COMPASSCARE

ERASING THE NEED FOR ABORTION

# Benchmarks for Success

## Moving from the traditional “Global Services Model” to a measurable “Linear Services Model”

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# Introduction

The Pregnancy Resource Center (PRC) movement has historically been characterized by what is called a “Global Services” model as an organizational and functional approach to serving women facing unplanned pregnancy. The CompassCare Optimization Tool (OT) is based on what is called a “Linear Services” model. It is becoming increasingly recognized that a Linear Services model is more effective and more efficient at enabling PRCs to reach their primary objective of assisting the high risk abortion-minded women in deciding to have their babies.

For a PRC to successfully transition from a Global Services model to the Linear Services model, it requires that they make a significant operational paradigm shift. In other words, the leadership, staff, and volunteers must learn to *think differently* and *act differently* than they have in the past. This change in thinking and acting is foundational for success, yet is often a difficult transition to make. The old mindsets and habits of the long held Global Services model are difficult to break and replace with the new, and sometimes counterintuitive, Linear Services mindset and habits.

This paper will describe the Global and Linear Services models, give examples of key areas to highlight the differences between the two models, and discuss some of the difficulties that some PRC personnel have in transitioning from one to another.

# The Global Services Model

Although they may vary on some details, PRCs that function using the Global Services model have similar characteristics. The Global Services model is one that attempts to provide as many services as possible to as many women as possible. It is “global” in that the model tries to be as all encompassing as possible. PRCs that function under the Global Services model usually have a list of different kinds of services that they make available to women who have a variety of needs. Many of these services involve material assistance, pre-natal and post-natal care, parenting classes, abortion recovery, abstinence education, and counseling for various personal issues. The women usually come to the PRC, explain their situation, and then choose from the menu of services that *they* want. The PRC usually feels that the greater the menu of services offered, the more effective they are at serving women.

There are a number of reasons why the Global Services model actually reduces the effectiveness of the PRC in attaining their primary objective of reaching and enabling abortion-minded and abortion-vulnerable women in deciding to have their babies.

First, they are serving the “wrong women”. Many of the services offered by the PRC are designed to assist women who have already decided to have their baby, with many never really considering abortion. This means that many of the women are not abortion-minded and probably not even abortion-vulnerable; therefore they are not the primary type of women the PRC is chartered to serve. (Please note: to say that these are the “wrong women” for the PRC to serve is not to say that they do not have legitimate needs that should be addressed. They do. Not directly by the PRC but by the church or, if necessary, by social services agencies dedicated to meeting those specific needs.)

Second, the patient drives the service encounter beginning with the initial phone call all the way through the face to face appointment. The patient maintains control of her situation and determines what information she feels she needs and which services from which she will choose. For this reason the PRC personnel (i.e. staff and volunteers) usually function reactively and with a high degree of discretion in order to determine what needs to be said or done next for the patient.

Third, the resources of the PRC are spread thinly over a wide area. These valuable (and often scarce) resources, whether finances, staff, or space, must accommodate many services that have different objectives. In this way services can often compete for resources instead of supporting each other. This in turn decreases effectiveness and causes frustration.

Fourth, the PRC personnel are often pulled in different directions; even to the point of competing, which can ultimately lead to dissention within the organization. Many well intentioned staff and volunteers feel that *their* "ministry" is the most important and do not understand why it is not given more attention or money. Their mindsets and actions are not aligned.

Fifth, the PRC continues to add services to its menu and thereby increasingly, however unintentionally, begins to lack focus and succumbs to mission drift. With different services pulling in different directions, there is confusion as to what is supposed to get done. Not only do the PRCs fail to achieve their organizational mission, they are increasingly unsure of just what that mission is.

## The Linear Services Model

The Linear Services model uses a process that intentionally moves a specific kind of woman through a series of predetermined steps so as to reach clearly defined results. It is "linear" because the patient starts at "the beginning" and moves through each step in its proper order with a specific destination in mind. The PRC using the linear model does NOT offer many different types of services to the women from which to choose at the initial appointment. Instead, the PRC leverages its resources and its relationship with the at-risk women by focusing on a single process. This focus and leveraging necessitates that the PRC intentionally exclude some types of services that it could provide to the women until after she has progressed through the initial patient service platform. As part of this leveraging, the PRC takes advantage of other intentional organizations and refers the women to these pre-qualified organizations to assist them with their other needs.

This is not to say that a PRC using the Linear Services model must completely eliminate all other types of services it provides to at-risk women. The PRC may provide a number of coordinated services. However, a PRC would be wise not to expend resources on services that are adequately available through other organizations in their community. In addition, if the PRC does offer services such as material assistance, abstinence education, etc, these should be included only as part of the Personalized Solutions Assessment towards the end of the process, along with other services in the community available to the patient.

There are a number of reasons why the Linear Services model increases the effectiveness of the PRC in reaching their primary objective of enabling abortion-minded and abortion-vulnerable women in choosing to have their babies.

First, the PRC is serving the “right women”. The OT process was developed and is operated with a clear focus on abortion-minded and abortion-vulnerable women. The unique characteristics and needs of these two types of women are of primary importance throughout the delivery of the service.

Second, the PRC personnel intentionally direct the patient through the service process (patient flow) and therefore the patient does not drive the service encounters. The patient does not determine what information she needs nor does she choose from a menu of services. Instead, she is proactively guided by the PRC personnel to be provided with the services and information determined to be required for an abortion-minded or abortion-vulnerable woman to process in order for her to make an informed decision. This may seem counterintuitive but walking the patient through set services in a specific order helps the patient to feel at ease and therefore more empowered to process the pertinent information. The patient’s expectations are established in every aspect of the process, from the advertising and the initial call through the appointment and follow up.

Third, the PRC personnel function with a high degree of intentionality because each point of contact with the patient and each transition between the process steps is scripted and managed. This reduces variation of service by identifying areas of personal discretion at each stage of the process, which maximizes the ability to measure effectiveness of each step in the patient flow process. This enables the organization to track important metrics that demonstrate the organization’s effectiveness and assist in identifying opportunities for improvement. The benefit of this approach is that it also ensures that each patient is served in the same way.

Fourth, the well defined patient flow process (service steps) allows the PRC to train its personnel by job function more easily and quickly. It enables the training to focus on transferable skills and rely less on hard to obtain “talented” staff and volunteers.

Fifth, the resources of the PRC are budgeted more intentionally and are not spread over a wide range of services. The valuable resources, whether finances, staff, or space, are used for a narrow range of operations. The resources are aligned with a common objective and used within a common framework. There is little, if any, competition for resources.

Sixth, the single patient flow process (or service platform) unifies and coordinates the personnel’s efforts. Each staff and volunteer knows exactly what they need to do and how their efforts contribute to the success of the organization’s mission. Their mindset and actions are aligned with each other. This alignment not only facilitates everyone’s work but even contributes to an organizational synergy.

Seventh, the PRC maintains a clear focus and avoids mission drift. There are not different services pulling in different directions. There is no confusion as to what is supposed to get done regarding the primary focus of the organization. Not only do the PRC personnel understand their organizational mission, they are increasingly sure that the mission is right and attainable.

## Understanding the Transition

Although it is fairly easy to distinguish between the concepts of the Global Services model and the Linear Services model, the distinct differences are more difficult to actually

implement. The required discipline of thinking and action of the Linear Services model are often uncomfortable and counterintuitive to personnel who have been immersed in the Global Services structure and mentality.

Below are two examples of how the Global Services model differs from the OT using the Linear Services model in handling standard tasks.

## *Example 1 – The "Helpline Call"*

For a typical PRC using a Global Services model, the Helpline is answered with the intention of "helping" the woman caller (patient[1]) in whatever way possible. There is an assumption (and fear) on the part of the PRC that if they do not cater to whatever the patient wants the patient will hang up and go somewhere else. This often leads into the patient talking about her situation as she sees it and the PRC personnel reactively providing the different types of information requested by the patient as might a traditional counselor. The ensuing conversation can be lengthy and can cover a wide range topics, including the available PRC services, counseling the patient about her situation, or even answering medically related questions.

For a PRC using the OT Linear Services model, these types of Helpline conversations do not take place. Instead, the "Helpliner" (i.e. PRC personnel answering the Helpline) uses intentionally developed scripts with the sole purpose of getting the patient to see value in the organization's services and schedule an appointment to come into the PRC to receive those services. Regardless of what the patient originally says or requests, the Helpliner will direct the patient through a series of three questions (Are you sure you are pregnant?, Do you know how far along you are?, Do you know why it is important to know if you have a sexually transmitted disease?). The Helpliner is trained to direct all questions or conversation back to these three questions and get the patient to schedule an appointment. The Helpliner does NOT discuss any of the wide range of issues that the patient may bring up and does NOT give out any kind of medical information (even about topics such as a woman's menstrual cycle, abortion, or use of emergency contraceptives). The patient is informed that a medical professional will answer her questions when she comes in for her appointment.

It is important to understand two things. First, the fear that if the PRC does not cater to the patient's questions she will go elsewhere is hypothetical. In actuality, the patient is overwhelmed and feels unable to manage her situation; that is why she is calling. She is looking for someone to take control, establish boundaries, and then guide her. She knows that she has made some bad decisions so she wants to be shown how to make good ones. Second, the Helpline call is simply a first in a series of clearly defined and orchestrated steps that together reduces the abortion-minded woman's anxiety and provides her with the right information she needs to make an informed decision. The Helpline call sets the patient's expectations of receiving professional medical services at her scheduled appointment.

[1] CompassCare uses the word "patient" to refer to a woman calling the Helpline. Technically she is not a patient yet; however in the OT we think of her as one and treat her as one.

## *Example 2 – The "Counseling Session"*

For a typical PRC using a Global Services model, there is a "counseling session" (or multiple sessions) with the intention of "helping" the patient in whatever way possible. The counselor attempts to understand all of the issues with which the patient is struggling and to become the support system for the patient throughout the pregnancy. Again, there is an assumption (and fear) on the part of the PRC that if they do not cater to whatever the patient wants she will go somewhere else. The ensuing counseling session is usually lengthy and can cover a wide range of topics, some not even directly material to the patient's decision whether or not to have her baby.

For a PRC using the Linear Services model of the OT, these types of counseling sessions do not take place. Instead, the "Advocate" (i.e. PRC personnel functioning as what is typically designated as a "counselor") uses intentionally developed steps so as to guide and maintain control of the conversation. This is because the Advocate knows what information the patient needs, even though the patient does not always know the right questions to ask. The Advocate walks the patient through a Situational Assessment, which addresses things like her relationship situations, socio-economic situation, and the pressures she is feeling that would cause her to be at risk for an abortion. The Advocate also provides options with regards to the patient's pregnancy. These include topics such as the risks and side affects of abortion, abortion procedures, legal aspects of the adoption process, and resources required for parenting. The Advocate is with the patient for about 14 to 20 minutes for an appointment that takes a total of 60 minutes or less.

The Advocate's interaction with the patient is structured this way for a number of reasons. First, the PRC has neither the tools nor the capacity to address all of the problems a patient might have. To attempt to do so distracts from the primary focus of helping her make the right decision with regard to the outcome of her pregnancy. In addition, it is not fair to the patient that we ask her to process all of these issues without the ability to directly help her solve the first problem of whether or not to carry the pregnancy to term. Additionally, the patient is likely not in an emotional state to address most of these issues. Second, the Advocate knows that she must breakdown the tangled mass of issues involved in the patient's pregnancy into a few manageable pieces that she can deal with within that particular initial timeframe of 45 minutes to an hour. Third, an objective of the Advocate is to give the patient a vision of her future after making a decision about having her baby. While this does involve consideration of past choices, it focuses mainly on future positive choices and resources to help with those choices. Providing a patient with a vision of her future after having had a child is important for many reasons not the least of which being it is a tangible way of saying, "This can be done".

Contrary to first impressions, the Linear Services model does not diminish the need for good communication skills or the necessity of giving personal attention to the patient. It simply leverages these for a select group of tasks. In addition, the Linear Services model does not ignore the various personal issues with which the patient is struggling. Using the Personalized Solutions Assessment, the Advocate directs the patient to competent resources in the community who are better equipped to help her.

# Challenges in Transitioning

Through its own transition from the Global Services model to the Linear Services model and the subsequent development of the OT, CompassCare personnel experienced a number of challenges in its adjustment to this new way of operating. These challenges have also been experienced in various degrees by some of the other PRCs making the transition. These challenges are simply the natural tension and hesitancy prompted by making the necessary paradigm shift to the new way of thinking and acting.

## *Isn't a Process Good for a "Business" But Not for a "Ministry"?*

For some PRC personnel, this kind of organizational focus, rigidly following a process, does not seem to be a good way to do "ministry". It might make sense for a "business" but does it also apply to "ministry"? The underlying assumption is that if you "plan your work and work your plan" you may miss what God wants to do in the organization and in the women's lives we are trying to influence.

It is an erroneous assumption to assume that God does not "plan" or work through predetermined steps. God did not reactively provide mankind with what mankind wanted or with what it thought it needed but He proactively provided mankind with what it really needed and He did things according to His plan. God sovereignly determined how He was going to express His love and blessings towards humanity even before He created the world (Ephesians 1:3-4; 2 Timothy 1:9). In fact, we are told that the very redemptive work of Jesus on the cross was "according to the definite plan and foreknowledge of God" (Acts 2:23, see also Acts 4:28; Luke 22:22). In Ephesians 1, Paul describes the intentional and coordinated activity of the Triune God; we are elected by the Father (vs 3-6), redeemed by the Son (vs 7-10), and sealed by the Holy Spirit (vs 11-14). Also note in these verses the proactive language of God's action. "He chose us in Him before the foundation of the world" (vs 4), "according to His purpose" (vs 9), "as a plan for the fullness of time" (vs 10), "having been predestined according to the purpose of Him who works all things according to the counsel of His will" (vs11).

The life and ministry of Jesus was characterized by intentionality, proactively being aligned with the Father's intention and plan. Jesus came to do the Father's will and to accomplish His work (John 4:34; 5:36; 6:38; 17:4; 19:30). Jesus' message was according to what the Father told Him to say (John 7:16-18; 12:49-50; 14:24). Jesus knew what He needed to say and do for specific "audiences", as well as the timing and content of His message to them (Matthew 13:10-17; 15:24; 16:21; Luke 4:18-19).

When Jesus interacted with people, he did not reactively succumb to what they thought they wanted or what they asked for. Instead Jesus directed them to what they needed to know and do, which often was contrary to the person's original expectation. Jesus also often redirected the conversation by asking them questions about which they did not know enough to ask. (See, for example, Matthew 19:16-30; John 4:1-42; 6:22-71.)

In what is known as the "Parable of the Talents" (Matthew 25:14-30), Jesus describes a principle of the kingdom of heaven in terms of responsible stewardship leading to increase. The size of the responsibility may vary (vs 15) but the requirement and accountability do not. The servants who proactively engaged in activity to fulfill their responsibility were commended as "good and faithful servants". However, the one who reactively was passive

because he acted out of fear was condemned as “wicked and slothful”. The main point Jesus is making with this parable is that those who are wise stewards with what they have been given (no matter what amount that is) will demonstrate that stewardship by having an increase (profit, fruitfulness) and then will be rewarded by being given even more. However, those who fearfully try to protect what they have will lose even the little that they have because of their poor stewardship (vs 29).

## *Won’t Following a Process Inhibit the Working of the Holy Spirit?*

For some PRC personnel, having this kind of organizational focus and rigidly following a process does not appear to leave room for the working of the Holy Spirit. For them, it assumes that the Holy Spirit primarily works in individuals and “in the moment”; therefore it is also assumed one’s actions must be left open ended and we need to wait to see what happens before we can act.

If having a regularly used step-by-step plan is limiting to the work of the Holy Spirit, then the vast majority of churches exclude the Holy Spirit from their worship services each week because they operate under the direction of a prescribed liturgy (order of worship). Specific step-by-step methods of sharing the good news of Christ’s work on the Cross could also be viewed as restrictive to the working of the Holy Spirit.

We should expect that the Holy Spirit does not only work “in the moment” of “ministry” but He also works in the preparation for that ministry event. For example, does the Holy Spirit only work while a sermon is being preached? No, we would expect that the Holy Spirit is also working in and through the preacher as he prayerfully studies and prepares the sermon. In fact, since the preacher cannot possibly say everything related to a specific passage of Scripture or on a specific topic, he must rely on the Holy Spirit to direct him in what to say and what NOT to say as he prepares.

It is important to understand that the Bible clearly shows that the Holy Spirit does not just operate through individuals. The Holy Spirit also guides groups of people into making decisions and taking action (Acts 13:1-3, 15:28; 16:6-7; 20:28). Therefore, PRCs should expect that the Holy Spirit is able to guide them as they build their vision and organize to achieve that vision.

## *Are You Saying that Up Until Now We Have Wasted Our Energy?*

Many PRC personnel have worked hard to develop the methods their center is presently using and they have faithfully served women using those methods. Therefore, in deciding to transition from a Global Services model to the Linear Services model, many personnel feel a sense of loss or even a feeling of being personally attacked. They feel that they are being told that their way is not the right way and that they have wasted their time and efforts.

First, explaining the differences between the Global and Linear models and endorsing the Linear model is not, in any way, meant to be an attack or depreciation of all the good work done by people within the framework of a Global model. These organizations should be commended for their labor, faithfulness, as well as celebrate the lives saved. CompassCare operated for many years using the Global Services model and we are in no way ashamed

for our efforts or our results. However, in our passion to serve at-risk women and because of the results we did have, we wanted to do, if possible, even better.

Second, the Linear Services model not only improves the effectiveness of the PRC, it seeks to develop the skills and confidence of the staff and volunteers. In fact, part of the OT training is for the staff to identify and implement a Professional Development Plan. In addition, as personnel redirect their labor and faithfulness into the OT process, they are likely to experience the satisfaction of increasing the outcomes of their efforts.

## *Doesn't an OT Service Process of Under an Hour Move Too Fast to Be Effective?*

For those who have been involved in a Global Services platform and who are used to having lengthy appointments with the patients, an appointment that takes less than 60 minutes seems way to fast. They think; "There is no way we can get everything done that we need to in 60 minutes. We need at least 90 minutes if not 2 hours." They are right. They cannot get done all that they have been used to doing. But, with the OT, they will not do all the different things they used to do. Again, the Linear model is a step-by-step process designed to intentionally move an abortion-minded woman through a decision making process, asking the right questions at the right time, providing the information in the right way, and enabling her to have a vision of her future after having had a child. This appointment simply does not need to take hours.

Most women who come to a PRC are of a generation who think in small sound bites, have short attention spans, and who are used to making decisions quickly. If the PRC insists on 1½ to 2 hour appointments, what message does that send to her? "We don't know you. We don't respect you. We are not sure what we can do for you until you help us figure it out. We are unable to provide the promised professional medical services in a timely manner." Keep in mind that the services a PRC provides are just as important as the manner in which those services are provided.

In addition, there are subtle ramifications that must not be overlooked in how service is provided to the patient. For example, how long does a PRC make the patient sit through a "counseling session" before she is told of the result of her pregnancy test? 20 minutes? 30 minutes? In reality it should take no more than 4 minutes. And every minute beyond that makes your organization more and more liable for being accused of the illegal practice of "Moral Entrapment".

## *Why Does Learning the OT Process Seem so Awkward?*

When they begin their training on using the OT, many PRC personnel who have been functioning under the Global Services model find the OT process and use of scripts to be uncomfortably direct and counterintuitive to what they think they should be accomplishing (i.e. addressing all of the patient's concerns). The process may seem awkward and even intimidating to many PRC personnel because they are literally taking control of the patient's situation and intentionally guiding the patient, which they are not used to doing.

First, like any new skill development, awkwardness is a natural part of the learning process. However, as the skill is practiced, the awkwardness goes away and there is an increase in

both comfort and effectiveness. In addition, as the process skills develop, there is the encouragement seeing the results that will inevitably exceed original expectations.

Second, there is a tension between the passion to serve at-risk women and a commitment to rigorously following a process. Unfortunately, many people view this tension as an "either/or" situation; meaning either you passionately serve women or you follow a process (implying that you cannot do both). This is where the counterintuitive paradigm shift must take place. The Linear Services model (reflected in the OT) says you can both passionately serve at-risk women and rigorously follow a process. It is a "both/and" situation. In fact, the best way to passionately serve women is to follow the process and rigorously measure its effectiveness so we can do better.

## Conclusion

This paper has described the Global Services model and the Linear Services model and has attempted to make the case that the Linear Services model is much more effective in serving women facing unplanned pregnancy. It has highlighted the paradigm shift of thinking and acting that is necessary if a PRC is going to transition from a Global model to a Linear model. It has also addressed some of the anticipated difficulties in making the transition.

Each PRC must decide for itself how it will reach their primary objective of assisting abortion-minded and abortion-vulnerable women in deciding to have their babies.


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