion is the real or perceived pressure from others. Her parents, sexual partner, and friends will have tremendous influence over her decisions.
  - **Circumstances:** Finances, living situation, illness, work, or schooling are all influences in her decision-making. Studies show that 84-90% of clients who aborted, stated that they would have kept their babies under better circumstances.
  - **Culture:** Our culture seems to consider that a woman lacks good judgment if she carries to term in spite of poor circumstances. She often has to go against the tide of popular opinion about the meaning of abortion and what is happening within her.
4. Determine the priorities for effective intervention and/or care, especially any life threatening or other critical decisions that need to be made – **safety first!**
5. Look for those issues that can be attended to easily and quickly.
6. Examine what has been tried already.

7. Look at new alternatives and directions that can be considered.
8. Examine any potential consequences of actions that may be taken.
9. Work toward appropriate ownership of the problem or situation.

**C. COMMIT to a Plan of Action.**

1. Identify all potential support systems and resources.
  - Involve families if possible
  - Give the client resources to help calm her
  - Pay attention to the **whole** person
2. Encourage the formulation of a **plan** and utilize the following principles in doing so:
  - Build a plan using the person's strengths
  - Build a plan with 2-3 primary/initial goals
  - Build a plan with specific objectives (smaller steps) to meet those goals
  - Build a plan with goals and objectives that are attainable
  - Build a plan with goals and objectives that are behavioral
  - Build a plan with goals and objectives that are measurable
  - Set time limits to initiate the plan
  - Tell the person that you will follow up
  - Be firm and supportive in working through resistance
  - Know when you are in over your head
  - Have referral sources available and be ready to utilize them

- Contact a supervisor, member of the leadership team, and/or pastor as appropriate

**D. DOCUMENT** the Interaction.

1. Write down any identifying information.
2. Document the important points of what you said, did, or recommended.
3. Note any issues or concerns, especially those that may have legal, ethical, or liability-related implications.
4. Keep the documentation confidential.

**E. EXPLAIN** the Plan of Action.

1. Make sure the person understands exactly what the next steps are.
2. Consider writing down the plan of action and/or contact people and phone numbers.
3. Have the person repeat the plan of action back to you verbally.
4. Tell the person that you will follow up with them and give them the day/time.

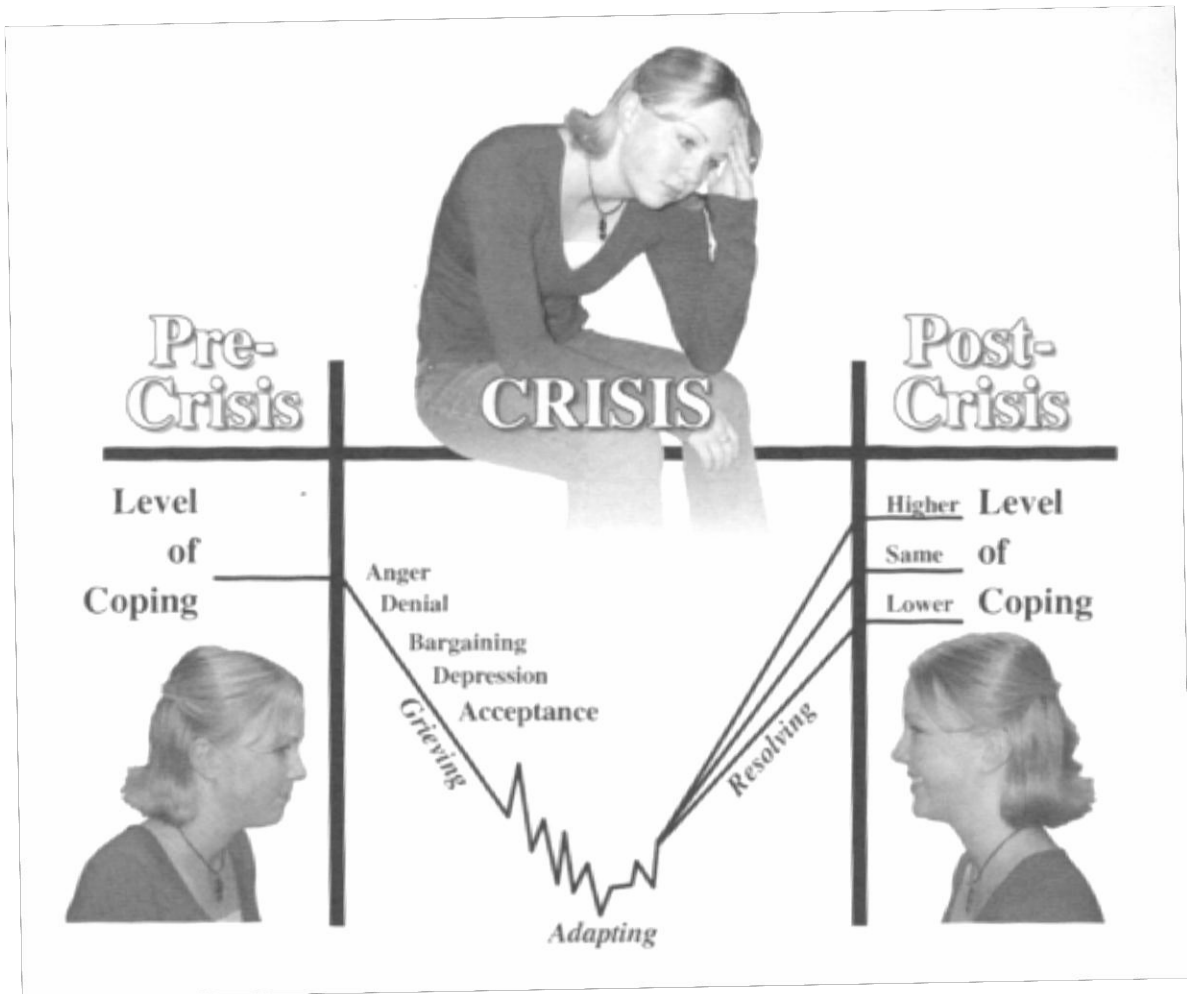
**F. FOLLOW UP** as soon as possible.

1. Contact the person the next day if possible or as agreed upon.

2. Verify that the action plan has been implemented/started.
3. Provide ongoing support and accountability.
4. Assess the ongoing level of isolation and the proactive/consistent commitment to stay connected to available/recommended support systems (both within the church and the community at large).
5. Check progress utilizing the same four markers as in Step 2 (Frequency, Intensity, Duration, and Variability).

### **III. Stages of Grief**

- A. A woman going through a crisis pregnancy will usually experience the following typical stages as she grieves over her situation:
  1. **Anger:** Anger at her boyfriend, at God, at herself, about her situation.
  2. **Denial:** Grasping for other reasons why her cycle is interrupted.
  3. **Bargaining:** Promising behavioral change if this is just not true.
  4. **Depression:** Excessive crying, withdrawal



Care Net (used with permission)

#### IV. Spiritual Action Items

- A. Pray without ceasing and understand the nature of the spiritual battle before you.
  
- B. Always model the character, humility, and love of Christ. Be grace-oriented in your words and actions.
  
- C. Seek to understand the person's spiritual journey and where they are in terms of having an authentic and personal relationship with Christ.

- D. Always point the person and the situation back to Christ wherever, however, and whenever possible.
  
- E. Pray with the person whenever it is appropriate – at the beginning and end of each session or phone call. Remain sensitive regarding when it would be helpful to stop and pray at any point in the process or conversation.
  
- F. Ask God for discernment and wisdom at all times – be led by the Holy Spirit.
  
- G. Allow for the possibility that God may want to move outside of your “box.”
  
- H. Bring in Scripture and/or biblical principles whenever appropriate.
  
- I. Incorporate other Christ-centered resources (counselors, other professionals, support groups, books, tapes, music, ministries, etc.) whenever appropriate.
  
- J. Have others be in prayer with you and for you.

*“If I speak in the tongues of men and of angels, but have not love, I am only a resounding gong or a clanging symbol.” — **I Corinthians 13:1***