
NYS COALITION FOR LIFE
CONFERENCE 2026

“Critical Incident Stress Management”

4 Lessons for PHO Professionals

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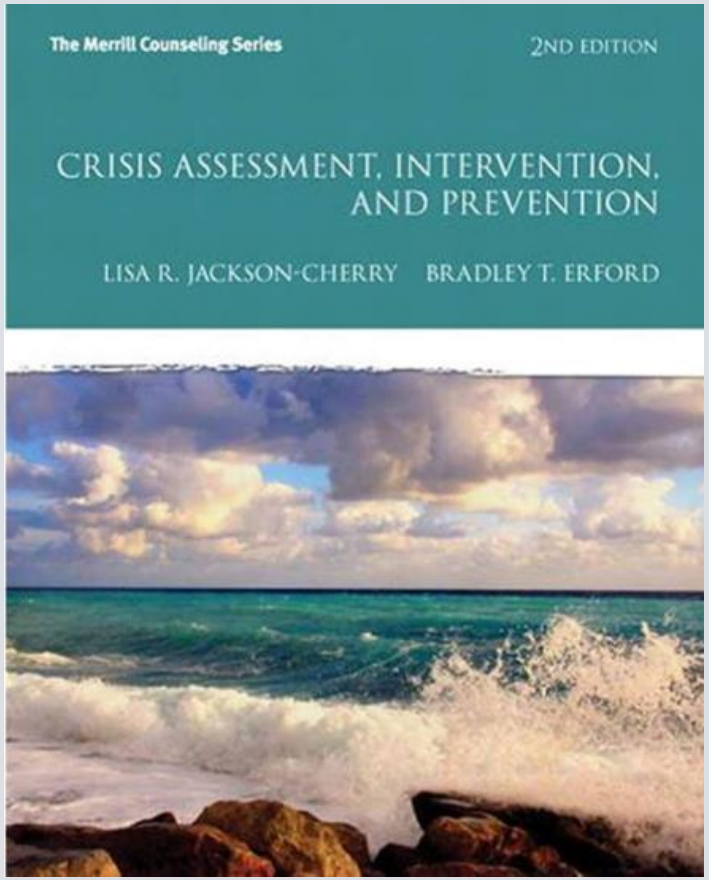
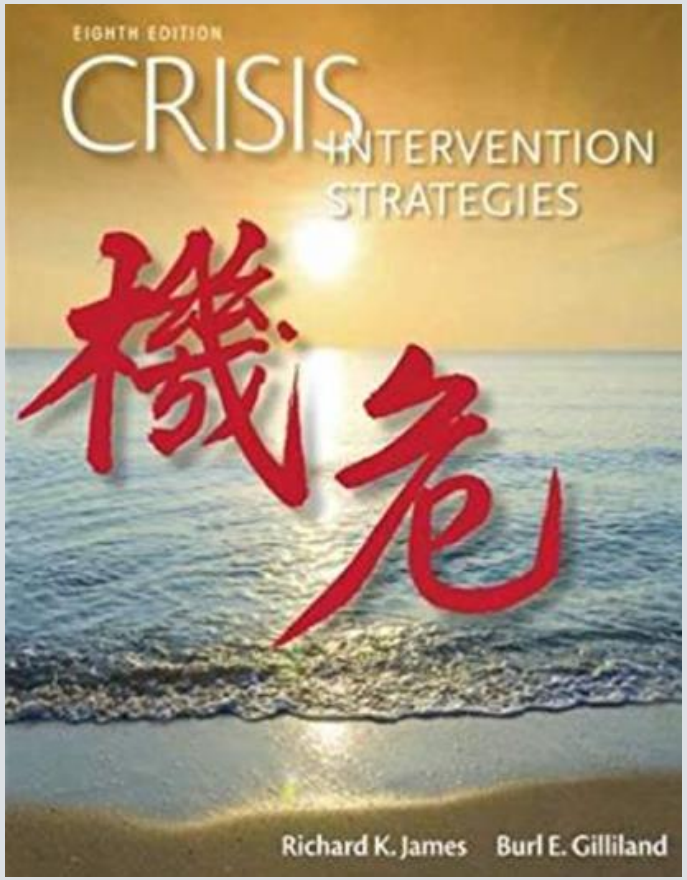
PassionLife
www.passionlife.org

RESCUING the most vulnerable where abortion is most concentrated.

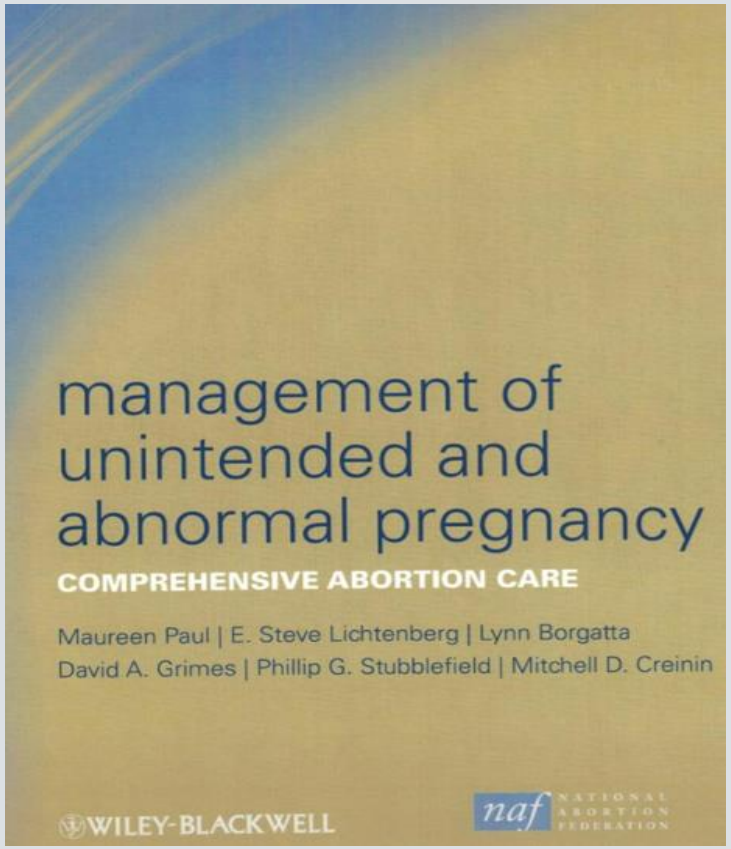
What is CISM? Are we CISM professionals?

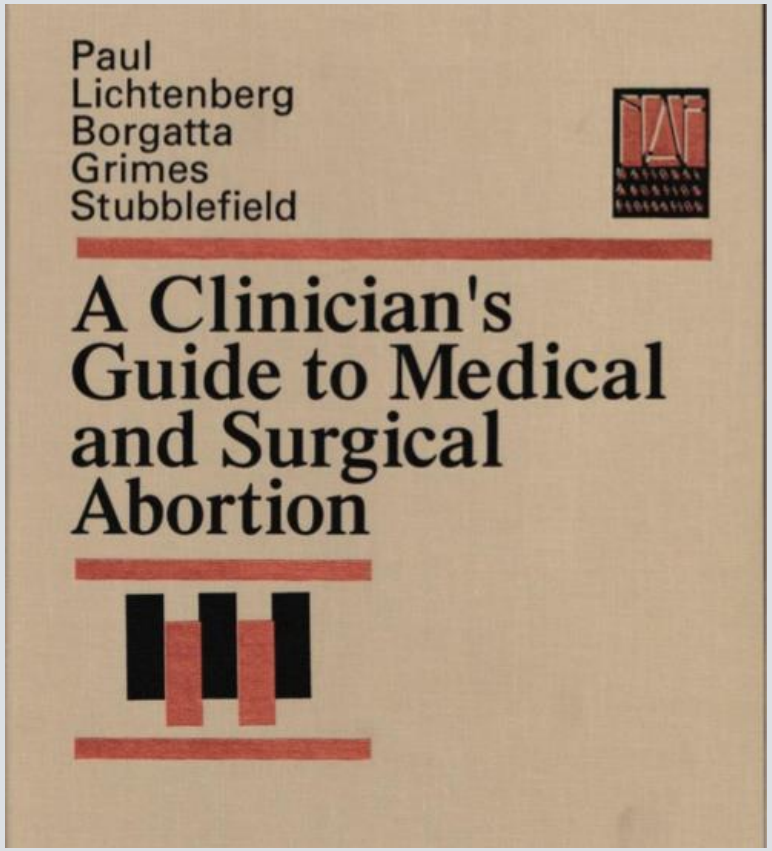




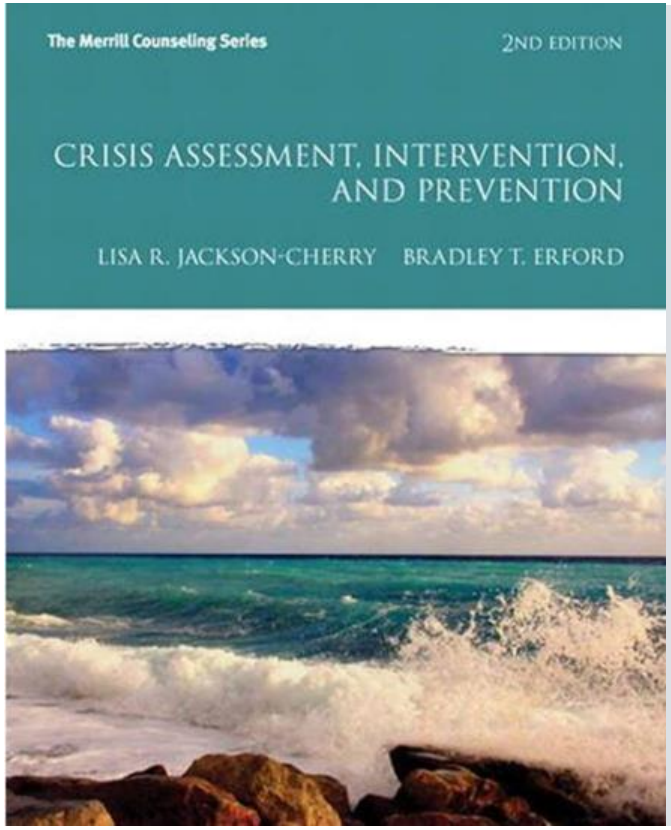
What lessons can we learn?

What abortion training textbooks teach about CISM counseling for those considering abortion.





Intro to CISM Counseling:
The focus: helping people experiencing crisis.



Understanding and identifying human crisis

"People are in a state of crisis when they face an obstacle to important life goals—an obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at solution [*sic*] are made." (CAIP, p.5)

Understanding the Human Experience of Crisis

Gerald Caplan and Eric Lindemann 1st to published an analysis of human crisis and intervention in 1944.

Cocoanut Grove Fire Boston, Nov. 28, 1942

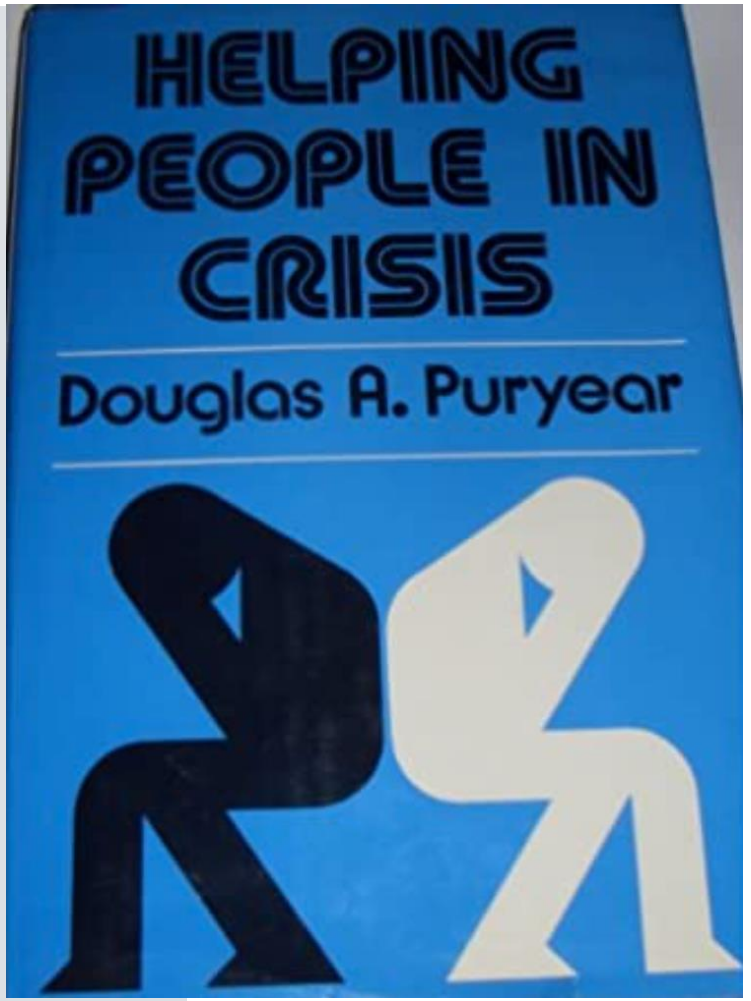
1000+ people
658 victims
492 deaths

Today, you can get a degree in CISM,
And like a medical doctor,
proceed to
specialize in one area of crisis intervention.

General Description of People in Crisis

A state of crisis is characterized by:

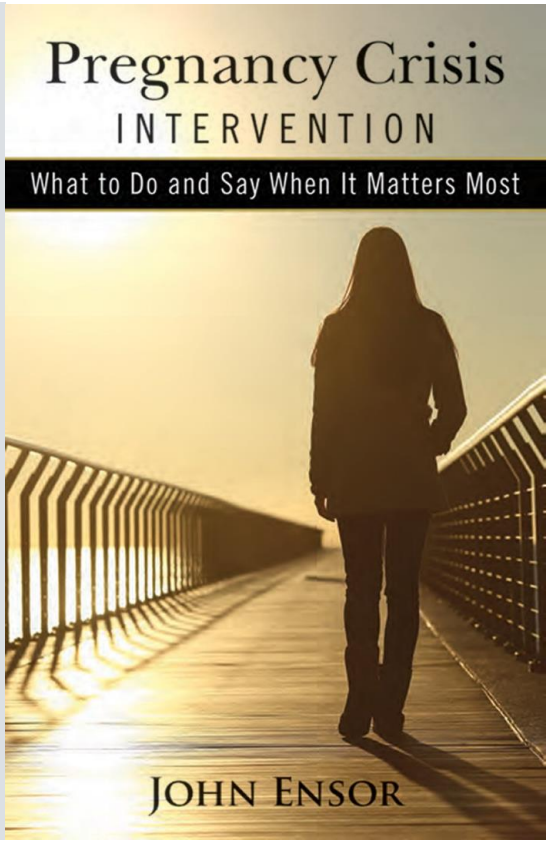
- **Symptoms of stress.**
  The person in crisis is experiencing both psychological and physiological stress in ways that can include headaches, depression, anxiety, bleeding ulcers, etc.
- **An attitude of panic or defeat.**
  A person who has tried every way he can to solve a problem and has failed feels overwhelmed, inadequate, and helpless.
- **A focus on relief.**
  In this state a person is primarily interested in relief of the pain of stress…There is little gathering of new facts…little organized effort at problem-solving. Relief will generally be sought by turning to others for rescue.
- **A time of lowered efficiency.**
  In this state a person may continue to function normally, but his efficiency is markedly lower, and those problem-solving efforts that persist are inefficient.
- **A limited duration.**
  People cannot exist in this state for long—it is unbearable. It will end and a state of equilibrium be regained within a maximum of six weeks.



Understanding the Woman/Couple in a Pregnancy-Related Crisis

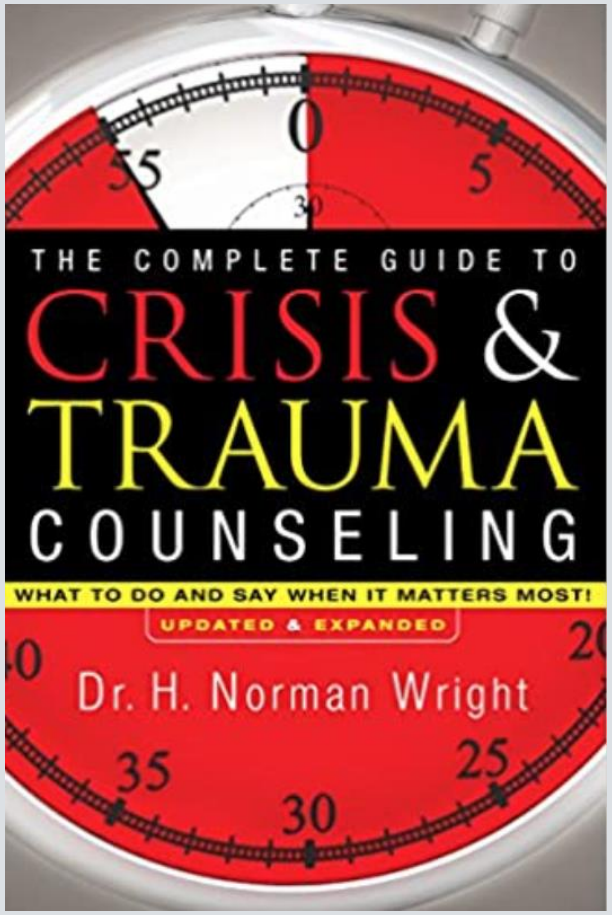
- Presenting characteristics of a pregnancy-related crisis.

1. She is *FEARFUL*.
2. She is *UNDER-PRESSURE*.
3. She sees her pregnancy as *LIFE-THREATENING* and abortion as *LIFE-SAVING*.
4. She's looking for *QUICK RELIEF*.
5. She is *AMBIVALENT*.
6. She feels *ALONE*.
7. She feels *HOPELESS*.



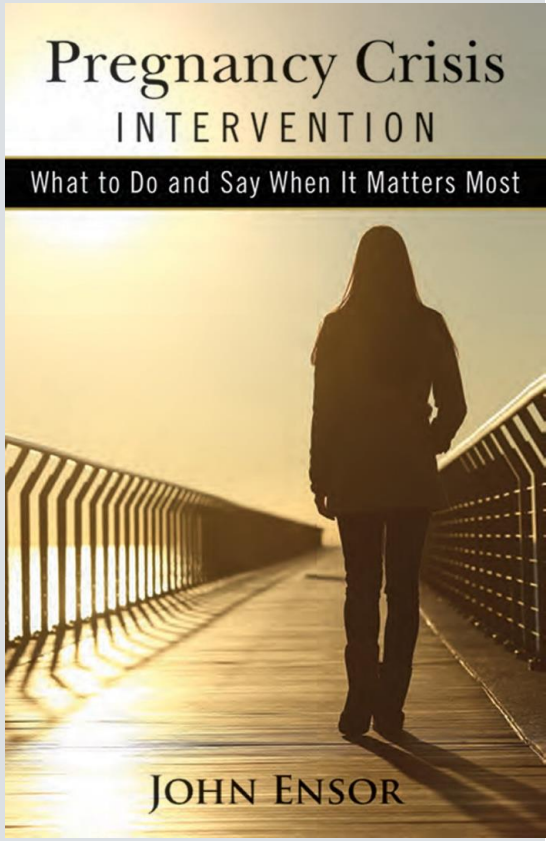
CISM Counseling:
Helping People Accept, Adapt & Grow

In crisis counseling, the person, couple or family see that they need to make a choice to remain the same or to change and grow; and they must make a choice before much progress will be seen. (Wright, 21)



What's the Goal of Pregnancy Crisis Counseling?

In pregnancy crisis counseling, your goal is to help the woman or couple in pregnancy distress find a pathway towards the acceptance of her unborn child and to accept responsibility for developing a parenting plan to raise or adopt. (PCC, 51)



What profession do you align with?
Psychology/Counseling/CISM/PCI

In terms of:

1. *Who* you are serving (those in crisis) and…
2. *What* you are trying to accomplish, (helping people respond to crisis in a healthy way…)

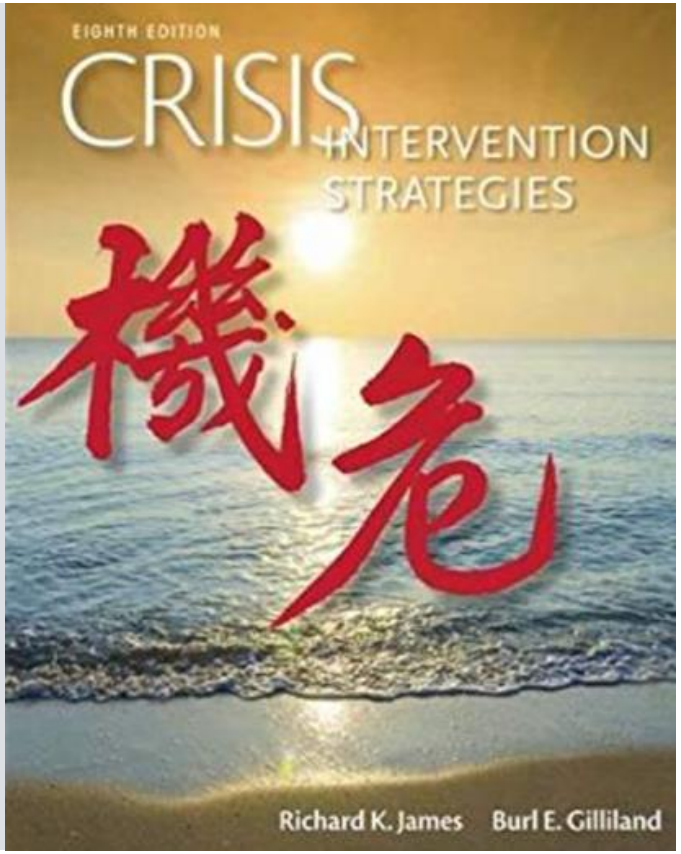
Your PHO is, properly, another professional sub-specialty within CISM or crisis intervention, within the broader field of counseling.

Lesson #1

All crisis intervention work starts as a grassroots effort, using volunteers; as they mature, they do not outgrow the use of volunteers, or rely solely on licensed professionals.

Just neighbors helping neighbors:

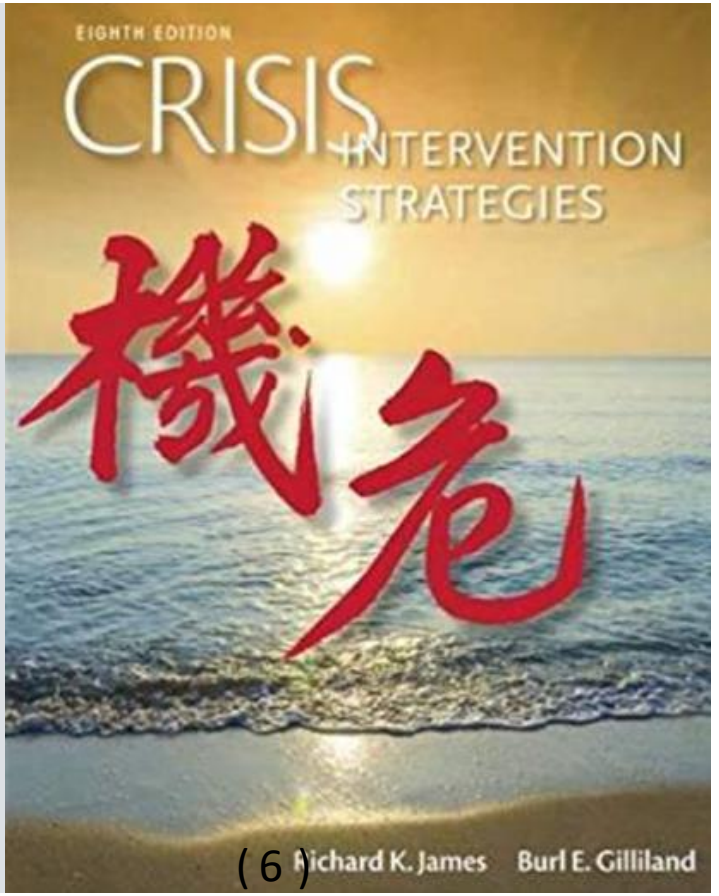
Three of the major movements that helped shaped crisis intervention into an emerging specialty were Alcoholics Anonymous (AA), Vietnam Veterans [PTSD], and the women's movement of the 1970s [domestic violence/sexual assault]. Although their commissioned intentions and objectives had little to do with the advancement of crisis intervention as a clinical specialty, they had a lot to do with people who were desperate for help and weren't getting any." (CIS, p. 5)



Lesson #1

PHO past: grassroots movement of neighbors helping neighbors.
PHO future: blend of volunteers/staff trained by professionals in CISM/PCI.

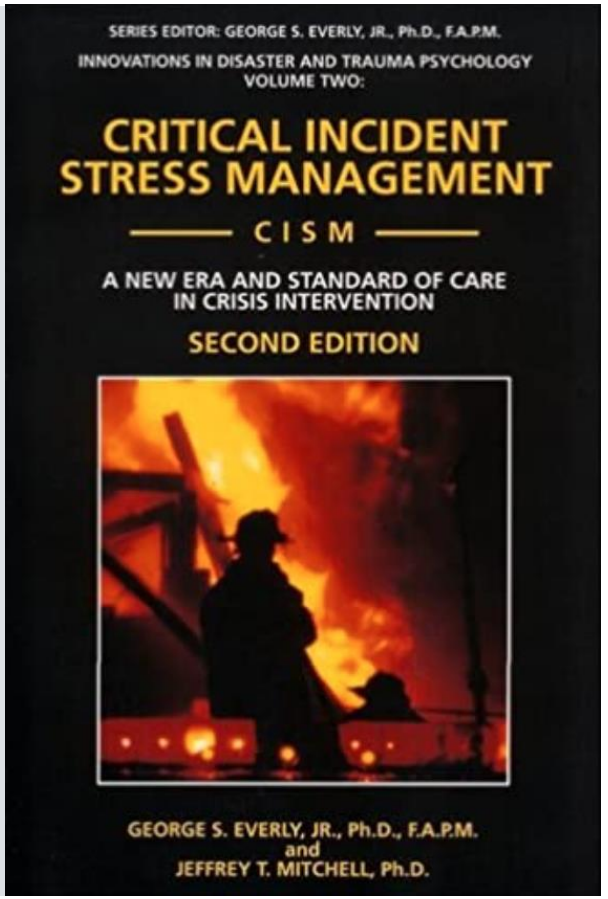
"Contrary to the popular misconception that paid veteran crisis workers descend on a large-scale disaster like smokejumpers into a forest fire, most crisis intervention in the United States is done by volunteers… Volunteerism is often the key to getting the fledgling crisis agency rolling. The use of trained volunteers as crisis workers has been a recognized component of many crisis centers and agencies for years." (CIS, p. 6)



As all crisis intervention services do, the PHO movement has matured and now provides their own in-house training, which eventually should be directed by CISM professional.

"Both mental health clinicians and peer support personnel may perform crisis intervention and CISM services . . . but specialized training is essential for both groups." -George S. Everly

Pregnancy centers rely upon a high percentage of community-based volunteers to operate and provide client care on many levels… Volunteers who interact with clients are required to complete specialized training at centers… where honesty, compassion, and empathy towards clients are paramount." (Lozier Institute, "A Half Century of Hope: 1968-2018, Pregnancy Center Service Report, 3rd Edition)



More Take A-Ways:

1. Add licensed professionals while welcoming volunteers.

   Both are needed. Both are good.

2. In-house training of volunteers is accepted practice in CISM.

   Alcoholics Anonymous, Suicide Hotlines, Samaritans Purse, etc., all provide in-house training for volunteers and set them to work.

3. Trained volunteers are commonly called “counselors.”

   Within the profession of CISM, “counselor” does not imply academically trained and licensed.

Take A-Ways:

4. Don’t over-train new volunteers!

   When beginning, *confidence is as important*, as competence. Over-training reduces confidence, without increasing competence.

5. Equip beginners with entry points, then put them to work.

   4 pages of entry points and 4 crisis intervention sessions (with debriefing) better equips the beginner than 400 pages of books and manual content. (and creates a hunger for them).

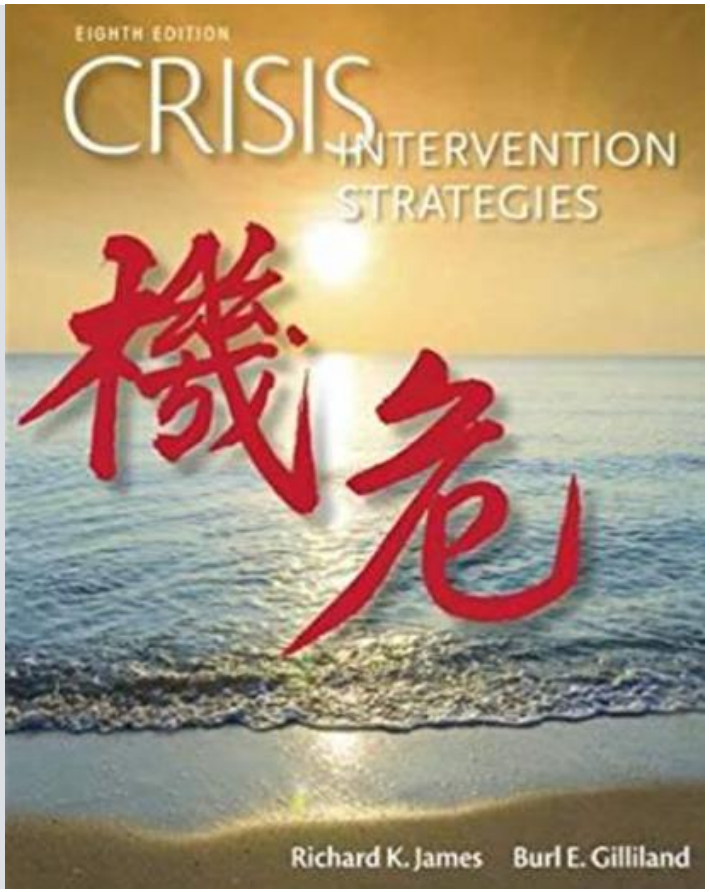
6. Once they have some confidence and competence, they will hunger for more, work through manuals and books.

Lesson #2

All human crisis, including pregnancy-related crisis, is a crisis of FAITH.

Professional crisis counselors acknowledge that talking about faith/heart values is a vital part of helping people adjust to the new reality induced by the crisis.

"For most people trauma is the ultimate challenge to meaning making, and for most people, that meaning making is attached to some kind of faith." (CIS, 42).



PERSONAL DECISION MAKING GUIDE WORKSHEET

Options	Reasons to Choose this Option (Benefits, Advantages, Pros)	Reasons to Avoid this Option (Risks, Disadvantages, Cons)
Option A — My Feelings		
Option B — My Feelings		
Option C — My Feelings		

SUPPORT SYSTEM WORKSHEET

Name / Relationship of Influencer	Option A	Option B	Option C	Unsure
	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]

My Next Steps – Based on the information you have received today, what will you do next?

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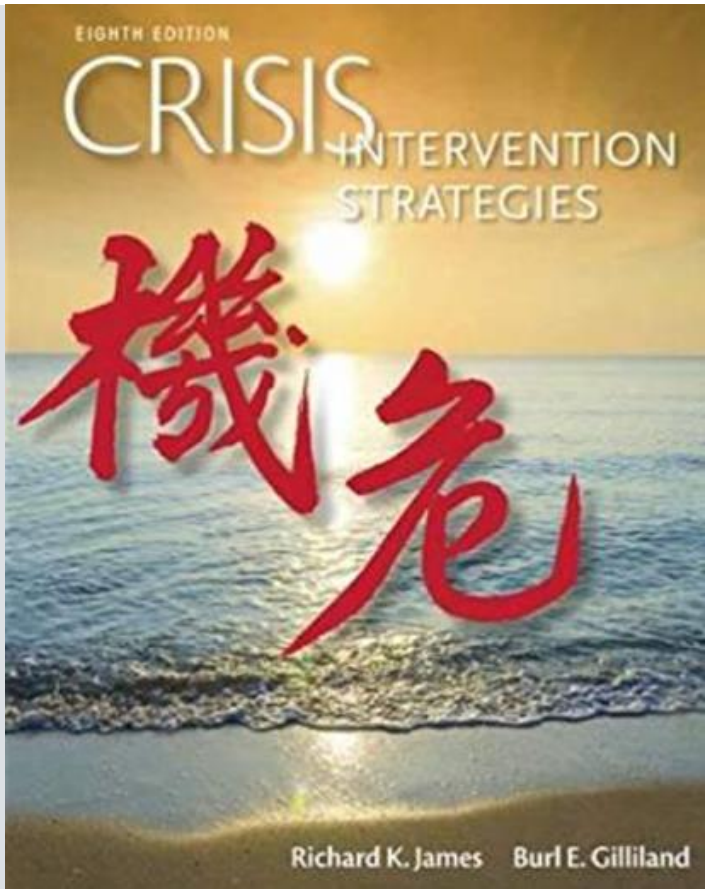
Lesson #2

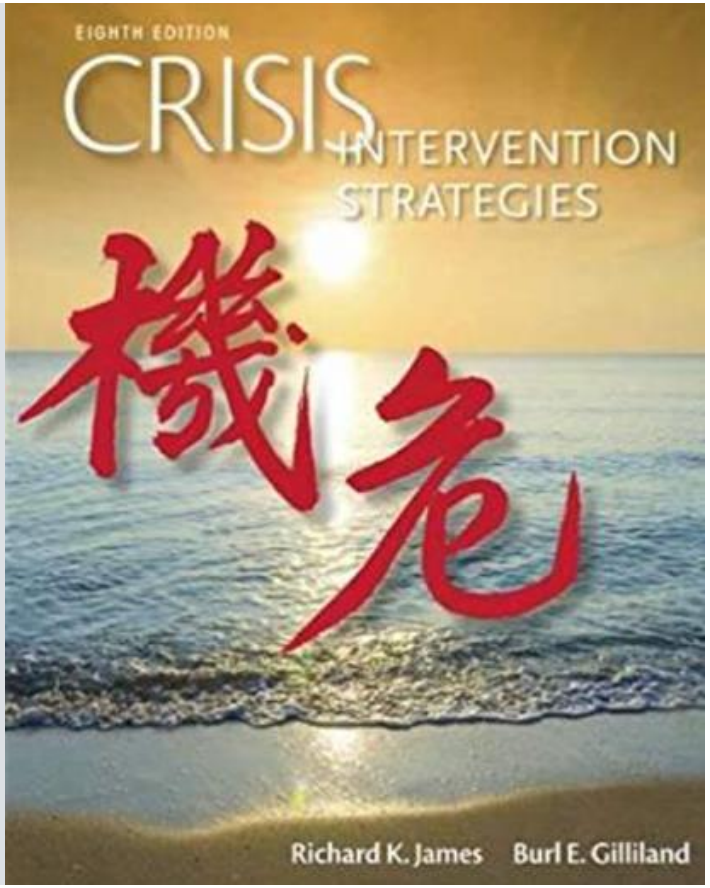
Good crisis counseling requires an understanding of faith/religion and a willingness to go there!

"Many human services workers regard it as an exposed electrical wire, not to be touched on pain of death for fear they will be seen as either proselytizing for their religion or insensitive to other spiritual beliefs[;] however, to deny or act as if religion, faith, or spirituality are not part of any crisis, is to neglect a large part of a crisis response for most people… Yet for most people trauma is the ultimate challenge to meaning making, and for most people, that meaning making is attached to some kind of faith." (CIS, 42).



Good crisis counseling requires an understanding of faith/religion and a willingness to go there.

"Faith plays a huge role in the outcome of a crisis as people attempt to make sense of events that seemingly make no sense at all. Faith plays a large part in how people try to come to terms with a randomly cruel universe that crashes down on the notion of a supreme being that runs a just and moral world…If you are not attuned to the importance of faith…you are going to have trouble helping them through the crisis." (CIS, p. 42)

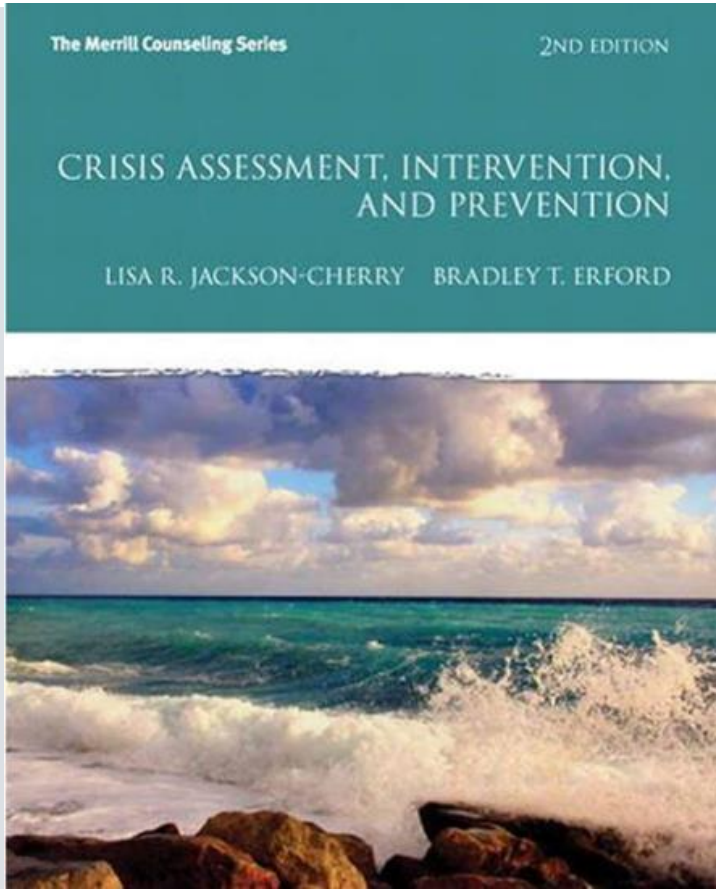


In CISM, talking about God/beliefs/heart values is recognized as proper, even essential.

"Discussing the role of faith, religion, or spirituality is an invitation for clients to be understood…"

This is especially true in the area of crisis counseling in which people are struggling to find meaning after a personal loss.

People… are frequently reassured and more comfortable with the process if the clinician incorporates spirituality and meaning-making into the assessment process." (CAIP, 314).



Recognizing the crisis of faith in women in a pregnancy-related crisis.

How do the following reveal a crisis of faith with God or their own heart values?

- *I can not afford another child.*
- *I feel ashamed and embarrassed.*
- *I had a plan for my future and this baby is not part of my life plan.*
- *I know it's wrong, but I have no choice.*
- *What religion are you?*

In the Bible, human crisis is an invitation to trust (exercise faith) in God to save/deliver.

"Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls." (Matthew 11:28-29)

In the abortion industry, abortionists present themselves as the Savior; promise to deliver them from trouble.

Crisis resolution comes down to a decision guided by ***Fear*** or ***Faith***

The outcome of a pregnancy-related crisis is decided between **"I can't see any possible way!"** vs **"I'm going to trust that things will just work out somehow!"**

Key takeaway:

To help women and couples in crisis,
be willing to ask or explore matters of faith—
not because your agenda is to proselytize,
but because people in crisis are in a crisis of faith;
and "faith plays a huge role in the outcome of a crisis."

Lesson #3

The Crisis Intervention Counselor uses both facilitative and directive counseling techniques.

What's the difference?
Why are both required?

Directive counseling is used to:

1. challenge distorted perception of reality or expected outcomes; or
2. promote actions that allow a person to regain control over their lives.

Illustrating the appropriateness of Directive Counseling

Suicide Jumper: My family will be better off without me!

Suicide Counselor:

Facilitative…I want you to know I really care about you and will support your decision either way.

Directive Counseling…?

Lesson #3

Directive counseling involves confronting or challenging decisions based on distorted perceptions of truth or outcomes.

Confrontation is **not** an attack on another person "for their own good." It's an extension of true empathy, not wanting the person further hurt.

C1. "I know it's not right. But I'm going to get an abortion. It's the only way my boyfriend won't leave me. I can't lose him." Your response?

C2. "Given my situation, my baby will be far better off if I abort!"

C3. "I am going to abort because I know God will forgive me."

Lesson #3

Directive counseling provides an onramp for people in crisis to regain control.

"People in crisis tend to flounder, and we need to move them toward meaningful, purposeful, and goal-directed behavior." (Wright, 169)

The more paralyzing the crisis the more directive you will need to be.

- Can I make a suggestion at this point…
- Would you consider….
- I am sad to hear you say that. I would caution you about…
- How about we make that call together right now?
- Let's agree on a plan for the next 24 hours…OK?

Lesson #4

Grounding your counseling in Informed Consent provides the legal and medical justification for discussing the Health Risks of Abortion.

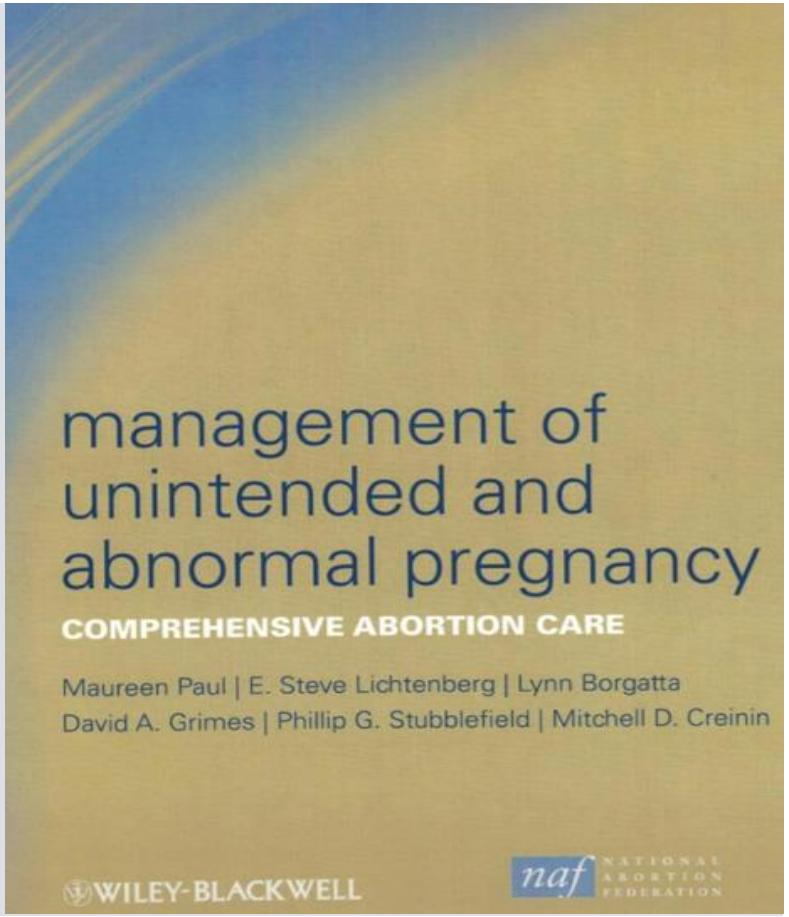
Informed Consent

- The phrase “informed consent” was first used in U.S. case law in 1957.
- The doctrine of informed consent is designed to ensure human dignity, autonomy, and moral agency are respected by medical providers.

Informed Consent is what makes any medical procedure ethical.

The 3 main parts of informed consent:

"Informed consent must include three elements: (1) patients must have the capacity to make decisions about their care; (2) their participation in these decisions must be without coercion or manipulation; and (3) patients must be given appropriate information germane to making the particular decision. The goal of the informed consent process is to protect personal well-being and individual autonomy by providing information on the procedure, risks, and alternatives to the medical intervention being considered."



The Canadian Medical Association (CMA), Code of Ethics:

Provide your patients with the information they need to make informed decisions about their medical care and answer their questions to the best of your ability.

Make every reasonable effort to communicate with your patient in such a way that information exchanged is understood.

Recommend only those diagnostic and therapeutic services that you consider to be beneficial to your patient or to others. If a service is recommended for the benefit of others, as for example in matters of public health, inform your patient of this fact and proceed only with explicit informed consent or where required by law.

Grounding your counseling in the principle of informed consent not only justifies educating women and couples considering abortion about the procedure and possible negative physical and emotional consequences, it obligates us to do so.

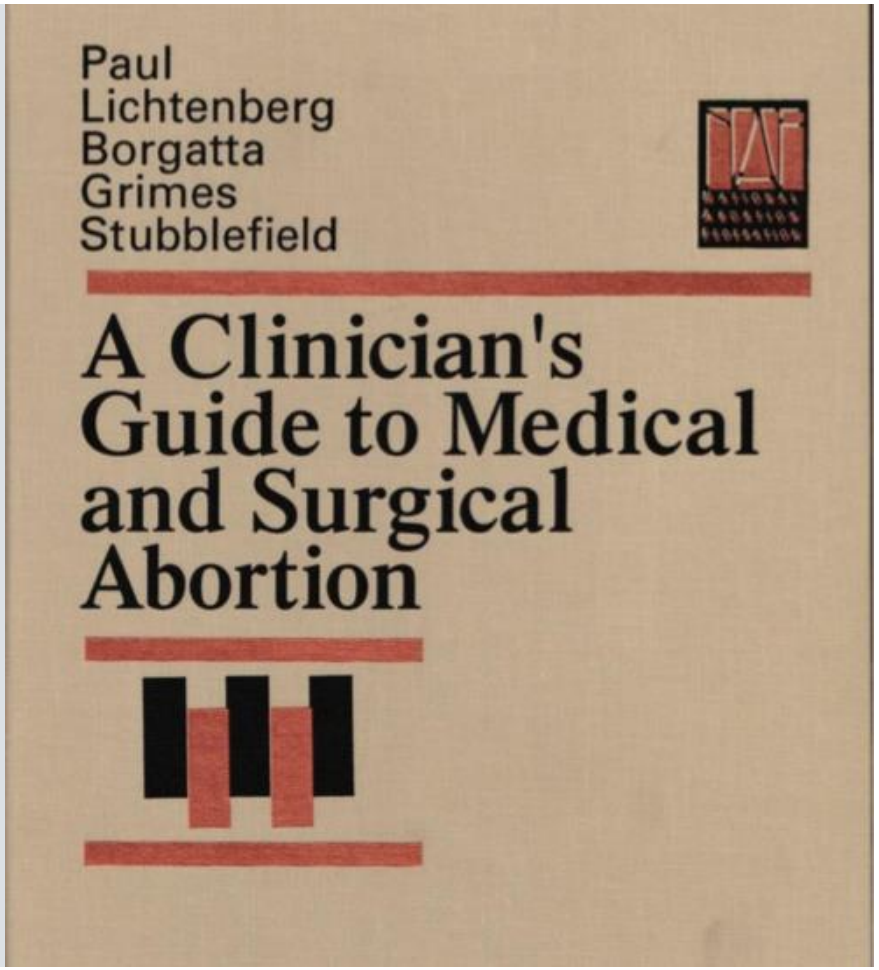
Code of Ethics and Informed Consent

AMA
FDA
WHO
USAID
IPPF (Planned Parenthood)
National Abortion Federation

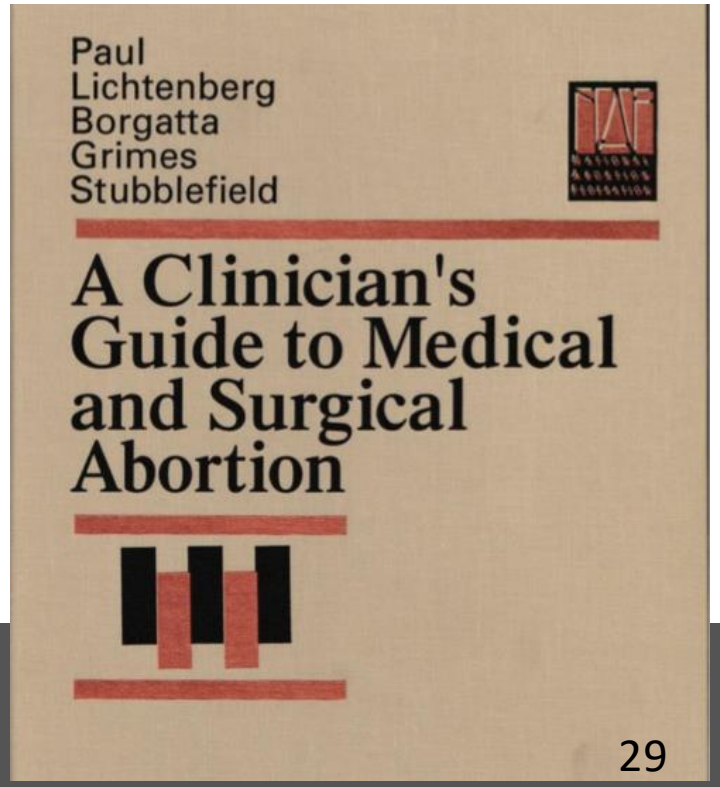
All worldwide medical institutes have a code of ethics and policy commitment to informed consent.

Informed consent includes informing women of "Negative Reactions"

"Negative postabortion reactions that have been researched include depression, guilt, shame, regret and grief...Suicidal ideation, losing interest in enjoyable activities . . . interpreting any misfortune, illness, or accident as signs of God's punishment; having nightmares about killing or saving babies; engaging in self-punishing behaviors such as substance abuse, indiscriminate sex, and relationships with abusive partners; blocking out the experience; and avoiding anything that triggers memories of the event…" (pp 28-29).



Recommendations for Pre-abortion Patient Care



"Identifying predisposing factors for negative reactions (Table 3-2) before the abortion allows the provider to address the specific needs of patients and helps fortify their coping resources."

A close look at Table 3-2, page 29.

Table lists 14 Risk Factors for PTSD After Abortion

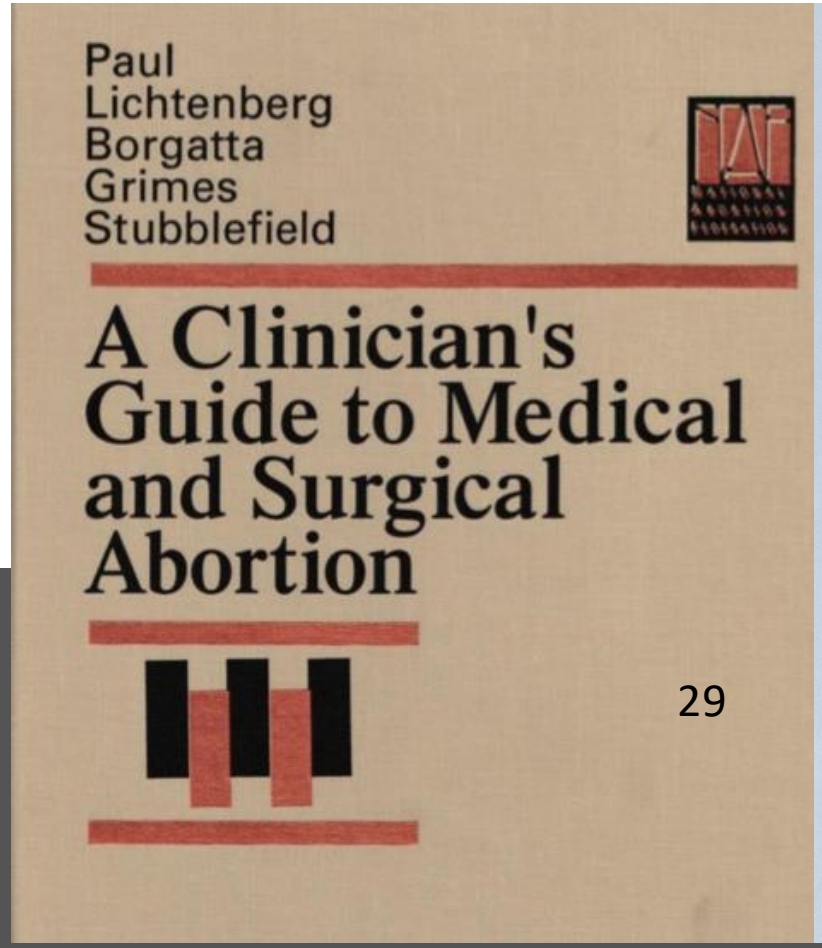


Table 3–2. PREDISPOSING FACTORS FOR NEGATIVE REACTIONS

Low self-efficacy: expecting depression, severe grief or guilt, and regret after the abortion[16,17]
Low self-esteem prior to the abortion[14,18]
An existing mental illness or disorder prior to the abortion[8,14,18,19]
Significant ambivalence about the decision[8,13,20]
Lack of emotional support and receiving criticism from significant people in their lives[10,21–24]
Perceived coercion to have the abortion[25]
Intense guilt and shame before the abortion[8,26]
Belief that a fetus is the same as a 4-year-old human and that abortion is murder[27]
Fetal abnormality or other medical indications for the abortion[28,29]
Usual coping style is repressing thoughts or denial[26,30]
Unresolved past losses and perception of abortion as a loss[15,31]
Experiencing social stigma and antiabortion demonstrators on the day of the abortion[32]
Past childhood sexual abuse[33,34]
Commitment to the pregnancy[17]

Informed Consent REQUIRES screening for risk factors predictive of after-abortion trauma.

MUAP lists 18 Risk Factors to screen for prior to abortion.

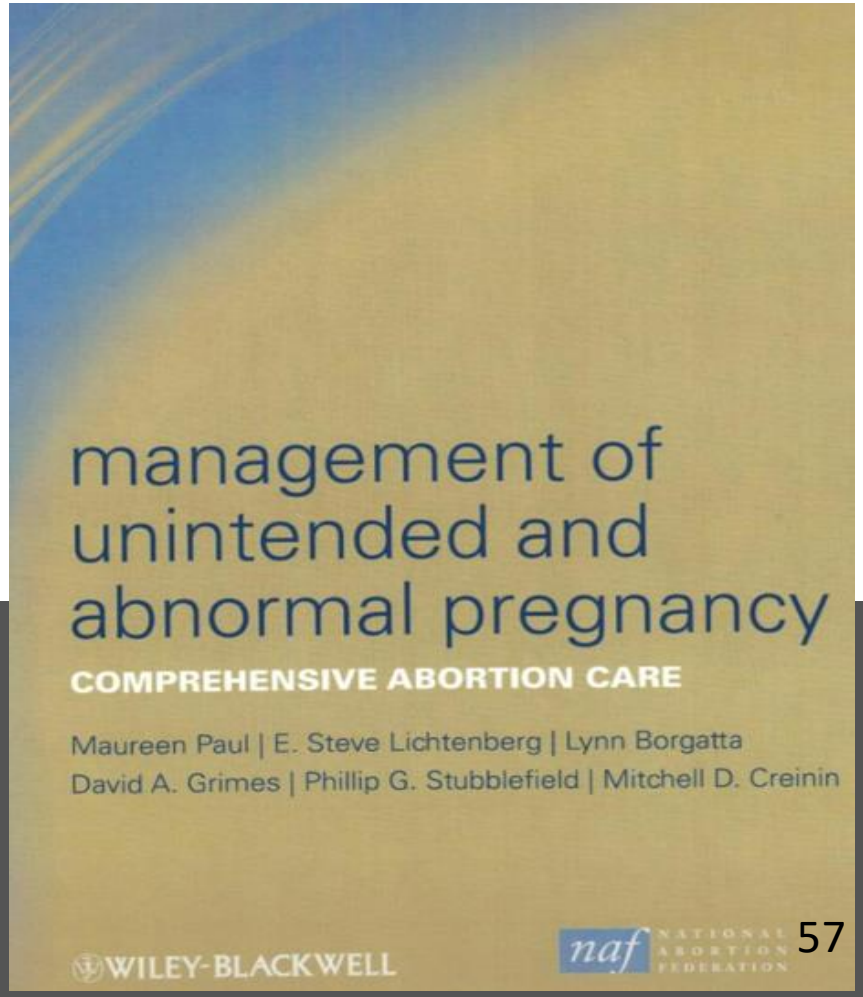


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Table 5.4 Risk Factors for Negative Emotional Sequelae

Appraisal of abortion as extremely stressful before it occurs
Experiencing social stigma and antiabortion demonstrators on the day of the abortion
An existing emotional disorder or mental illness prior to the abortion
Significant ambivalence about the decision
Perceived coercion to have the abortion
Intense guilt and shame before the abortion
Belief that abortion is the same act as killing a newborn infant
Lack of emotional support and receiving criticism from significant people in their lives
Fetal abnormality or other medical indications for the abortion
Commitment and attachment to the pregnancy
Advanced stage of pregnancy
Putting great effort into keeping the abortion a secret for fear of stigma
Usual coping style is denial and repressing thoughts
Unresolved past losses and perception of abortion as a loss
Past or present sexual, physical, or emotional abuse
Preexisting experience of trauma
Expecting depression, severe grief or guilt, and regret after the abortion
Disbelief in their ability to do what it takes to produce a positive outcome

Abortion Training: Counselors must screen for risk factors predictive of after-abortion trauma.

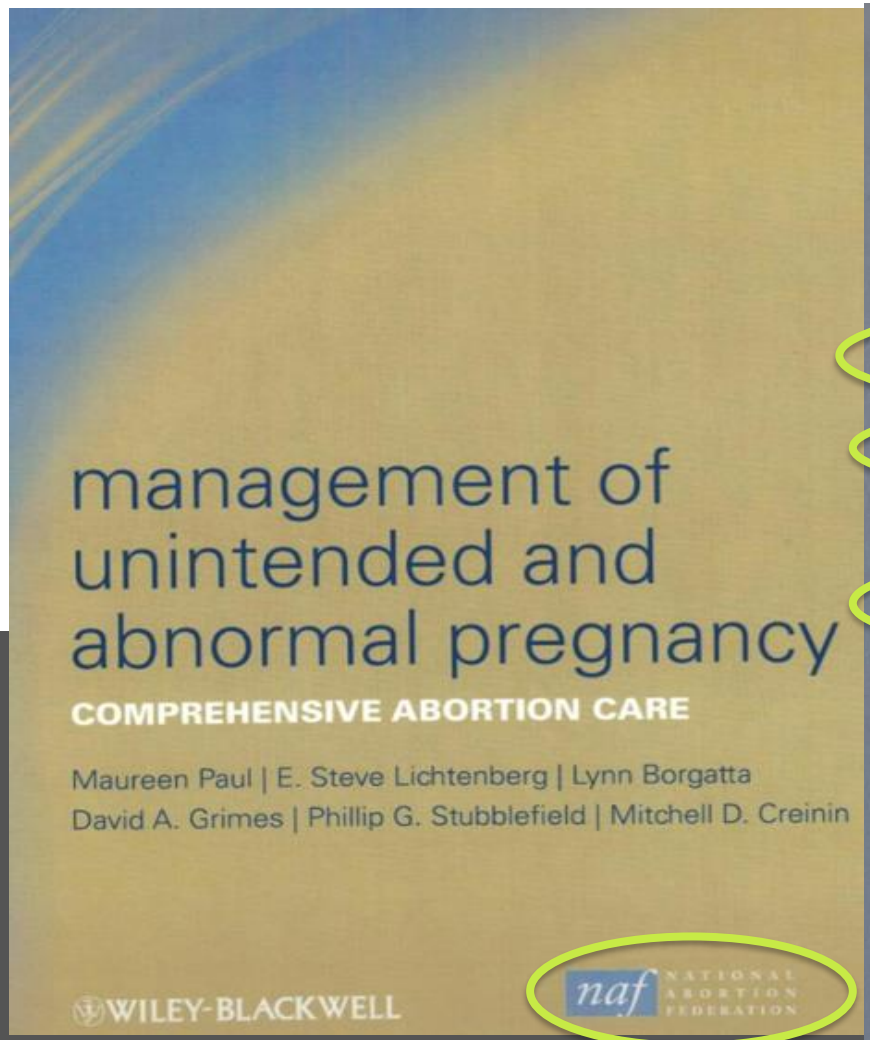

Table 5.4 Risk Factors for Negative Emotional Sequelae

- Appraisal of abortion as extremely stressful before it occurs
- Experiencing social stigma and antiabortion demonstrators on the day of the abortion
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- Significant ambivalence about the decision
- Perceived coercion to have the abortion
- Intense guilt and shame before the abortion
- Belief that abortion is the same act as killing a newborn infant
- Lack of emotional support and receiving criticism from significant people in their lives
- Fetal abnormality or other medical indications for the abortion
- Commitment and attachment to the pregnancy
- Advanced stage of pregnancy
- Putting great effort into keeping the abortion a secret for fear of stigma
- Usual coping style is denial and repressing thoughts
- Unresolved past losses and perception of abortion as a loss
- Past or present sexual, physical, or emotional abuse
- Preexisting experience of trauma
- Expecting depression, severe grief or guilt, and regret after the abortion
- Disbelief in their ability to do what it takes to produce a positive outcome

“Perceived coercion to have an abortion”

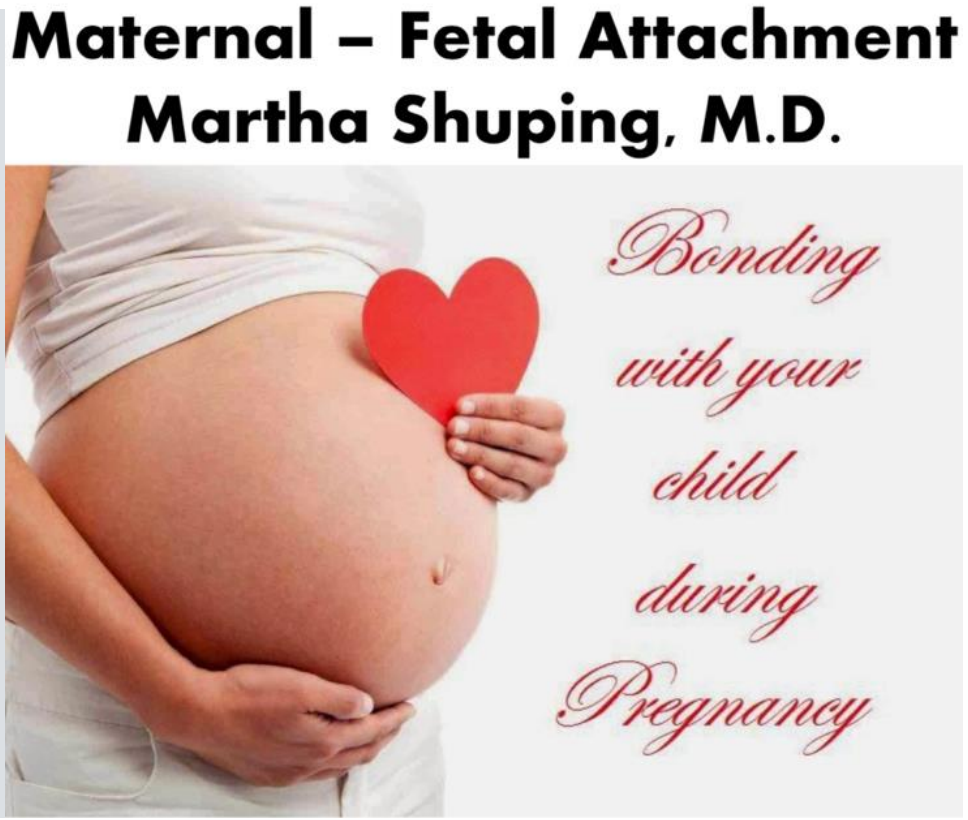
Dr. Martha Shuping: "Studies show 11% to 64% of women experience coercion or pressure in abortion decision. If 11% of abortions are coerced, that would mean that more than 6 million abortions in U.S. have been coerced since 1973.”

“My family would not support my decision to keep the baby. My boyfriend said he would give me no emotional or financial help whatsoever. All the people that mattered told me to abort. When I said I didn’t want to, they started listing reasons why I should. That it would have detrimental effects on my career, and my health, and that I would have no social life and no future with men…I’m so angry at myself for giving in to the pressure of others.” (Aborted Women, Silent No More)

Attachment to the pregnancy.

Maternal-Fetal Attachment (MFA) refers to the “emotional tie or bond that normally develops between the pregnant woman and her unborn infant.” Over seventy years of research, involving women from diverse cultures, confirm that MFA is a universal experience, even for those intending abortion.

Dr. Martha Shuping: “The degree of bonding that is established during pregnancy is predictive of the degree of emotional distress and trauma symptoms that are experienced after the abortion.”



Lesson #4

Grounding your counseling in Informed Consent provides the legal and medical justification for discussing the Health Risks of Abortion.

Use the principle of Informed Consent. It justifies and even obligates us to explain abortion procedures and risks, prior to abortion.

And just as abortion training textbooks advise, screen for risk factors for negative outcomes following abortion, such as "Attachment to the pregnancy" and "Perceived coercion to have an abortion."

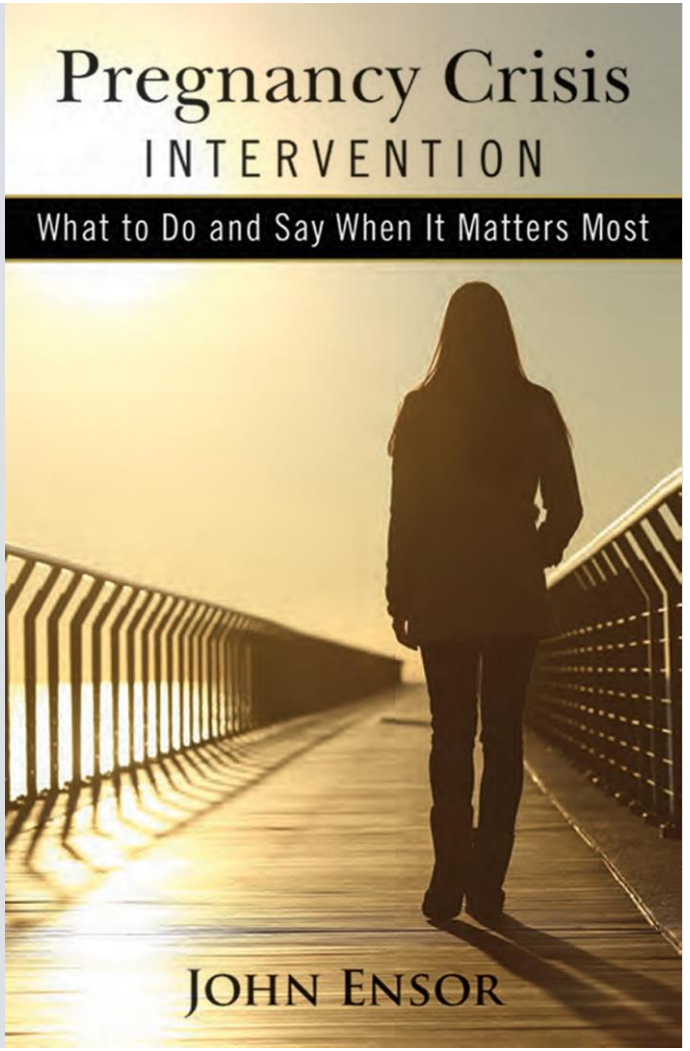
Summary

Lesson Intro:
See your work as part of the profession of CISM or crisis intervention and management. Learn your field and understanding of the parties involved in each crisis intervention.

Lesson #1
All crisis intervention organizations start as grassroots movements using volunteers; and continue to use them. Get professional training but get volunteers into the battle too.

Lesson #2
Remember that pregnancy crisis, like all human crisis, represents a crisis of faith. Good counseling involves addressing their faith questions.

Lesson #3
The art and use of Facilitative as well as Directive Counseling. There is a proper time for both.



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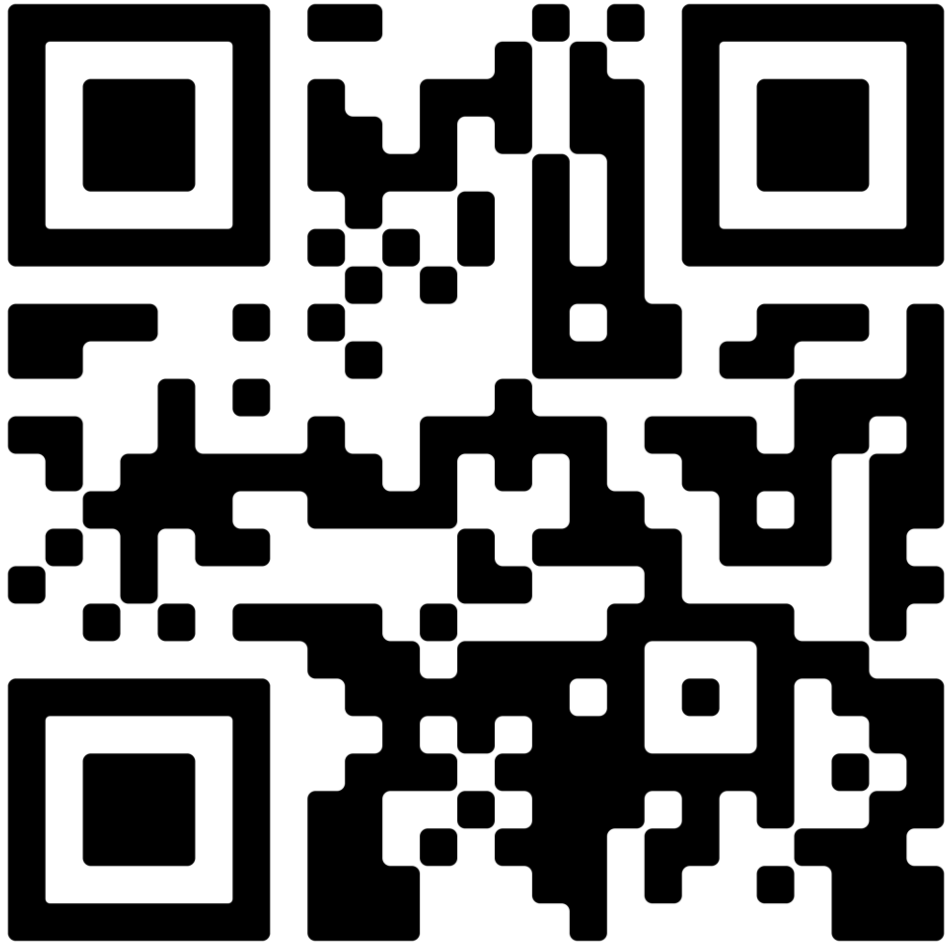
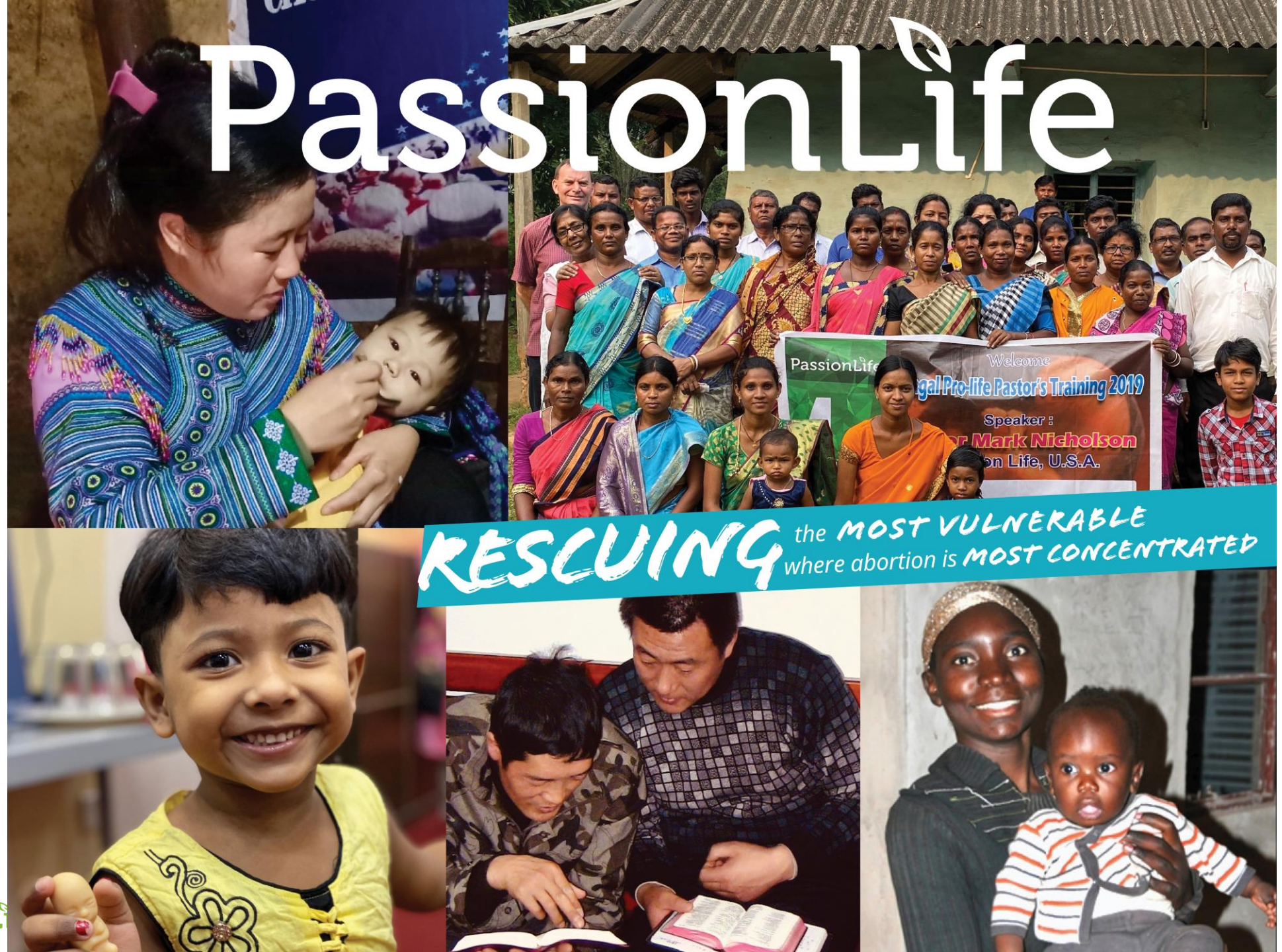


PassionLife



RESCUING the MOST VULNERABLE where abortion is MOST CONCENTRATED