Psychological Processes During IVF Treatment

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- First IVF cycle: October 21, 2002 (7:33 am!)
- Approximately 70 IVF cycles annually
- Of those, about 80% include ICSI
- In the <35 yo age group, the "take home baby" rate is 42.3%
- All patients are given the option to schedule an initial counseling interview when they begin the IVF referral/treatment process

Initial Counseling Interview Goals:

- Not Mandatory
- Not a Screen
- Focus is multi-dimensional:
  - Get a clearer picture of the couple
  - Assess couple and individual support systems, coping styles, and reactions to adverse results
  - Provide education and ensure couple has thought about, discussed, and made decisions about key treatment issues:
    - Cryopreservation, selective reduction, and final disposition of any "surplus" embryos
    - "Pandora's Box" of IVF treatments must be considered before any treatment is initiated

Initial Counseling Interview Goals: (con't)

- Assess willingness to pursue alternative methods for family-building
- Identify any psychosocial issues and provide on-going counseling services or counseling referrals as necessary

Initial Counseling Interview

- CRM counseling services located in another, separate building. Affords the IVF patient:
  - Privacy during a time when privacy is rare
  - Autonomy without pressure to decide on whether they will make use of this service
  - Small sense of control of this part of their treatment
- Having to go to another facility might deter some patients from making the appointment

IVF as a multi-dimensional stressor

- The WHO estimates infertility affects 10-15% couples of reproductive age worldwide
- Studies show that the unsuccessful fulfillment of the desire for a child has been associated with emotional reactions of anger, depression, anxiety, marital problems, and feelings of worthlessness.
- In general, women typically display higher levels of distress than their male partners indicate

  - BJMP 2010;3(3):a336

IVF as a multi-dimensional stressor (con't)

- Prior to treatment, studies show comparable levels of anxiety and depression between IVF patients and control groups.
- IVF treatment has been shown to result in increased levels of anxiety and distress, with oocyte retrieval, waiting for the pregnancy test, and producing a semen sample identified as particularly stressful stages of the IVF cycle.
- In general, negative emotions during IVF disappear after successful treatment
- Unsuccessful treatment can lead to an increase in depressive symptoms, which are not likely to quickly diminish after treatment is terminated.
  - Hum Repro. Update (Jan/Feb 2007) 13(1): 27-36.

Mental Health Issues:

- Major Depressive Disorders are more common in infertility patients than previously recognized; parallel prevalence as in other chronic medical conditions
- Antidepressants are used within the standard "risk/benefit" consideration: is the risk of not using medication greater than the risk of treatment?
- Infertility medications themselves can affect mood regulation and cognition. Special care should be paid to those patients with a psychiatric history.
    - Covington and Burns, 2006

Mental health Issues: (con't)

- Anxiety is seen in higher rates in infertility couples than in the general population
- 8% - 28% of couples receiving infertility treatment report clinically significant anxiety
  - BJMP 2010;3(3):a336

Mental Health Intervention

- The aim of counseling is to explore, understand, and resolve the issues arising from infertility and to clarify ways of problem-solving and coping with the problems more effectively.
  - ESHRE
- Clinical intervention needs to provided with an understanding of both the medical and psychological aspects of infertility.
- Interventions are based on assessment, use of appropriate treatment modalities, and an understanding of the complex issues of infertility.
  - Covington and Burns, 2006

ASRM Recommendations for counseling:

- When a patient presents as depressed, anxious, or so preoccupied with their infertility that it negatively changes their life perspective or their feelings of worth:
  - Persistent feelings of sadness, guilt or worthlessness
  - Social isolation
  - Loss of interest in activities and relationships
  - Depression
  - Agitation or anxiety
  - Mood swings

ASRM Recommendations: (con't)

- Constant preoccupation with infertility
- Marital Problems
- Difficulty with "scheduled" intercourse
- Difficulty concentrating and/or remembering
- Increased use of alcohol or drugs
- Changes in appetite, weight, or sleep patterns
- Thoughts about suicide or death
    - ASRM Fact Sheet

Psychological Impact of Infertility

- Regardless of the cause (male-factor, female-factor, mixed, or unknown), the inability to have a family when desired can have significant negative impacts on marital and sexual relationships in many domains, including biological, emotional, physical, relational, social, financial, and psychological.
    - Jo Perkins, www.therapytoday.net/article/show/1230/

Infertility Impact on Females:

- Intense feelings of isolation from partner, friends, and society
  - "Now, I don't even talk to half of them anymore because…..because I'm THIS WAY now"
    - (www.nobabyonboard.com/emotional.html)
- Pervasive feelings of failure as a woman/person
  - "I feel like a failure because I can't give my husband another child and I feel like I'm not much of a woman because my body can't/won't do the things it is supposed to do". (www.nobabyonboard.com/emotional.html)
- Feelings that her body has failed her
- Decreased self-esteem
- Anxiety
- Stress
- Depression
- Grief (loss of the dream, hope)

Infertility Impact on Males:

- Outwardly seen as having a "pragmatic ambivalence" towards fatherhood
- Frequently adopt a compliant position in relation to treatment
- Can be mistaken by partners as "not caring"
- Due to primary focus on partner, males often feel marginalized or inadequate, which is compounded in cases of male-factor infertility
- Resentful
- Infertility experienced as a threat to their masculinity, which leads to anxiety
- Fear of what might happen in the future to the couple if they are unable to achieve pregnancy
- Anger at their inability to "fix it"

Infertility Impact on the Couple:

- Extreme stress due to a combination of factors including medical treatments, finances, blame, and uncertainty about the future
- Creation of "distance" between partners
  - Compromised intimacy
- Communication issues
  - Unclear communication
  - Lack of communication
- Faith Crisis
  - "I have lost my faith in God and I didn't want to. I wanted to believe. I can't anymore". (www.nobabyonboard.com/emotional.html)

Infertility Impact on the Couple: (con't)

- "Throughout the experience (of infertility treatment), couples tend to oscillate between periods of distance and closeness, and the nature and frequency of these distances is likely to be a key factor in whether couples stay together during and beyond the experience".
  - Jo Perkins

How Can Counseling Help?

- Clarify treatment implications and decision making
- Provide supportive counseling (grief work, improving coping skills) to the couple in addition to, and separate from, the patient-centered care they receive in the clinic
- Provide crisis counseling as needed
- Focus on the couple while acknowledging effects on the individual

Limitations of Counseling

- While infertility couples often express a desire for psychological support, <25% access it.
  - Unlike a medical intervention, counseling will not provide a "solution" to the primary problem of infertility
  - Traditionally, counseling focuses on realistic goals and expectations, which may be in direct opposition to a couple's need to be "optimistic" and strong in the face of difficult treatments.
  - Couples want to focus on "hopeful outcomes", not on less than satisfactory options
- Infertility counselors need to be aware of this dichotomy and work with their patients in a way that they (the patient) find beneficial

Differentiation and Coordination of Care:

- Medical providers and clinic staff provide patient-centered care designed to counsel and console patients by providing sufficient information about medical treatments, decision-making, and treatment implications.
- Mental Health Professionals, within the multi-disciplinary/ collaborative model deliver specialized services including: psychological assessment, psychotherapeutic intervention, psychoeducational support, and staff consultation.
- Infertility counseling is viewed along a continuum of the medical process, where the medical and psychosocial aspects of infertility treatment are fully integrated.

Differentiation and Coordination of Care: (con't)

- Consistent collaboration between all members of the reproductive treatment team enables provision of optimum patient care.
- The role of an infertility counselor needs to be made explicitly clear to staff and patients
- Credentialing is necessary to ensure quality standard of care.
- ESHRE guidelines recommend a graduate level degree in psychology, social work, counseling, nursing, or MD(psychiatrist), with licensing as applicable among different countries.
  - Covington and Burns, 2006

Thank you!

- Questions?
- Please feel free to contact in the future: Elizabeth R. Cohen, LICSW cohene@wvuhealthcare.com