

ESHRE Campus Workshop

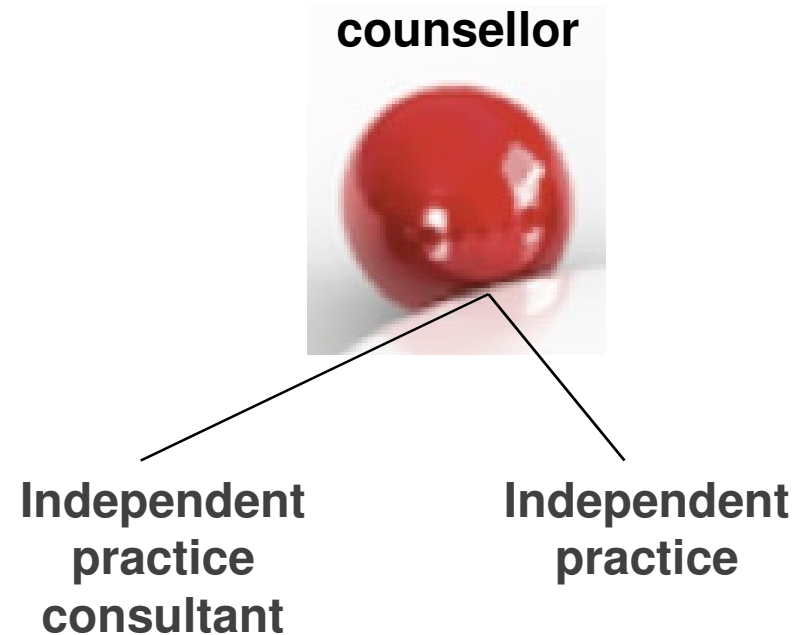
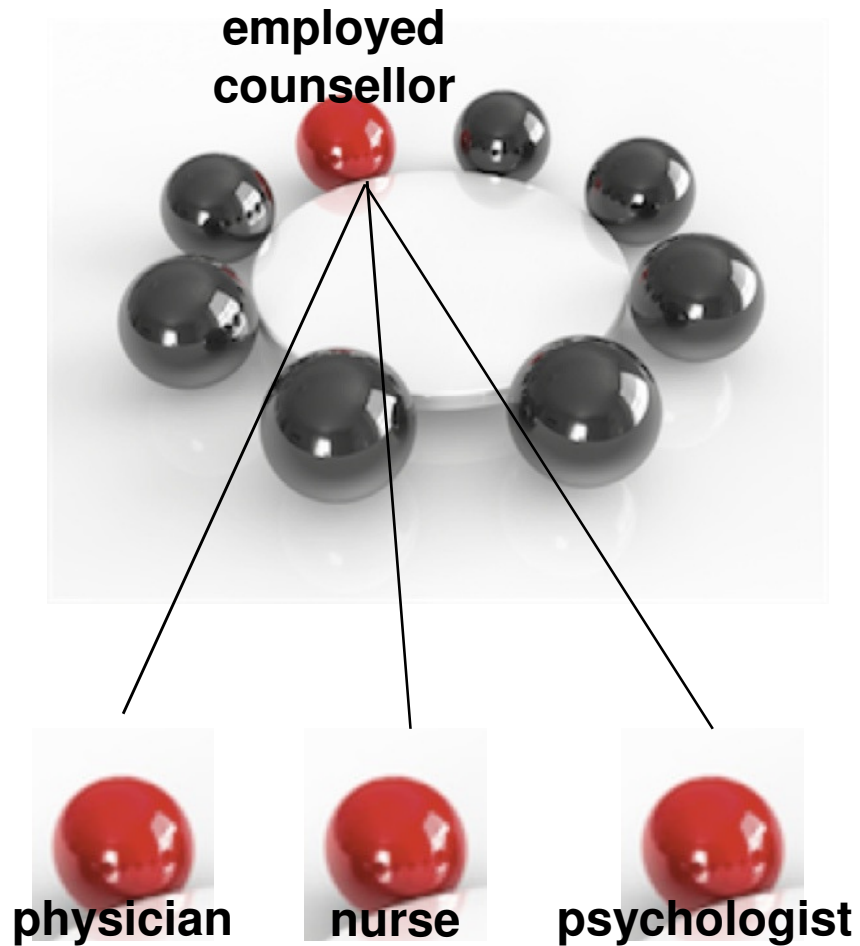
SIG "Psychology and Counselling" / Basel Switzerland, 29 August 2009

The benefits and challenges of being a counsellor as part of the infertility treatment team



S. Tschudin
Department of Ob&Gyn
University Hospital
Basel Switzerland

Integrated vs. independent counselling

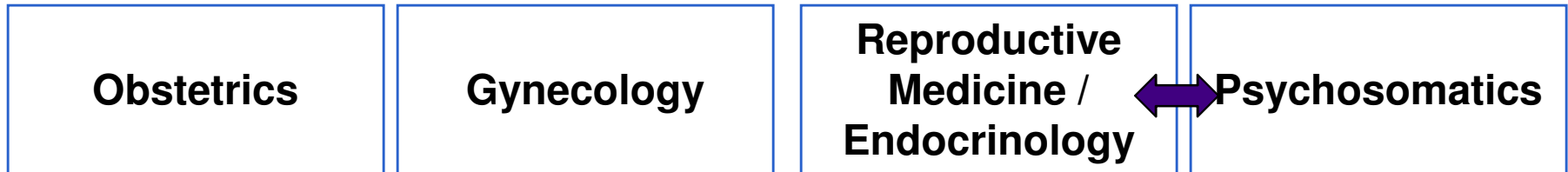


Benefits and challenges

	Independent practice	Independent practice consultant	Integrated counsellor
Coercion	None	Possible +	Possible++
Conflict of interest	None	Possible +	Possible ++
Confidentiality	Guaranteed +++	Guaranteed ++	Guaranteed+
Settings	Counsellor's needs and interests	In agreement with clinic	Clinic's needs and interests
Facilities	Own	Clinic's for a fee	Clinic's
Team	None	Exchange with clinic team Boundary violation / role-confusions +	Integration in clinic team Boundary violation / role-confusions ++
Cooperation	To be developed with clinic(s)	Close cooperation, informal exchange	Standardized cooperation, formal meetings
Significance of counselling	Optional offer	Standardized offer	Integrated component

Counsellors as part of the infertility treatment team

University Women's Hospital Basel



- Compulsory**
- Gamete donation
 - HIV-discordance
 - psychiatric conditions

Optional

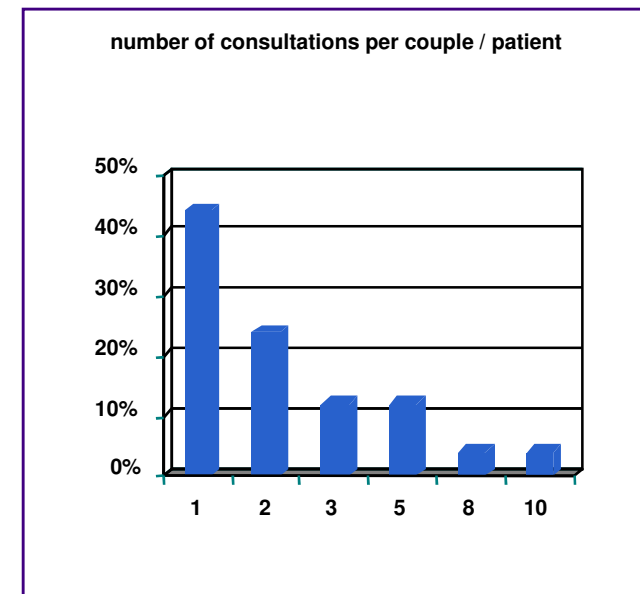
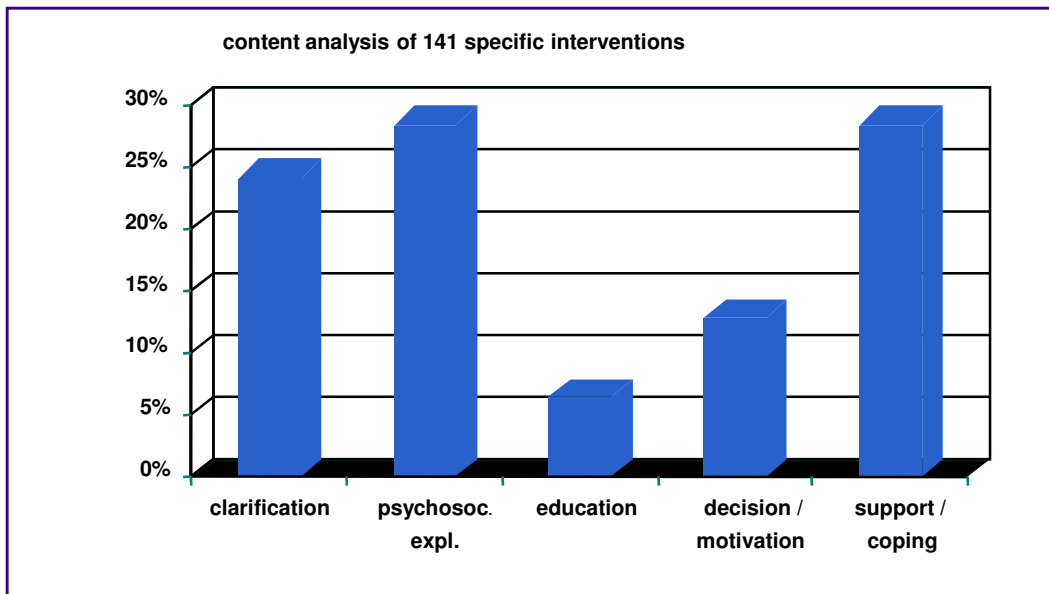
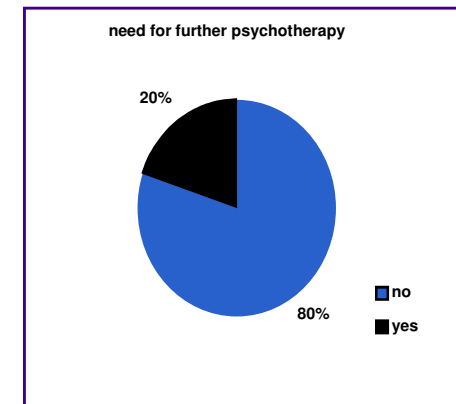
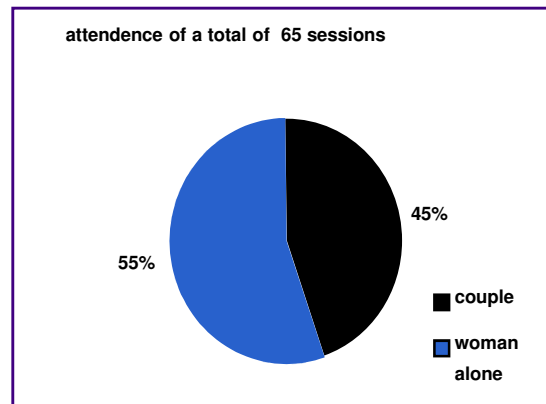
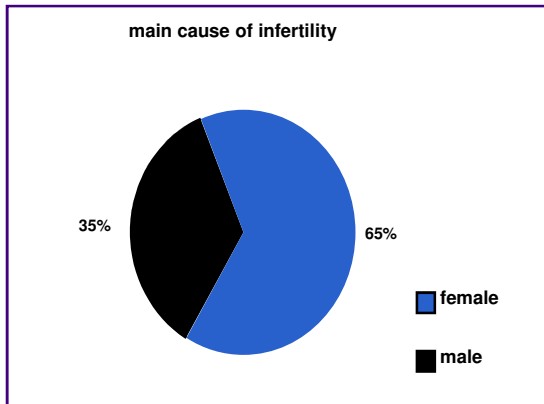


Offering psychological counselling is legally required in Switzerland



Integrated short term infertility counselling

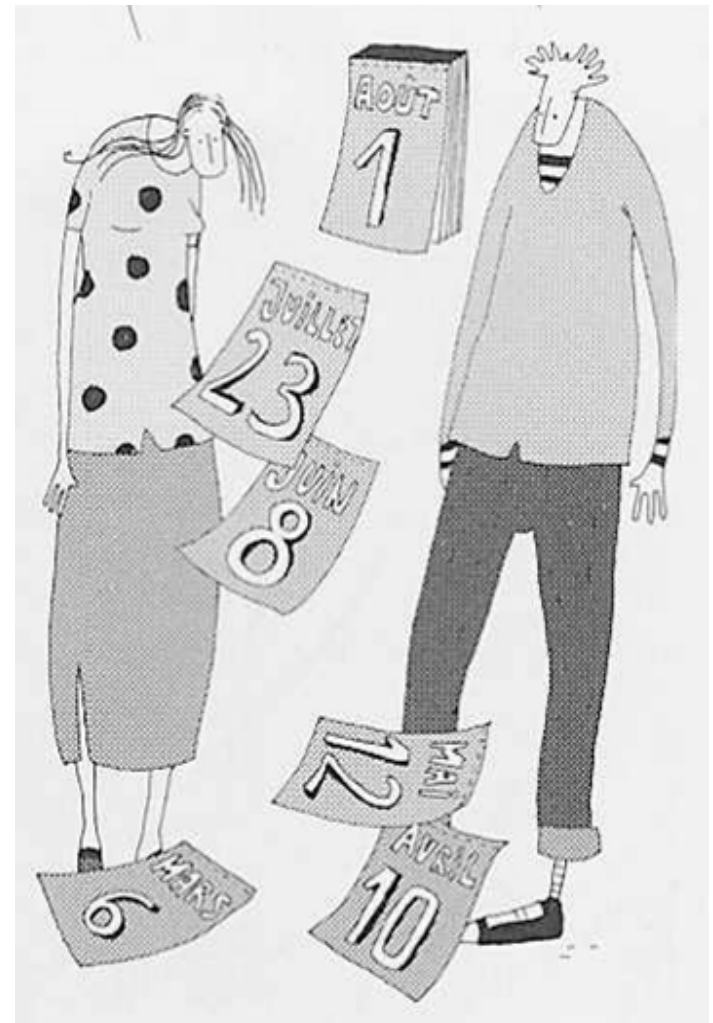
25 counselled couples on 490 couples seen in the division of reproductive medicine between 01/99 and 12/00



Case 1

Mrs. & Mr. B, 28y and 29y resp.

- **After 5y** of unprotected intercourse without pregnancy consultation of a gynecologist
- Diagnosis of **OAT** due to cryptorchism
- **ISCI** as unique therapeutic option
- **Difficult decision making process** due to Mrs. B's fear of hospital, physicians and technical procedures.
- First trial at **age 33** with oocyte retrieval experienced as very painful
- **No pregnancy** neither after transfer of fresh nor cryopreserved oocytes.
- **Depressive episode**, followed by **persistent irritability**
- Ongoing wish for a child, but **reluctance towards further treatment** for fear of psychological destabilisation



Case 2

Mrs. & Mr. L, 35y and 38y resp.

- Consultation of our infertility unit for unfulfilled wish for a child
- **No sexual intercourse** since marriage 10y ago due to **vaginism** and **premature ejaculation**
- Counselling of the couple, then of both partners separately
 - **Clarifying** therapeutic aims and strategies
 - introducing and using **vaginal dilators**
 - **reactivation** of lost **marital intimacy**
- **After 3 years first successful intercourse**
- Due to advanced reproductive age admission at infertility unit
- D&C due to endometrial polyp
- In the meantime **two healthy daughters**



Infertility (treatment)

- **Journey with unknown destination and unknown duration**
- **momentous decisions have to be made**
- **The couple's intensive cooperation is required**
- **The emotional strain is considerable**

Infertility counselling

Type of intervention

- Crisis intervention
- Assistance in decision-making
- Facilitating communication
- Addressing conflicts (partnership, family)
- Relaxation techniques
- Treating sexual problems
- Discussing alternatives to biological offspring

Integrated counselling offers more flexibility to answer urgent needs and emergencies!

Infertility counselling

Intervention strategies

- Identifying the individual problem
- Mediating between the partners
- Clarifying, i.e. medical and technical issues
- Debriefing of burdensome procedures
- Evaluating coping-strategies and resources
- Anticipating possible outcomes and the coping with them

Integrated counsellors are more familiar with these aspects due to insight in clinic protocols and exchange with team

Infertility counselling

Choice of counselling strategies

- individualized
- adapted to the couple's needs, stage of treatment, situation

Timing of counselling

- before
 - during
 - after (unsuccessful)
- } treatment

Communication styles

Physician centred communication

- **Closed questions**
- **Doctor determines agenda**

- **Doctor determines the important issues**
- **Suppression of emotion**

➔ **Interrogative**

Patient centred communication

- **Open questions**
- **Patient agenda is acknowledged**
- **Information exchange**

- **Emotional response**

➔ **Narrative**

Health professionals' knowhow

Physician / nurses

- Medical
- Diagnostic procedures
- Interpretation of results
- Treatment options
- Limitations of treatment

Focus:

Optimizing treatment success and baby-take home rate!

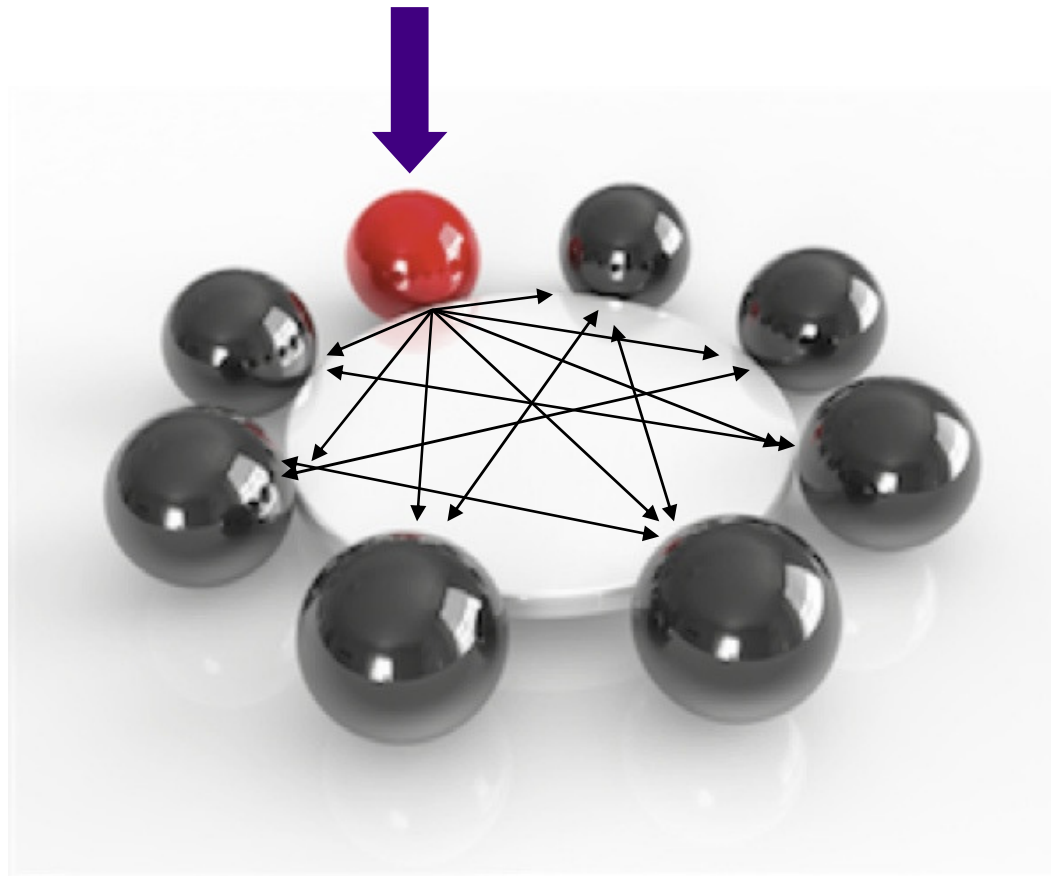
Counsellor

- Psychological
- Patient centered communication / active listening
- Psychotherapy
- Sex therapy

Focus:

Optimizing coping with infertility problem!

Counsellors as part of the infertility treatment team



Key to a holistic and individualized approach?!

Holistic and individualized approach

Support the infertility staff in providing the couples

- Thorough and comprehensible information**
- Individualized advice and decision-making**
- Support during burdensome treatment periods**
- Support in case of unsuccessful treatment**

Holistic and individualized approach

Instruct the infertility staff to be attentive

- to set milestones within the treatment process**
- to offer a limited (reasonable) number of treatment cycles**
- to (gently) confront with reality and limitations**
- to discuss alternatives in time**
- to offer counselling routinely and refer to it in time**

Team support

Provide the infertility staff with the counsellors' skills in

- debriefing**
- disburdening in emotionally consuming situation**
- discussing ethically conflicting cases**
- mediating in team conflicts**

Counselling, an integral part of infertility treatment



To the benefit of the couples concerned!