

House Committee on Federal and State Affairs

HCR 5003 The Value Them Both Amendment for Life – Proponent

January 15, 2021

Chairman Barker and Members of the Committee:

My name is Dr. Jacque Pfeifer, I am a licensed psychologist working in a multi-specialty mental health private practice which I am the CEO and owner. I would like to thank you for the opportunity to express my support for the “Value Them Both Constitutional Amendment” and to share professional empirically based evidence and clinical observations about why I believe that it is critical that the legislature pass this Amendment onto Kansas voters.

I am a doctoral level psychologist with 27 years of experience in the mental health field. I have had 10 years of formal university education along with multiple practicum sites, a full year internship, and two years of post-doctoral supervision before I was considered prepared to work independently with clients. I have worked in a myriad of jobs including in-home family therapy for DFS, Adjunct Professor at three universities, Intern at the Substance Abuse Comprehensive Treatment Center at a community mental health center, Psychometrist at Osawatomie State Hospital, Staff Psychologist at Rainbow Mental Health Center, Neuropsychologist at two private neuropsychological hospitals, and my current position as owner of Professional Association (dba Care of the Soul) with offices in Leavenworth and Olathe I see over 40 clients per week. I have completed two years of post-doctoral work in psychopharmacology preparing for a time when psychologists will prescribe medication, and I am currently enrolled in post-doctoral training with the Kansas City Psychoanalytical Institute.

I feel very passionate about the **need for parental consent and notification** regarding youth pursuing abortions among many other issues related to abortion and mental health deterioration post abortion. Mental health providers are not allowed by ethics or law to render psychological services to adolescence without consent of the legal guardian(s). We are not even allowed to rendered services if they are escorted by step-parents without consent of the legal guardian parent(s). The pertinent point of informed consent is that the participant can **understand and make good choices about their health care and to minimize any misunderstand and confusion regarding the process of mental health treatment. Our organization has a three page informed consent document.** Informed consent for all patients of all ages should be reasonable and prudent so that doctors share up to date information as well as accurate and sufficient information with the focus on risks for medical and mental health. Informed consent should include sufficient time for patients to ask questions, to receive counseling and to make sure it is a voluntary decision without coercion. Competency to make the decision is the primary question at hand.

Without parental notification and consent, our state will be facing **inconsistent laws regarding the governing of youth.** Currently in Kansas, minors are not allowed to consent to sexual intercourse until they are 16-years-of-age, they cannot join the military or vote until 18- years-of-

age and they cannot buy cigarettes until they are 21-years-of-age. A child under the age of 18 cannot receive a piercing or tattoo without parental consent.

The current laws were presumably made with logic and reason based on theories of child development. These laws presumably took into account the cognitive, emotional and moral development of teens. These laws would presumably ask the following questions:

What cognitive stage of development do teens possess?

What moral issues are teens faced with in their culture?

What are the implications of their emotion regulation and mental health when making long term decisions?

I believe these theories have assisted Kansas lawmakers in the past and will assist this group of legislators in the matter being discussed today.

The majority of teens are not prepared to make long-term decisions due to their lack of mental capacity to reflect, synthesize, integrate, and project their thinking into the future. Minors will fluctuate in their decision making frequently due to their lack of life experience and the influences that surround them. Multiple examples are adolescents decisions regarding who will they be friendships with, what extra-curricular activities will they participate in, dating selection and boundaries within those relationships, and now we see even hear gender identity decision being asserted and then changed daily. It is from our brain science literature that we can say, that adolescents are self-centered and have a much greater concern about the self than about others. Teenagers are more self focused than adults because they use a different part of their brain to make decisions compared to adults. Functional Magnetic Resonance Imaging (fMRI) research shows that adolescents use the rear part of their metallization network called the superior temporal sulcus in contrast to adults who use the prefrontal cortex.

We should not promote quick answers to serious decisions that will impact them in their wholeness, mind, body, and spirit. Cognitive development in the teen years is defined as transitioning from **concrete thinking** (adding, subtracting, ordering and sorting, and transforming objects and actions) into **abstract thinking**. Abstract thinking entails abilities to consider other possibilities, reasoning from known principles, consideration of many points of view, and learning and thinking about the process of thinking (being aware of the act of thought processes). Educators, parents, and employers complain openly about the egocentricity of adolescents.

Another imperative point is that of **secret keeping**. If minors are allowed or encouraged to keep secrets from their parents who have birthed and parented them, how can we expect normal communication and healthy attachment? The chasm that develops is equivalent to minors who have kept secrets for fear of parental rejection or abuse. These minors can develop mental health problems over their lifetime resulting in Post-Traumatic Stress Disorder, Depression and Anxiety Disorders, Dissociative Disorder, and Personality Disorders. Secrets put neurological strain on the brain causing stress to the prefrontal cortex. The bigger the secret the greater the anxiety and

the **flight or fight response**. These complicated feelings re-asserts itself through triggers that may include: telling a future spouse, holding a baby, fertility issues, etc...

Secrets lead to sustained mental stress and have the power to manifest in a physiological ways to include digestive problems, high blood pressure, insomnia, thyroid conditions, and a weakened immune system. Suicide attempts and death by suicide are also correlated to secrets. If this body of legislators are concerned about minors who may keep secrets because they have been sexually assaulted, sexual abused or that they may be victims of incest, please know that mental health providers are mandated reporters for cases such as these. In the case of minors reporting fears of parental abuse or abandonment, we as protective adults and mandated reporters should act in the same manner we would with any emergency. We should contact the Division of Family Services so that a safe and healthy environment is available and family counseling can begin.

I now want to briefly touch on the mental health effects post abortion. The research has be done almost exclusively on 17 year old- adults except when we review international studies. I will quickly and concisely as possible summarize the review of the literature:

Robust empirical studies are wrought with obstacles to include:

Funding for research is difficult to obtain and secure funding and funding is unfairly divided. Almost all the research has been done in academic settings and by private pro-abortion agencies and advocates. For example the funding for Warren Buffet's group exceeds over 1.2 billion to pro-choice organizations with 2.6 million dollars for research that can only be independently solicited and no pro-life organization ever received this funding. This foundation and other liberal universities seek their own, "worthy" researchers with pre-established expectations. It is also true that pro-life research is difficult to publish. Secular news has a significant bias to pro-life findings so much so that certain professors who are acclaimed atheists who have published over 350 studies on various psychological topics cannot get their research on adverse effects of mental health post abortion published.

It is also true that **participants hesitant** to complete studies for many reasons but mostly due to resurrecting uncomfortable feelings associated with the decision to abort their child. Participant drop-out rates are noted as high as 59% in some studies. Those women who have hesitation pre-abortion and increased negative feelings post abortion do not complete the investigations. Those who have less hesitancy and feel a greater sense of freedom will stay and complete the research..

Poorly constructed research with vague and poorly interpreted results such as the declaration that relief is the most common reaction to abortion. This tends to distract the public and makes for a great headline, however, what is missing is the rest of the story There is the exclusion of the simultaneous and overwhelming negative feelings that coexist with the feelings of relief.

Abortion as a risk for impairing mental health Mental includes the following:

High risk groups include women who are pressured or coerced, religious, women who view abortion in conflict with their other values, women who prefer to carry the baby to term, women who believe abortion ends a life, women who have bonded to the baby, a women who is a young adult or adolescent. Other risk factors include immaturity, coping problems, conflicting and an

unsupportive relationship with the father of the baby, prior mental health. Rarely are women screened for risk factors that are research derived.

Meta-Analysis by the British Journal of Psychiatry in 2011, reveals an 81% higher incidence of mental health problems as compared to women who have not had an abortion. Depression, Anxiety, Eating Disorders, sleep disturbance, Bi-Polar disorder has been diagnosed as high as three times greater in post abortive women. Additionally, substance abuse increases are well published especially with marijuana use escalating as high as 15x greater in women who have had abortions. Post Traumatic Stress Disorder is evident in the research but requires long term studies. Once again, higher incidences of mental health are especially evident in women with prior mental health diagnoses and treatment.

In closing, I am speaking today as both a veteran clinician but also a volunteer with women who have chosen to maintain their pregnancies. My husband and I were consultants and psychological volunteers for years with a nonprofit called Nativity House. The women who were given services and shelter were homeless and had high risk factor including mental health disorders, substance abuse, parental alienation, and low education. We offered housing, counseling, education, and guidance. As volunteers we accompanied the residents through their pregnancies and the first year of the child's life in order to support and guide them. We continue to act as Shepherding Family to several of these women and their children five years later.

I want to thank you for hearing my testimony as a clinical psychologist, volunteer, mother of two daughters, and lifetime Kansas resident who believes there are better ways to assist pregnant women and teens when they have an unplanned pregnancy. It is so sad that any woman or young teen faced with a crisis pregnancy would have to make such a major decision that could negatively impact the rest of her life without the support of those individuals who know and love her the best and for women who do not know the vast amount of research on increased mental health risks. Instead, we should be addressing the root problem making abortion less necessary. We need a comprehensive approach that promotes female reproductive health, disease prevention, reproductive education, the value of abstinence, along with readily available mental health services. Viable alternatives to abortion need to be presented and accompaniment and wraparound services for women and teens as she journeys through the pregnancy so that we can affirm young womanhood and handle the resulting pregnancies.