

Reproductive Challenges in a Child-centric Culture: Ethical Considerations for Infertility Counseling

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Goals for Session

- ❖ Introduce infertility & reproductive challenges
- ❖ Heighten awareness of infertility's impact on client, family member, friend, colleague
- ❖ Broaden understanding of related struggles
- ❖ Provide awareness of coping strategies—do's & don'ts
- ❖ Ethical considerations for **treatment access**

Definition of Infertility

- ❖ When engaging in unprotected intercourse, infertility is the inability to conceive or sustain a pregnancy
 - ❖ After one year of trying under the age of 35
 - ❖ After six months of trying for women 35 years and older
- ❖ 1 in 8 couples suffer from infertility
- ❖ 7.3 million Americans
- ❖ Life Crisis
 - ❖ Death of a dream
- ❖ Disease, Chronic Illness
 - ❖ Person 1st language

Coping with Reproductive Challenges & Infertility

- ❖ Physical
- ❖ Social
- ❖ Emotional
- ❖ Professional
- ❖ Financial

Physical

❖ Reproductive Health

- ❖ Body betrayal
- ❖ Access to appropriate medical care

❖ Medical Advocacy

- ❖ OB vs. RE
- ❖ Testing
- ❖ 40/40 split m/f, 10% combined, 10% unknown

❖ Diagnosis

- ❖ Male-factor infertility
- ❖ PCOS, endometriosis
- ❖ unexplained

❖ Treatment

- ❖ ART, Assisted Reproductive Technology
- ❖ Donor issues

Social

- ❖ Privacy vs. Secrecy
- ❖ Friends & Family
 - ❖ 61% don't disclose
- ❖ Couple Challenges
 - ❖ Goals for family building
 - ❖ Different coping mechanisms
 - ❖ Money & sex
- ❖ Support Groups
 - ❖ Online disc. boards
- ❖ Public
 - ❖ Media, TV, theatre
 - ❖ Shopping, malls
 - ❖ Social events
 - ❖ Extended family
 - ❖ Holidays
- ❖ Isolation vs. Alienation

Emotional

- ❖ Navigating complicated testing
- ❖ Medication side effects
- ❖ Reconciling need for tx
 - ❖ Denial, loss, repeated loss, trauma
 - ❖ Negotiating when to stop
 - ❖ Adoption, child-free living
- ❖ Grieving loss
- ❖ Anxiety & Depression, Scandinavian studies
- ❖ “Embracing Desperation in Fertility,” Madeira

Professional

- ❖ Functioning at work
- ❖ Negotiating non-benefits
 - ❖ Navigating the unknown
 - ❖ Time off for testing & tx
- ❖ Testing, research & tx
 - ❖ Comprises a full-time job
- ❖ Incompatible with professional advancement

Financial

- ❖ Typically not covered
- ❖ High cost(sss)
- ❖ Difficult to finance
 - ❖ Current loans/debt
 - ❖ Family support
- ❖ Most American's don't have the resources
 - ❖ Socio-economic inequity

NASW Code of Ethics

- ❖ Self-determination
 - ❖ 3rd rail
- ❖ Discrimination
- ❖ Competence
- ❖ Referral for Services
- ❖ Social & Political Action
 - ❖ Ensure equitable access to services

QUALIFICATION GUIDELINES FOR INFERTILITY COUNSELORS

These guidelines were developed by the Mental Health Professional Group of the American Society for Reproductive Medicine to help determine the qualifications and training for mental health professionals working in reproductive medicine. Mental health professionals are playing an increasingly important role in reproductive medicine due to technological advances and recognition of the complex psychosocial issues faced by infertility patients. As a result, there is a growing need for the skills and services of trained infertility counselors to assist patients and staff. Infertility counseling includes psychological assessment, psychotherapeutic intervention, and psychoeducational support of individuals and couples who are experiencing fertility problems. A qualified infertility counselor should be able to provide the following services:

- psychological assessment and screening
- diagnosis and treatment of mental disorders
- psychometric testing (psychologist)
- decision-making counseling
- couple and family therapy
- grief counseling
- supportive counseling
- education/information counseling
- support group counseling
- referral/resource counseling
- staff consultation
- crisis intervention
- sexual counseling
- psychotherapy

The following guidelines suggest minimum qualifications and training of mental health professionals providing infertility counseling and psychological services. The mental health professional should have:

1. Graduate Degree in a Mental Health Profession

A master's or doctorate degree from an accredited program in the field of psychiatry, psychology, social work, psychiatric nursing, or marriage and family therapy. Curriculum and training should include psychopathology; personality theory; life cycle and family development; family systems theory; bereavement and loss theory; crisis intervention; psychotherapeutic interventions; individual, marital, and group therapy; and a supervised clinical practicum or internship in counseling.

2. License to Practice

A license (or registration/certification, where applicable) to practice in the mental health field in which the professional holds a graduate degree and as required by the state in which the individual practices.

3. Training in the Medical and Psychological Aspects of Infertility

Training in the medical aspects of infertility indicating knowledge of:

1. basic reproductive physiology
2. testing, diagnosis, and treatment of reproductive problems
3. etiology of male and female infertility
4. etiology of the assisted reproductive technologies

Training in the psychology of infertility indicating knowledge of:

1. marital and family issues associated with infertility, and the impact on sexual functioning
2. approaches to the psychology of infertility including psychological assessment, bereavement/loss, crisis intervention, post traumatic stress, and typical/atypical responses
3. family building alternatives including adoption, third-party reproduction, child-free lifestyle
4. psychological and couple treatments
5. the legal and ethical issues of infertility treatments

4. Clinical Experience

The mental health professional should have a minimum of one year clinical experience providing infertility counseling, preferably under the supervision of or in consultation with a qualified and experienced infertility counselor.

5. Continuing Education

Continuing education helps ensure continued growth in knowledge and skills. Regular attendance at courses offered by the American Society for Reproductive Medicine or other professional organizations and educational institutions is recommended to provide continuing education in both the medical and psychological issues in reproductive health care.

Prepared by the Committee on Infertility Counseling Guidelines:

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Coping Strategies: Supporting a Client

- ❖ Refer, refer, refer
- ❖ Encourage clients to set boundaries
 - ❖ Emotional & physical
- ❖ Listen, learn and make referral
- ❖ Provide financial counseling
- ❖ Assess work benefits
 - ❖ Medical insurance, illness, family leave

Ethical Dilemmas in Treatment

Summary & Review

- ❖ Treatment Access
 - ❖ Medical
 - ❖ Infertility counseling
 - ❖ Mental health counseling
- ❖ Treatment Decisions
 - ❖ Embryo selection, transfer, storage, research
 - ❖ Donor issues
- ❖ Fluctuating Legal Issues
 - ❖ Reproductive rights
 - ❖ Diverse family planning options
- ❖ Work & Insurance Coverage

Sources

www.ungercounseling.net

- ❖ Baldur-Felskov, B., et al. (2012). “Psychiatric disorders in women with fertility problems: Results from a large Danish register-based cohort study.” *Human Reproduction: Oxford Journals*.
- ❖ Dworkin-McDaniel, N. (2012). “The Invisible Pain of Infertility.” *Redbook*.
- ❖ Klemetti, R., et al. (2010). “Infertility, mental disorders and well-being – A nationwide survey.” *Acta Obstetricia et Gynecologica* 89: 677–682.
- ❖ Madeira, J.L. (2013). “Embracing Desperation in Infertility,” *The Atlantic*.
- ❖ Madeira, J.L. (2012). “Woman Scorned: Resurrecting Infertile Women Decision-Making Autonomy,” *Maryland Law Review*.
- ❖ Perrine, J.W. (2010). “Breaking the silence of infertility.” *Self*.
<http://www.self.com/health/2010/08/breaking-the-silence-on-infertility>. Accessed 12 February 2013.

Resources

www.ungercounseling.net

- ❖ RESOLVE: The National Infertility Association, www.resolve.org
- ❖ American Society for Reproductive Medicine, Mental Health Professional Group, www.asrm.org
- ❖ Society for Assisted Reproductive Technology, www.sart.org