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Informing abortion counseling: An examination of evidence-based practices used in emotional care for other stigmatized and sensitive health issues

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ABSTRACT

Objective: Emotional care is an important component of abortion services. Evidence-based counseling for other stigmatized and sensitive health issues may be informative for the improvement of abortion counseling.
Methods: We searched the literature for practices used in emotional care for stigmatized and sensitive health issues. We made analytic choices for the selection of articles using the "constant comparative method," a grounded theory technique. We selected practices that were effective in supporting coping and improving psychosocial adjustment. Findings were synthesized and analyzed to draw evidence-based implications for abortion counseling.
Results: We uncovered nine practices used in emotional care for stigmatized and sensitive health issues that have been shown to support coping or improve psychological adjustment. The techniques and interventions identified were: self-awareness assessments, peer counseling, decision aids, encouraging active client participation, supporting decision satisfaction, support groups, Internet-based support, ongoing telephone counseling, and public artistic expression.
Conclusion: A variety of patient-centered, evidence-based interventions used for other health issues are applicable in emotional care for abortion. Evaluation of these practices in the abortion counseling setting can determine their appropriateness and effectiveness.
Practice implications: Abortion care providers may be able to integrate additional patient-centered practices to support coping or improve psychological adjustment after abortion.

1. Introduction

An abortion is often an emotionally significant event in a woman's life. Although she usually arrives at an abortion decision privately, a woman will interact with health care professionals who are tasked with helping to inform her decision and supporting her physical and emotional health before and after her abortion. At each step, health care providers with various levels of training and experience will be expected to provide good quality emotional care.

Emotional care is a process in which the woman's emotions are discussed and explored. For example, providers of abortion counseling often explore how the woman arrived at her decision, assess the level of social support she is receiving, ask about her feelings and beliefs about abortion, and assess her ability to cope after the abortion [1]. Emotional care is a highly valued component of abortion services; clients rate this aspect as the most important factor influencing their overall satisfaction with abortion services [2].

While studies find that clients are highly satisfied with the counseling services they receive [2,3], little has been documented about the practices used in emotional care that contribute to satisfaction and coping with the abortion experience—either at the clinic or when interacting with other health care providers before or after the abortion. Currently, methods of emotional care for abortion vary significantly and few have been evaluated.

1.1. Why emotional care for abortion

After an extensive review of the peer-reviewed literature on mental health and abortion, the American Psychological Association's Task Force on Mental Health and Abortion concluded that "among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy" [4]. The act of an abortion alone does not increase the risk of having mental health issues, but several factors are associated with a reduced ability to cope after an abortion, and

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with feelings of guilt, anxiety, depression, and regret [4,5]. These factors include low self-esteem, poor expectations of one's own coping [5,6], belonging to a culture or religion that prohibits abortion [5,7], low levels of anticipated social support [7], and perceived stigmatization and need for secrecy [8].

Stigma contributes to the emotional experience of abortion but is not the only cause of strong emotions at the time of the abortion. Women experience strong emotions around having an unintended pregnancy, their relationship with the sex partner, the decision to have an abortion, the prospect of having a painful medical procedure, and many other factors. Because of the high degree of stigma surrounding abortion in the United States, providers of emotional care for abortion often encounter women who are not able to ask for emotional support or even speak of their abortion with loved ones. Further, internalization of stigma can contribute to a woman's low self-esteem, and feelings of guilt or shame [10–12]. Thus, some women have substantial emotional need during the abortion experience.

Emotional care that encourages support seeking and women's self-efficacy likely prepares women for healthy coping after an abortion. In one study of women in Buffalo, New York, greater support seeking was associated with reduced distress after an abortion [9]. Also, in a randomized controlled trial, women who received an intervention designed to raise women's expectations in their own ability to cope were less likely to have symptoms of depression after the abortion than women in a control group. The intervention involved a seven minute verbal presentation designed to enhance women's expectations of their own abilities and that they could cope successfully with their abortion [6].

Since the experience of making the decision to terminate a pregnancy can evoke complex emotions [5,10,11], emotional care at the time of an abortion can serve several functions. It can help a woman with decision-making, coping with stress, and maintaining positive mental health after an abortion. For a woman who is resolved in her decision to have an abortion, it can involve discussing how she came to her decision and exploring the context in which she made the decision. At the same time, emotional care enables providers to identify the minority of patients who may be at greater risk for poor psychological outcomes after an abortion and provide additional support and/or referrals to these women.

There is general consensus that all women should be offered emotional care. Current guidelines from the National Abortion Federation (NAF), the professional association of abortion providers in the United States and Canada, advise that "each patient must have a private opportunity to discuss issues and concerns about her abortion". The guidelines define client education and/or counseling as "a discussion of the feelings and concerns expressed by the woman which may include help with decision-making and contraceptive choices, values clarification, or referral to other professionals" [12].

Within the abortion context, women should be offered support throughout their abortion experience and if they desire, a referral to more extensive counseling [5,14,15]. Being client-centered means taking into account each individual's varying desire for information and for shared decision-making and tailoring services appropriately [13]. The extent and level of emotional support can be suited to each client's individual needs [10].

1.2. Emotional care for abortion

Although several guides and manuals exist for abortion clinic counseling [1,17–19], such guidance is based on expert opinion and experience with little evaluative evidence. Providers of abortion counseling are guided by the clinic's philosophy about abortion care. For example, providers at some feminist health centers use an approach to counseling that seeks to empower women, avoids questioning their decisions, and emphasizes their autonomy and reproductive rights, in addition to providing medical care.

Although never evaluated, the use of self-awareness, values clarification, and mindfulness practice has been used in pregnancy options and abortion counseling training for decades [1,14,15]. For example, Needle and Walker propose a 12-question self-assessment for therapists who are working with women who have abortions in their book on abortion counseling [16] and several organizations have developed materials and trainings for values clarification [17–19]. The principles in such assessments aim to improve client–provider relationships and increase providers' ability to relate to the client.

A variety of other practices for emotional care for abortion are already in place but little is known about their effectiveness. For example, an emotional triage form developed by the Hope Clinic in IL and published by NAF [20], is a short survey given to clients before counseling to assess their emotional need and anticipated post-abortion coping to tailor counseling resources effectively. A preliminary evaluation of the triage form is underway [21].

Decision aids are also used to help women make abortion decisions, including videos and paper-based exercises. A Pregnancy Options Workbook published by the Ferre Institute contains many types of decision aids and exercises. It invites users to create a list of pros and cons, write their own story, and take part in visualization techniques to facilitate decision-making [22].

Additionally there are telephone counseling services for women, Exhale (1-866-4 EXHALE) which provides support after abortion and Backline (1-888-493-0092) which provides support for women who are making a decision about a pregnancy or who have had an abortion or chosen adoption. Neither of these services has been formally evaluated and therefore it is unknown whether women who call the service have better psychological adjustment than women not receiving such ongoing support. There are also resources for ongoing support that exist online from websites offering abortion stories to bulletin boards and web chat rooms [23,24]. In addition to their talkline, Exhale is beta-testing an online community for those who have called the talkline, where members can submit a profile and participate in online discussions, email one another, and post-digital material such as pictures, music and writing (www.4exhale.org).

To date, little research has been conducted on such abortion counseling techniques and interventions. As such, this examination of relevant literature was conducted to identify counseling practices demonstrated to be effective in the context of other health issues. It does not aim to evaluate approaches to clinical practice used in counseling psychology, but rather identify specific interventions that could be tested, and if successful in the abortion setting, integrated into protocols. This review aims to generate new thinking on how to improve and evaluate emotional care practices used in abortion care.

2. Methods

To best inform counseling in the abortion context we chose to investigate counseling practices for health issues which are stigmatized and sensitive. We considered a health issue stigmatized if knowledge of the patient's condition had the potential to damage the patient's identity, character or reputation. We considered a health issue sensitive if there was a heightened need for confidentiality, tact, caution and emotional awareness when treating the client. Prior to our literature search we developed the following list of possible health issues to investigate: HIV, cancer, intimate partner violence (IPV), substance abuse, mental illness, female sterilization and vasectomy. While relatively less stigmatized and sensitive, female sterilization and vasectomy were also

included because they require an irreversible reproductive choice, much like abortion.

In this exploratory study, we took a grounded theory approach [25,26] to inquiry and examination of the literature. Grounded theory allows for an iterative process whereby the data (journal articles) are collected and repeatedly compared against the original case of abortion care. This constant case comparison strategy helped the authors refine the search both inductively (generating theory through in-depth exploration of examples) and deductively (moving from theory to hypothesis confirmation). Typical of grounded theoretical analysis and methods, we did not start with a specific hypothesis, but rather a guiding set of broad questions. Namely: What are the prevailing themes and concerns present in the small body of existing abortion counseling literature? What are some healthcare services which offer comparable types of counseling? How can abortion counseling be informed by comparable services that have been formally studied and evaluated? Because these broad questions covered such a wide variety of studies and disciplines it is not a systematic review. Rather, we make qualitative comparisons of a variety of practices that were purposively selected based upon the interpretation of the authors for their applicability toward abortion counseling settings. Two of the authors have worked in abortion care settings and all three authors have done extensive research on the topic.

We started by employing a nonprobability, purposive sampling method in our search to identify relevant articles for comparison and inclusion in the analysis [27]. We used PubMed and SCOPUS to search the literature for articles related to counseling about abortion and other stigmatized or sensitive health issues using the following combination of search terms: "counseling" AND "stigma," OR "stigmatized." We also searched using "counseling" AND abortion OR HIV OR cancer OR intimate partner violence (IPV) OR substance abuse OR mental illness OR female sterilization OR vasectomy. We restricted the results to those in English and those published after 1990. This search revealed a very large quantity of articles.

Because interventions that involve emotional care are often culturally specific, and to help narrow the scope, we examined only US-based studies. We reviewed the abstracts of the articles selecting those that met the inclusion criteria. Studies met inclusion criteria if they evaluated counseling interventions that: (1) addressed counseling or emotional care for a stigmatized or sensitive health issue, (2) examined outcomes of coping or psychological adjustment, based on quantitative or qualitative assessments, and (3) evaluated interventions that are relevant and could be applied to the abortion counseling setting by providers who may not have substantial training in mental health.

We defined coping as the ability to manage emotional stress and we defined psychological adjustment as an improvement in any psychological outcome, including depression, anxiety, feelings of isolation, distress, decisional conflict, self-esteem, confidence, and stigma. Interventions and techniques were deemed effective if participants reported improvement in any of these areas, or if standardized assessments demonstrated improvement in any of these areas whether or not they were compared to a control group.

Among the many remaining articles that met these criteria, we made analytic choices for the selection of articles employing the aforementioned "constant comparative method, a grounded theory technique [25]. We examined each article starting with the most recent first, and based on the existing abortion counseling literature and our collective expertise in abortion care, we made informed selections of counseling articles for stigmatized and sensitive health issues that we judged most relevant and applicable for comparison on a case by case basis.

Following the thread of inquiry, once a particular counseling technique or intervention was identified, additional searches were conducted to discover other articles that examined the use of that technique or intervention for emotional care for a stigmatized or sensitive health issue. Additional searches were conducted by using the name of the technique or intervention as the search term, alone or in combination with "stigma," OR "stigmatized". English language and post-1990 date limits were used for all searches. Once a few examples of an effective technique or intervention were found, we returned to the original results from the first literature search and began the search for the next technique or intervention.

When we had a list of evidence-based techniques and interventions, we sorted and grouped them under themes that are relevant to abortion counseling. These themes are presented below with the relevant techniques and interventions under each heading. We did not find any interventions that had a negative effect, that is, interventions that demonstrated to be harmful to participants' coping and psychological adjustment. We found a number of interventions that had no effect, however. The purpose of our examination was to identify potentially effective interventions for the abortion setting, therefore we do not describe interventions which had no effect. We recognize that this summary will not provide an exhaustive list of potentially effective counseling practices, however we hope to devote the space to those practices which have been shown to be effective in other sensitive and stigmatized health care services.

3. Results

We uncovered nine practices used in emotional care for stigmatized and sensitive health issues that have been demonstrated to be effective in supporting coping or improving psychological adjustment. We organized them into the following counseling themes that are relevant to the abortion context: establishing a supportive client–provider relationship, assisting with decision-making, offering supplemental sources of support, and addressing stigma (see Table 1).

3.1. Establishing a supportive client–provider relationship

While particular counseling techniques (including those described in this review) are effective, the therapeutic rapport between the client and the provider can be just as valuable in affecting desired results. Positive relationships involve the client feeling comfortable, understood, and respected. A relationship marked with warmth, trust, confidentiality, and listening, can be more important to the clients than providers' professional backgrounds or qualifications [28].

Self-awareness assessments. Instruction in self-awareness, values clarification, and mindfulness practice can help providers gain insight into how their own subjectivities affect their

Table 1
Results.

Counseling theme	Technique/intervention
Establishing a supportive client–provider relationship	• Self-awareness assessments • Peer counseling
Assisting with decision-making	• Decision aids • Encouraging active client participation • Supporting decision satisfaction
Offering supplemental sources of support	• Support groups • Internet-based support • Ongoing telephone counseling
Addressing stigma	• Public artistic expressions

counseling. These traditions teach professionals to notice their judgments and reactions through such means as meditation, writing exercises, discussion, and therapy [25–27]. Advocates of these interrelated types of training argue that self-aware health care professionals are more capable of preemptively identifying their own biases so that they do not unconsciously impose them on patients [28–30].

One study of primary care physicians demonstrated that self-awareness training can increase physicians' empathy and ability to relate to their patients [29]. The training included meditation exercises to generate awareness of one's judgments and feelings with the ultimate goal of reducing reactivity in challenging interactions. Another study showed that self-awareness assessments helped medical residents overcome resistance to unlearning a doctor-centered interaction style and enable them to yield a greater degree of control while interviewing patients [30]. These techniques facilitate teaching a non-judgmental and safe conversational approach to soliciting sensitive information from clients about their health behavior and concerns.

Peer counseling Peer counseling has been used in several health contexts to provide patients with support, grounded in the theory that individuals recruited from a particular group will have similar backgrounds and experiences, enabling them to better provide support than other counselors. It is believed that peer counselors provide more credible, culturally appropriate information than other counselors [31,32]. Peers are usually trained in role playing, ethics, and other topics relevant to the health issue, but otherwise have no formal mental health education or training. Peer counseling programs have an added advantage of being cost-effective [33,34].

The effectiveness of peer counseling has been demonstrated in a wide variety of health issues [33]. In one study, peer counseling for women newly diagnosed with breast cancer resulted in significant improvement in trauma symptoms, emotional well-being, self-efficacy, and desire for information on breast cancer resources [35].

Peer counseling has also been effective in HIV counseling programs [36]. In one study of a peer counseling program for people newly diagnosed with HIV, participants identified several benefits of peer counseling, including the role of peer counselors in the process of fostering hope [37]. The peer counselors inspired hope by sharing their own stories and disclosing experiences of overcoming challenging times in their lives.

3.2. Assisting with decision-making

Part of emotional care involves providing information about all options and helping clients make informed decisions. Providers of emotional care can use decision aids, communication techniques to encourage active client participation, and tools to identify women who will regret their decision.

Decision aids. Decision aids are practical tools that providers of counseling can use with clients to help them make health choices. Decision aids, such as pamphlets, videos, and computer programs are designed to help patients understand the options, consider the personal importance of possible risks and benefits, and participate in decision-making.

Decision aids are commonly used to make choices in a variety of stigmatized or sensitive health issues including mental health treatment [38], breast cancer surgery [53,54] and prenatal genetic screening [39]. A Cochrane review of 55 randomized controlled trials concluded that patient decision aids lead to better decision-making [40]. The review found that decision aids result in greater patient knowledge and lower decisional conflict due to feeling uninformed or unclear about personal values. They also reduce passive decision-making and indecision regarding treatments. In an evaluation of a computerized decision aid developed for women experiencing IPV that provides feedback about their risk for lethal violence and their options for safety, participants felt significantly more supported in their safety plans and had less decisional conflict than prior to using the decision aid [41].

Encouraging active client participation. Active client participation is an essential component of patient-centered care. Research has found that active clients seek information more effectively, tell providers more about their health condition, and verify the information they receive from providers [42]. For example, in a study of treatment decision-making among women with HIV, patients who reported greater involvement had higher levels of communication with their providers and received more information from their providers [43].

Health care providers can engage in supportive behaviors that encourage participation from clients. An analysis from audio recordings of post-angiogram consultations and initial lung cancer visits demonstrated that patients were conversationally engaged when more of the physicians' talk was facilitative and supportive. Facilitative techniques included asking for the patient's preferences, granting a patient's request, and encouraging the patient's participation. Supportive techniques included statements of encouragement, reassurance, praise, and comfort [58].

Supporting decision satisfaction. Ideally, every client will feel satisfied with her health care decisions, but in reality significant decisions are often met with ambivalence. An important component of emotional care is the use of methods that help reduce ambivalence and prepare clients to cope with their choices once they are made.

Research on counseling for female sterilization provides useful knowledge about how best to increase decision satisfaction. This evidence shows that thorough pre-procedure counseling and ensuring that decisions are made without pressure can be effective. A study of almost 500 women who had the sterilization procedure demonstrated that when interviewed an average of 70 months after sterilization, women who reported higher satisfaction with presterilization counseling were less likely to regret having the sterilization procedure than other women [59]. Other studies have found that regret in sterilization is correlated with external pressure by the clinician, spouse, relatives, or others [44,45].

In another intervention to reduce sterilization regret, women who were deemed more likely to regret their sterilization were screened out and provided alternative care. The intervention used a scoring system that assigned more points to women with characteristics associated with less regret (including age, number of children, age of the youngest child, and number of voluntary abortions). Women with a lower score were provided with an IUD instead of sterilization. None of the women who scored high and subsequently had the sterilization procedure requested sterilization reversal, while 3.6% of women in a control group who were not scored but had the procedure, requested reversal [46].

3.3. Offering supplemental sources of support

Augmenting current counseling services with additional sources of support has been demonstrated to be effective for other stigmatized or sensitive health issues. Such evidence-based approaches include the formation of group counseling sessions among clients, online support groups, and ongoing telephone counseling. Incorporating such sources of support may entail adding in-house services, or referring clients to those already available in the community or nationally.

Support groups. Support groups involve people who share a similar health problem, coming together to share their experiences, challenges, and successes. For participants, knowing others have similar experiences, especially with a stigmatized health issue, can be therapeutic and reduce feelings of isolation. Group

therapy is used frequently in alcohol and drug treatment programs. They have been shown to result in alcohol and drug abstinence and/or program completion [40,41] but their success in improving psychological outcomes for these participants is not well researched.

A randomized control trial of group counseling among women undergoing in vitro fertilization, found that it reduced anxiety. After four group sessions, participants in the intervention group had lower anxiety scores than those in the control group receiving no group intervention [42]. Another evaluation of a feminist-oriented group intervention for women who have experienced sexual abuse also found less psychological distress and depression, and higher self-esteem among group participants compared with wait-list controls who had not yet received the intervention [47]. Another study examined the use of group therapy among people who report being offended or betrayed, including victims of emotional, physical, or sexual abuse. Those who were assigned to partake in four group sessions were less likely to feel revenge toward the offender, and had fewer psychological symptoms than those assigned to a control group [48].

Internet-based support. People are increasingly turning to the Internet for health information and to interact with others who share a particular health condition. According to a national survey, those with stigmatized health conditions are more likely than those with non-stigmatized conditions to use the Internet for health information, to communicate with clinicians about their condition, and to access health care based on what they learn [49]. For stigmatized health issues, individuals especially appreciate the anonymity of online forums and are better able to cope with their condition [50].

A systematic review of Internet-based health interventions concluded that they are low in cost and resources, convenient for users, help to overcome feelings of isolation, reduce stigma, and involve substantial user control over the intervention [51]. For example, a qualitative study on the use of an online support group for XY chromosome females on an Androgen Insensitivity Syndrome website found that the support groups enabled participants to feel ''normal'' and to develop a reinterpretation of their identities and what it means to be female. This, in turn, resulted in better coping and adjustment with their condition [52].

Ongoing telephone counseling. Some patients want additional emotional support before or after their appointments with a provider and telephone counseling can offer them that. For example, a randomized control trial examining the effect of peer support for postpartum depression by telephone found positive results. Telephone-based counseling for postpartum women initiated by a mother who previously experienced postpartum depression resulted in lower rates of depression and anxiety compared to controls when assessed at 12 weeks postpartum [53]. Other studies have shown that telephone counseling can improve depression, anxiety, and coping among people diagnosed with cancer [50,51].

3.4. Addressing stigma

Addressing stigma can be important for coping with sensitive and silenced health experiences and contributes to psychosocial adjustment. Patients often express a desire for health care providers to address the stigma that they may be feeling, as found in one study among women with abnormal Papanicolaou smears [60]. Emotional care that incorporates interventions to reduce sigma is likely to improve their ability to cope.

The only evaluated intervention designed specifically to address abortion stigma was based on the hypothesis that a negative cultural environment can contribute to poor coping after abortion. This pilot study aimed to address perceptions of disapproval, lack of support, and opposition to abortion. The intervention, conducted within two months after an abortion, provides ''a culture of support'' by validating the clients' experiences, providing referrals to supportive groups and services, and offering accurate information so that women can identify misinformation about abortion when encountered [54]. The intervention was delivered through a brochure, a DVD presentation, and a discussion with a counselor. Qualitative results suggest that the intervention reduced the impact that negative socio-cultural factors have on women. At its conclusion the majority of the women agreed with the statement, ''I feel strong enough to not let these people bother me'' in reference to people who ''make it difficult for women who have abortions'' or people who ''make women feel worse about their decision instead of offering support'' [54].

Public artistic expressions. Arts-based activities, using visual art, music, drama, and poetry have been used to address disease-related stigma by raising public awareness about the stigmatized health issue. While use of art has long been used for psychological treatment or therapy in a variety of stigmatized health issues, the arts can also be used to help patients deal with the stigma that pervades their health issue.

One program that aimed to use the arts to help reduce the stigma of mental illness connected artists suffering from mental illness with public venues to display their artwork. It raised visibility of the health condition as well as displayed their productivity and contributions to society. The program resulted in increased feelings of self-efficacy, increased empowerment, and coping among participants. Associating the positive contributions with mental illness helped to reduce the stigma associated with the condition. The study authors noted that organizing such a program does not require specialized training in art therapy or background in art [55]. A similar intervention involving public displays of art therapy projects by women with substance use and addictions also had positive results. The positive community response to the women's work ''contributed to feelings of great pride and enhanced the women's confidence in their ability to express themselves'' [56].

4. Discussion and conclusion

4.1. Discussion

In this paper, we identified nine techniques and interventions used in emotional care for stigmatized or sensitive health issues. All of them have potential for use in the abortion context. However, an important consideration for practitioners and researchers is whether outcomes differ when the client population, counselors, or health settings are systematically different. Research would help clarify whether they would have similar positive results in the abortion context.

Innovative abortion care providers and other professionals are already implementing some of these techniques—the use of self-awareness assessments, ongoing telephone counseling, internet-based support, and artistic expression in the abortion context have been described earlier. This work, however, has not been documented, evaluated, or published. Evaluation of programs that are already in place should be prioritized.

Although peer counseling exists throughout abortion care (abortion counselors commonly have had abortions themselves) we are not aware of any program in which counselors routinely share their personal abortion experiences within the consultation. Additionally, support groups are low-cost and interaction with other women experiencing an unintended pregnancy or abortion may help reduce women's feelings of isolation. In addition, the type of decision aids and decision satisfaction tools evaluated in

the context of sterilization have not been formally explored in abortion counseling. As with sterilization, in some situations it might be appropriate to discuss the possibility of future regret in abortion. When such decision tools suggest that the woman remains undecided or that she will regret her decision, counselors can refer her for additional counseling or recommend delaying the procedure for a few days. Finally, for public artistic expressions additional measures may be needed to ensure that the work is presented in a neutral, non-judgmental space. However, in addition to reducing the stigma women feel, such programs may have the added benefit of increasing public awareness of and normalizing abortion.

The techniques and interventions described in this review generally do not require specialized training or credentialing to implement. A common concern among abortion care providers is the amount of training or credentialing needed for counseling. Many providers of emotional care do not receive any formal training in therapeutic counseling methods, nor do they have social work or psychology credentials. Often due to resource constraints they tend to be paraprofessionals, trained by clinic staff [57]. Providers of abortion counseling can implement the techniques reviewed here without any specialized training.

4.2. Conclusion

The techniques and interventions described here have potential for the abortion counseling setting, but formal evaluation is necessary to test and document the extent of their utility and effectiveness. Likewise, emotional care practices that are unique to the abortion context may prove useful to other stigmatized or sensitive health conditions, once evaluated for effectiveness.

4.3. Practice implications

The results of this review document counseling practices that may be useful to abortion counseling practitioners. Self-awareness assessments, peer counseling, decision aids, encouraging active client participation, supporting decision satisfaction, support groups, Internet-based support, ongoing telephone counseling, and public artistic expression all have great potential. Providers of abortion counseling may be able to integrate additional patient-centered methods in their practices to support coping or improve psychological adjustment after abortion. Formal evaluation of these interventions by researchers and providers in the abortion setting is needed.

Conflict of interest

There is no conflict of interest on the part of any of the authors.

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