
NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS
CLINICAL WEBINARS
FOR HEALTH SERVICE PSYCHOLOGISTS
TRANSLATING RESEARCH TO PRACTICE

What Psychologists Need to Know About Pregnancy Termination

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Independent Practice

Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:
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1 CE Credit, Instructional Level: Intermediate
1 Contact Hour (New York Board of Psychology)

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Disclosures/Conflicts of Interest

- I have no conflicts of interest to disclose.
- Generative AI was not used for the development or content of this presentation.

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Learning Objectives

1. Identify psychosocial aspects of abortion.
2. Discuss the impact of the Dobbs decision on psychosocial care of persons considering or undergoing pregnancy termination in interjurisdictional psychology practice.
3. List at least two recommendations for the documentation of clinical care in psychology practices when working with persons undergoing pregnancy terminations.

Values

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Feel free to be as honest as possible—there are no right or wrong answers.

	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	Safe abortion options should be available to anyone who wants them.	Strongly Agree	Agree	Disagree	Strongly Disagree
2.	People who have an abortion are ending a life.	Strongly Agree	Agree	Disagree	Strongly Disagree
3.	A woman should be able to have an abortion even if her spouse or partner wants her to continue the pregnancy.	Strongly Agree	Agree	Disagree	Strongly Disagree
4.	Liberal abortion laws lead to more irresponsible sexual behavior.	Strongly Agree	Agree	Disagree	Strongly Disagree
5.	Minors should be required to get their parents' consent to have an abortion.	Strongly Agree	Agree	Disagree	Strongly Disagree
6.	Clinicians who specialize in obstetrics and gynecology have a responsibility to perform abortions.	Strongly Agree	Agree	Disagree	Strongly Disagree
7.	Women and girls should be able to access abortion pills over the counter, without a prescription.	Strongly Agree	Agree	Disagree	Strongly Disagree
7.	Most people, especially young people, do not seriously consider the consequences of an abortion.	Strongly Agree	Agree	Disagree	Strongly Disagree
8.	Someone who is pregnant and HIV positive should be counseled to end their pregnancy, even if the pregnancy is wanted.	Strongly Agree	Agree	Disagree	Strongly Disagree
9.	Abortion should continue to be available at or after 13 weeks of pregnancy (second trimester).	Strongly Agree	Agree	Disagree	Strongly Disagree
10.	People who have abortions at or after 13 weeks are indecisive.	Strongly Agree	Agree	Disagree	Strongly Disagree
11.	People who have more than one abortion should be encouraged to undergo sterilization.	Strongly Agree	Agree	Disagree	Strongly Disagree
12.	Safe abortion options should be available to every person who needs one, regardless of their reason or circumstances.	Strongly Agree	Agree	Disagree	Strongly Disagree

Ipas ABORTION VCAT

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Abortion's Context Worldwide

- Mexico
- Ireland
- Africa
- China
- United States History

Medication abortion: risks, benefits, side effects

Risks	Benefits	Side Effects
Failure, need for surgical removal of pregnancy, blood transfusion	Discreet, taken at home*, avoid surgical procedure	Nausea, vomiting, diarrhea, headache

**Several states require patients to take medications in presence of provider.*

Source: Paul M, Management of Unintended and Abnormal Pregnancy : Comprehensive Abortion Care, 2009

Uterine Aspiration

- Referred to as: dilation and curettage, dilation and aspiration, suction curettage, and vacuum curettage.
- A highly effective, typically 5-10 minute outpatient procedure using a tube and suction to empty the uterus
- Can be used until ~16 weeks gestation
- Risk of major complication < 1%

Image: Medical expo

Source: Paul M, Management of Unintended and Abnormal Pregnancy : Comprehensive Abortion Care, 2009

Methods of Uterine Aspiration

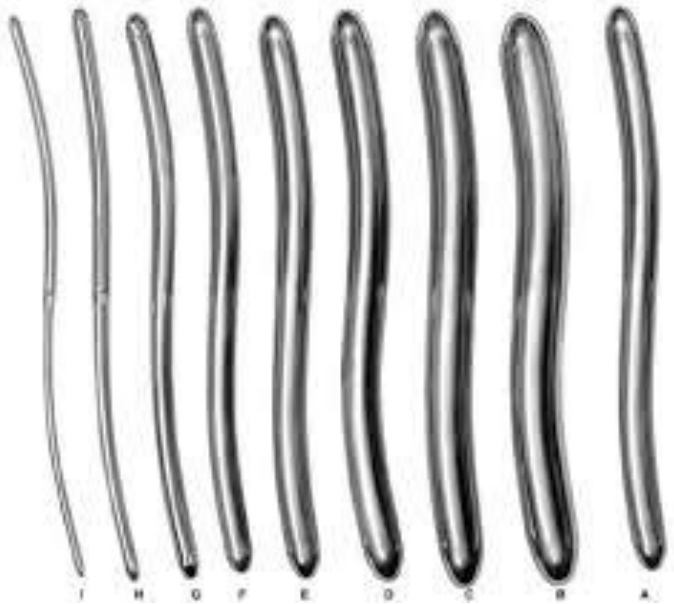
Manual Vacuum Aspiration

Electric Vacuum Aspiration

Images:
http://resources.ama.uk.com/glowm_www/uploads/1226941688_MVA_Plus_Aspirator_Large.jpg
https://workbook.pressbooks.com/wp-content/uploads/sites/50414/2016/05/stand.png

Dilation and Evacuation

- Most common surgical technique for 2nd trimester abortion
- Safe, outpatient, highly effective surgical procedure that uses instruments and suction to empty the uterus after the cervix is gently dilated.
- The length of time to dilate the cervix can vary, meaning a procedure may take more than one day to complete.
- Risk of major complication ~ 1%



Source: Paul M, Management of Unintended and Abnormal
Pregnancy : Comprehensive Abortion Care, 2009

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Surgical abortion (aspiration and D&E): risks, benefits, side effects

Risks	Benefits	Side Effects
Uterine perforation, damage to organs in abdomen and pelvis, blood transfusion, risk of anesthesia	Same day procedure, increased predictability, can opt for sedation	Anesthesia related side effects, cramping

Induction abortion: risks, benefits, side effects

Risks	Benefits	Side Effects
Less predictable, more time in hospital, similar complication rates to surgical abortion	Intact fetus for funeral, autopsy, or viewing/holding	Prostaglandin side effects, bleeding, labor pain

Source: Paul M, Management of Unintended and Abnormal Pregnancy : Comprehensive Abortion Care, 2009

Abortion Safety

- Abortion has a less than 1% complication rate
- There is no medical need to perform most abortions in a hospital or ambulatory surgical center
  - Hospitals are very expensive places to get medical care, and are designed for procedures much more complicated than routine abortion care
  - When an abortion needs to be provided in a hospital, it is important that people have timely access to that care

Physicians for Reproductive Health presentation (2018)

Myths vs Realities

MYTH	REALITY
Abortion causes mental health conditions	Pre-existing mental health issues predict mental health issues post-abortion (or other experience)
Fetuses can perceive pain as early as 9 weeks gestational age	Rigorous reviews of evidence conclude that fetal perception of pain is unlikely before the third trimester (28 weeks).
Abortion is dangerous	Abortion is 14 times SAFER than childbirth; it is safer than driving 750 miles in a car.
Medication abortion can be reversed.	No credible evidence supports this
Abortion is legal up until birth	Fewer than 2% of abortions are provided at 21 weeks or after, and they are extremely rare after 26 weeks of pregnancy. Very few abortions are provided in the third trimester, and they are generally limited to cases of severe fetal abnormalities or situations when the life or health of the pregnant person is seriously threatened.
Pregnancy will be complicated after one/more abortions.	No link between abortion and infertility, ectopic pregnancy, miscarriage, or pre-term birth
Abortion causes breast cancer/infertility	People who have abortions do NOT have an increased risk of developing breast cancer or infertility.

The Turnaway Study

- Design is unique
- Longitudinal
- Continues to provide information
- Excluded TFMR
- Speaks to long-term impact

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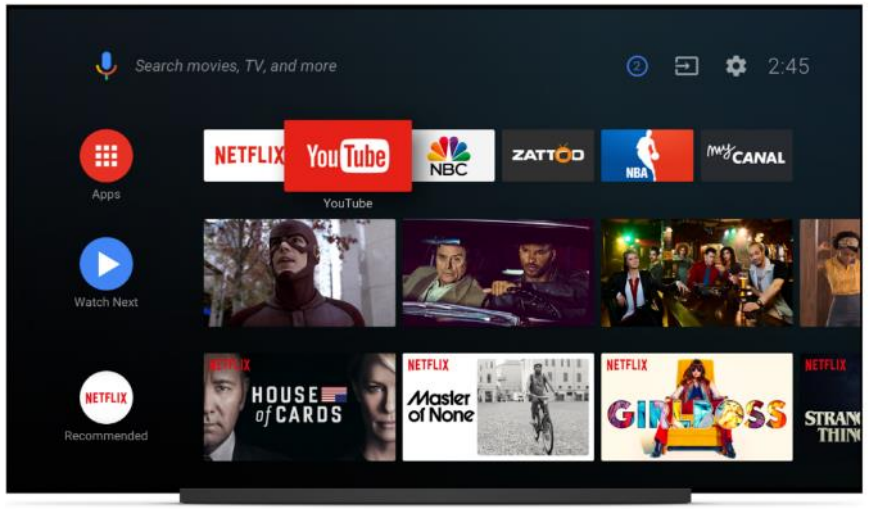
The Turnaway Study

- After one week:
  - Half reported mostly positive emotions
  - 20% little or no emotions
  - 17% mostly negative emotions
  - 95% abortion was the right decision for them (which includes those that felt negatively)
- Three Years
  - Reduction in emotional intensity with 63% reporting little-to-no emotions
  - Same percentage continue to feel it was the right choice for them
- Five Years
  - Continued reduction in emotional intensity (65% report little-to-no emotions)
  - 99% felt it was the right choice for them
  - Relief was the most common emotion

The Media and Abortion

- Who tends to be included
- Which stories are missing
- The good and the harm



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Why do people have abortions?

- Having a child, or another child, would interfere with education, career, or childcare
- Having a child or another child, would not be financially sustainable
- Parenting as a single parent or parenting with a violent partner

Spectrum of Maternal Health and Complications

- Ectopic pregnancies
- Miscarriage management
- HELLP and Mirror syndromes
- Counterindication with medication/anesthesia
- Hyperemesis Gravidum
- IVF
- Hypertension/pre-eclampsia
- Cancer

Supporting Clients

- Be where the client is at
- Normalize
- Ascertain about trauma and assist in processing through
- Refer out if more specialized therapy is warranted vs coaching or therapy offered in-house

Things to look for

When abortion occurs, it might be useful to remember that your client is postpartum

-Hormones
-Potential lactation
-Context of the decision
-When, during pregnancy, did the abortion occur?
 (implications for lactation)
-Exacerbation of pre-existing mental health concerns

TFMR

- Disenfranchised grief
- Unacceptable type of loss
- Religious beliefs
- Finding a tribe

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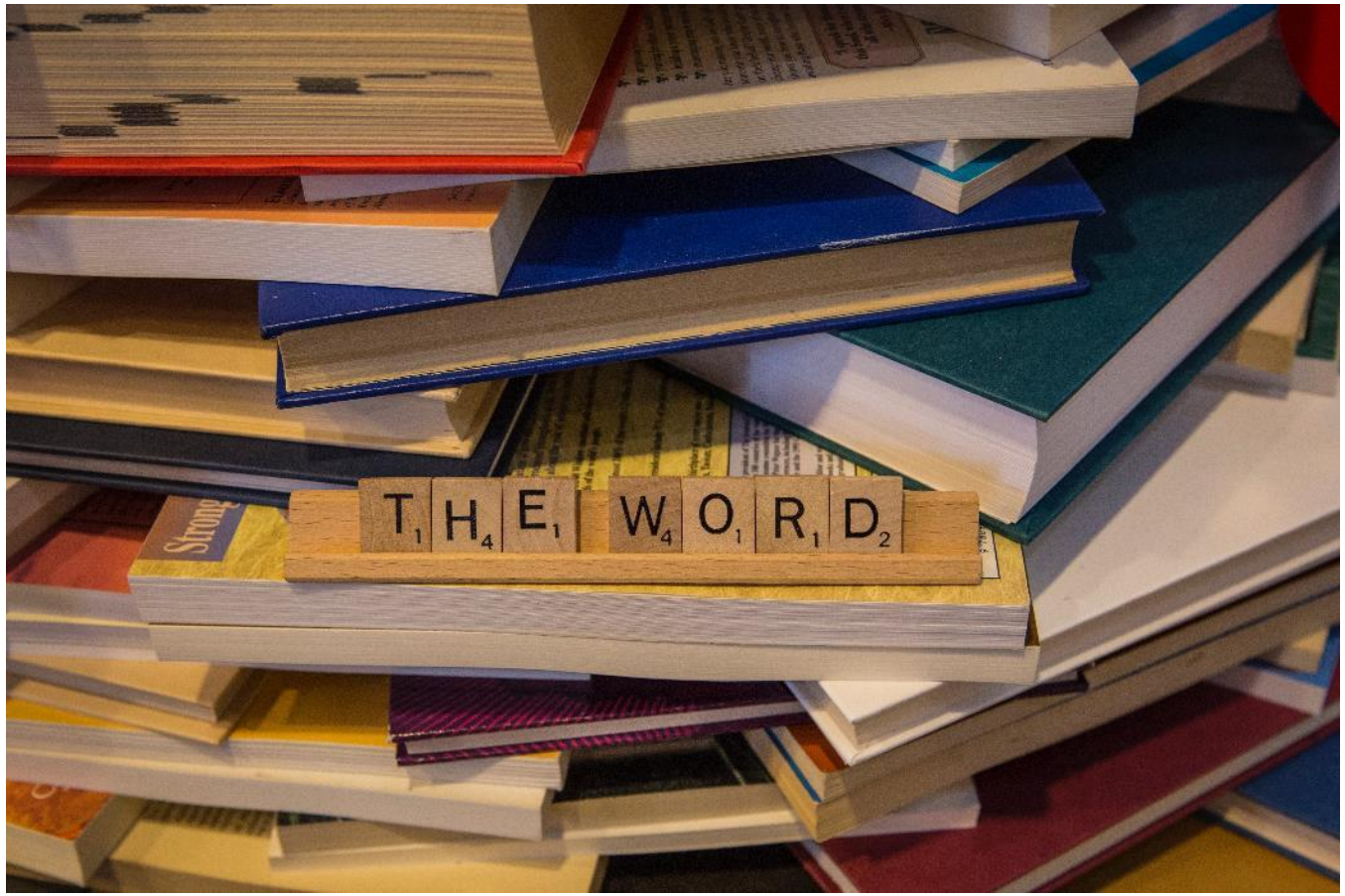
Language

- What's in a name?
- How language matters



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How does the decision get made?

- Previous conversations between the couple
- Conversations with medical professionals
- Prior beliefs about abortion
- Quality of life concerns
- Financial concerns
- Emotional concerns
- Gray dx’s
- Conversation with clergy

What are the feelings?

- Shame
- Guilt
- Relief
- Anger (politically, that this choice was necessary, at providers, at lack of accessibility, at G-d)
- Sense of being alerted to a problem they had never known
- Gratitude towards providers
- “The Good Abortion”

Abortion Support

- Religion (pro/cons)
- Online (forums)
- General loss groups (pro/cons)
- TFMR specific groups
- Family (pro/cons)
- Friends (pro/cons)

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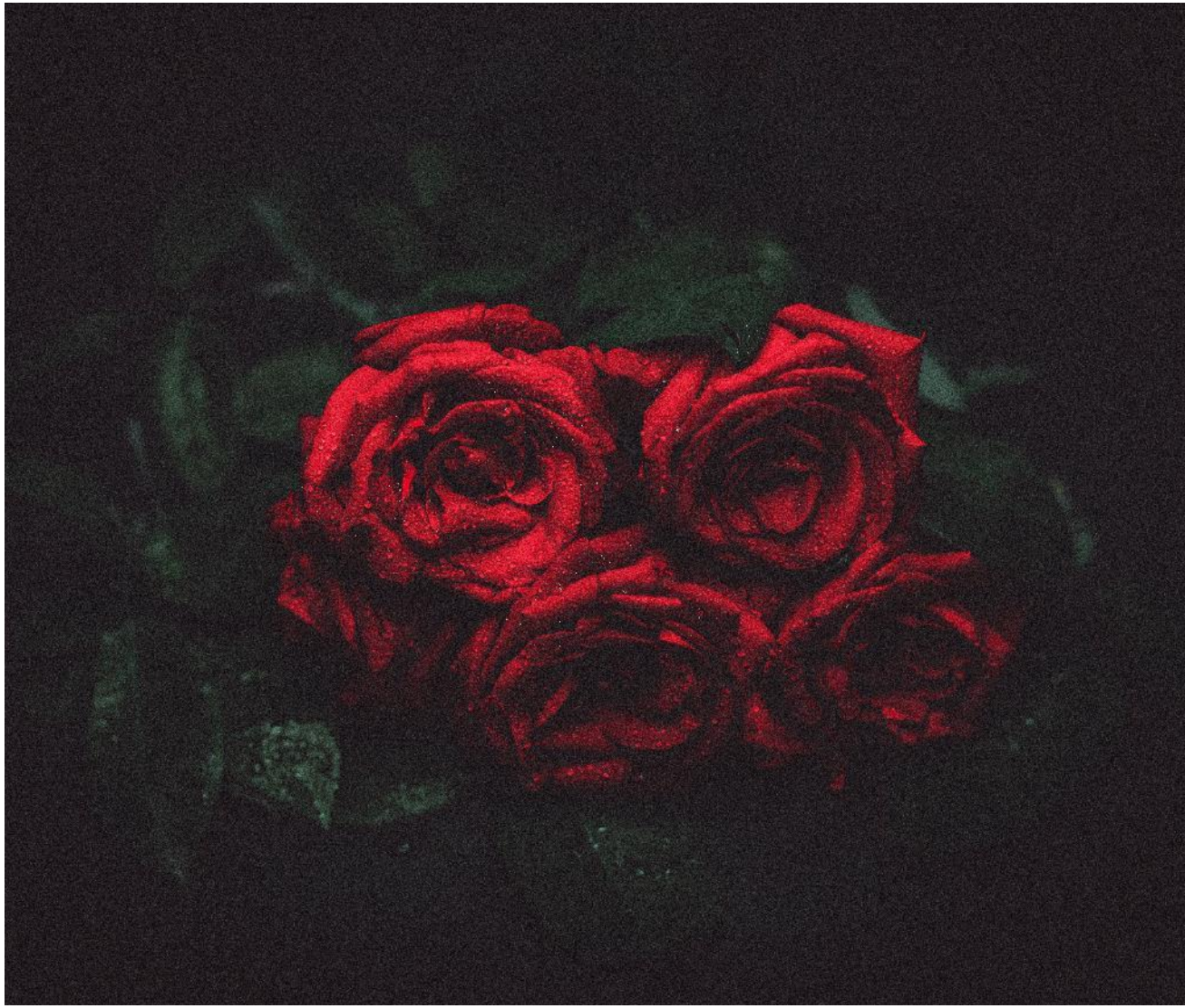
Life after termination

- Managing the divergence of grief with your partner
- Talking to existing children (and making that choice)
- Talking to future children about this.
- Advocacy?



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Clinical Context

Immediate concerns

Crises AND Trauma

Work

Depression vs grief

Common Themes and Challenges

- Impact to future (or previous) perinatal concerns
- Subsequent pregnancies
- Risk for PMD's
- Disclosure
- Family narrative
- Subsequent losses
- Guilt, shame
- Forgiveness
- Self-compassion
- Opportunities for growth
- Spirituality vs religion

Pre-Dobbs, MHP's could…

- Provide counsel (NOT advice)
- Provide resources
- Provide support
- Assist post abortion
- Discernment counseling

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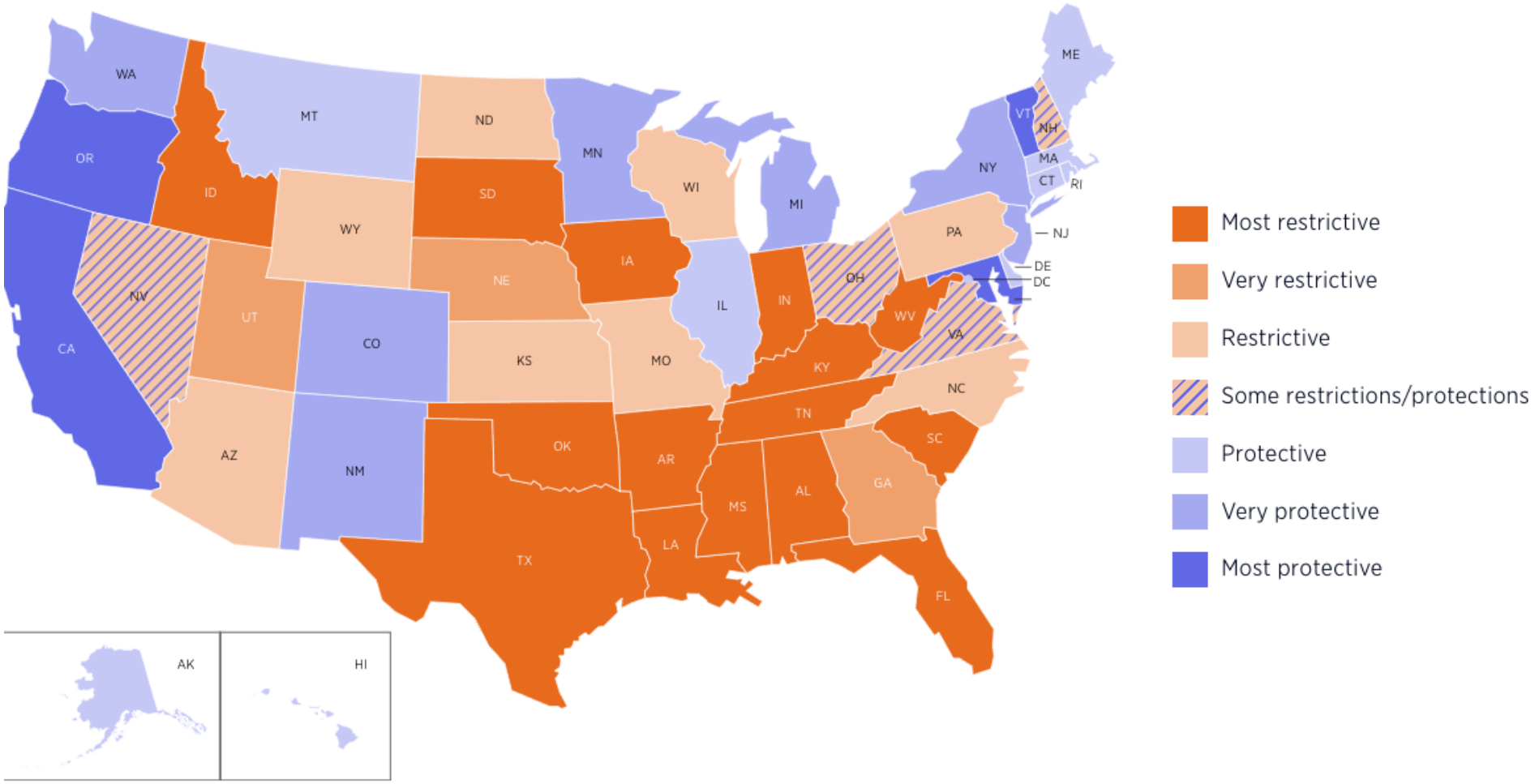

A continuing shifting landscape in the United States (updated: February 2025)

Slide from www.Guttmacher.org

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What CAN We Say?

- Pre-Pregnancy planning
- Potential impact on reproductive choices (like creating embryos)
- Discernment (without details)
- Or potentially anything…know your state's everchanging laws

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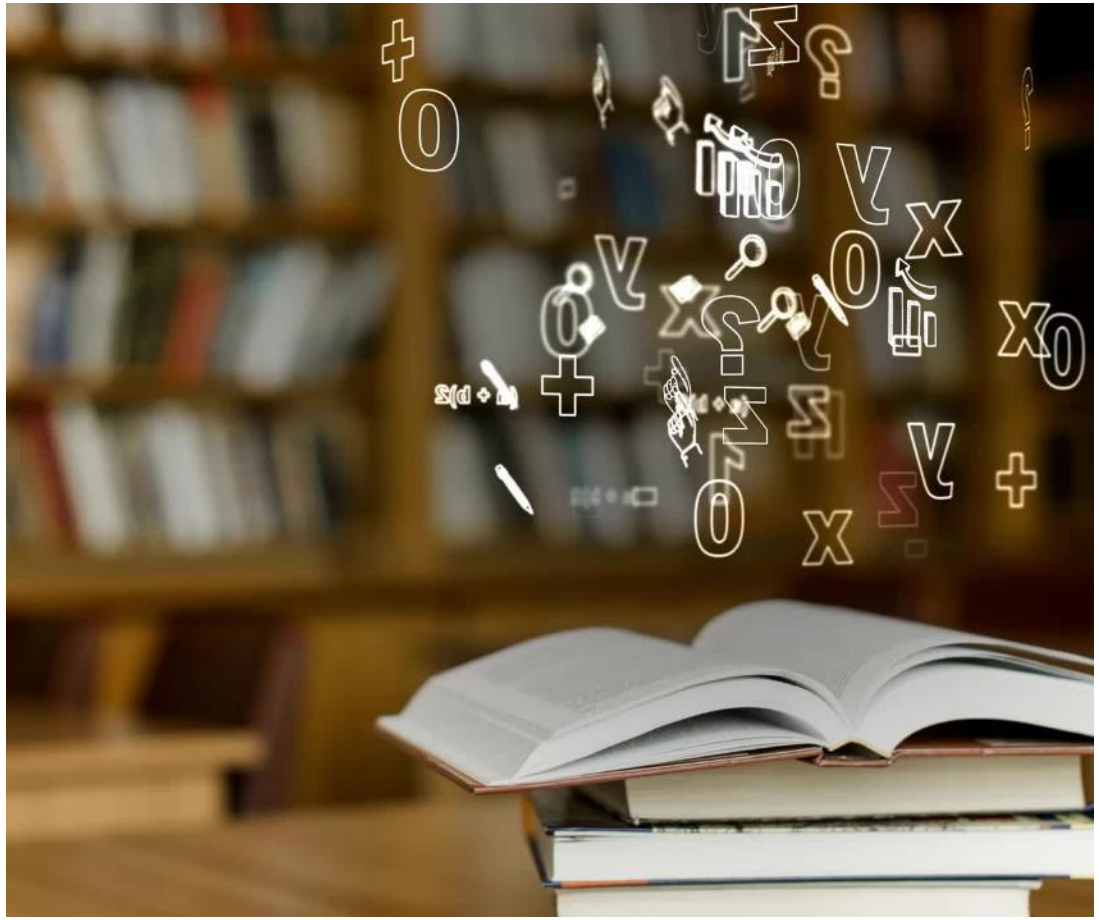
A Summary of Post-Dobbs Considerations for MHP's

- Know the laws in the states where you are practicing- including PSYPACT states
- Confidentiality
- HIPAA (rule change)
- Website speech—how can we be found?
- Resources



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HIPAA

- Recent changes to HIPAA and what goes into effect in 2026
- How might this impact coaches and mental health professionals?
- Lawful reproductive care is assumed UNLESS there is concrete evidence to the contrary.
- If the care is lawful, PHI CANNOT BE DISCLOSED
- Provider needs to have "actual knowledge" and "substantial evidence"

https://www.apaservices.org/practice/business/hipaa/privacy-rule-amendment-reproductive-health-care

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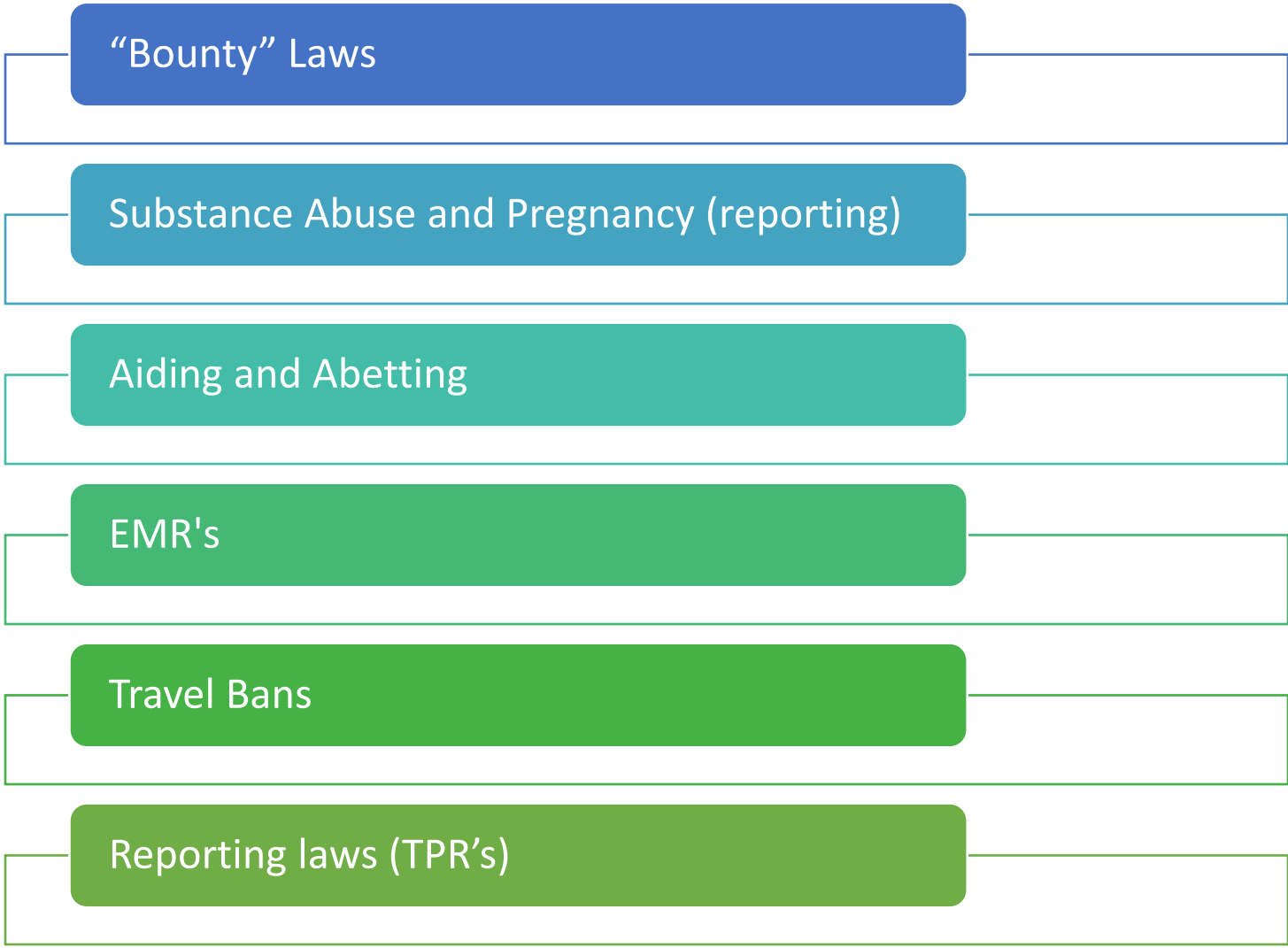
Laws are more than medical (ex: SB 8 in Texas)



A Chilling Effect

- Impact on physicians
- Impact on hospitals
- Mental health clinicians as part of the downward impact

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Documentation

How do we document?

What can we document?

What is discoverable?

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DUTY TO WARN

DUTY TO REPORT

AIDING AND ABETTING

CONSOLIDATION OF HEALTHCARE

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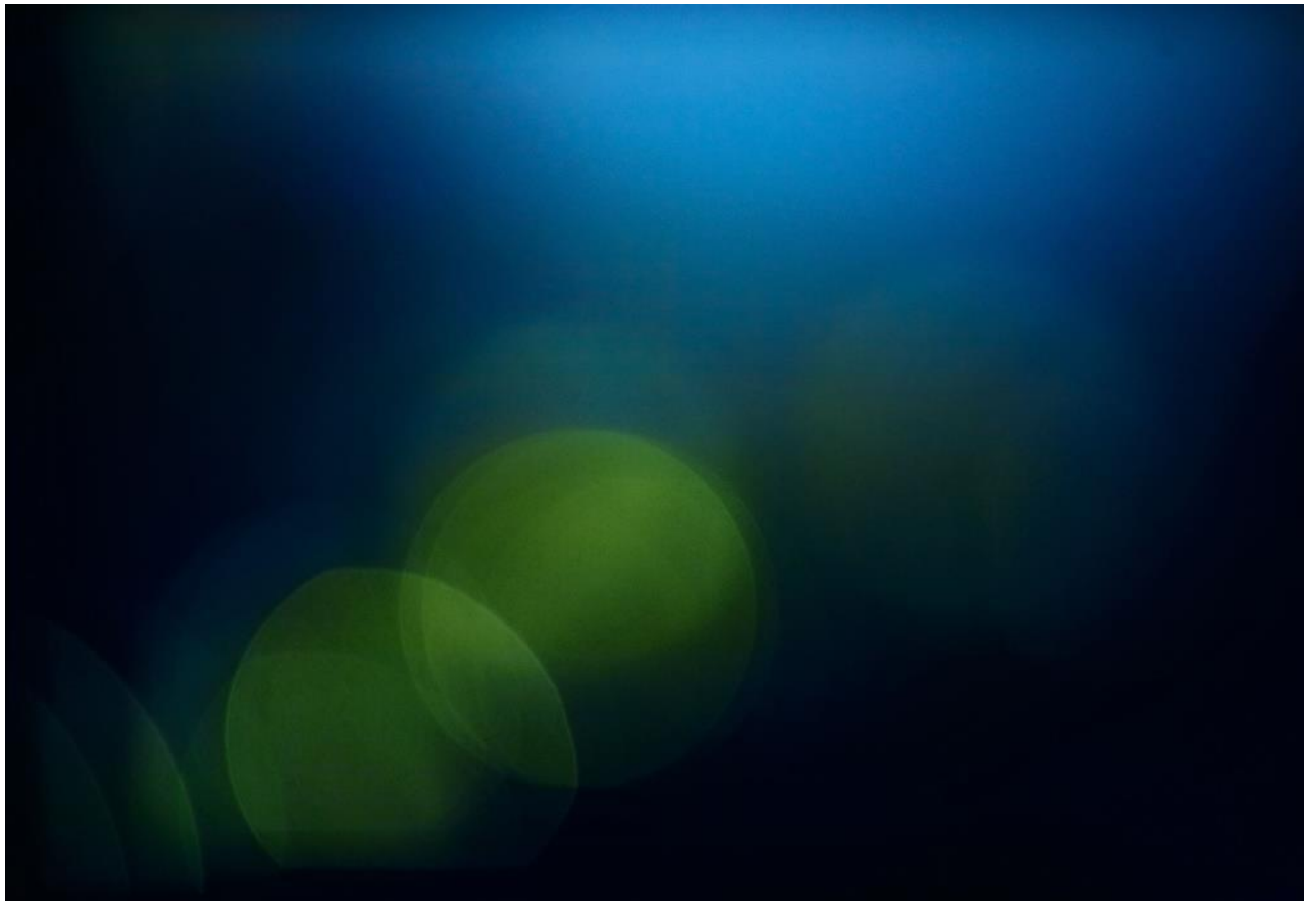
AIDINGNG AND ABETTING



What does this mean?

How might apply to those in mental health or wellbeing?

- https://www.apaservices.org/practice/business/hipaa/abortion-laws

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REFLECTING BACK ON YOUR VALUES…

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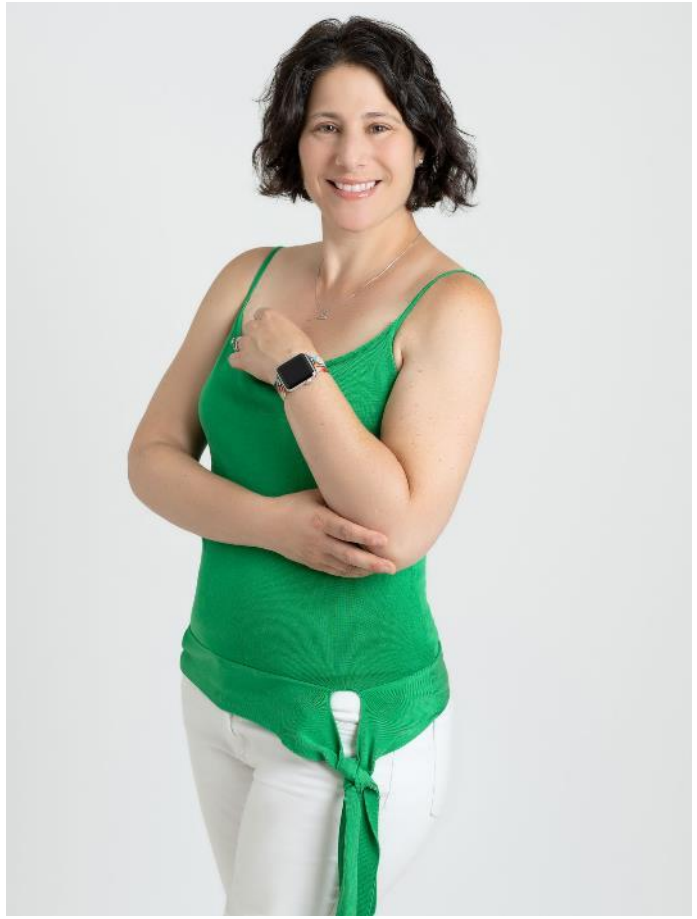
Q&A With Dr. Bindeman



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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Clinical Resources

- www.exhaleprovoice.org
- www.naf.org
- www.Guttmacher.org
- www.ineedana.com
- www.endingawantedpregnancy.org
- Podcasts:
  - Time to TFMR
  - Abortion, Every Day (substack—Jessica Valenti)

References

- Bindeman, J.(editor) 2024. *The Mental Health Clinician's Handbook for Abortion Care.* Cham, NY, Springer International Publishing.
- Foster. (2020). The Turnaway Study : ten years, a thousand women, and the consequences of having--or being denied--an abortion (First Scribner hardcover edition.). Scribner.
- Foster, Raifman, S. E., Gipson, J. D., Rocca, C. H., & Biggs, M. A. (2019). Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children. The Journal of Pediatrics, 205, 183–189.e1. https://doi.org/10.1016/j.jpeds.2018.09.026
- Tasset, Julia, et al. "Regulation of Controlled Substances and Reproductive Health." *JAMA*, 13 Feb. 2025, https://doi.org/10.1001/jama.2025.0384. Accessed 15 Feb. 2025.

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