

Client Group Readiness Assessment Tool for Therapy or Abortion Healing Support Group

1. Have you had, been a part of, or been affected by your own or someone else's abortions?
 - a. Yes = 2
 - b. No = 0, if no skip the rest

2. Have you attended counseling, abortion healing, or other programming to address the impact it has had on you?
 - a. Yes = 0
 - b. No = 2

3. Are you now or have you in the past had thoughts of harming yourself or others?
 - a. Yes, now = 2
 - b. Yes, in the past = 1
 - c. No = 0

If the client answered "yes, now" or "yes, in the past" to this question, assess further:

- Tell me what's going on with you now. In the past.
- Have you been in therapy for this? How do you feel about therapy?
- Are you on medication to help stabilize you? How do you feel about connecting to a mental health provider?

4. Are you currently seeing a mental health therapist?
 - a. Yes = 0
 - b. No = 1

5. Does your therapist support your participation in abortion healing?
 - a. Yes or Not Applicable because you're not in therapy = 0
 - b. I don't know = 1
 - c. No = 2

6. Are you currently experiencing any other symptoms or stressors in life like depression, anxiety, addictions, domestic violence, relationship issues, homelessness, unemployment, or recent trauma or loss other than your abortion experiences?
 - a. Yes = 1
 - b. No = 0

If the client answered "yes" to this question, assess further:

- Tell me what's going on. What are you experiencing that had you answer yes to this question?
- Have you been in therapy, rehab, contacted the domestic violence hotline, or contacted your local social service agencies to get support for your current situation?
- How do you think your current situation would impact your ability to participate in an abortion healing support group?

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7. On a scale from 1 to 4, with 1 being rarely to 4 being most of the time, how are your activities of daily living impacted by the symptoms or stressors of life mentioned in question 6?
- 1 = Rarely
 - 2 = Sometimes
 - 3 = Often
 - 4 = Most of the time

If the client answered “Often or Most of the time” to this question, refer to therapy.

If the client answered “Rarely or Sometimes”, assess further:

- How is your daily living being impacted?
- What could you do to improve this for yourself?
- How would the impact on daily living affect your ability to participate in an abortion healing support group?

8. Are your parents/spouse/partner/friends supportive of your interest in receiving abortion healing services?
- Yes = 0
 - I haven't told them = 1
 - No = 2

If the client answered “no” to this question, assess further:

- Tell me how your family/friends/partner are unsupportive of your healing.
- How does their not supporting you affect you?
- How do you think your participation in an abortion healing group would affect you and them?

Scoring

0-8 = Abortion Healing Support Group

9-11 = Evaluate based on conversation with client (see suggested questions)

12-16 = Refer to therapy

Question 7: anyone scoring 3-4 would be referred to therapy.

Use the way your client responds to these questions, their tone of voice, body language, and other “stressor” identifiers to assess client group readiness.

If the client is willing to go to therapy to stabilize before participating in a group, consider making a referral to a clinician or licensed therapist, encouraging the client to come back to you once they feel they are ready for an after abortion healing group.