

Defining a counselors' role within an infertility clinic

Prof. J. Bitzer
UFK Basel
Switzerland

The infertility consultation

Software

Psychology, Communication and Counselling

Communicative, interpersonal processes and intervention

**Toughts, Emotions, Behavior, Interaction
(Brain, Mind of the infertile couple)**

Hardware

**Ovum, Sperm,.Conception, Embryo, Implantation
(Mechanisms of Ontogenesis)**

**Diagnostic procedures/
standards**

**Therapeutic procedures
/standards**

Reproductive endocrinology and medicine

The counselor's integrative role in the process of diagnosis and treatment of infertile couples

- I. Share and understand the individual subjective suffering and clarify the wish for a child
- II. Assess psychosocial risks and resources
- III. Help in decision making about diagnostic interventions and in coping with diagnostic results
- IV. Help in decision making about treatment options
- V. Help in coping with treatment stresses
- VI. Help in coping with treatment failure and termination

Dealing with difficult patients or couples

Integrated counselling I

Task

Share and understand the individual subjective suffering and clarify the wish for a child

Objective

The couple feels understood and supported (Empathy)

The couple gains insight into their interactive reactions (Insight)

Integrated counselling I

Task

Share and understand the individual subjective suffering and clarify the wish for a child

Content

The personal and subjective meaning of the desired child; Giving sense to life; Essential part of life concept; Giving life to the next generation; Fulfillment of partnership; Having another person for oneself, care for another person etc.

Emotional responses: *Sadness, anger, envy, frustration, shame, guilt etc.*

Cognitive responses: *Accident, punishment, Consequence of a disease, repetitive experience, injustice etc.*

Behavioral response: *Active help seeking, isolation, withdrawal, group activity etc.*

Integrated counselling I

Task

Share and understand the individual subjective suffering and clarify the wish for a child

Communicative techniques

Open questions, reflecting, summarizing, responding to emotions

Special skills: Knowledge of cultural and value background

WHO should do it

- All members of the team
- Specialized counsellors with couples of asymmetric wishes, conflicts, „fixed, obsessive behavioral responses“, migration and specific cultural background

Integrated Counseling II

Task

Assess psychosocial risks and resources

Objective

- Non maleficence and beneficence for the couple and the desired child (future wellbeing of the child, risk of depression in case of unsuccessful treatment etc.)
- Health protection (Create awareness and insight)

Integrated Counseling II

Task

Assess psychosocial risks and resources

Content

Psychosocial risks:

- Actual stressors (relationship, job, money, time),
- Actual mental illness,
- Previous traumatic life events, previous mental illness,
- Personality behavioural styles (pessimism, anxiety, external locus of control, attributional style),
- lack of learning and growing experiences,
- social pressure, unbalanced wish for a child

Psychosocial resources:

- Self control and determination
- Life experience and insight,
- social support, stable partnership,
- Conflict resolving skills and
- “balanced motivation”

Integrated Counseling II

Task

Assess psychosocial risks and resources

Communicative techniques

- Taking a psychosocial history
Objective events and subjective meanings
- Processing scenic information
- Transference/Countertransference
- Understanding the relationship

Who

Physicians

Psychologists with high risk couples

Integrated Counseling III

Task

Help in decision making about diagnostic interventions and in coping with diagnostic results

Objective

Couples should make informed decisions regarding diagnostic interventions and should be enabled to understand and cope with the results (Empowerment of couples)

Integrated Counseling III

Task

Help in decision making about diagnostic interventions and in coping with diagnostic results

Content and technique

Information giving and information exchange:

- Elicit expectations and knowledge
- Anticipate possible responses
- Follow principles of information exchange

Integrated Counseling III

Task

Help in decision making about diagnostic interventions and in coping with diagnostic results

Content and technique

Breaking bad news:

- Creating an appropriate setting; Eliciting knowledge and expectations
- Announcing; Giving the diagnosis in simple words
- Pause. Waiting for the reaction; Perceive and respond to emotions, questions, reactions;
- Address the individual's needs and offer help
- Structurize time and give hope
- Plan the immediate next steps

Integrated Counseling III

Task

Help in decision making about diagnostic interventions and in coping with diagnostic results

Who

- Physicians
- Psychologists with high risk couples

Integrated Counseling IV

Task

Help in decision making about treatment options

Objective

Find the individual optimal way to resolve the personal infertility problem (Individualized problem solution)

Integrated Counseling IV

Task

Help in decision making about treatment options

Content and techniques

- (Re)define the objectives, values, wishes and fears of the couple
- Priority and hierarchy list
- Differentiate between global and partial, motivational and instrumental, short term and long term objectives
- Create awareness for possible conflict
- Give several options and exchange information about options (see before)
- Use a balance sheet to compare the cost/benefit of the different options by working through the different possible outcomes
- Encourage anticipation and reflection about barriers and resources

Integrated Counseling IV

Task

Help in decision making about treatment options

Who

Physicians

Psychologists with high risk couples

Integrated Counseling V

Task

Help in coping with treatment stresses

Objective

Reduce stress; enhance treatment success; prevent psychosocial complications of treatment (intimacy, sexual dysfunction, relational conflicts)

Empowerment and health promotion.

Protection

Integrated Counseling V

Task

Help in coping with treatment stresses

Content and techniques

- Assess the individual stress response:
- Physical, (Vegetative signs, sleeplessness etc.)
- Emotional, (Anxiety, depressive reaction)
- Cognitive (Helplessness, pessimism)
- and behavioral signs of distress (Drugs, alcohol, aggression)
- Give patients a stress model
- The “stress bucket” with water level (balance) influx (stressors),
efflux (resources and coping)
- Teach patients coping techniques
- Relaxation, time management, visualization, communication
with partner, thought training etc

Integrated Counseling V

Task

Help in coping with treatment stresses

Who

Staff members.

Physiopsychologists

Cognitive psychologists

Integrated Counselling VI

Task

Help in coping with treatment failure and termination

Objective

Prevent destructive perseveration and fixation

Prevent depression and longterm psychiatric morbidity in case of failure

Integrative Counseling VI

Task

Help in coping with treatment failure and termination

Content

- Fluctuation between hope and despair, focussing and letting go, security and doubts.
- Mourning process and redefinition of new life goals

Integrative Counseling VI

Task

Help in coping with treatment failure and termination

Communicative techniques

- Understand and assess the inner phase patients are in.
- *Is termination considered, is their ambivalence between continuation and termination, has a decision to terminate been made ?*
- Help with the mourning process
- *Educate about different phases of the process and the different reactions.*
- *Use examples like the healing of a bodily wound.*
- *Is there a inner place for the child where the patient can go to and from where she/he can leave and come back to other activities*

Integrative Counseling VI

Task

Help in coping with treatment failure and termination

Communicative techniques

Detect and (treat) depression or other mental illnesses

Prolonged and persistent sadness, loss of interest, withdrawal, loss of sense etc. should be realized and named. Psychiatric help may be needed.

Who

Physicians

Counsellors

Psychiatrists

The „difficult“ patient of couple

- High stress vulnerability
- Psychiatric morbidity
 - Anxiety disorder
 - Depression
 - Personality disorder
- Couple conflict
- Sexual difficulties
- Etc.

- Competence to establish a Psychosocial Profile
- Specialized counsellors in diagnostic evaluation and tests
- Psychological and psychiatric judgement
- Supervision and collaboration with ethical experts

The „difficult“ patient of couple

Example

- Problems/Findings
 - Migration
 - Low financial resources
 - Anxiety disorder of female
 - Low self esteem and dependence on partner
 - Ev. Personality disorder of husband

- Resources
 - Caring family especially sister
 - Religious support
 - Previous adaptation and coping to adverse life events
 - Intelligence

The „difficult“ situation

- Depressive reaction
- Intensive stress response
- Difficulties in physician-patient interaction
- Dissatisfaction
- Difficult behavior

- Diagnostic competence regarding adaptation disorders and stress responses
- Interpersonal, systemic training and competence
- Stress coping techniques

The „difficult“ decision making

- The future wellbeing of the child
- Third party involvement
- Disclosure
- Genetic risks

- Transparent ethical framework and reference
- Self experience and supervision to be aware of value systems
- Knowledge of results of empirical studies
- Training in developmental psychology, systemic/family therapy and neuroscience

The continuous interpersonal and communicative tasks

- Establishment, maintenance and termination of a helpful therapeutic relationship
 - Attitude and behavior of the professional
 - Respect and unconditional positive regard, empathy and congruence
 - Communicative skills
 - Active listening, Reflective skills, Responding to emotions and emotion handling

For all members of the infertility team

The continuous interpersonal and communicative tasks

- Information exchange
 - General guidelines:
 - Establish rapport with the patient
 - Use lay terms and avoid professional jargon
 - Preview the message
 - Present each categorie of information seperately
 - Summerize the major points
 - Provide supplemental materials
 - Put information in writing
 - Check for patient comprehension

For all members of the infertility team

The continuous interpersonal and communicative tasks

➤ Information exchange

– Special technique:

- Elicit: Assesment of behavior, needs, questions
- Provide: Clear, non judgemental information
- Elicit: Absorption, interpretation and reflection of the information by the patient

For all members of the infertility team