

Week 3:

- Lesson 3.1: Review of Weeks 1 and 2
- Lesson 3.2: Education & Referral Skills
- Lesson 3.3: Seeking Understanding, Validating & Normalizing
- Lesson 3.4: The STAR Model for Effective Education & Referrals
- Lesson 3.5: Week 3 Quiz

Week 3

By the end of this module, you should be able to:

- Explain why offering all options is essential when providing pregnancy options counseling.
- Identify practices and language that seek understanding from patients without judgment.
- Differentiate practices and language that validate and normalize patient experiences from those that do not.
- Describe the four components of the STAR Model.
- Name the potential referrals necessary when a patient chooses to continue or end a pregnancy.
- Apply the STAR model to abortion referrals and education for pregnant patients.

Lesson 3.1: Review of Weeks 1 and 2

Block style	Content
Storyline 3_1 intro review.story	Hi! My name is Nina and I'm going to be your guide for week three. Before we get started, let's get a refresher of last week. In Week 1, we covered: • Why it's so important to talk about abortion with adolescent patients. • Rates of unintended pregnancy and abortion in Louisiana and the U.S. • Ethical considerations for providing pregnancy options counseling to adolescents. • How providers' personal values can impact the quality of their pregnancy options counseling. • The reasons adolescents might have for continuing or ending a pregnancy. • How effective all-options pregnancy options counseling is guided by patient autonomy and confidentiality. Last week, we covered: • Considerations when working with a pregnant patient who chooses abortion, parenting, or adoption. • The basics of procedural and medication abortion, including self-managed abortion. • Addressing common misconceptions about abortion. • Special considerations for youth considering abortion, including mandatory reporting laws, parental involvement laws, judicial bypass, explanations of benefits and visit notes. Complete the exercises below to review key concepts from Weeks 1 and 2.
Storyline week 1 and 2 LSU review.story	Slide 1: Why do racial disparities in healthcare exist? Racial disparities in teen pregnancy, birth, and abortion rates can largely be attributed to systemic and underlying racism, sexism, classism, ableism, and other systems of oppression, not a group's or individual's morals or personal decisions. These systems of

oppression have direct impact on the areas below – match the correct words to fill in the blanks and click submit when you’re done

The LAWS our government puts in place

The CONDITIONS of the communities in which our patients live

The ACCESS our patients have to resources and care

The attitudes and BEHAVIORS of the providers our patients see

Slide 2:

Just the facts

Drag the statements on the right into the box on the left that completes the statement correctly. Boxes on the left may be used more than once. (Hint - You may not need to use all 4 boxes on the left.)

Click submit when you’re done to see if you’re correct

Overall, pregnancy rates among people under 25 have been DECREASING for the past few decades

Louisiana teen pregnancy, and birth rates are HIGHER than in many other states

Louisiana teen abortion rates are LOWER than in many other states

Pregnancy rates for Latine, Black and American Indian/Alaska native teens are HIGHER compared to other racial groups

Louisiana teen pregnancy rates have been DECREASING over the past several decades

Statistically, a lower age means a LOWER risk of teen pregnancy

Slide 3:

Why should providers initiate conversations about abortion?

Select the correct responses below and click submit to see if you got it right

YES Adolescent patients may be hesitant to talk about abortion

NO Adolescents don’t know what they want and need to be told

NO They should only initiate conversations if the guardian approves

YES Discussing abortion supports patients’ autonomy and health literacy

YES Abortion conversations are an ethical imperative

NO It’s a personal belief

YES Abortion conversations are part of health education

NO Providers’ goals for the patient are the most important

Slide 4:

What is autonomy

Select the items on the left that define autonomy and drag them onto the image on the left. Click submit when you’re done.

YES Being the expert of one’s own experience

YES Being free from pressure & coercion

YES Having means and access to act

NO Feeling pressure to make a decision

NO Letting others make decisions for you
NO Not being able to do what you want
NO Having your opinion be deprioritized
YES Making decision for oneself

Slide 5:

Nina is getting ready to work with an adolescent with an unintended pregnancy. Which skills will help her and which ones should she get rid of? Drag the skills she should keep into the case on the left, drag the skills she should drop into the trash bin on the right. When you are done, click the Submit button to see if you got it right!

Th

YES Let the patient name their feelings
NO Involve their guardian in the decision from the start
NO Make a decision for them based on what you know
NO Only give them one option to make it easier
YES Help them identify their support system
YES Mirror patient language about the pregnancy
NO Using medically correct terminology is than mirroring patient language
YES Dispel misinformation and myths about abortion care

Slide 6:

Below are different folders for you to store the information you learned about different pregnancy options. When each term, phrase or fact pops up, drag it into the correct folder. Click Submit when you are done to see if you got it right!

Medication Abortion: 10-12 weeks, Misoprostol, Mifepristone, Self-managed abortion
Procedural Abortion: Vacuum aspiration, D&E, Completed in one visit, always with medical staff
Adoption: Closed, open, familial
Parenting: Single, partnered, Community

Slide 7:

Jai, one of your patients begins sharing some information with you that they heard about abortion. Select each statement that is correct, and when you're done, click Submit to see if you got it right!

YES About 1 in 4 women have an abortion during their lives
YES Abortion rates have decreased the most among adolescents
NO The majority of people who have an abortion experience a major complication.
YES Hundreds of transgender and non-binary people have abortions each year.
YES No evidence suggests that the "abortion pill reversal" is effective
NO Abortion increases the risk of breast cancer, depression, or infertility
NO Being denied an abortion does not impact a person's health outcomes.
YES Over half of abortions in the U.S. are medication abortions.
NO The majority of people obtaining an abortion are not religious
YES Emergency contraception and medication abortion are different.

Slide 8

Below are some statements about special considers for education and referrals for minors. Drag each statement to the correct area "True" or "False". Click Submit when you are done to see if you got it right!

	FALSE Louisiana doesn't require minors to get parental consent to engage in the adoption process TRUE Some states have laws about whether a minor can consent to prenatal care FALSE Parents or guardians have no way to access their child's electronic medical record ever. You can assume your visit notes will never be seen by them TRUE It's important to make time for conversation alone with adolescents to talk about their rights and what information gets released FALSE If a minor's parents won't consent to their abortion there is nothing else you can do. TRUE You are not required to report patients who have had abortions. You may still be required to report about coercion or if they disclose that their partner's age falls outside the scope of non-reportable sexual activity. Even in those cases you are not required to report info about the abortion.
CONTINUE – Complete all blocks above	CONTINUE TO NEXT SECTION

Lesson 3.2: Education & Referral Skills

Block style	Content
Storyline	Treating an adolescent patient with an unintended pregnancy requires knowledge, empathy, and skill in navigating potentially tricky and complex conversations. As a provider, you are uniquely positioned to offer health education about abortion and, in some cases, abortion referrals to your patients. If you are restricted by your organization or state laws from making an official abortion referral, you can still offer health education on the topic and share resources with your patient. Trusting patients enough to offer them education about abortion supports their autonomy as much as referrals do. And the skills required to provide this education are the same ones you need to make a referral
Text on Image	Provide's Practice Guide for All-Options Pregnancy Counseling
Paragraph	After conducting our Client Experiences Study in 2018, Provide worked with an advisory board of health and human service professionals from across the U.S. to develop a guide for providers on navigating pregnancy options counseling. This guide is rooted in our own and others' research, advisory board members' professional experience, and patients' stated needs. The Practice Guide is available on Provide's website for anyone to access and use, and we will use it to frame the remaining lessons in this course.
Storyline 3.2 practice guide walkthru.story	Slide 1: Click on each option below to learn more about the Practice guide Disclose or React Validate and Normalize Offer to Share Options Discuss Options Client Decides STAR Education or Referral Slide 2: Disclose or react to pregnancy test result Your work may require you to disclose the results of the pregnancy test to a client, or you may be on the receiving end of a disclosure from a client. Either way, the first step is to make sure that you're using a neutral tone and reacting appropriately to the results.

Be clear and use a neutral tone.

Avoid any judgment or assumption about the patient's feelings or preferences.

If you are sharing the pregnancy test results with the patient for the first time, you should be very clear about the results. This is not a time for euphemisms or vague language.

"Your pregnancy test came back positive, which means you are pregnant."

Pause for patient response.

Allow some time for the patient to absorb the information.

Pause in silence (try counting to 10).

If the patient has not responded after you pause, offer some time alone.

"Would you like a few minutes alone or would you like me to stay here with you?"

TIP – if you are providing the pregnancy test to the patient:

- Ensure that the patient agrees to the test and understands how the result will be used
- Let the patient know you are there to support them whatever the result and whatever decisions they make.

Slide 3:

Seek Understanding, Validate and Normalize

Seek understanding, and pay attention to patient's verbal and nonverbal responses.

Keep in mind that not all patients will feel comfortable disclosing their true feelings.

Validate and normalize.

Validate and normalize the patient's response by expressing understanding.

Scroll over these tips to find out more

Ask open-ended questions

If they have not already indicated their feelings, ask an open-ended question.

"What thoughts or feelings are coming up for you right now?"

Reflect Back

If you are not sure if you have understood the patient, reflect back your understanding to check if it is correct.

"What I'm hearing is that you have a lot of different feelings about finding out that you are pregnant.

Am I right about that?"

Express understanding

Express understanding and communicate that it is okay for them to feel the way they do.

"It's okay not to be happy about a pregnancy/have multiple feelings about a pregnancy. It's normal to experience and go through several emotions as you are processing this information."

Slide 4:

Offer to share pregnancy options

The key word here is "offer." Rather than immediately jumping in to discussion of each option, start by saying,

"Let me know how I can be most helpful to you. We can discuss any options you are interested in hearing about, including options for ending or continuing your pregnancy, or you can take time to think things over on your own. Either way, you don't have to make a decision today."

If they do not want to discuss options at this time, offer written information on all options for patients to read on their own (e.g. Provide Pregnancy Options Brochure).

Offer the patient an opportunity to hear about options in a way that communicates your willingness to discuss all options without judgment.

TIP: Offering all the options to every pregnant patient or client allows them to exercise their autonomy without pressure from you. Their response here will tell you how to proceed.

Slide 5:

Discuss pregnancy options

If the patient says they want to hear more about any of their options, now is the time to share information on the options they are interested in. You will want to maintain the same neutral, nonjudgmental tone as you explain each option. If you seem totally comfortable discussing parenting but seem to flounder a bit when discussing abortion, your patient will pick up on that!

Click on the image below if you want to get a refresher of all pregnancy options

Image opens link: <http://pregnancy-options-overview.s3-website.us-east-2.amazonaws.com/>

Slide 6:

Patient Decision

At this point, the patient will either have decided to continue or end the pregnancy, or they will be unsure of what they want to do. It's very possible they may not have decided by the end of your meeting, especially if they have just learned they are pregnant.

- Offering to answer any questions the patient may have related to pregnancy or abortion
- If patient is willing to discuss their feelings, ask open-ended questions in a non-directive manner.
- Allow patient to lead conversation as much as possible.
- If patient wishes, consider the pros and cons of each choice, both in the short and long term.
- Discuss pros and cons in a neutral way, directed by patient concerns.
- If additional decision support is needed, refer only to providers who approach patients with full respect for any decision they make (All Options Talkline, 1-888-493-0092).
- If patient comes to a decision, reassure and encourage them to trust themselves and their choice. Feelings of shame, disappointment, guilt or regret are normal regardless of the decision.

TIP: Gestational age will affect the time they have to make a decision. Visit AbortionFinder.org to find accurate information on limits around gestational age and laws in your area.

Slide 7:

STAR Model for Education and Referrals

Regardless of what option the patient has chosen at this point, the appropriate next step will be to offer STAR Education or a STAR Referral. The content of your education and/or referral will vary depending on the patient's choice, but the qualities of that education or referral will be the same.

We will go into more detail about the STAR model in a later lesson, for now click on each letter below to find out what STAR stands for

Supportive
Thorough
Active

	Revisited
CONTINUE – Complete block directly Above	CONTINUE TO NEXT SECTION
Storyline 3_2 key to practice guide.story	The key to the Practice Guide is to support patient autonomy by offering every patient information on all their options, any time they have a positive pregnancy test. Patients offered all their options: • Feel their needs are being met. • Rate their satisfaction as higher than other patients. As providers we have a professional and ethical responsibility to: • Offer unbiased pregnancy options counseling to all patients, including young ones. • Refer the patient to someone who can provide comprehensive, medically accurate counseling and a referral if we cannot. • Understand that unintended pregnancy, young parenthood, and abortion are not universally negative experiences.
Statement C	All-options pregnancy counseling provides information and support on all pregnancy options to empower patients to make decisions about their reproductive health.
Paragraph	To effectively provide pregnancy options counseling, education, and referrals, you'll need to build your skills in each of these areas:
Checkbox List	• Preparing the patient for and delivering pregnancy test results. • Seeking Understanding, Active Listening: This is the ability to listen attentively and non-judgmentally to your patient's concerns, emotions, and needs. Active listening helps create a safe and supportive environment for open communication. • Validating & Normalizing: By validating and normalizing the patient's experiences, emotions, and values, you're demonstrating empathy and compassion. • Non-Directive Approach: You should not impose your personal values or opinions on the pregnant patient. Instead, support their autonomy and decision-making by providing accurate information and exploring all options. • Supportive Language: It is important to use supportive language that affirms the patient's choice to end their pregnancy. One of the simplest ways to do this is to mirror the patient's language about the pregnancy. If the patient calls the pregnancy a "baby", you can most likely do the same. If they don't offer any language, it's best to stick with saying "your pregnancy" until you have a sense for what they'd like to call it.
Paragraph	We will take time to practice these skills through the rest of this week's lessons.
Continue	CONTINUE TO NEXT SECTION
Storyline 3_2 lesson summary.story	Lesson Summary In this lesson, we: • Looked at a detailed overview of Provide's Practice Guide for All-Options Pregnancy Counseling • Talked about the skills necessary to effectively provide all options counseling, education and referrals
Heading	Resources Cited in this Lesson
Button stack	Practice Guide for All-Options Pregnancy Counseling - See the practice guide online at Provide's website https://providecare.org/practice-guide-all-options-pregnancy-counseling/ Provide's Client Experience Study - View Provide's Client Experiences Study that formed the basis of the Practice Guide https://providecare.org/wp-content/uploads/2021/10/2021_Patient-reported-experience-with-discussion-of-all-options-during-pregnancy-options-counseling-in-the-US-South.pdf

	Provide Reports and Publications - See other research that supports all-options pregnancy counseling and referrals https://providecare.org/about/research-articles/
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Lesson 3.3: Seeking Understanding, Validating, & Normalizing

Block style	Content
Storyline 3_2 intro.story	Seeking understanding, validating, and normalizing are all key parts of the pregnancy options counseling process. These counseling skills might sound familiar if you have experience with Motivational Interviewing (a client-centered counseling method for eliciting behavior change by helping people explore ambivalence) In this lesson, we will explore each of these skills in-depth and provide an opportunity for you to practice using them in patient scenarios.
Paragraph	Before we dig deeper into these counseling skills, let's remind ourselves of the context and the steps that have occurred prior to this
Accordion	Prepare the patient for the pregnancy test. A patient may come into your care suspecting they may be pregnant, or you may administer a pregnancy test as part of other routine care. When administering a pregnancy test, it's important to clearly explain what the test is and why you're performing it. Ensure that the patient agrees to the test and understands how the result will be used. This is also a good time to let the patient know that you're there to support them regardless of the result and whatever decisions they make. Disclose the pregnancy test result. • Be clear and use a neutral tone when delivering the results of a pregnancy test. • You might say something like, "Your pregnancy test came back positive, which means you are pregnant." • Pause for the patient's response. • Allow some time for the patient to absorb the information you've just shared. Pause in silence. If this is difficult, try silently and slowly counting to ten before speaking again. If the patient has not responded after this pause, offer some time alone. • You could say, "Would you like a few minutes alone, or would you like me to stay here with you?" • Avoid any judgment or assumptions about the patient's reaction.
Paragraph	Unless the patient has told you how they feel about the prospect of being pregnant, you cannot and should not assume how they will feel to receive the news that their pregnancy test was positive. You should seek understanding of the patient's feelings and thoughts. Let's explore ways to seek understanding, validate and normalize. Click on the boxes below to learn more about each concept!
Storyline 3_3 counseling skills.story	Slide 1: Options Counseling education and/or referrals Seek Understanding of feelings and beliefs Validate the feelings you see and hear Normalize experiences "You are unique but not alone" Click on Seek Understanding to begin Slide 2: Seek Understanding

Click on each icon below to learn more about how to seek understanding when working with patients

Engage in active listening.

One of the best ways to understand how your patient is feeling is to ask open-ended questions. Open-ended questions are ones that will elicit an answer more than a simple yes or no. Some examples of open-ended questions include:

“How do you feel about the result?”

“What thoughts or feelings are coming up for you right now?”

“You seem upset/surprised/happy. Can you tell me a bit about how you’re feeling?”

Reflect their responses to them in your own words.

Reflecting what you’ve heard the patient say is a great way to confirm you understand what they’re saying and let them know you’ve heard them. Some examples of reflective phrases include:

“What I’m hearing is.... Is that right?”

“It sounds like...”

“So, you’re expressing that...”

“It seems like...”

Don’t have an agenda—just try to learn.

Seeking understanding should not come with an agenda for how you want the patient to respond. This is part of the non-directive approach.

Don’t problem-solve.

Seeking understanding at this stage is not necessarily about problem-solving or getting the patient to think about their next steps. That may come later or not at all.

This is a space to listen to the patient’s feelings and address their immediate needs.

Avoid lecturing.

This is a conversation, not an interrogation or a lecture.

Slide 3:

Validate

As you’re seeking understanding, listening actively, and reflecting the patient’s responses back to them, it’s important to validate any responses or feelings the patient expresses.

Validating simply means that we are acknowledging what they are going through. Click the buttons on the right to get some examples of things to say.

Of course you feel that way, that sounds really hard

What you’re saying makes a lot of sense

It’s okay to not know the answer

It sounds like you’ve been dealing with a lot

It’s okay to cry here

You’re doing a good job

Slide 4:

	Normalize While we are validating, we also want to let the patient know that what they're thinking and feeling is normal and okay. Normalizing means we're letting them know that whatever they're feeling and whatever they decide is normal, even common. Whether they feel excited or dismayed, they are not alone, and you are there as their provider to support them. Click the talk bubbles for some examples You know, lots of people have asked me that question That's not weird at all, I'm glad you asked This is a clinic, it's okay to talk about that here Other people have expressed those same feelings A lot of people on birth control get pregnant – it's not your fault It's okay to not know what to do, I hear that from a lot of patients Slide 5: Options Counseling education and/or referrals Seek Understanding of feelings and beliefs Validate the feelings you see and hear Normalize experiences "You are unique but not alone" Throughout your options counseling conversation and other engagements with the patient, you'll be cycling through this framework, coming back to these skills. Click on any of these buttons if you want a refresher before continuing with the rest of the lesson
Continue – Complete all blocks above	CONTINUE TO NEXT SECTION
Paragraph	In addition to the words we use, much of how we validate and normalize is nonverbal. Click the buttons on the image below to see some nonverbal cues that you can use to show you're sincere
Labeled Graphic	In addition to the words we use, much of how we validate and normalize is nonverbal. Some nonverbal cues that show you're sincere include: • Open body posture: Maintain an open and direct posture. Face the patient directly, lean slightly forward to show interest, and keep your arms uncrossed to signal openness and approachability. • Eye contact: Making direct eye contact with the patient shows that you're engaged and attentive. • Gesturing and Nodding: This can help show that you are engaged or that you agree with what the patient has said. • Facial expressions: Display expressions that align with what you're saying and convey a neutral, earnest tone. Depending on what the patient has shared, an appropriate facial expression could be a warm smile, raised eyebrows of interest, or a furrowed brow of concern.
Statement D	Remember that behaviors demonstrating sincerity vary by culture, and you should use the knowledge that you have of your patient to inform how you respond.
Note	In the event that you are disclosing pregnancy test results over the phone or on a video platform, you can still use your tone, active and reflective listening, and verbal reassurance to validate and normalize the patient's thoughts and feelings.
Storyline - 3.3 scenario_validating_normalizing_understanding.story	Scenario Slide 1: Let's look at some scenarios that explore how to validate, normalize and seek understanding when talking with our patients. Click the button below to get started

Scenario 1:

Trina, a 16-year-old patient, is at your office for a routine visit. When you ask Trina if she's sexually active, she shares her fears about being pregnant after a contraceptive mishap and tells you that she feels overwhelmed by the situation.

What's the best way to start your response? Select an option below.

Trina: I took my birth control, but something went wrong. Is it normal to feel this scared?

Option1: "Feeling this scared isn't that common after a contraceptive mishap. You're making it a bigger issue than it is."

- Trina: I feel so stupid for even asking. I won't ask stupid questions again
- Guide: Minimizing your patients concerns isn't helpful, and may keep them from sharing concerns in the future. Let's try a different response!

Option 2: "There's no need to feel scared, and it's not going to help your situation. Let's calm down and think logically"

- Trina: Why did I even come here in the first place – they just make me feel stupid.
- Guide This sounds like you are invalidating your patients concerns – this may keep your patient from staying engaged in care. Let's try a different response!

Option 3: "It's completely normal to feel scared after experiencing a contraceptive mishap. Your feelings are valid, and many people might feel overwhelmed in this situation. Let's talk about what happened and explore your options moving forward."

- Guide That's a great way to start your response! It's important to let your patient know that you hear and understand their issue and their concerns. Normalizing and validating are great ways to show your patient that you hear them. Let's try another one – click the button below for the next scenario

Scenario 2:

Michelle, a 16-year-old, appears hesitant and somewhat uncomfortable when the topic of contraception is broached during a visit for her routine exam. What's the best way to start your response? Select an option below

Michelle: I know I should talk about it, but it's really hard in my culture

Option 1: "I understand it's challenging due to cultural factors. Let me share some information with you that's most important"

- Michelle: Whatever, you're not even listening to me. I'm never having sex anyway.
- Guide You don't want to jump to problem solving before you understand the situation. Let's try a different response!

Option 2: "I hear you, Michelle. Cultural beliefs can make certain conversations difficult. Can you tell me a little more about your beliefs and why it feels hard to talk about these things?"

Guide: That's a great way to start your response! You validated your patient's concerns, and created space to better understand her cultural beliefs and how they are impacting her decision-making around reproductive health. Before you can start to offer solutions, you want to make sure you fully understand the situation.

	Option 3: "You shouldn't let cultural reasons stop you from discussing contraception. It's important." - Michelle: I knew this doctor wouldn't understand, they're not from my culture. - Guide: It doesn't sounds like you're hearing what your patient is saying, and you're not trying to understand her situation. Let's try a different response!
Continue – Complete all blocks above	CONTINUE TO NEXT SECTION
Storyline 3.3 lesson summary.story	Lesson Summary In this lesson, we: - Did a deep dive into some Motivational Interviewing counseling skills that we will use with patients - Discussed some non-verbal cues to be aware of - Practiced using these counseling skills with some scenarios
Heading	Resources Cited in This Lesson
Button stack	Leads for Empathetic Listening This resource developed by Provide provides empathetic listening leads to help you apply the counseling skills your learned this week https://providecare.org/wp-content/uploads/2021/05/M4_Leads-for-Empathetic-Listening.pdf Physician's for Reproductive Health Physicians for Reproductive Health (PRH) organizes, mobilizes, and amplifies the voices of medical providers to advance sexual and reproductive health, rights, and justice. Their programs combine education, advocacy, and strategic communications to ensure access to abortion care and equitable, comprehensive health care. https://prh.org/ Motivational Interviewing 101 This is a brief overview of what Motivational Interviewing is from Center for Care Innovations https://www.careinnovations.org/wp-content/uploads/Motivational-Interviewing-101-4.pdf
Continue	CONTINUE TO NEXT LESSON

Lesson 3.4: The STAR Model for Effective Education & Referrals

Block style	Content
Storyline - 3.4 intro.story	Once you've had a chance to disclose or react to the pregnancy test results and validate and normalize the patient's reaction, the next step is to offer to share all their pregnancy options: continuing the pregnancy to place the child for adoption, continuing the pregnancy to parent, or ending the pregnancy. In Week 2 of this course, we covered the basics of each of these options. If you need a refresher, feel free to return to those lessons.

	Offering all options shows the patient that you are willing to share accurate information in an unbiased way. It also gives them an opportunity to let you know if they want to hear about all three or just one. Only share information and referrals for the options the patient wants to hear about. If they do not want to discuss options at this time, offer written information on all options for the patient to read on their own. You might say, “Let me know how I can be most helpful to you. We can discuss any options you are interested in hearing about, including options for ending or continuing your pregnancy, or you can take time to think things over on your own. Either way, you do not have to make a decision today.” As you discuss the options, offer a referral if you can and health education if you cannot. Remember, there is no law prohibiting physicians from sharing abortion information with a patient through health education. To ensure that you are providing high quality information, you can follow the STAR Model for Effective Education & Referrals.
Image Centered - 3_4 STAR icon with text.png ppt used for LSU graphics.pptx	STAR is an acronym that stands for: • Supportive • Thorough • Active • Revisited Each of these is a quality that high quality education and referrals have. In this lesson, we will examine each quality and practice using the STAR model to provide education and referrals. •
Text on image	While the examples we’ll use today are focused on referring for abortion care, other needs may arise as you discuss pregnancy options with the patient. In this case, you can readily apply the STAR Model to education and referrals for other services.
Paragraph	Click each of the services below to learn a little more about what a good referral network might look like for an adolescent in your care
Storyline - 3_4 referral network.story	• Abortion funds: Abortion funds and practical support organizations can provide funding for abortion care, accompaniment, funding for travel, and other support • Academic tutoring resources: If your patient is in school, be aware of cues from the conversation that may warrant a referral for academic tutoring services. Many schools have these services available. • Adoption Agencies: If your patient is interested in pursuing adoption, you will need to make referrals to adoptions agencies in your area. Be familiar with the providers for your area to make sure you are referring to a program that is adolescent affirming • Doulas or midwives: Midwives and doulas both support abortion care, pregnancy and birth. Midwives are healthcare providers who provide medical care and doulas provide emotional, informational and physical support. Know what services are available in your area. • Gender Affirming Care: Your patient may benefit from gender affirming care and support that typically includes a range of social, psychological, behavioral and medical interventions based on patient need, cognitive and physical development and parental consent. • Government benefits: Your patient may be entitled to government insurance, benefits and other support programs. Be familiar with common programs and connect your patient to a social worker or case manager if available • Harm reduction: Some patient who use drugs may need harm reduction services, including syringe service programs. Be aware of the harm reduction services and laws in your region. • HIV/STI prevention & treatment: Your patient could benefit from ongoing HIV/STI prevention and treatment services including post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) for HIV and some STIs.

	• Legal services: Your patient may need a judicial bypass and will need a referral for legal services. There may be other needs for legal services, especially around your patients right to consent to different services. • Mental health services: It's important to screen all patients for mental health care needs. Be familiar with local providers and common treatments so that you can explain options to your patient. • Prenatal care: If you patient decides to continue the pregnancy, prenatal care is a crucial next step and immediate referral need. Be familiar with prenatal care providers in your area, especially those who provide adolescent affirming care • SA/DV Services : It's important to screen all your patients for their needs and experiences related to sexual assault and domestic violence. Be familiar with local services that are available so that you can readily refer patients. • SUD Treatment: It's important to screen all your patients for substance use disorders and be familiar with local treatment options. Be aware of a variety of modalities, including inpatient, outpatient and when relevant medication assisted treatment • Support groups: Adolescents could benefit from a number of different support groups, depending on their needs, like support groups for abortion seekers, parenting support groups and other issues related to teens
Continue – Complete block directly above	CONTINUE TO NEXT SECTION
Statement B	Now that we've looked at all the opportunities we might have to use the STAR model, let's take a closer look at each element of the model.
Paragraph	Click on each of the stars below to learn more about how to provide STAR education and referrals
Storyline - 3_4 STAR details.story	Supportive Being supportive means that you listen to the patient with empathy and allow them to guide the conversation, rather than steering them toward the decision you think is best. Feels like: • I know my role in the face of my patient's need. • Supporting their decision is the best way I can do my job helping them. • In lieu of being able to offer a referral, I know what education and resources I can share. Sounds like: • "It sounds like you know what you want to do. Let's talk about how we can get you connected to services." • "These things can take time. While you're figuring things out, here's some literature on all of your pregnancy options. Do you want to hear more about any of them?" Thorough Being thorough requires us to do our best to anticipate the needs of the people we serve and have accurate and up-to-date information and referral resources. If we don't have the information we need to support the patient, then at least we should know how to find it. Feels like: • I have the correct information about the services they need. • I am knowledgeable about the care they are seeking. • I know how to assess where my patient is and how to meet them there. Sounds like:

	• “Since you’re 7 weeks along in your pregnancy, you’d be eligible for either a medication or in-clinic abortion. Do you want me to explain each of them?” • “Abortion pills are very safe and effective, and since you said you’d prefer not to undergo a procedure, that might be a good option for you.” Active Active referrals involve having an understanding of the barriers your patients might face when seeking care and being prepared to help them navigate those barriers. Being truly active can sometimes feel hard to do when we work in a busy environment, but our willingness as providers to help patients problem solve and make a plan to get the services they need can make a big difference. Feels like: • I actively help my patient locate and schedule the care they need. • I actively assess their needs for and help connect them to supportive services such as childcare or transportation, so they are able to access services. • I offer specific resources that I know would be useful for my patient to learn from. Sounds like: • “Would you like to use my phone to call the clinic and schedule your appointment?” • “You mentioned concerns about being able to afford travel for services. We have a great local fund that can help out with that. Here, let me give you a card with their website and phone number.” Revisited One of the best ways to know if patients got what they needed is to revisit the conversation and ask them how it went. This is a great opportunity to learn about the quality of service at other agencies as well as how well your agency made a referral. By revisiting the referral and checking on your patients’ experiences, you can ensure that the resources you’re sharing are still relevant, live, and accessible. Feels like: • I follow up, asking about their experience accessing this provider or resource and if there is anything else they need. • I use their experience to better help the next patient seeking education or a referral. • I regularly review my referrals and resources to ensure I’m up-to-date. Sounds like: • “I know last time we spoke I referred you to the center on Maple. How did it go? Is there anything you wish they had done differently?” • “Oh, that website didn’t have all the information you needed? Here is an additional resource with more information.” • (To colleague) My patient didn’t get all the information from the first referral, in the future let’s make sure we send them this additional resource to fill in those gaps.”
Continue – complete block directly above	CONTINUE TO NEXT SECTION
Storyline - 3.4 scenario practicing star model.story	Scenario Slide 1:

Let's look at some scenarios that explore how to use the STAR model when providing health education and referrals to patients. Click the button below to get started

Scenario 1:

Alexis, a 15-year-old patient, comes your clinic because she is worried about pregnancy. She shares with you that she had penile-vaginal sex last night, and that she didn't use a barrier or contraception.

What's the best way to start your response? Select an option below.

Alexis: I had unprotected sex last night. What can I do now to stop getting pregnant? I'm kinda freaking out and need to know what I should do, like, ASAP.

Option1: "Here's a brochure about pregnancy options - read through it and let me know if you have any question"

- Alexis: A brochure?! How's a piece of paper going to help me right now. I knew this would be useless
- Guide: This doesn't feel very supportive or active. Let's try a different response!

Option 2: "It's okay to feel overwhelmed right now. I can give you some information now about what your options are for emergency contraception and we can talk through all the steps you'll need to take"

Guide: That's a great way to start your response! When providing health education or referrals for your patients, especially when they're in crisis mode, it's crucial to be supportive, thorough and active. This approach gives your patient the space she needs to understand what her options are so she can make an informed decision. Let's try another one – click the button below for the next scenario

Option 3: "That's not my area of expertise - you're going to have find another doctor to help you with that"

- Alexis: I don't have time for that, I guess I'll just hope that nothing happens.
- Guide: Even if it's not your area of expertise, if you work with people who can get pregnant, it's important to know the basics, and what options are available in your area. Let's try a different response!

Scenario 2:

Jayla is your 14 year old patient - Jayla and her mother came to you because she is pregnant and she wants to end the pregnancy, but abortion is illegal in your state and they don't know what to do. What's the best way to start your response? Select an option below

Jayla: I'm feeling overwhelmed by anxiety since I found out I might be pregnant, and we don't know what to do now. I can't have this baby. Is there anything we can do?

Option 1: "Abortion is illegal here so I can't give you any information - I'm sorry"

- Jayla's mom: We already knew that - that's not helpful at all.
- Guide: That's not a supportive or thorough answer. Let's try a different response!

	Option 2: “It’s normal to feel anxious in your situation. I know that things are confusing right now, but let me give you some information about where abortion is legal, and some support that may be able to help you” Guide: That’s a great way to start your response! You supported your patient, and gave a thorough and active response. Following up with a website after this conversation would be helpful, but remember to give your patient the information they need in a way they can hear it. Option 3: “Here’s a website that you can use to find your closest abortion provider. Look it up when you get home - it should have all the information you need” • Jayla’s mom: A website? If I wanted to look at a website I would have stayed home. • Guide: While websites like AbortionFinder.org can be very helpful, your patient deserves a more supportive and active answer. Let’s try a different response!
Continue – complete the block directly above	CONTINUE TO NEXT SECTION
Storyline - 3_4 lesson summary.story	Lesson Summary In this lesson we: • Explored the STAR model and how to use it to provide quality education and/or referrals to patients • We talked about what a thorough referral network might look like for an adolescent • We practiced using the STAR model with some scenarios
Heading	Resources Cited in this Lesson
Button stack	CDC HIV Nexus Clinician Resources This hub contains all the information you need about HIV services to provide quality information to your patient. https://www.cdc.gov/hiv/clinicians/index.html Get Tested: National HIV/STI/Hepatitis Screening locator This site help you find the closest HIV, STI and Hepatitis testing sites by zipcode. This is a great resource to pass along to patients. https://gettested.cdc.gov/ PrEP Locator The PrEP Locator is a directory of PrEP providers in the United States. The programs often offer navigation services to help patients find financial assistance as well. <i>This is a great resources to pass along to patients.</i> https://prelocator.org/ National Sexual Assault Hotline: Confidential 24/7 Support RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline and this site contains information on how to connect to that hotline and other similar resources. This is a great resource to pass along to patients. https://www.rainn.org/resources National Sexual Violence Resource Center

	NSVRC provides research & tools to advocates working on the frontlines to end sexual harassment, assault, and abuse with the understanding that ending sexual violence also means ending racism, sexism, and all forms of oppression. https://www.nsvrc.org/advocates-educators Benefit Finder This US government site can help you and your patient find entitlements and benefits they may be eligible for. This is a great resource to pass along to patients. https://www.benefits.gov/ National Harm Reduction Coalition The NHRC has resources about harm reduction for drug users and advocates, including education about overdose prevention and safer injection practices. This is a great resource to pass along to patients. https://harmreduction.org/ North American Syringe Exchange Network (NASEN) This is a directory of syringe service programs (SSP) in North America. While not comprehensive, this site does provide a good overview of where sites are located. This is a great resource to pass along to patients. https://www.nasen.org/ SAMHSA National Helpline and treatment locator SAMHSA's (Substance Abuse and Mental Health Services Administration) National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. This is a great resource to pass along to patients. https://www.samhsa.gov/find-help/national-helpline National Domestic Violence Hotline This call/text/chat hotline is for people experiencing violence and has resources for safety planning. This is a great resource to pass along to patients. https://www.thehotline.org/
Continue	Continue to Week 3 Quiz

Lesson 3.5: Week 3 Quiz

Storyline - 3 week 3 quiz.story	Slide 1: Week 3 Quiz and brief evaluation It's quiz time!
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As a reminder, each week's lesson will be followed by a brief scored quiz to test what you learned, along with a 2 question evaluation that will help us understand how effective this lesson was. Only the quiz questions count towards your final score.

You'll have more than one opportunity to take the quiz if you miss a few question the first time. An 80% on the quiz is required to pass this week, and continue to the next.

Click the button below to get started!

Slide 2:

MC

Which of the following options are NOT skills you need to be able to effectively provide all-options pregnancy counseling, education, and referrals?

- Active listening and seeking understanding
- **Authoritative decision-making**
- Preparing the patient for and delivering pregnancy test results
- Supportive language
- Non-directive approach

Slide 3:

MC

The Practice Guide recommends that after seeking understanding through asking open-ended questions and reflecting back, it is important to _____ the patient's response by expressing understanding.

- **Validate and normalize**
- Direct and guide
- Record and document
- Not respond to

Slide 4:

MC

If, after offering to share pregnancy options the patient expresses that they don't want to hear their options at this time, it is recommended that you...

- Don't share pregnancy options with the patient at all
- **Offer written information on all pregnancy options for the patient to read on their own**
- Continue to tell them their pregnancy options
- None of the above

Slide 5:

MC

If a patient is having a hard time making a decision, which of the following should you do?

- Encourage the client to continue the pregnancy
- Ask open ended questions in a non-directive manner
- Discuss pros and cons in a neutral way, if the client is open to it
- B and C**

Slide 6:

MC

The STAR model...

- ...is only useful in providing abortion referrals and education
- ...can only be used if you are going to provide a referral

- ...can be applied to referrals for a wide variety of patient care and support needs, in addition to referrals for all pregnancy options
- ...should only be used by clinicians in states where abortion is not banned

Slide 7:

MC

STAR stands for...

- Supportive, Transitional, Active, Relatable
- **Supportive, Thorough, Active, Revisited**
- Standard, Thoughtful, Accepting, Reliable
- Safe, Thorough, Accepting, Responsive

Slide 8:

Eval MC

Compared to before completing Module 3, how would you rate your confidence in counseling a pregnant adolescent patient on all their pregnancy options, including abortion? (select one)

- Much more confident than before
- Somewhat more confident than before
- About the same as before
- Somewhat less confident than before
- Much less confident than before

Slide 9:

Eval MC

Compared to before completing Module 3, how would you rate your confidence in using the STAR model for referral? (select one)

- Much more confident than before
- Somewhat more confident than before
- About the same as before
- Somewhat less confident than before
- Much less confident than before