

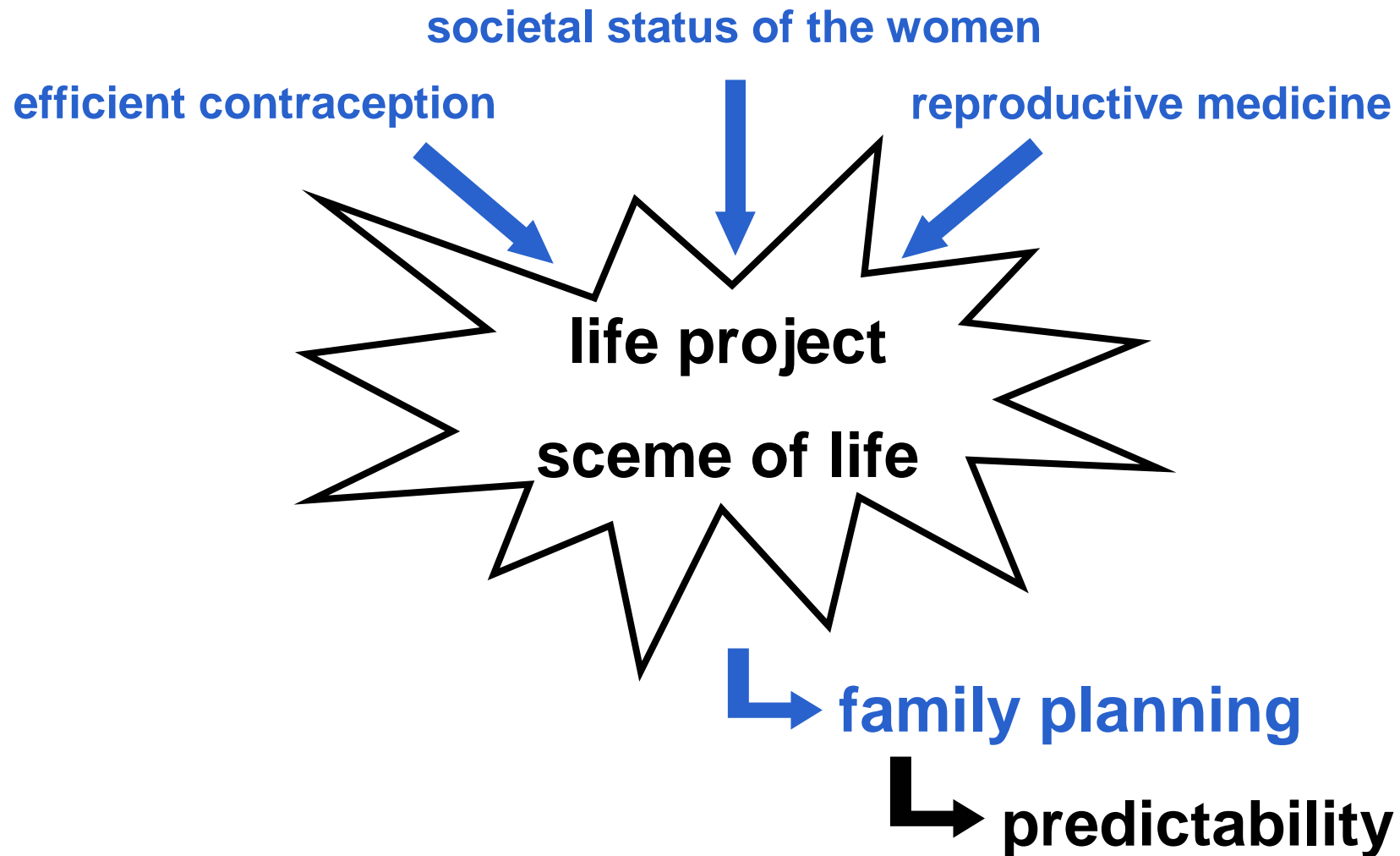
ESHRE Campus Workshop

SIG "Psychology and Counselling" / Amsterdam, 4th December 2010



Department of Ob&Gyn
University Hospital
Basel Switzerland

The wish for a child



The unfulfilled wish for a child

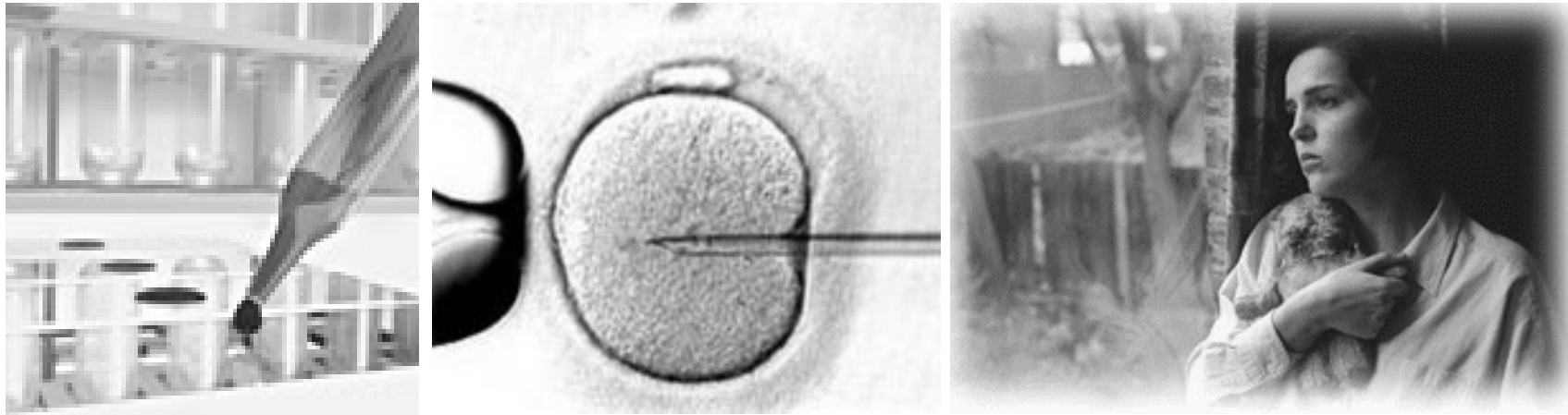


The unfulfilled wish for a child

From **destiny** that had to
be **accepted**.....



The unfulfilled wish for a child



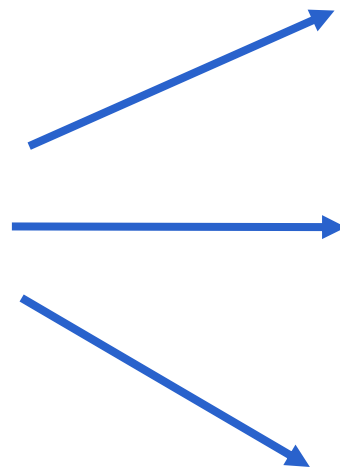
.....to a **long process** accompanied by
uncertainty and distress!

Infertility - psychology

~~psychogenic model ?~~

→ psychological sequelae model!

Infertility - distress



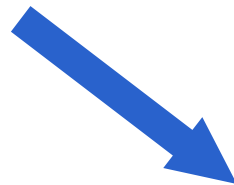
uncertain

unpredictable

uncontrollable

Infertility – life crisis

reproduction
parenthood

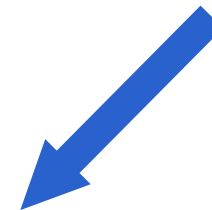


→ self-worth

→ identity

→ sexuality

→ body image

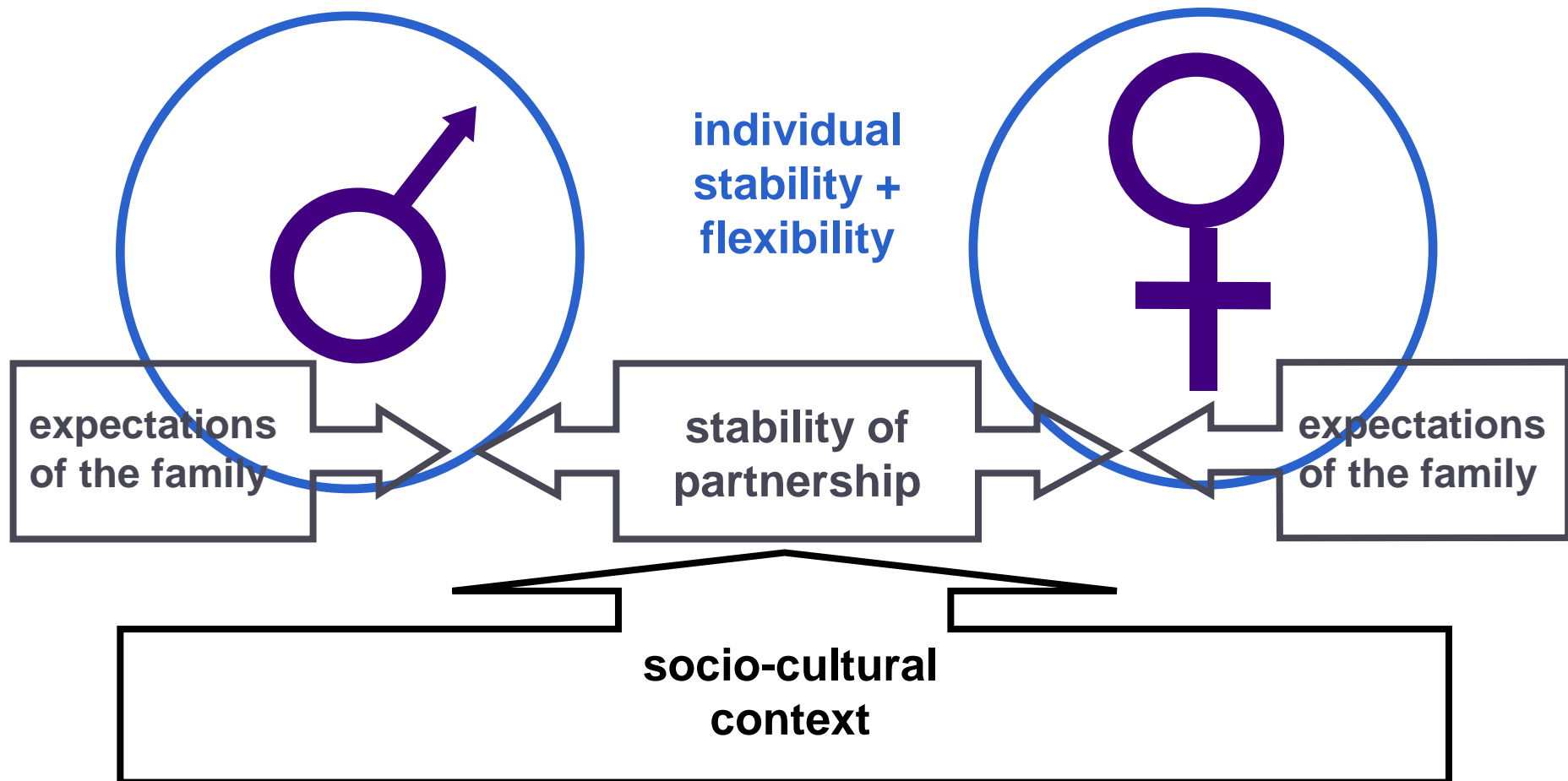


Infertility – partnership



- **Challenge** for the partnership
- → feelings of **guilt** and **insufficiency**
- → → **avoidance** and **withdrawal**

Coping with infertility



Coping with infertility

Protective factors:

- **realistic** estimation
- high **self-worth**
- satisfaction with the **job**
- satisfactory **partnership**
- **social support** that estimated as helpful

Infertility work-up and treatment

- **Journey** with **unknown aim** and **duration**
- **Complex decision-making** procedures
- Intensive **collaboration** of the couple
- Considerable **emotional impact**

The staff's tasks

- Comprehensive and understandable **information**
- Individual **counselling** and **decision-making**
- **Support** during **demanding phases**
- **Support** in case of **unsuccessful treatment**

Counselling principles

→ **set milestones**

→ **limited number** of treatment cycles

→ **gentle confrontation** with **reality**

Counselling focus

- **Timely confrontation** with the fact that treatment could fail and **consideration** of a **life without** a one's **own child**
- **Mobilisation** of **coping-strategies** and **ressources**, such as relaxation techniques

Distress

Definition

- **Distress** occurs when **an individual cannot adapt to stress.**
- **Distress** is a kind of **suffering.**

Highly distressed patients

Patients at risk:

- **unrealistic expectations**
- **low self-worth**
- **low self-esteem**
- **narcisstic personality**
- **pressure / expectations of the family**
- **low job satisfaction**
- **low partnership satisfaction**
- **low perceived social support**
- **low emotional hardiness**
- **psychiatric disorders (borderline personality)**



Difficult patients

- **Egocentricity** and **lack of insight**
- **Lack of ability to listen**
- **Lack of logical cognitive processing**
- **Shifting responsibilities** onto others
- **Transmitting** their **distress** to others
- A focus to **external solution** rather than personal change
- **demanding, aggressive** behaviour

NSW-health. Medical Practis guidelines. 2005



Approach towards (difficult) patients



- empathy
- validation
- boundaries

General aspects of communication

Patient-centred communication

→ active listening

- waiting
- repeating
- mirroring (reflecting an emotion)
- summarizing

Patient-centred approach

Principles of reflective listening (Rogers, 1979)

More **listening** than talking

Responding to what is **personal** rather than to what is impersonal, distant, or abstract.

Restating and **clarifying** what the other has said, not asking questions or telling what the listener feels, believes, or wants.

Trying to **understand the feelings** contained in what the other is saying, not just the facts or ideas.

Working to develop the best possible **sense of the other's frame of reference** while avoiding the temptation to respond from the listener's frame of reference.

Responding with **acceptance** and **empathy**, not with indifference, pure objectivity, or fake concern.

Information exchange

Basic principles (Miller and Rollnick, 2002)

Elicit:	Patient's pre-existing knowledge and questions.
Provide:	Give information in small units and short sentences.
Elicit:	Patient's understanding and evaluation of the information. "What does this information mean to you?"

Communications skills

NURSE (Back et al. 2007)

N aming	name emotions
U nderstanding	express that you understand the emotions
R especting	demonstrate respect for the patient
S upporting	offer support
E xploring	explore for further emotional aspects



Self care



Coping with emotionally challenging job situations

Cargiver bournout

- Most of the time, caregivers become very busy **taking care of others** that they tend to forget to take care of themselves.
- This can result in **stress, anxiety, frustration** and **exhaustion**, which may eventually lead to “**Caregiver Burnout**”.

Signs and symptoms of caregiver burnout

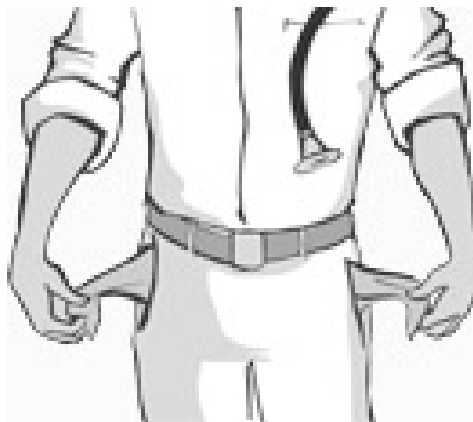
1. Sleep deprivation
2. Significant weight change
3. Hopelessness
4. Frustration
5. Overreacting to minor things
6. Social isolation
7. Increased anxiety
8. Physical and Mental exhaustion
9. Thoughts of hurting oneself or the person one is caring for
10. Feeling of failure for constantly not being able to meet caring demands

Prevention of caregiver burnout

1. Taking **care of oneself emotionally** and **physically**
(sleep, eating ,exercise)
2. Making **time for oneself**
3. Joining a **support group** for caregivers
4. Knowing one's **limits**
5. **Sharing one's feelings** with a trustful person

Self care for caregivers

- Be sure to **take care of yourself** so you can be a loving and effective Caregiver.
- As the saying goes: “You cannot love others until you know how to love yourself.” The same principle applies to taking care of others as well:



You cannot give with empty pockets!

The ABC of self care

A wareness	<p>awareness</p> <p>stimulus - reaction</p>
B alance	work – life - balance
C onnection	feeling connected with oneself and with the others

→ **pity vs. sympathy**

Self care

