

**ABORTION SUPERVISORY COMMITTEE**

**Standards of Practice for the  
Provision of Counselling**

**Counselling Advisory Committee  
April 1998**

## **FOREWORD**

It is twenty years since the passing of the Contraception, Sterilisation, and Abortion Act, and over this time there has been a steady increase in New Zealand's general abortion rate and an expansion of its use in different age and ethnic groups.

It has also been a time of considerable change in the structure and provision of health services including a move towards the establishment of measurable standards of competency for all health professionals.

The importance of counselling in the provision of abortion services remains indisputable and is vital to the credibility and integrity of the service. The challenge now facing the profession is the maintenance of high professional standards to ensure a quality service which is not compromised by the financial constraints of current health policies.

The original guidelines produced in 1979 have been a valuable resource but are now outdated. The Abortion Supervisory Committee decided those guidelines needed reviewing and asked the Counselling Advisory Committee to undertake the task. These standards of practice are the result and we are grateful to the counselling advisors and professionals who assisted them.

The Committee would like to thank all the social workers and counsellors who have over the previous twenty years provided counselling for women considering an abortion, often working within difficult work environments and at a personal cost to themselves.

Christine Forster  
Chairperson  
Abortion Supervisory Committee

## INTRODUCTION

The Contraception, Sterilisation, and Abortion Act 1977 became law amid intense public debate and when attitudes towards abortion were extremely polarised. The requirements of the Act regarding the provision of counselling are summarised in Appendix 1. Section 21(1)(e) states that one of the requirements an institution must meet in order to be licensed is *that adequate counselling services are available to women considering having an abortion ... and are offered to such women whether or not they ultimately have an abortion.*

Section 15 gives the Supervisory Committee power to *appoint advisory committees ... to advise it on such matters as it may refer to them ...*

In 1979, a Counselling Advisory Committee, committed to professional service delivery, was appointed and asked to draw up guidelines for counselling. These guidelines provided a useful and appropriate framework for social workers undertaking the counselling task, in often difficult and threatening environments. They also assisted in getting services established and in developing professional models of practice.

The models of practice adopted were strongly influenced by the developing feminist theoretical ideas of the time. These articulated empowerment and total care of women. Essentially they related to stand-alone clinics. Services established in large women's and public hospitals presented different challenges. Those administering the hospitals were, at best, indifferent to the provision of abortion services and often openly hostile to the social workers and doctors offering services to women seeking abortion.

In the intervening years, the surrounding context for social work and counselling has altered almost beyond recognition. The organisational environment requires quantification and output measurement. The educational and training environment has also changed: there are now registered standards of competencies for counselling. Women, as consumers of services, are more aware of their entitlements and assertive about ensuring their rights are respected and honoured.

The development of social work and counselling as professions has led to greater expectations of competency, accountability and appropriate training. However, in the broader political context, there is still ambivalence and ambiguity about abortion, which is reflected most pointedly in the inequalities of access.

Within this context, women at a personal and relationship level continue to confront the range of dilemmas that an unintended pregnancy provokes in a climate that remains ambivalent, often hostile and critical of women who find themselves in this situation.

## STATEMENT OF PURPOSE

These standards of practice conform to the requirements of the New Zealand statutes that determine the circumstances which give women the right to request consideration for termination of pregnancy and allow legal abortion to take place.

The ***purpose*** of these standards is to:

1. *reflect the professional standards* of social work and counselling that licence holders should aim for in the clinics and institutions that provide counselling services to women considering an abortion
2. *state the overall concept* and goals of counselling
3. *clarify the essential elements* for the provision of a counselling service for women seeking consideration for termination of pregnancy
4. *establish the areas of knowledge* required by those providing decision-making counselling to women faced with an unintended/unwanted/foetal abnormal pregnancy
5. *pull together the relevant standards* for social work and counselling services and set these in the context of abortion services, referring as appropriate to special situations and offering some guidance on resources available
6. *remind* all those involved in the provision of a counselling service that “choice does not exist as an abstract freedom” (Hadley: 1996), and that choice cannot be disconnected from the realities of the social and political forces of our time, or the vision that a person holds for themselves at any given point in time. The client must be seen within the context she lives in, dreams about and desires
7. *promote an expectation* that the provision of counselling requires:
  - suitably qualified individuals who are informed, disciplined, skilled and committed to enabling women to make informed decisions about their pregnancy
  - organisations that are committed to enabling women to make informed decisions about their pregnancy.

## PROFESSIONAL REQUIREMENTS FOR SOCIAL WORKERS/ COUNSELLORS

### 1. Qualifications and Training

Social workers and counsellors should have a recognised social services qualification:

New Zealand Qualifications Authority, National Diploma Social Services (Level 6), Strand Counselling and Social Work. This is the present industry equivalent to the New Zealand Council for Education and Training in the Social Services (NZCETSS)-B level qualification.

**or**

Equivalent education and training that includes registered unit standards specified in appendix 2 obtained through an accredited provider or through registered industry assessor.

**or**

Equivalent overseas qualifications recognised by the industry training organisation (Te Kaiawhina Ahumahi) for practice in New Zealand.

## **2. Professional Membership**

- The social worker/counsellor has full membership of a recognised professional association that has a recognised code of ethics, established complaints procedures and preferably indemnity insurance.

For example:

- New Zealand Association of Social Workers
- New Zealand Association of Counsellors
- Te Whare Ki Tautoko

## **3. Supervision**

The social worker/counsellor is engaged in regular professional supervision to ensure

- increased effectiveness
- maintenance of accountability to the client and agency
- development and maintenance of a professional identity and ethical practice.

See Appendix 3 for the New Zealand Association of Social Workers policy statement on supervision.

#### **4. Treaty of Waitangi**

The social worker/counsellor demonstrates:

- support for the principles of partnership as embodied in the Treaty of Waitangi
- commitment to a bicultural code of practice, as detailed in the New Zealand Association of Social Workers Standards of Practice.

For further information please contact:

New Zealand Association of Social Workers, P O Box 1072, Dunedin

## **AIMS, INTENTIONS AND GOALS OF COUNSELLING**

Counselling is a process that:

- is founded on a purposeful working relationship with the client
- exists to achieve certain goals and tasks with the client
- involves exploration with the client of the realities of her situation
- assists the client to identify thoughts and feelings about her situation
- builds on a client's abilities to act on decisions made
- assists the client to develop problem-solving skills and to support herself in the decisions made
- supports a woman's ability to make choices about her reproductive and sexual health
- provides relevant information that assists an informed decision-making process

Therefore the counselling process exists to achieve certain goals, and the counselling relationship exists to work toward this. The responsibility of the social worker/counsellor/service provider is to facilitate the development of an environment within which the client can work toward achieving their aims.

There are guiding principles which are the same irrespective of the context within which the counselling service is being offered. The aim is for social workers/counsellors to know the areas of sameness and the areas of difference for the provision of counselling within the particular context in which they work:

- purpose built abortion facilities
- regional areas that refer to major centres for abortion services
- services located within major hospitals.

## **THE SPECIFIC KNOWLEDGE REQUIRED**

There is a body of knowledge that must be acquired and integrated into the professional functioning and identity of all those providing a counselling service:

- Adoption Act 1995
- Contraception, Sterilisation, and Abortion Act 1977
- Crimes Act 1961
- Official Information Act 1982
- Privacy Act 1993
- Code of Health and Disability Services Consumers' Rights 1996

- The various stages of the decision-making process - including pre-decision and post-abortion counselling
- Pregnancy options - parenting, adopting, and abortion
- Ability to conceptualise the nature of anxiety and fear and its function in the decision-making process
- Contraceptive choices
- The abortion procedure/s, eg surgical termination of pregnancy, medical termination of pregnancy, mid-trimester terminations
- Cultural norms and practices related to the care, touch and respect of the human body
- Foetal development
- Cultural practices concerning the disposal of human tissue
- The availability and location of an abortion service to the client
- The referral process for requesting consideration for a termination of pregnancy
- Methods for working with significant loss and grief
- Foetal abnormalities that may lead to abortion being considered as an option.
- Risk-taking behaviour
- Spiritual and religious beliefs and their influence on the ability to make, act on and integrate decisions made
- Methods of assessing suicide risk
- The complexity of dynamics that can exist for women who face repeated unintended pregnancies and terminations
- The 'contracts' environment as determined by health policies and the implications for access to services
- Working knowledge of the social service resources of the community pertinent to the client's requirements
- Client options and relevant social services depending on the outcome of the consultations with the certifying consultants

**OTHER AREAS OF KNOWLEDGE AND COMPETENCIES central to the professional identity and applicable to all social workers providing counselling**

**(a) Historical and philosophical knowledge**

The social worker/counsellor demonstrates knowledge and understanding of the history and philosophical principles for the provision of abortion services within New Zealand and the international context.

**(b) Attitude**

The social worker/counsellor demonstrates:

- belief in the uniqueness of each client and her situation
- an ability to explore **all** pregnancy options free of negative or positive judgement.
- an ability to explore the client's system of beliefs about herself, her situation, her relationships and her view of the world
- respect for the client's dignity and integrity
- an ability to accept how the client perceives her situation.

**(c) Theoretical frameworks**

The social worker/counsellor demonstrates:

- an ability to describe the theoretical framework/s that inform the helping relationship
- an understanding of the nature and function of a variety of social systems and how these impact on women confronting the decision-making process
- an ability to work with a wide range of people from different cultures
- an understanding and application of a systemic approach as it applies to:
  - an individual
  - a relationship
  - a family/whanau
  - an organisation
  - a cultural group/iwi/hapu
- an understanding and working knowledge of the different schools of thought that promote understanding of the behaviour of an individual in a group situation, eg family, whanau, hospital environment, peer group.

**(d) Ability to conceptualise the counselling session**

The social worker/counsellor demonstrates ability to:

- generate ideas about what makes an environment (physical and psychological) conducive to the work of the counselling session
- discuss the rationale of the interventions made and techniques utilised
- work within time frames
- reflect actively to the client her thoughts, feelings and emotions to assist a greater clarity about herself, her situation and her abilities
- work within a variety of settings, eg the interview room, the private home, operating theatre, multi-disciplinary team

- observe, record and accurately report on sessions (verbally and in writing) what is presented by the client
- communicate the assessment of the client's situation to a range of other professionals who may practise within different conceptual frameworks, eg doctors, psychologists, nurses
- appreciate areas of meaning as portrayed by the client and to value these to create an overview of her situation
- recognise and respond to other life concerns and events that impact on the decision-making process such as:
  - substance abuse
  - sexual abuse
  - relationship violence
  - sexuality difficulties
  - resettlement
  - previous loss and grief
- relate all information gathered to a systemic model which perceives that all elements are dynamic and changing
- develop strategies for handling situations of conflict, eg:
  - role
  - intra-personal
  - inter- personal
  - organisational
- close a counselling session so that there is sufficient integration and closure for the client
- make referrals to appropriate agencies and counselling services when required
- make known the competence and integrity of the agency or counselling service before the referral is actioned.

**(e) Self awareness**

The social worker/counsellor demonstrates:

- responsibility for her own actions through self-reflection, self-assessment and evaluation
- ability to acknowledge, accept and explore openly the judgements of others through client feedback, peer review, and the supervision process

- ability to maintain an attitude of discovery to alternative views of life
- ongoing commitment to the process of learning and a commitment to professional development.

**(f) Theories of communication and human development**

The social worker/counsellor demonstrates a knowledge of current theories on:

- communication patterns and processes
- human growth and development
- the development of the personality.
- The social worker/counsellor demonstrates an ability to recognise specific cultural, age and gender beliefs and behaviours that inform the foundations of a client's view of the world and shape their approach to the decision-making process, and the connection these have to human growth and development.

**(g) Clinical knowledge and its application to the counselling process**

The social worker/counsellor demonstrates a basic knowledge of psychopathology.

**(h) Public and Social Policy**

The social worker/counsellor demonstrates a current working knowledge of social and public policies that impact on choices available to women and their ability to act on their decisions with confidence:

- Adoption Act 1955
- Code of Health and Disability Services Consumers' Rights 1996
- New Zealand Income Support Services policies and procedures
- Privacy Act 1993.

**(i) Moral and ethical considerations related to the decision-making process**

The social worker/counsellor demonstrates the ability to conceptualise:

- the ethical principles and standards of practice concerning the fields of social work and counselling as they apply to the decision-making process (see Appendix 4).
- the difference between individually determined and socially determined moral principles and beliefs and their impact on the decision-making process.

## Appendix 1

### REQUIREMENTS OF THE CONTRACEPTION, STERILISATION, AND ABORTION ACT 1977 REGARDING THE PROVISIONS FOR COUNSELLING

#### (a) Supervisory Committee

The Abortion Supervisory Committee set up under the Act to supervise the operation of the legislation is specifically charged with the duty of ensuring that sufficient and adequate facilities are available throughout New Zealand for counselling women who may seek advice in relation to abortion (s.14(1)(e)).

The Supervisory Committee is also required by s.31 of the Act to:

- Appoint suitably qualified persons to provide counselling services for persons considering having an abortion.
- Approve any agency for the provision of such counselling services.

In appointing or approving persons or agencies for the provision of counselling services the Supervisory Committee must have regard to the following:

- Every counselling service should be directed by an experienced and professionally trained social worker.
- Suitably trained lay counsellors may also be used where there are insufficient professional social workers.
- Every counsellor should be thoroughly familiar with all relevant social services and agencies, and able to advise patients, or refer them to appropriate agencies for advice, on alternatives to abortion, such as adoption and solo parenthood.

#### (b) Certifying Consultants

Certifying consultants are given the power to authorise or refuse an abortion. By s.35 of the Act, they must, after authorising or refusing an abortion (in consultation, where practicable, with the woman's own doctor) advise her of the right to seek counselling from any appropriate person or agency.

#### (c) Licensed Institutions

Abortions can be performed only at hospitals and clinics licensed by the Supervisory Committee. The form of application for a licence requires the applicant to state:

- The qualifications and experience of the persons to be employed as counsellors.
- The manner in which the counselling service is to be supervised, and by whom.
- Whether the counsellors are to be employed by the institution-if not by whom.
- The manner and procedures by which confidentiality and privacy are to be ensured during counselling.

In deciding whether to grant a licence the Supervisory Committee must be satisfied that adequate counselling services are available to women considering having an abortion in the institution, and are offered to such women whether or not they ultimately have an abortion.

If the institution fails to meet the requirements of the Act including the requirement relating to counselling, the Supervisory Committee can take steps to cancel the licence (s.25).

## Appendix 2

### **SPECIFIED SOCIAL SERVICES UNIT STANDARDS REGISTERED ON THE NATIONAL QUALIFICATIONS FRAMEWORK**

#### **Provide Social Services**

Unit 7912	Assess presenting needs of social service clients
Unit 7030	Negotiate service provision with users of the social services
Unit 7937	Provide social services information for specific needs
Unit 7948	Prepare and write social services reports
Unit 7928	Implement the Treaty of Waitangi in the social services
Unit 7955	Engage in counselling with individuals in social service settings
Unit 7964	Facilitate empowerment of people experiencing oppression because of gender
Unit 7969	Facilitate empowerment of people who have experienced abuse
Unit 7975	Identify and access social services in the community

#### **Manage Social Services**

Unit 7916	Demonstrate knowledge of social service ethics
Unit 7917	Demonstrate self awareness in relation to Social Services work
Unit 7944	Demonstrate knowledge of legal structures and laws governing social services

## **Appendix 3**

### **New Zealand Association of Social Workers**

#### **Policy Statement on Supervision**

##### **1. Preamble**

Social work in Aotearoa New Zealand has become a profession with its own distinctive tradition and perspectives. While overseas countries have contributed much to the development of social work in the last twenty years there has been a growing desire to find an indigenous expression of social work practice. The association has been in the forefront in New Zealand of a search for a professional identity which puts emphasis on empowerment, partnership and bi-culturalism.

These principles have been embodied in the Code of Ethics adopted in 1993.

##### **2. Professional Social Work Supervision**

Social work supervision is concerned with the actions, function and oversight of social workers by a professional social worker colleague.

The key components of supervision are concerned with the educational, administration and supportive aspects of social work practice.

The process of professional social work supervision involves the exchange of values, knowledge/experience and interactions in a particular field of practice. It is thus a constellation of professional standards, knowledge, practice and commitment.

Supervision is an interactional process which straddles management and practice. The role of supervisor is embedded within both the management system and professional practice system as a key element in each (1).

As part of taking responsibility for his/her own professional development a social worker may seek a consulting relationship with a professional colleague to discuss difficulties encountered in performing job related functions. Consultation is recognised as a supervision process (2).

##### **3. Core Supervision and Special Fields of Social Work**

While there is a general core for social work supervision which includes the roles and commitment to the profession and its objectives and knowledge base, specialised supervision is necessary in most fields, e.g., Family work, Child Protection, Community Development, Management, Education and Training, Maori and Pacific Island settings.

#### **4. Forms of Supervision**

- Supervision/consultation within the agency.
- Supervision/consultation on behalf of the agency by an external supervisor/consultant/external supervision contracted by the worker and paid for by the agency.
- Independent practitioners will have as a supervisor/consultant either a colleague in a share practice or one in external agency/practice.

Supervision can occur on an individual, group or collective (peer interaction) basis.

#### **5. Expectations of a supervisee**

- Adherence to the NZASW Code of Ethics and Bi-cultural Code of Practice.
- Commitment to an explicit contract with supervisor/consultant which is publicly acknowledged by agency, client and other colleagues.
- Regular participation with a supervisor/consultant in making the interaction one that is goal directed, leading to educational, administrative, personal and professional development.

#### **6. Expectations of Supervisor/Consultant**

- Has a commitment to the NZASW Code of Ethics and Bi-cultural Code of Practice and is a member of NZASW.
- Has been employed as a practitioner with experience and knowledge as a supervisor/consultant.
- Highly desirable to have undertaken training in social work supervision.
- Has been recognised as social work supervisor/consultant by human service organisations.
- Has competence in a particular field of social work practice.

#### **7. NZASW Expectations**

For a member to be assessed as competent it is expected that-

- In the first year of practice the member has a minimum of one hour social work supervision per week.
- During the following four years the member will be engaged in fortnightly social work supervision.
- Fully competent, experienced social workers will still be involved in a supervisory arrangement that occurs at least monthly and which focuses on their work and their accountability. This may be collegial/consultative/peer supervision or individual.

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NZASW June, 1995 (Printed with permission)

## Appendix 4

### Ethics and Ethical Decision-Making

*“Ethics refers to the systematic exploration of questions about how we should act in relation to others”* (Rhodes 1986)

Ethics is the study of:

- an individual or group’s collective value and belief system and the study of the principles and moral rules on which they are based
- the decision-making involved in applying moral decisions to practical situations
- the decision-making procedures specific to or appropriate in various contexts and situations

### Professional Ethics

The ultimate purpose of professional ethics is to analyse the issues and then decide how to act. Codes of Ethics provide statements of ethical principles and a public declaration of commitment to rules of professional conduct.

### Ethics and Abortion

Abortion raises issues at the heart of moral decision-making. Issues about life and death are the central questions of ethics. This is reflected in the controversial history and current social position of abortion in our society. *“Morality cannot be separated from the social conditions and concrete situations in which moral judgements take place”* (Petchevsky 1984:356).

The politics and policies of abortion connecting as they do with the ethics of life and death create unease. *“But there is no balanced, universal ‘moral truth’ about abortion waiting to be discovered somewhere along the spectrum of views between flat-out feminism and the Pope himself.”* (Hadley 1996:55).

Social workers working in this field need to:

- understand the range of moral issues that arise for women as they grapple with their decision
- be aware of the bases and processes of their own moral decision making.

Ethical issues for the abortion counsellor in the context of their work are essentially no different from the ethical decisions faced by social workers in other environments. They do however take on an additional sense of urgency that emanates from the social and political perceptions of abortion in our society.

## **Ethical issues that arise in the counselling context include:**

### **1. Informed consent**

Social workers will often be in the position of making an assessment on a woman's ability to fully know and understand what she is requesting, for example with a young teenager.

#### *Issues of importance*

- Competence
- Disclosure of information
- Understanding of information
- Voluntariness
- Authorisation
- Intellectual capacity
- Literacy
- Language
- Culture

### **2. Self determination/paternalism**

#### *Definition*

**Self determination** is based on the concept of autonomy, and refers to that condition in which personal behaviour emanates from a person's own wishes, choices and decisions. It is part of the common endowment of humankind and is valued by social workers in both a positive and negative sense (Abramson 1985).

**Self determination** is not an absolute principle but requires qualification and decision-making about where the limits should fall.

- Do all clients have the capacity to exercise self determination?
- Do any clients forfeit the right to freedom of choice because they have broken the law?
- Does self determination only apply when the decision outcome contributes to the health of the client?
- Should self determination be encouraged if the decision made harms either the client or others?
- Does self determination apply when social workers act as agents of the state and require clients to take certain actions?
- Does self determination apply when people lack the opportunity to exercise their right to self determination? for example - immobility due to a lack of transport.

*Two concepts that can help us decide that the person can choose freely and rationally*

- (a) To choose freely suggests that:
- the action is voluntary and intentional
  - that the client is not under duress or undue influence or manipulation
  - the client is fully informed.
- (b) To choose rationally and effectively suggests that:
- the person knows that a decision is necessary and is aware of the consequences of the alternatives
  - is aware of the alternatives and the consequences of the alternatives
  - has evaluated the alternatives and the consequences of the alternatives
  - has chosen a course of action based on an informed consent
  - has the resources to act on the decisions made.

### *Definition*

**Paternalism** is a form of beneficence in which the helping person's concepts of benefits and harms differ from those of the client and the helper's concepts prevail (Abramson 1985).

When is paternalism justified?

- the person does not have the capacity to make an informed choice
- the person is not considered mentally competent, rational or able to comprehend the result of the decision-making
- the person may be harmed unless there is intervention
- others may be harmed

As the burden of proof lies with the social worker, social workers should ask if their acts are motivated by altruistic interest.

### **3. Confidentiality/privacy**

#### *Absolute and relative confidentiality*

- Security of information is absolute when data learned or observed is never passed on to anyone in any form.
- The majority of social workers share information as part of the agency and therefore this is relative confidentiality.
- Social workers recognise the tradition of seeking permission when revealing information outside the agency.

#### *Confidentiality as a legal and ethical principle*

- Confidentiality is both a legal and ethical principle.
- The principle is a legal requirement.

- Confidentiality is also a principle in the NZASW Code of Ethics which makes a public statement about the principle and social workers' obligations in respect of it.
- If confidentiality is cited as an ethical principle it implies a contractual relationship between the social worker and the client and a relationship that is recognised by law.

The client has the right to know the parameters of the relationship. It is essential that the limitations of any confidential information be discussed with clients at the outset of the interview.

### *Privacy*

The provisions of the Privacy Act 1993 and the Official Information Act 1982 provide working guidelines about the collection, use and dissemination of information disclosed by clients. All hospitals and clinics will have policy statements and procedures about the application of these Acts to service provision. Social workers should have an up to date working knowledge of these policies.

### *Unravelling ethical assumptions*

To gain personal insight into the underlying ethical assumptions it is necessary for social workers/counsellors to ask themselves a series of questions.

- What is the client's point of view? As part of any ethical analysis it is important to seek the client's opinions and values and ask what approach they have tried to solving the problems.
- What is my perspective as a worker? This implies that social workers have an understanding of the kind of society they are trying to achieve, what it means to help a client and what our personal beliefs and attitudes are.
- How should I handle the differences between my client and my own views? Given our pluralistic society it is possible to expect that client views will differ from our own. We will need to be able to justify the position that we have taken to the client and the agency.
- What choice is required? The way a problem is posed often determines how the problem will be solved. Ethical problems should be examined from a range of vantage points examining the assumptions underpinning each perspective.
- What are the alternative courses of action? This involves gathering data about the situation and using one's imagination to come up with alternatives.
- What options does each of these alternatives represent? In deciding on a course of action there needs to be an understanding of the general ethical position implicit in the action.
- What are the legal/agency requirements, if any?
- Are there any relevant cultural dimensions?

## Problem Solving Model For Ethical Decision-Making

### 1. Step one:

Clarify and define the nature of the problem, crisis or dilemma that requires a decision.

### 2. Step two:

Assessment: identify key facts and values. What are the crucial facts of the case? What moral principles are at stake here? Whose moral principles are at stake? What are the implications of non-action?

### 3. Step three:

Planning: what means do you use to reach your goal? How are alternative goals evaluated/compared?

What is the aim of acting now? What are the objectives? What contingencies need to be taken into account? What/whose other interests are involved?

### 4. Step four:

Implementation, the decision is a commitment to action. How to begin. What costs and benefits need to be weighed up? How do we monitor success or failure?

### 5. Step five:

Evaluation with reference to aims and objectives. What means exist for debriefing and feedback? Have we used the *right* means to a *good* end? Review the pros and cons.

### 6. The Final Step:

Apply the following test:

Can you provide a reasonable ethical justification for the course of action taken?

(Adapted from Ian Thompson, Ethicist, Western Australia, cited in Fieldwork I: Resource Book Flinders University of South Australia (1997))

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