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Sam Come we live to the Father. Come we this day to the Son. Come we to the Holy Spirit. Come we this day with God Come we this day with Christ. Come we with the Spirit powerful. Oh, thou triumph, God of grace as it was at an end. Oh, thou g God of grace and it shall be forever more.

God and spirit and Jesus from the.

Crown of thy head to the soles of thy feet. Come away with our reputation. Come away with thy testimony. Come we to you. J To come J oh, thou giant God of grace as it was, as it is. Oh, thou triumph God of grace and it shall be forever more. Hallelujah. Hallelujah. Hallelujah. Hallelujah.

Welcome to the Pro Life Team podcast. I'm Jacob and I'm here with John Enzor. And, and today John's going to be sharing, you know, some special insight into working with women who are in a crisis. Yeah, take it away, John.

Yeah, thank you, Jacob. You know, I've been working in the arena of pregnancy crisis intervention for 35 years now. And I would say that most of our movement are people that were once pioneers and learned what they could and handed it off to other people who learned more, handed it off to still other people. And we developed our own little training techniques and then we developed training manuals that have to deal with pregnancy crisis counseling, understanding the abortion minded woman, and other kinds of resources that are now funding fairly common within our movement. But some years ago, I began to realize that as our movement grows and matures, we need to identify with a profession because there are now lots of people who want to go to college and study and prepare to do what a lot of us do in the pregnancy help offices or clinics around the country and now more and more around the world. So I began to look at, you know, what is it that we do? Where do we belong? Where would someone go to school and what would they study if they wanted to follow in our footsteps and make our work their vocation? And that's kind of what got me on the journey here of understanding that we're part of the crisis intervention profession.

Oh, that's good. Yeah, I'm excited to hear what you have to say and. Yeah, let's keep going.

Well, basically what I did is I started to purchase the standard textbooks that universities use if you're going to go to them and get a degree in crisis intervention or what is also called critical incident stress management. And then I read a number of books from the Christian perspective, from the secular perspective, I wrote, I read some of the history of Crisis intervention. And I came away with enough material for two things. Number one, I came away with a clear sense of how we fit into the world of crisis intervention as a profession. And I wrote a book called Pregnancy Crisis Intervention that is basically our specialty in the broader field of crisis intervention. And secondly, I tried to come up with some abbreviated ways for people in our work to learn some of the lessons that they should learn from the profession of crisis intervention and apply them particularly to pregnancy crisis intervention. So these are a few of the textbooks that I purchased and read through. These are standard textbooks. And I came away with four lessons that I wanted to introduce with you, Jacob, to share with our wider audience. They can always read more. They can get the book. But there's also kind of a four or five page summary of these four lessons that I will make available to you and you can make it available to others so they don't have to buy the book if they don't want to. But these are standard textbooks. Crisis Assessment Intervention and Prevention and crisis intervention strategies. So right away we see that we are part of a larger profession. The other thing I wanted to do is I wanted to see what does the abortion industry say about themselves? Because they're also in the crisis intervention business, aren't they? They have a different solution, but they see themselves and market themselves as rescuers, you know, that are in the crisis intervention business. So I actually purchased these two standard training manuals that are used to train up abortionists and to set up abortion as Management of Unintended and Abnormal Pregnancy and A Clinician's Guide to Medical and Surgical Abortion. And you'll notice that they're both endorsed by the National Abortion Federation. So this, these are the sources. So briefly then, I would like us who work in the pregnancy help movement to go ahead and start to be comfortable once again with seeing themselves as in the crisis intervention movement. We actually started that way and when pregnancies first started. I don't know if you know this, Jacob, but the early pioneers called themselves a pregnancy crisis center. And then in the 90s, there was a big. There's a study that came out and said, oh, we don't want to use that language. And everybo ran away from the language of crisis. They were really referring more to the names of their ministry rather than the nature of what it is that we do. We do crisis intervention, whatever we call ourselves. But I'm afraid that as a movement, we've lost a certain amount of ground. And by the way, I don't think that study was legit because it wasn't done on people that were actually in a pregnancy crisis. It was done on people on college students who are asked to. To. To imagine themselves pregnant. And that's a completely different thing than being pregnant and in crisis. So, anyway, my first conclusion is that we ought to see ourselves professionally as in the world of crisis intervention. Here's a standard definition. 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. They are in a state of disorganization, a period of upset during which many abortive attempts at solution are made. It's interesting they even use the word abortion there. The point is, the professional definition of crisis intervention are people that we deal with every day. This is their description. They're upset, they can't think straight. They need a quick solution, and they don't know what the solutions are. That's our people. By the way, the profession of crisis intervention really began to take form back in the 1940s when there was a fire in Boston and almost 500 people died. And there were another 650 people that survived this horrible, horrible fire. And they began to help these people recover from the trauma of it all. And it led to the specialty that we call crisis intervention today. Here's another book called Helping People in Crisis. And a state of crisis is characterized by people who are experiencing symptoms of stress, an attitude of panic or defeat, a focus on relief, a time of lowered efficiency and unlimited duration. Meaning people can only live in a state of crisis for about six weeks, and then they're going to find a solution, even if that solution, Jacob, is suicide. If you look at who is committing suicide, it's people who haven't found any other way to end their state of crisis. And since people can only live in crisis for so long, the final solution for them is suicide. And that's why we have suicide hotlines as another form of crisis intervention. But that is, again, the professional understanding of who professionals in crisis intervention are working with. And if you look at this list, anybody who has worked in a pregnancy center and done any level of counseling whatsoever, if they've talked to two or three or four women, they're going to say, that's who we're talking to right there. I would take this and I would kind of fine tune it, okay? When I say, who is it that we're talking to? How do we understand what's going on in her life? I would say she's fearful. Number one, she's under extraordinary pressure. Sometimes that's pressure from a boyfriend or family or circumstances. Sometimes it's internal pressure. You know, I had many women that would say to me, I need to have an abortion because I don't want to disappoint my parents. That's an internal pressure. They didn't even give their, their parents a chance to weigh in. They were just assuming it. Number three, she's under, she sees the pregnancy as ending her life. Isn't that amazing? So abortion for many women is a life saving choice. Now, it may not be true, it's not true that a pregnancy is a terminal disease, but it feels true. So psychologically, when women feel this way, what they're really saying is the end of my life, as I've projected it is coming to an end and therefore abortion is justified because I need to save my life plans, I need to finish school, I have this, I aspire to this future or that. And so she sees her pregnancy as life threatening and abortion as life saving. That's a very key part of helping people in the pregnancy help movement understand who they're talking to. She's looking for quick relief. They're looking to act quickly, to solve the crisis, and to get back to normal life. Once again. Number five, she's ambivalent. Meaning there's a part of her who wants to have an abortion and then there's another part of her who doesn't want to have an abortion. And part of effective counseling is helping women express that ambivalence in some way, because then you get to help in the art of persuasion. With adults, it's much more helpful to be helping her persuade herself rather than try to steer her in a certain direction. So when a woman says to me, I don't really believe in abortion, but I have to have one, what has she done? She's just expressed to you that there's something about abortion she doesn't like that's being overridden by the things that she does like abortion in terms of solving problems. Right?

Yeah.

So typically I would train people to stop right there and help her hear her own ambivalence. I'd say, oh, what is it about abortion that you don't like? When you say I don't like abortion, but. And there's really going to be only one reason that abortion is a negative in most people's minds, and that is that it involves the intentional killing of an innocent human being. And you're talking to a woman who never, ever sees herself as ever hurting an innocent human being intentionally. That's their self image. Most women have a self image that says that if they saw a child running out in the street and was about to get hit by a truck, they would run out and try to rescue that child. They would not just stand by passively and let it happen. So that's what we mean by ambivalent. She feels alone. She has a lot of people around her. They're all speaking, but none of them are listening to her. And she feels hopeless. So these, these characteristics echo very clearly with the same characteristics that the professional world defines as people in crisis. Some of the other books that I read say the same thing that, that you're helping people in crisis. You're really helping them accept a change in circumstances and adapt and grow in healthy ways. And abortion is just a solution that we would call an unhealthy way to get out of the crisis. And our challenge is to help them make better choices. So my first foundation here, Jacob, is an appeal for our movement workers to recognize that they should proudly identify with a profession and that we are professionals within the realm of crisis intervention. Crisis intervention can be from war, it can be from a fire, it can be from a flood, it can be from a sexual assault. There's all kinds of areas of specialty that are under the umbrella of crisis intervention, and we have our own. So just kind of walking through this, then that's the first appeal, is to recognize that we're dealing with people in crisis. So then I ask, well, what are the key lessons that we should learn from our profession that we should apply to our specific area of specialty? And the first lesson I have was a surprise to me, and that is that within the world of crisis intervention, using volunteers is extremely common. In every area of crisis intervention, they rely heavily on the use of volunteers. Think of Samaritan's Purse, for example. Okay, My mother was a volunteer with Samaritan's Purse up until she was about 85. And they would go off to a flood zone or a tornado area. Right now they're in North Carolina working with the whole ravaged area around Boone, North Carolina. Immediately, they're providing food and water and shelter, and then they're working toward the cleanup, and then they're working toward the restoration. My guess is that 95% of the people in Samaritan's Purse are volunteers. If you think of all the drop in centers back from the 60s and the 70s that were started as a result of people coming home from Vietnam, the trauma centers post Traumatic stress was an observation, and then it became something that we could diagnose, and then they became studies on it, and now you can become a specialist in ptsd. But they all relied on volunteers. So the first lesson is all crisis intervention work starts as a grassroots effort using volunteers. And as they mature, they don't outgrow the use of volunteers. They simply add more professional people who study crisis intervention or in our particular field who have a medical background as well as as a counseling background. I found that to be very liberating because many, many pregnancy centers use volunteers. But over the last 20 years, it's almost like if you're really growing and maturing, you don't use volunteers anymore. And that conclusion only happens because you've never studied your profession. If you study your profession, we're doing exactly what we should do. We started out as grassroots. We use all volunteers. Now we use staff, and we use a combination of volunteers and professionals.

That makes sense.

Yeah, yeah. These are just some of the quotes from the book that kind of underscore that Alcoholics Anonymous, veteran Vietnam veterans, the women's movement in the 70s, domestic violence and sexual assault specialists, all of these people rely on volunteers. I love this quote. Contrary to the popular misconception that paid veteran crisis workers to send on a large scale disaster like smokejumpers into a forest fire, most crisis intervention in the United States is done by volunte. So lesson number one, I would say, is let everybody relax. Use volunteers. Use them proudly. Know your profession well enough to recognize that that is a part of a healthy crisis intervention organization. To rely very much on volunteers in this particular field, what eventually happens for a mature pregnancy center is a combination of both mental health clinicians and peer support personnel that work together to do critical incident stress management. So you end up having an appreciation for both. So we don't want to grow from volunteers are okay, but we need to outgrow that and just use professionals. But rather, we want to get to the point where the professionals, the ones with the most experience and highly trained, have an appreciation for their contribution and understand the need for using volunteers to be most effective in the work. So these are some of the other takeaways from that. We want to add licensed professionals but continue to welcome volunteers. We want to use in house training of volunteers. It's an accepted practice. Here's another issue. There's a trend within pregnancy centers to not call themselves or see themselves as involved with crisis intervention. There's also a big push against using the word counselor as if counselor is a legal term and suggest that you are a licensed professional counselor. And that's actually not true. There are many ways that the word counselor is used and if you've gone through other forms of crisis intervention, they may call you counselor and you might have a little smock or a little badge or whatever. It doesn't mean that you have a college degree and that you're a licensed professional. Now, my issue here is not so much to, to, to say that we're wrong for getting away from, or to make us refer to people as counselors. My point is not to be a. Not to be uptight about it. Okay. Be confident that we as our profession and in our profession it is common for volunteers to go through an in house level of training and be referred to as counselors from that point on. Pretty cool.

That is. That's really good insight. I did not know that.

Yeah, yeah. Unfortunately, again, our movement hasn't really. I mean, we're just sort of at the point where we need to grow up and understand our profession. And these are the lessons that you get. You get to see that you've done a lot of things right and you get to do a little course correction along the way. Here's another one I like that is part of this, the wit and wisdom of G.K. chesterton. Anything worth doing is worth doing poorly. Now, if I say that at a Heartbeat or Care Net conference, I'm going to have an uproar all over the place because the whole point of our conferences and our training manuals is to develop a level of expertise, am I right?

Yeah. To do it with excellence. Yep.

To do it with excellence. Okay. This is in our DNA, but there's a, a balanced perspective to that that Chesterton is pointing out, and that is that anything worth doing is worth doing poorly on the way towards excellence. So if I'm choking to death on a piece of chicken and you come along and you've never been trained on how to, you know, to do the, to do the corrective measures.

Yeah, the Heimlich, right?

Yeah, the Heimlich.

Okay.

You're not going to come up to me and say, I would like to help, but I would do it poorly. I would say give it a go. Doing it, saving my life is worth doing it poorly. And that's the beauty of grassroots movements, is that if you look at how we began, we did everything poorly, but we began. And anyone who wants to be an effective, excellent counselor needs to be willing to do it poorly at the beginning. As they grow and develop that again. That relaxes everybody a little bit. And I love this quote from the Psychology Today magazine. I dare say most of us live with the paradox of working. Hang on a second. I'll move this over a little bit. Toward excellence while making do with good enough perfectionism. That pesky drive to meet some pinnacle of an outwardly defined ideal as a mean taskmaster for those it does not drive into flurries of striving. It often paralyzes. I say to people, if you want your pregnancy help center to have a healthy number of volunteers and staff that can stick with you for a long time, you've got to help them recognize that crisis intervention is worth doing, even if it's worth. Even if it's done poorly at the beginning and good enough. And of course, around the world, we train everybody in pregnancy crisis counseling. That's never going to have a book. They're never going to have a training man. We only want them to be good enough to be an effective Good Samaritan. We only need people to be able to stop their baby from dying. That's good enough.

Yeah.

So this is, again, part of the professional understanding of our work, actually allows for people to come in and serve with very little knowledge, be put to effective use, and then grow and develop as a professional over time. You got any questions about.

No, no. I just want to add one thing to. Yeah, I think perfection can be dangerous because it often makes it so it's almost. It's impossible to reach perfection. There's always a way to make something better. And I think excellence is a great goal line. Much better than perfection, you know, a thousand times better than perfection. And then. And also I think completion, you know, completing the goal, whether, whether you do it poorly or good enough or possibly better than that, completion has value. And so I look at completion as part of how to. How to weigh or measure. And. And so good enough, you know, with completion is much better than a better goal line without completion.

Yeah. And here's the reality. As we become larger organizations and more professional, we end up creating these approaches where someone has to come in and take 12 or 15 weeks of training before they can get into a room. Okay. And the reality is then that people just quit. They just give up. I could never do that. You paralyze people. What if I say the wrong thing? Well, you could say the wrong thing. So we're going to make sure that you go through weeks and weeks of study and preparation, but that's not how most people learn, and that's not how our pregnancy center started. Our pregnancy started pregnancy center started with people who had a ready fire, aim approach rather than a ready aim fire. Some things are worth doing poorly. And if your house is on fire or your neighbor's house is on fire or there's a flood in North Carolina or whatever, you just get in there and you start helping people, even if you're not trained professionals. And so our movement would be. Is well served if they have a healthy attitude, who are bringing people in and, and, and, and helping them recognize that they can be useful even if they're not professional and they're not excellent yet. They just have to go through the same learning curve over a period of time. And generally speaking, the number one complaint I've received from people is that the better their training becomes for crisis counselors, the fewer people make it through the program.

Hmm.

I think it's much better that we train people for a day and then throw them into the counseling room and then help them dialogue about what they did, maybe pair them up this way. Doctors do it, you know, nurses do it. You go in with somebody, you don't study, study, study, study, study, study, and then a year later go in to see a patient. No, you have to study, get in there with the, in the room, talk to the person, debrief afterwards, and then the second time, maybe you take a lead in a certain part of it. But a professional is there to help you if you get stuck. And you know, so you're, you're getting people excited about the doing rather than just the studies, and their confidence grows along with their competence. So if you are a pregnancy center director and you're frustrated, it's probably because your competence, the amount of content that you're asking people to learn, goes up, and that causes their confidence to go down. I could never do that. I could never do that. And so they leave. So the key is to bring them both up together.

That's good.

Confidence and competence go together. Lesson number two. This is the most surprising lesson that I found, and that is that in the profession of crisis intervention, you are trained, whether you are a secular person or religious person, you are trained to understand that all crisis intervention involves a crisis of faith. Is that not a shock? So, yeah. Professional crisis counselors acknowledge that talking about faith or heart values is a vital part of helping people adjust to the new reality induced by the crisis. I mean, I was shocked to read this in these books that there's a warning here that if you want to be an effective counselor, you need to understand that most people work through crisis through a religious lens. So if you're a secularist and you don't understand that, you're not going to be an effective counselor. The flip side of that is for those of us who are coming at this from a Christian perspective, the asking questions about what their beliefs are, asking questions about where is God in this picture, are completely acceptable within our profession. Very different than, let's say, in a school setting. But crisis counseling involves raising questions about people's faith and what they believe. So here's a quote. 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. Here's another quote. Many human service workers regarded as an exposed electrical wire not to be touched on pain of death for fear that they will be seen as either proselytizing for the religion or. Or insensitive to other spiritual beliefs. However, to deny or act as if religion, faith or spirituality are not a 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 meaning. That's how they make sense of things, is through the lens of where is God in my life now? That is extraordinary for our context that everybody walking in our door is in a crisis of faith. They're asking God questions. And it may not necessarily be appropriate for us to see if we can convince them to dedicate their lives to Jesus Christ on the spot. That's not necessarily the goal, but it is proper for us to understand that when someone says to you, I can't afford a baby, that's a crisis of faith. They're saying, I don't know how God can provide. That's what the larger question is. Or I will be. I'll bring shame to my parents, or I'll feel ashamed, or I'll feel guilty. Especially for those coming from a Christian worldview or from a Muslim background. Shame and how we deal with shame and guilt is. It is an overtly faith issue. So the more we recognize that we're dealing with people in a crisis of faith, the more we get to be freed up to have conversations about God as part of the proper counseling. Here's another quote. 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, then the underlying part, if you are not attuned to the importance of faith, you are going to have trouble helping them through the crisis. This is a secular textbook telling secular people to be very sensitive to the matters of religion. When you're dealing with people in crisis.

Wow.

Yeah.

This is really good, John. Thank you so much for sharing this. Let's keep going.

You interrupt me with any question that you think people might be asking. In critical incident stress management, talking about God beliefs or heart values is proper and even essential. That's the liberating truth that I'm trying to emphasize here. This is just another quote from another mainline textbook discussing the role of faith. Religion is an invitation for clients to be understood, especially true in the area of crisis counseling. People want to talk about God. They want to talk about, you know, where is God? How did this happen to me? Why did this happen to me? What am I going to do now? You know, we might quote scripture that God has a plan for your life. Okay. We might read off the fact that, you know, God knows how to feed the birds. He has a plan for your child. These are all biblical ideas. Now, whether you quote the scripture or you just talk about the fact that a lot of times, if you embrace the challenge of having a baby, the resources to feed that baby will appear in time. I might be part of God's plan to help you. It might be some other resource. But nobody plans for twins. And yet they just believe that if you have more children, you'll have more resources. I had a guy once come in. He brought his girlfriend in. He said, we have two kids, and now she's pregnant. I can't afford three children. So I said to him, you know what? If you lose your job next week, you will probably sense that now you can't afford two children. Would you look immediately to decide which one you might terminate because you can no longer afford two. And of course, immediately he recognized that he would never do such a thing. That's the point. He would just automatically believe that if he lost his job, he might go through a period of stress. But something will break. Something will open up. There's always another solution. Terminating your children is never the solution. It's believing that there are other resources available. That's why almost all of our counseling really comes down to helping people increase their hope and their expectation that things will work out. And when we do the. You know, when I teach counseling around the world, I try to simplify it by saying, you raise the hope and you lower the fear and the baby lives. Anything that you say and do to raise the hope and lower the fear will result in the baby living.

That's good.

I cannot afford another child. I feel ashamed and embarrassed. I had a plan, and this is not part of my plan. I know it's wrong, but I have no choice. These are all statements of religious faith. Okay, I know it's wrong, but I have no choice. That's another voice of ambivalence. What's wrong about it? Well, it's against my religion. Well, what's your religion? Well, I'm a Pentecostal. Oh, what do Pentecostals believe? Well, they believe abortion is wrong. Well, why did they believe abortion is wrong? Well, because it's killing. What is it killing? Well, it's taking life. Life of what? The life of a human being. So this is kind of a long conversation, but the point is, when someone says, I know it's wrong, you're just helping them amplify for their own ears why it's wrong. And when someone says from their own mouth what their ears can hear that the only reason abortion is wrong and different than getting a haircut is it involves intentional killing of an innocent human being. Now they're prepared to reject it. And you can say to them, well, if abortion involves intentional killing of an innocent human being, I'm going to strongly encourage you as a counselor not to do it, because you're not just aborting the baby. You're aborting your own heart values. And women are never made strong when they abort their own belief systems. They become broken people. So instead of looking at that as the solution, let's look in another direction. See, that's so good. Biblically speaking, people, you know, we have many examples where scripture tells us to turn to him in crisis. Come to me, all you labor and heavy burden. This is basically what we're doing in the counseling room. Whether we use God language or not, we're really helping them turn from the abortionist as savior, who says to them, I can deliver you from your problem, Helping them turn to the true savior. Now, that might be you in the first context. They may have to trust in you to help them, but eventually what they're trusting is the God that's at work in you. And that's really the battle line of crisis intervention is who's going to be my savior?

That's good.

John Piper was famous for saying abortion is always a substitute for prayer. He based that from James 4 that talks about how what you know, what causes war within you, you desire and do not have, so you murder. In other words, we always turn to abortion as a substitute for looking to God as a provider. And so most of crisis intervention counseling really is helping them see that the savior abortionist is not the true Savior, and that there is a true provider that's going to step in, in this situation and help you through this crisis. And you're going to look back at this as one of the proudest things that you ever accomplished.

Would you read the. The whole passage there out of James for those who can't see the slides?

Yeah. This is James 4. And this is. This is really explains why abortion exists at all in the world. Okay. This is a biblical example of what is abortion, according to the Bible, what causes quarrels and what causes fights among you? Is it not this, that your passions are at war within you? That's the ambivalence point that we talked about. Your passions are at war within you. You desire and do not have, so you murder. You covet and cannot obtain, so you fight and quarrel. You do not have, because you do not ask, why is there stealing in the world? Okay, here's another way to look at it. If I steal your wallet, Jacob, I've made a statement of faith. I've said that God cannot provide, therefore I have to provide for myself in whatever it takes. But by not stealing, I'm looking to God as my provider. So stealing is not just about stealing. It's a statement of faith or lack of faith. You see what I'm saying?

Yeah.

Abortion is the same way. Abortion is what we do because we want something and we can't get it. We want to finish school, and we're afraid that the baby is going to provide to steal that opportunity away from us. So we kill. The truth of the matter is, however, there are lots and lots of ways to have a baby and finish school and become a professional. It just might mean that you take five years rather than four years to do it. But at least you're not a broken person when you come out of it.

And you might ask for help based on your need. Asking others to help, maybe part of that too, instead of doing it all on your own.

Exactly. And when someone says, I can't afford a baby, your goal really is to help them recognize that they may not be able to afford a baby today, but by the time that baby is born, there will be a solution and you're going to help them find it. And it might be that you're part of that solution. It might be helping that person get a second job or a better job, or relying on others to help temporarily. There are all kinds of other solutions rather than turning to the wrong savior in this. In this instance.

Awesome. Yeah, that's great. Thank you. That's really good.

Lesson number three, crisis intervention counseling uses. Oops. Both facilitative and directive counseling techniques. Now, this is, again, this is a little bit more advanced, okay? But it's really, really important, and it's probably something that should be corrected in our movement. And that is facilitative counseling is when I help you make a decision. Okay, so let's say you're trying to figure out what you want to do with your life. I'm not going to say to you, well, you should become a fireman. I'm going to say, what are your skills? What do you enjoy doing? Let's set aside what the income is and let's find out what you love to do, what you're best at. What have people told that you told you that you like to do? Given that set of skills, what kind of jobs might fit that among those kinds of things? Have you tried any before? In other words, I'm going to keep asking you questions. I'm never going to tell you what to do. I'm going to help you reach your own conclusion. And if you say, well, I think I want to become a fireman, then you could say, I would say to you, well, why don't you give it a go? Okay? You're not at a point in your life where you can never make a different decision. You can try it. If you don't like it, you can try something different. So I would support your decision. But in crisis intervention counseling, you have to use both facilitative and directive counseling techniques. So let me give you my standard illustration. I'm out on a bridge and I'm about to jump off the bridge, and you stop by to offer some intervention, and I tell you what's going on. You come up to me and you say, tell me, why are you here? And I say, well, I've got this problem, or that I can't handle it anymore. I'm just going to jump off this bridge. I've decided I'm going to end my life. You're not going to say, well, I just want you to know that I support your decision. Whatever you do, at that point, you're going to have to become somewhat more directive or steering. You're going to say to me, john, why don't you let me buy you a cup of coffee and let's talk about this a little bit more. And if I can't help you, you can always make your way back to the bridge. Okay? But I want you to take a step back here, jump in my car and let's go grab a coffee somewhere. And you're going to be telling me you're going to be instructing me as to the next tiny step that I could take other than jumping off that bridge. That's directive counseling.

That's good.

And in our field in crisis intervention, this is a real weakness in our movement is that we don't know how to use directive counseling at all. Or we're afraid of it, or we think that it should never be done. No, it should be done. In directive counseling, there are times and places where it's required. I just gave you the jumper example. If someone says to you, 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. You can't just say at that point, well, okay, well, good luck with that. You need to challenge it in some way. Directive way. I would say it this way. I would respond by saying, you might do that. But you need to understand this, that the testimony of most women who have an abortion to please the man in their life resent and even hate the man right after the abortion, because every woman expects a man who is manly to become a provider and protector of their children. So you are going to lose, you know, you're not going to want to see them afterwards. So you end up being twice aborted, you end up aborting your baby, and you end up aborting this relationship within three or four months after this. That is the testimony of the majority of women who abort for this particular reason. And it's important that I tell you that so that you can evaluate it as part of your own decision making. See what I'm saying? So I'm, I'm telling her the truth. I'm doing it in a kind way, but it is very, very. It's sharper than typical counseling. When somebody says, given my situation, my baby will be far off better if I abort it. That's a point where it needs to be challenged. Well, I have to tell you that I think that's not correct, that you're believing something that's false. It might feel as a good way to justify it, but it's not true. You know that your abortion will involve the intentional killing of your little baby. And there are lots of poor people or people born in difficult circumstances and they overcome them in life. And that makes them extraordinarily strong people, that they've gone through extraordinarily difficult times and overcome it. See so I've got to help them see the alternative.

Yeah, that makes sense. That's good. These are good examples.

Yeah, I'm going to abort my baby because I know God will forgive me is a very particularly difficult one for most of us in the pregnancy center world because we obviously believe that God can forgive. But this is a situation where you're relying on forgiveness in a way you know, it would be. Here's the illustration I often give. If someone knows that I'm a kind and forgiving person, I don't want them to rely on that as they plan to sexually assault my daughter. They're relying on my kindness and general forgiveness only infuriates me all the more in what they're planning to do. They're turning the grace of God into a license to do evil. And we as counselors need to be willing to find our backbone at that point and say while God is a forgiving God, it only comes to repentance. And relying on the grace of God to do evil is a ruinous path and leads to eternal destruction. So it needs to be challenged in some way. Otherwise you basically allowing people to use grace, the grace of God to do evil. And the Bible and Christianity never allows that.

Yeah, that's good.

Some of the ways I challenge people as I. Can I make a suggestion at this point or would you consider or I'm sad to hear that I would caution you about this. These are all ways that you can challenge people in a way that is not in their face, so to speak. It's gentle, but it's strong. And then to wrap up our time here, this is the fourth key lesson in every book that trains in abortion counseling. They teach that you need to, you need to ground your counseling in the doctrine of informed consent. This is a direct quote from this manual. Informed consent must include three elements. Patients must have the capacity to make decisions. Their participation in these decisions must be without coercion or manipulation. And the patients must be given appropriate information germane to making that 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 risk and alternatives to the medical intervention being considered. So here's the takeaway. Every pregnancy center in the country should put this quote on a piece of paper and pin it on their wall. It justifies our need to talk about abortion as a process, as a procedure, and what are the relevant risks related to each of those procedures because abortion trainers themselves say that it's required now, they don't do this at Planned Parenthood. We do this at our pregnancy centers. But it's called the doctrine of informed consent, which is a particularly interesting word because that's a religious word. But they're saying this is the unshakable foundation that justifies all medical procedures, is that it's based on the person being informed and giving consent. Well, over half the women who have abortions are being pressured by others and coerced into abortion. So we have a moral obligation, according to the doctrine of informed consent, to make sure that women do not consent to procedures in which they're not actually consenting, but they're being coerced into it. So the best defense for what we do actually comes from abortion training manuals. Is that not amazing?

Yeah, that's amazing. Yeah. I just took a screenshot of that and I made a note. I sent it to one of my colleagues while you were talking that we need to make some wall art for pregnancy centers with that concept. That's really good.

And then in these same manuals, in these same textbooks, they give lists of risks related to abortion. Now, we've been talking about after abortion trauma for a long time, okay. And I almost wonder if newer editions of these training manuals are going to start removing this language. Okay? But right now, like on page 28 of this particular textbook, negative post abortion reactions that have been researched include depression, guilt, shame, regret and grief. Suicidal ideation. Long interest in enjoyable activities, losing interest in enjoyable activities. Interpreting misfortune, illness and accidents 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. So again, one of the powerful things that we could do today when we start talking to women or couples who are considering abortion is to say that under the doctrine of informed consent, I need to help you understand both the procedures that you would undergo, whether that's surgical or medical, and the risks associated with that procedure. And here's a list from the manual that teaches doctors how to do abortions. And then they go on to say, identifying predisposing factors for negative reactions before the abortion allows the provider to address the specific needs of patients and helps fortify their coping resources. This basically says it is right before abortion to help a woman understand what might happen to her after abortion, help her identify and understand the negative risks associated so that she can avoid them if necessary. That's what informed consent would do. And here's a table listing many of the things that they see and look at. Right in the middle of that list is perceived coercion to have the abortion. That's half the people that we see right there. Significant ambivalence about the decision. That's another large portion of it. Belief that a fetus is the same as a four year old human and that abortion is murder. So if someone says to us, I believe abortion is wrong because it kills a human being, then any good counselor according to the abortion Federation would say then you're at risk for great trauma after abortion and you should look at another alternative. That's what abortion doctors are supposed to say. Risk factors for negative emotional sequelae. Another list from another book that basically says the same thing. Perceived coercion to have an abortion. Belief that abortion is the same as killing a newborn infant. Commitment and attachment to the pregnancy that is maternal fetal attachment. Many, many studies have shown that women automatically have an attachment to their unborn baby. That's why babies, why women will often talk to their unborn baby even as they're going in for an abortion procedure. They'll pat their stomach, they'll talk to their baby, they'll say I'm sorry because there's an attachment there. And what they're saying here in this training manual is that those are all indicators that that person, that these are factors that predict high level of after abortion trauma. Which means as a counselor focused on the healthcare of women, you need to help them identify that and start to look for alternatives. So the best training manual for helping women not have abortions ends up coming from the abortion training manual.

Wow. I never would have thought that. Wow.

Dr. Martha Shuping, well known in our movement, says that Studies show that 11 to 64% of women experience coercion or pressure in abortion decisions. If 11% of abortions are coerced, that would mean more than 6 million abortions in the US have been coerced since 1973. So she's gone on to talk a lot about maternal fetal abortion attachment and some of the lessons that are learned there. So the conclusion is lesson number four is that the more we ground our own counseling in the doctrine of informed consent, we provide both a legal and medical justification for talking about the health risks of abortion with women prior to abortion.

Wow, that makes a lot of sense.

So here's a summary of the four lessons the book is available. I wrote this hoping it would become a standard textbook for our movement. I'm not sure we've done a good job of even letting people know that it's available. But we do find that a number of pregnancy centers are using this as a, as a textbook now for their training or supplement to whatever training that they're doing because it allows them to think of themselves as professionals. And I'll send you a copy of this as well. Jacob, this is sort of a four page summary of what the 134 page book is. Okay.

Oh, you did? I do. I do have a copy of that PDF.

Oh, okay. Okay. So people can just, you know, find a way to contact you to get a copy of it. But between the book and this summary of the four takeaways, I think it will be helpful to people in our movement.

Well, that's good. Wow. Thank you so much, John, for sharing all of this. I think we're sort of running out of time, but I'd like to go ahead and pray first and then have you close out in prayer. God, thank you for this insight. Thank you for just, thank you for this opportunity to share what John has collected and the wisdom that he has shared here with those in our movement. Lord, I pray that, I pray that people that really enjoy this will seek out the, the video version to see the visuals that he was sharing during this presentation. Lord, I pray for, I pray for this to influence and be helpful to those who are making education decisions and team decisions. And I pray for those, for all of these pregnancy clinic teams to be inspired to bring people on and raise their confidence through experience while raising their competence at the same time and to hopefully avoid the roadblocks that may keep someone from being a part of this movement. And I pray this in your name, Jesus.

And Heavenly Father. We, we look around and we see the moral crisis of abortion as so intense, so severe, capturing so many victims from day to day and week to week, that we grieve over the reality of the crisis that we face. But help us to be, as your word says, wise as serpents and innocent as doves. We pray, Lord, that as we grow as a movement, our insight, our courage, our professionalism would continue to grow, our effectiveness would increase, and that we would never be over educated and beyond what is needed. But we need to be good neighbors, Lord. We need to be neighbors helping neighbors. We need to be good Samaritans. We need to rescue those being taken off to death. And we need to be led to do that well, repeatedly, wisely, effectively, and in a way that helps people come to trust you as their Lord and great Savior. So to that end, we pray that our time Together here. It contributes to our movement and helps us to grow and mature. And bless it. In the name of Jesus we pray. Amen.

Amen. Before we. Before I end the recording, there's a. There's that Bible verse that talks about if you have all knowledge, but you don't have love, how that's nothing. And that makes me think of, you know, someone who goes through all the training, but really what's most important is the fact that you or a neighbor who is called to love a neighbor. And so I think, you know, that most important part is the love and being neighborly. And the knowledge is helpful, but it's only helpful if you love.

That's right. That's right. You know, every day all over the world, there are grandmas and aunties and friends who are rescuing babies from abortion. And they've never taken any training. They've never worked in a pregnancy center. They've never read my book. And how do they do it? Love teaches them what to do. Oh, honey, this is bad situation. Tell me what's going on. That's what love would teach you to say. Okay. Oh, honey, let's take a look at what your baby actually is. Okay, let's find another alter. It's just this loving appeal. Let's trust God, you know, if they're. If they're Christians or whatever it happens to be. But it's love that teaches us what to do. And it's important for us never to. To. To believe that it's pure knowledge. Love saved babies, not knowledge.

Yeah, and I, and this is a little bit of a side tangent, but that verse was coming to mind recently when it comes to like, AI replacing people or replacing the ability for someone to talk. And while AI has all knowledge, it doesn't have love. And I just think, you know, people that have love, you know, knowledge can help them do a better job. AI might be able to help them do a better job, but the person with love is absolutely critical to the work that God calls us to do.

That's right. I'm a big. I'm going to put all my eggs in that basket.

Awesome.

Sam. The Lord is my shepherd. I shall not be in want. He makes me lie down in grave. He leads me by quiet blue. Yet I walk through darkness. Darkest balance, you and me. I need your protection and guidance. Accompany me everywhere that I go. You spread a feast before me in the presence of my enemies. In front of my fuses. You're enjoying me. You ignore my adventure. And my gift is overflowing. Mercy, beauty and your love is chasing after me Everywhere that I go, Every day of my life. Everywhere I go. So like every day of my life, you refresh and restore my my soul.

You lead me in righteous pathways for.

Your name's sake alone you've invited me to make your house my home. I will be no evil for you are with me Everywhere I go. Chasing after me Everywhere that I go.

Every day of my life.

Everywhere I go.

Every day of my life.

Everywhere we go Every day it.