

MENTAL HEALTH PROFESSIONAL GROUP
American Society for Reproductive Medicine
Annual Report to Executive Director, Robert W. Rebar, M.D.
September 2004

Executive Board:

Joann Paley Galst, Ph.D.
William Petok, Ph.D.
Jan Elman Stout, Psy.D.
Peggy Orlin, M.S.

Report from Chair-Elect, Newsletter Editor

William Petok, Ph.D.

This year's newsletters continued to include reviews of reproductive medicine articles as instituted by last year's editor. Articles reviewed this year covered topics such as psychosocial interventions in infertility, post infertility treatment stress relief, lesbians and their desire to have children and quality of life issues for couples undergoing IVF.

The newsletter continues to be available in both hard copy and via portable document file on the ASRM website. Our continuing appreciation goes to Pat McCormack and Angelia Pitman, who are instrumental in making this happen.

The Chair-elect, along with Barbara Cohen, LCSW-C, also co- organized a Regional Educational Dinner Meeting for the Baltimore/Washington Corridor, with the leadership and consultation of Regional Educational Meetings Task Force Chair, Dr. Andrea Braverman. MHPG member, Dr. Jacqueline N. Gutmann, presented a talk entitled "Complementary and Alternative Medicine in Infertility Treatment: Fact or Fiction?" The meeting, though smaller than hoped for in terms of attendance, was received warmly by the attendees, several of who were members who had never attended an ASRM meeting and one who joined ASRM that night.

Program Chair

Jan Elman Stout, Psy.D.

The 2004 MHPG program for the 60th ASRM Annual Meeting in Philadelphia is broad and thought provoking. The two-day MHPG Postgraduate Course is entitled, "Behavioral Medicine Interventions for Reproductive Endocrinology Patients." The chairperson is Mary Casey Jacob, Ph.D., and the faculty includes Alice Domar, Ph.D., Jeffrey Janata, Ph.D., and Sheryl A. Kingsburg, Ph.D. As of September 1, 2004 there were 56 course registrants.

MHPG is offering two multidisciplinary Workshops at the Annual Meeting:

1. *Regulation in Reproductive Medicine: What Does the Future Hold?*
Moderator/presenter: Jean Benward, L.C.S.W.
Presenters: Nanette R. Elster, J.D., M.P.H. and Sean Tipton, M.A.
2. *The Interface of Genetics and Reproductive Medicine: Utopia or Dystopia?*
Moderator/presenter: Andrea M. Braverman, Ph.D.
Presenters: Alan E. Donnenfeld, M.D. and Paul Root Wolpe, Ph.D.

MHPG is offering four Symposia at the Annual Meeting:

1. *The Quest for the Perfect Child*
Moderator/presenter: Jan Elman Stout, Psy.D.
Presenters: Gay Becker, Ph.D. and Glenn McGee, Ph.D.

2. *The Right to Treatment vs. the Right to Refuse Treatment*

Moderator/presenter: Jacqueline Gutmann, M.D.

Presenters: Sharon Covington, M.S.W., L.C.S.W. and Margaret E, Swain, R.N., J.D.

3. *Ethical Dilemmas Facing the Mental Health Professional: Multiple Roles, Conflicts of Interest and Professional Responsibilities*

Moderator/presenter: Elaine R, Gordon, Ph.D.

Presenters: Elizabeth Grill, Ph.D. and Mary Casey Jacob, Ph.D.

4. *Couple Therapy for Infertility*

Moderator/presenter: Margot Weinschel, M.S.W., R.N.

Presenter: Ronny Diamond, M.S.W.

MHPG will be offering 12 Roundtable luncheons at the Annual Meeting and will also host two special programs at the Annual Meeting. The MHPG Mentoring Program will be offered for the third year in a row. This year's Mentors include Jean Benward, L.C.S.W., Andrea Braverman, Ph.D., Susan C. Klock, Ph.D., Dorothy Greenfeld, M.S.W. and Ellen Speyer, M.A. We will also be offering a new program, the Clinical Consultation Program, which will allow interested MHPG members to discuss psychosocial and ethical issues with one another in a more informal group setting.

Finally, the 2005 MHPG Postgraduate Course has been approved for presentation by ASRM. The course is entitled, "Counseling Couples about Collaborative Reproduction: the Ethical, Cultural, and Psychological Dimensions of Parenthood Following ART". Course co-chairs include Robert Nachtigall, M.D. and Jean Benward, L.C.S.W. Other course faculty include Gay Becker, Ph.D., Pia Broderick, Ph.D. and R. Alta Charo, J.D. MHPG membership have been solicited for proposals for the 2006 MHPG Postgraduate Course. Course proposals are to be submitted to the MHPG Executive Board by September 15, 2004.

STANDING COMMITTEES

Abstract Committee

Jacqueline Gutman, M.D., Chair

Members of the abstract committee for 2003-2004 included Kris Bevilacqua, Ph.D., Casey Jacob, Ph.D., and Sue Klock, Ph.D.

Seventeen abstracts were submitted for presentation at the Mental Health Professional Group session at the annual meeting. One abstract was submitted only for poster presentation. Eleven scored abstracts were selected to be given as oral presentations at the MHPG abstract sessions at the ASRM Annual Meeting. The abstract selected to be a candidate for the General Program Prize Paper was given the highest score by all four reviewers, supporting the quality of the work, and will be presented during the General Session.

Education Committee

Elaine Gordon, Ph.D., and Ellen Speyer, M.F.T., Co-Chairs

The Education Committee is pleased to report our activities for the 2003-2004 year. We are excited to present the children's bibliography to our colleagues and members. Our charge was to organize the long list of titles into some comprehensible format. Several suggestions offered by the board were reviewed and discussed. We believe the list would be reader friendly if the book titles were categorized into subject areas. In addition, a very brief description of the book would be given with no recommendation or opinion offered. Members are still encouraged to offer additional titles of books appropriate for children that parents and therapists can use in discussing infertility and non- traditional family building.

Advertising our post-graduate course continues to be a challenge as it is every year without funds available for this purpose. The current course is being advertised on web sites of Resolve, American

Infertility Association and any linked organization that will accept our flyer. In addition, Casey Jacob, Ph.D can always be counted on to submit the information to the American Psychological Association for us.

The Education Committee is responsible for making sure accreditation and continuing education units are available for attendees. Casey Jacob has also worked with the American Psychological Association on behalf of credits for psychologists. We have the Board of Behavioral Sciences Approval for California MFT's and LCSWs. If there are states which are not accepting our courses, then please advise us so we can help you receive the credits for attending the post graduate course.

Thank you to all those who have submitted book reviews to the newsletter. It is helpful and informative to read the reviews written by our colleagues in the field. We have tried to review a broad spectrum of titles that you would find interesting in an effort to keep our members aware of some of the new and relevant titles that come out. The Committee invites you to write a review for our readers. There are new books published every day, which can serve as available resources for our members and their patients.

Lastly, we have enjoyed serving you in our capacity as co-chairs of the education committee and look forward to seeing fellow MHPG members at the post graduate course in October 2004.

Membership Committee

Penny Joss Fletcher, M.F.T. and Corinne Palatchi, Ph.D., Co-Chairs

Domestic Activity - reported by Penny Joss Fletcher, M.F.T.

A follow-up letter including the MHPG brochure was sent to all attendees of the post-graduate course held in San Antonio who were not MHPG members upon registration. This was done by the ASRM main office.

An article was written for the MHPG Newsletter encouraging our current members to spread the word about the MHPG to other mental health professionals who might be interested in joining.

An article entitled "What is the Mental Health Professional Group?" was published in the Summer 2004 edition of the ASRM News. This was originally going to go out in an email blast, but was put in the written publication instead. I think it will get more exposure this way and will be accessible on the ASRM website. Thanks goes to Jennifer Price for making sure it was included.

Membership in January 2004 was 221.

Membership as of August 11, 2004 was 256.

International Activity - reported by Corinne Palatchi, Ph.D.

FLASEF (the Latin American Federation of Fertility and Sterility Societies) printed information about the MHPG post-graduate course in Philadelphia in their June 2004 issue.

Information about the post-graduate course and MHPG membership was also sent to the reproductive centers in Latin America where potential interest in the MHPG might be found. Information about the MHPG was also sent via email to people inquiring about GLASMI (a new Latin American group of FLASEF and IICO).

Scientific Development Committee

Janet Takefman, Ph.D., Chair

As chair of the Scientific Development Committee I am pleased to report that research-related activities are alive and well within the MHPG family.

The primary work of the Committee this past year was in the continuing development of FertiQol, the first internationally validated quality of life instrument that will be used to assess the impact of infertility and its treatment on a range of psychosocial variables. FertiQol, which was launched in June 2002, is the combined initiative of ESHRE, ASRM and Serono Symposia. The potential value of FertiQol is not only as a clinical tool, but as the gold standard measure in psychologically-focused research. Furthermore, the development of FertiQol itself will result in an enormous data pool spanning many different countries and cultures that we as researchers will be able to access to empirically examine the social and emotional sequelae of fertility treatments.

Members of MHPG who have been actively involved with FertiQol include L. Applegarth, C. Palatchi, A. Braverman, B. Petok & J. Boivin. By the end of 2003 the prototype FertiQol questionnaire, obtained following a process that included literature and expert review as well as patient focus groups, was ready to be tested. This Acceptability Phase began in early 2004 and was completed and presented at IFFS in May 2004. In total 525 patients in 11 countries participated in this phase. The results showed that overall the measure was well-received in all countries with positive comments indicating it was comprehensible, time-effective, relevant and valid. Problematic issues that were both general across countries and specific to individual countries were corrected in the final quarter of 2004. Thanks to the efforts of MHPG members, the development of FertiQol is on schedule and the Validation Phase (test/retest and item reduction) will begin in early 2005. It is our expectation the FertiQol will be available to MHPG members by early 2006.

The second effort of this committee over the year was to develop the first post-graduate course of IICO, which took place in Montreal in May 2004 in conjunction with IFFS. As co-chair along with MHPG member Jean Haase, this course entitled, "Global Perspectives in Infertility Counseling," was evaluated as a success by its 59 delegates from more than 15 countries. Several MHPG members were speakers at this course and many more were delegates. Of course, IICO is the brainchild of Linda Hammer Burns, who headed the MHPG International Infertility Counseling Task Force.

Finally, as has occurred over the past two years, several MHPG members have consulted me over the internet regarding their research studies. I was able to resolve most of their design problems and when in doubt enlisted the aid of other MHPG members.

Goals for the Scientific Development Committee for 2005 will evolve over the year with an emphasis on completing FertiQol. I will continue my commitment to promoting the importance of solid, evidence-based research to all MHPG members.

AD HOC COMMITTEES

International Infertility Counseling Task Force

Linda Hammer Burns, Ph.D., Chair

The aim of the Task Force on International Infertility Counseling is to 1) establish an affiliation with other infertility counseling organizations worldwide; 2) create an international infertility counseling organization; and 3) organize postgraduate courses focused on cross-cultural issues in infertility counseling. There were five infertility counseling organizations worldwide (dating from the first, MHPG in 1987, to the newest BKid in 2000) when The International Infertility Counseling Organization (IICO) began. Since then there have been newly formed infertility counseling organizations in Japan, Switzerland, Latin America, and Canada—all in less than two years. The purpose of IICO, according to the by-laws, is to join together groups and individuals into an international organization to attain the following objectives:

1. To promote a comprehensive and ethical approach to the care of people affected by or involved with infertility.
2. To define quality standards of communicative and counseling interventions within the context of infertility care.

3. To encourage and support international cooperation and education among mental health professionals working in the field of reproductive health psychology with an emphasis on cooperation with other specialized societies in the field of infertility.
4. To establish global professional standards and practice guidelines for the provision of psychological care regarding reproductive issues and to develop curricula and training programs for mental health professionals.
5. To organize international meetings and congresses on subjects of infertility counseling at regular intervals in conjunction with (but not exclusive to) the tri-annual meeting of International Federation of Fertility Societies and meetings of other relevant societies.
6. To promote the study of the ethical and psychosocial aspects of reproductive health.

In Montreal IICO officially became a liaison group of IFFS (International Federation of Fertility Societies) following a vote of the IFFS executive board. IFFS is an organization of national societies, not individuals, that was founded in 1949. IFFS meets tri-annually, always in conjunction with a member society. Seats on the IFFS Executive Committee are awarded on a rotation basis to countries (not individuals). Each country that gains a seat on the executive committee appoints an individual to sit on this committee. IFFS 2002 was held in Melbourne in conjunction with the Australian Fertility Society. IFFS 2004 was in Montreal in conjunction with the Canadian Fertility and Andrology Society. IFFS 2007 will be in Durban, South Africa in conjunction with the South African Fertility Society. Plans for a postgraduate course are underway.

At IFFS 2001, ANZICA presented a postgraduate course that included the attendance of many international infertility counselors. The postgraduate course and the social events set the stage for the formation of IICO through discussions between Kay Oke and Jean Haase and later visits to Australia by Linda Hammer Burns. This idea grew to become the foundation for the original organizational meeting in Madrid. Further progress was made when IFFS gave the approval for a postgraduate course at IFFS 2004. Montreal became IICO's 'launch party'. Events at the Montreal meeting included a pre-course dinner sponsored by Serono USA, IICO's first postgraduate course, *Global Perspectives in Infertility Counseling*, chaired by Janet Takefman and Jean Haase with faculty from around the world, and the IICO business meeting with a subsequent cocktail party. The course had 59 attendees from 14 different countries. There were announcements of IICO's 'birth' at the IFFS opening ceremony as well as at the general assembly meeting.

It is important to note that the structure and purpose of IICO is different than that of the other infertility counseling associations worldwide. In general, mental health professional organizations represent a country or geographic region. IICO is a consortium of those organizations (as IFFS is a federation of fertility societies). While IFFS does not allow individual membership, it is expected that IICO will and that there may be different levels of individual membership (by-laws are still being considered with the membership issue remaining a 'work in progress').

MHPG should consider the following:

- Whether or not MHPG would like to participate in IICO as an organization and/or become a member of IICO once membership issues have been resolved
- Consider the nomination of a delegate to IICO (as I am chair and not an appropriate delegate for MHPG)
- Determine if your organization would be willing (and able) to pay dues to IICO. This issue has not been completely resolved by IICO but it might be helpful to know how dues are determined by IFFS. Dues to IFFS are paid by countries and vary depending on the size of each society. Most countries pay \$1.00 a year per member up to a maximum of \$1000. For example, Paraguay has 50 members and pays \$50.00 per year. The USA (ASRM) has more than 7000 members and pays the maximum of \$1000 per year. This may be a formula IICO would want to follow or it may be that each infertility counseling association pays the same flat fee (e.g., \$100.). Dues for individual members were discussed at the IICO Montreal business meeting and it was felt that dues should be minimal (e.g., \$10) to encourage membership. It is not expected that dues will cover the programs or events IICO has and/or plans to undertake, e.g., postgraduate course or the publication of guidelines, or development

of a website. However, it is felt that some financial contribution whether it is by individuals or organizations fosters investment and nurturance of the organization. Your feedback on what you feel is appropriate and feasible is very important.

Mental Health Professional Associations Worldwide

1. **ANZICA** [Australia/New Zealand]
Australia/New Zealand Infertility Counseling Organization
Chair: Anne Graham - agraham@repromed.com.au
Formed: 1989
Membership: 90
2. **ASRM/MHPG** [USA]
American Society of Reproductive Medicine/Mental Health Professional Group
Chair: Joann Paley Galst jgalst@aol.com
Formed: 1987
Membership: 256
www.asrm.org
3. **BICA** [United Kingdom]
British Infertility Counseling Association
Chair: Sheila Pike sheilapike@hotmail.com
Formed: 1988
Membership: 171
www.info@bica.net
4. **Bkid** [Germany]
American Society of Reproductive Medicine/Mental Health Professional Group
Chair: Petra Thorn thornpetra@aol.com
Formed: 2000
Membership: 78
www.bkid.de
5. **CICA** [Canada]
Canadian Infertility Counseling Association
Acting chair: Jean Haase Jean.Haase@lhsc.on.ca
Formed: 2004 in process
Membership:
6. **ESHRE/PSIG** [Europe]
European Society of Human Reproduction & Embryology /Psychological Special Interest Group
Chair: Jacky Boivin Boivin@cardiff.ac.uk
Formed: 1993
Membership: 281
www.eshre.com
7. **FertiForum** [Switzerland]
Acting chair: Joelle Darwiche Joelle.Darwiche@inst.hospvd.ch
Formed: 2004 in progress
Membership: 7
8. **GLASMI**
Grupo Latinoamericano de interes en la salud mental en infertilidad/ Special Interest Group of FLASEF (Federacion Latinoamericana de sociedades de esterilidad y fertilidad)
Acting chair: Corrine Palatchi cpalatchi@mexis.com
Formed: 2004 in progress
Membership: 20
www.flasef.org
9. **JAPCRM** [Japan]
Japan Association of Psychological Counseling for Reproductive Medicine
Chair: Shiro Hirayama beh-chan@tb3.so-net.ne.jp

Formed: 2003
Membership: 100

Children of the ARTS Task Force

Dorothy Greenfeld, M.S.W., Chair

Committee Members: Jean Benward; Barbara Cohen; Corinne Palatchi Cohen; Madeline Feingold; Elizabeth Grill; Susan Klock; Patricia Mahlstedt; Joan Faier-Routman; Emma Torra; Carole Leiber Wilkins.

The children of the ARTs Task Force has completed a review of the literature on the physical and psychological health and well-being of children conceived by assisted reproductive technology.

Goals for the future include:

- Committee reflections on how we may help ART participants concerning issues of disclosure to offspring
- Consideration of legislative issues regarding ART participants and the health of their children
- A review of the emerging literature on quality of parenting and child development in “non-traditional families”

At the meeting we will assign committee members to work on these goals for the coming year.

Regional Educational Meetings Task Force

Andrea Braverman, Ph.D., Chair

The MHPG Regional Educational Meetings Task Force worked on three programs this year. The New York group conducted another regional meeting and the Baltimore/DC area group sponsored another. A third regional meeting for San Francisco is being developed with local co-chairs. The regional meetings have been received with uniformly positive response and have been a tremendous vehicle for recruiting new members for ASRM and the MHPG. The plan for 2005 is to continue the program and add 2-3 more meeting sites.

Latin American Task Force

Corinne Palatchi, Ph.D., Chair

In this year of 2004, information about the post-graduate course was translated into Spanish and then published in the June issue of the magazine of the FLASEF (Latin American Federation of Fertility and Sterility Societies); including the link to obtain information about the MHPG.

Also the first Latin American Mental Health Group was created this year: GLASMI. This group is part of the FLASEF and IICO and will have a close relationship with the Latin American Task Force. Through this group it has been possible to have communication with mental health professionals around the different countries in Latin America and to send them information about the course and activities of the MHPG in Philadelphia, as well as information about the MHPG. GLASMI encouraged people to attend the MHPG activities and will have its first meeting in Philadelphia at the ASRM Annual Meeting.

The information in Spanish of the MHPG web site was updated including the information about the post graduate course.

The patient association that was created last year has held two symposia for patients with good results and every day has new members joining. I hope this will continue promoting the importance of mental health in infertility, the necessity of developing more psychosocial services and the training of mental health professionals in this area. As the demand for qualified mental health services will be seen in the future, the need for training of mental health professionals will increase. I hope this will encourage people to attend our activities and to become new members of the MHPG. The MHPG has been of great support and importance in our knowledge and training in Latin America.

As you can see, the Latin American Task Force has worked in conjunction with the Membership Committee in many of their activities.

Mentoring and Training in Infertility Task Force

Sharon N. Covington, M.S.W., Chair

Members: Judith Horowitz, Ph.D., Jennifer Norton, Ph.D., Janet Thatcher, Ph.D., Gwen White, M.S.W.

Mentoring Program:

A distinction needs to be made between “supervision” and “mentoring” and, for purposes of the MHPG; we should focus on setting up a formal mentoring program.

--Supervision: formal paid relationship involving a contract between supervisor and supervisee. Discussions involve specific clinical cases, are conducted face-to-face, and usually involve a fee. These contractual relationships are out of the boundaries of MHPG.

--Mentoring: voluntary, more informal relationship between mentor and mentee, which offers general advice and discussion surrounding broader issues and not particular clinical cases. Contact via email, phone, or face-to-face.

Mentors – MHPG members would apply to become mentors, or be solicited, based on:

- Minimum 5 years of experience practicing in the field (mental health profession and infertility counseling);
- Minimum 5 years active involvement in MHPG; and
- Areas of interest and expertise to mentor.

(This list could also potentially serve for those interested in contracting for supervision.)

Mentees– must be:

- Active members of MHPG,
- Meet qualifications guidelines of MHPG for infertility counseling, and
- Have attended at least one MHPG PG course or other accredited continuing education program on infertility counseling.

Mentees would be responsible for preparing for sessions with specific questions and preparation (such as reading) as negotiated with the mentor.

Mentoring topics will be identified by the MHPG and may include:

- Setting up a practice
- Marketing
- Research
- Working with the medical team
- Broad clinical issues – e.g., grieving, secondary infertility, donor issues, testing, evaluations, adoption issues
- Survey MHPG members as to topics

Commitment – It is recommended that a commitment of a maximum of 2 hours per month for 12 months, as negotiated with both parties, would be appropriate.

Organization of a Mentoring Program – A designated MHPG Officer or a committee would need to be appointed to run the mentoring program. Responsibilities would include:

- Identifying mentors
- Soliciting mentees
- Matching mentor and mentee or making the mentor list available to membership so mentees could contact the mentor directly to see if they were available
- Writing a brief evaluation form which both would complete at the end and return to the committee for quality review
- Organize Regional meetings

- Facilitate the formation of Peer Groups
- Encourage the formation of Clinical Training Programs

Peer Group Meetings:

MHPG could facilitate opportunities for groups to meet on a regular basis that would provide peer supervision. There are several peer groups already meeting in a few metropolitan areas and the MHPG could build upon this structure. Area listings of MHPG members could be distributed to encourage formation of these groups and sign-ups could take place at the Annual Meeting. Since these groups would be peer led, it would be important that it is clear MHPG assumes no responsibility or liability.

Regional Meetings:

Informal meetings held in central locations such as metropolitan areas in New York, Philadelphia, San Francisco, Chicago, etc., currently being offered under the auspices of the Regional Educational Meetings Task Force, could also provide mentoring and training opportunities. Topics, like the ones identified above, would be presented by a speaker over a luncheon or dinner gathering. Opportunity for networking before and after the talk would be optimal. It would be ideal to have a pharmaceutical company or other related vendor to underwrite the meeting. However, participants could be asked to pay fees that would cover the expenses of publicity, meal, and/or honorarium (if necessary).

Clinical Training Programs:

It is the consensus of the committee that clinical training programs would need to come from institutional settings. These programs could include yearlong internships in respective disciplines (i.e., health psychology) to week or day programs that would provide a “hands-on” opportunity to learn about infertility counseling. The MHPG should encourage the formation of these programs and provide members with a listing of where such training is available. MHPG members who work at large clinics or university settings, where training programs are often found, may be in a position to establish a practicum, whether short- or long-term. Fees would be charged and participants would need to meet minimum qualification standards (licensed to practice in mental health field and malpractice insurance).

Clinical Training Components

- Medical Aspects of Infertility – shadowing a physician during morning monitoring; sitting in on patient interviews; observing treatment such as IVF procedures; attending patient classes (injection, IVF, Donor); attending Ethics Committee, etc.
- Psychological Aspects of Infertility – sitting in/observing clinical interviews of new patients; donor and recipient assessments; support groups, etc.

Regulatory Issues Task Force

Sue Klock, Ph.D., Chair.

Members: Linda Applegarth, Ed. D., Jean Benward, L.C.S.W., Andrea Braverman, Ph.D., Dorothy Greenfeld, C.S.W., Linda Hammer Burns, Ph.D., Deidra Rausch, Ph.D.

The goals of the Regulation Task Force are: 1) to work with the American Bar Association (ABA) and other interested organizations in reviewing and providing feedback on proposed regulations for infertility services, particularly those that are relevant to mental health practice; 2) to review other countries’ models of regulation of the ARTs; 3) to survey the literature on the impact of regulation on clinical infertility practice; and; 4) to work with other MHPG committees on areas of overlapping interests, such as accreditation and donor registry.

This year the activity of the committee was focused on reviewing the draft of the President’s Council on Bioethics report, “Reproduction and Responsibility: The Regulation of New Biotechnologies” which was released in March 2004. The Task Force summary of the document, with a focus on the relevance for mental health professionals, was provided to the Executive Committee and will be made available to the MHPG membership. The Task Force continues to monitor issues in the academic and lay press related to ART regulation to keep the MHPG membership informed of changes in this area. The Task

Force would welcome any feedback from the Executive Committee regarding projects that they would find of interest to the membership.

Gestational Carriers Task Force

Ellie Schwartzman, Ph.D., Chair

Four years ago, the Gestational Carrier Task Force presented both an abbreviated and a detailed document recommending standards of care to the Executive Committee of the MHPG. The ASRM Practice Committee recently reviewed these guidelines, with several additions to the document suggested. These include: exclusion of intended parents and carrier candidates who are physicians or employees of the medical facility where treatment will take place, mention of gestational carrier laws varying by state, and an explanatory paragraph concerning the clinical interview of the carrier. As per Joann Galst's request, we will also mention the ASRM Ethics Committee advisory report (November 2003) as it pertains to intrafamilial carrier arrangements. The detailed version of the amended document will be ready for submission to the ASRM within the next few weeks.

Psychological Assessment of Egg Donors Task Force

Patricia Mendell, C.S.W.

The *Survey to Review Psychological Testing Assessments in Egg Donation* is now in its final stages of completion. Having sent this questionnaire through ASRM to IVF program members it was hoped that many more responses would have been returned. At the last meeting of the MHPG members in San Antonio, a number of mental health professionals who had not received the questionnaire were given an opportunity to complete it. The number of questionnaires returned was around 60. At that time Kris Bevilaqua, Ph.D., a member of MHPG, and a psychologist with the Montefiore Institute for Reproductive Medicine and Health, agreed to work with me to tabulate the data. Both Kris and I plan to present some preliminary data at the MHPG Executive Committee with Committee and Task Force Chairs Meeting in Philadelphia in October 2004. Once the data has been tabulated we will formalize the results in a report for the MHPG Executive Committee, which will then enable the information to be available to its members.

Survey of Egg Donor Recruiting Programs Task Force

Patricia Mendell, C.S.W., Chair

This task force will create a *Survey to Review the Practices of Independent Egg Donor Agencies and Finders*. Initially, when the task force was established, the hope was that the following areas could be studied under one survey: the credentials of agency owners; the credentials and education of staff; licenses, if applicable; the agency fee to recipients; how donors are solicited; criteria for evaluating donors; how donor fees are set; how donor information is validated; how records are shared; how records are kept and for how long; how confidentiality is secured for donors; how confidentiality is secured for couples; legal contracts for donors and recipients; who the legal contracts are between; formal contracts between programs and agencies; how donors are followed during the cycle; if donors are followed-up upon completion of the cycle and when; if there are money back guarantees; and who the client is for the agency.

After a number of unforeseen delays it became apparent that the scope of the survey was too broad. Two areas which have emerged as significant concerns for agencies, recruiters, donor finders and donor egg programs within IVF practices are the areas of compensation for donors and the verification of information on the donor application. It is unclear whether both these areas can be surveyed at the same time. Compensation is defined as the payment given to donors for completing their donation. Presently, ASRM has set a standard for compensation but in questioning IVF programs and independent agencies for this survey, it is clear that these fees can vary widely. In fact, payments can range from \$3,000 to over \$40,000. There is concern that these excessive payments can cloud a donor's judgement in choosing to become a donor. The survey will attempt to explore payment practices for agencies and programs. The other area of interest is the verification of information on the donor application. In questioning independent agencies and IVF programs, there appears to be no standard of practice established for confirming the

information given by a donor on her application. Often this information is shared with recipients who select donors based on these donor applications. It was suggested by Jan Elman Stout, Psy.D., Executive Board advisor to the Task Force, that preliminary questions in both areas be presented to the Executive Committee of MHPG in our October meeting for further discussion and direction.

Accreditation of Infertility Counselors Task Force

Lesli Figlerski, Ph.D., Linda Hammer Burns, Ph.D., Co-Chairs

In 1995, the ASRM/MHPG ad hoc committee chaired by Sharon Covington, MSW, developed the Guidelines on Infertility Counseling. These have been widely accepted and adopted—most recently by ESHRE Psychological Special Interest Group. While these guidelines provided a framework for identifying the minimum standards for infertility counselors, they were simply that: *guidelines*. In an effort to assess MHPG member interest in credentialing in infertility counseling, Burns and Figlerski, co-chairs of the MHPG Task Force on Accreditation of Infertility Counselors, developed a questionnaire to canvass MHPG members. The *Psychological Professional Group of Trauma Psychology* was used as a model for defining specialty status in infertility counseling. This model was used because it was a 1) multispecialty group; 2) the members identify themselves as experts among their peers on a *voluntary* basis; and 3) the structure of the organization provided choices about levels of member involvement. Using this organization as a model, members of MHPG were sent questionnaires in 1998 and emailed the same questionnaire in 2003 to determine their interest and motivation in attaining specialty or ‘expert’ status in infertility counseling.

In both 1998 and 2003 it was found that the majority of MHPG members see a need for specialty or ‘expert’ status in the field and want to/are willing to pursue activities that would support this status (e.g., taking a test, peer review). In 1998 questionnaires were returned by 135 of MHPG’s 172 members, while in 2003 there were 70 responses by 203 members. It is interesting to note the different response rates between 1998 and 2003: 96% of the 1998 respondents had been members of MHPG for less than three years, whereas 14% of the 2003 respondents were founding members of MHPG and the majority (41%) had been members of MHPG from 7-10 years. Despite these differences, the majority of respondents felt that there should be credentialing in the field of reproductive health counseling: 81% of respondents in 1998 and 77% of 2003 respondents. In 1998, 96% stated they would pursue credentialing whereas 83% of 2003 respondents would pursue credentialing. Interesting, the same majority (81%) of both 1998 and 2003 respondents felt that MHPG defines the standards of infertility counseling. Both questionnaires asked MHPG members what they would be willing to do to obtain credentialing. Listed below are the responses:

	1998	2003
application:	87%	70%
CE credits:	85%	74%
postgraduate course:	67%	66%
exam:	37%	34%
skills evaluation:	34%	31%
Diplomate status:	33%	30%
submit cases:	17%	20%

It is interesting to note that the majority of respondents in both 1998 and 2003 expressed a willingness to make an application, earn continuing education credits and/or attend postgraduate courses. A comparable minority would submit cases for review.

In March, 2004 Canada passed laws that will go into effect in 2005 requiring that all patients undertaking assisted reproduction must have counseling prior to treatment. In May 2004 Health Canada held a two day workshop on infertility counseling in which the issues addressed included: 1) what is infertility counseling? 2) who should provide the counseling?, and 3) what are the qualifications of an infertility counselor? Similar credentialing issues have been addressed in Australia/New Zealand and Great Britain. The British Infertility Counseling Association has developed the Infertility Counseling Award—a specialty status system in which the mental health professional submits a resume and cases for review. It is

interesting to note that only five counselors have actually applied and only two actually met the requirements to obtain the award.

In summary, a majority of MHPG members believe that there should be specific standards and/or credentialing in infertility counseling and the majority feel that standards in the field have been (and continue to be) defined by MHPG. Although there seems to be some limits to what MHPG members are willing to do to obtain certification (application, postgraduate courses, continuing education credits) it does appear that the majority see the importance of credentialing and specialization in the field. It is the recommendation of this committee that MHPG consider establishing a credentialing system. Since MHPG is already offering postgraduate courses and continuing education credits, it is suggested that a credentialing exam be developed.

Internet Integration Task Force

Linda Applegarth, Ed.D. and Peggy Orlin, M.S., Co-chairs

The listserv that was created several years ago under the auspices of the Mental Health Professional Group has continued to be an important communication vehicle for the membership. With the assistance of Angelia Pitman, the web manager at ASRM, the listserv became a part of the “members only” section of the ASRM website in early 2003. Our affiliation with the ASRM website has been beneficial to the MHPG in that it allows members to access a wide range of informational resources and requires less ongoing technical maintenance.

In addition to being an effective means of posing clinical questions, exchanging clinical information and opinions, and considering ethical issues in reproductive medicine and health, our listserv maintains archives on topics that have been discussed in the past. These archives can be accessed by members who may have specific questions related to those topics. The listserv also enables members to obtain articles and research information on a timely basis, particularly those that have been published in *Fertility & Sterility*. The MHPG newsletter is now published on the MHPG-ASRM website as well as being sent to members via hardcopy.

In general, the listserv has been very positively received by the membership, and many feel that it has been a “lifeline” with respect to getting helpful feedback and information that can be translated into clinical practice. Despite these significant positives, those who use the listserv have often had to be reminded of proper Internet/Listsersv etiquette as well as the appropriate use of the listserv. For example, sharing confidential patient or client information on the listserv is strictly prohibited. Although the listserv has been and is of great benefit to the MHPG members, it should not be seen as a substitute for gaining clinical and research information, knowledge, or supervision that comes from attending MHPG postgraduate courses or obtaining face-to-face consultation.

Our personal thanks to Angelia Pitman and the ASRM for their excellent, ongoing support of the MHPG Internet Integration Task Force.

Embryo Donation Task Force

Sheryl Kingsberg, Ph.D., and Linda Applegarth, Ed.D., Co-Chairs

Both co-chairs remain committed to the Embryo Donation Task Force, although there has been no activity of this Task Force this year. We are open to suggestions from MHPG members as to activities/research projects that they would find helpful and we will likely be called to action as programs begin using embryo donation more frequently in the future.

Oocyte Donors Follow-up Task Force

Andrea Braverman, Ph.D., Chair

Although there was no activity on this Task Force this year due to the demands of the FertiQol project, the Chair hopes to get the proposed project underway in the near future.

SART Liaison

Sharon Covington, MSW, LCSW-C, SART MHPG Representative

The SART Executive Council is an active group with monthly teleconferences and three regional meetings this year. The primary focus in SART during the last year has been in regards to the changes taking place between the CDC and SART. In the past, SART served as the data collection contractor for the Annual ART Success Rates reports since the CDC began publishing the report in 1995. However, this year the contract was given to another organization (Weststat). SART is committed to continue data collection and is working on a plan with member clinics to provide faster, more accurate, up-to-date research on ART statistics. This will also help in quality assurance reviews of member clinics and in revising practice guidelines, such as the recent changes to the “number of embryos to transfer” statement.

SART has been involved in looking to establish an egg donor registry. The primary purpose is to track donors so that women are not donating more than practice guidelines recommend. There is no interest at this time in establishing a registry for future use by off-spring to obtain information on donors.

The MHPG brought to the attention of the SART executive committee that there was a discrepancy in the Practice Guidelines for Oocyte Donation. In the Sperm Donation and Embryo Donation Guidelines there is specific reference to employees of a practice not being allowed to donate, while this is omitted from the oocyte guidelines. The committee agreed that all guidelines needed to be consistent and was referred to the Practice Committee for review. In addition, the Guidelines for Psychological Evaluation and Counseling of Gestational Carriers and Intended Parents were finally sent to the Practice Committee. Revisions have been requested and are being made by the Task Force Chair. Hopefully, both actions will be made soon but changes to Practice Guidelines can sometimes take up to a year.

It was suggested that the tenure for Professional Group representatives be changed from 2 years to 3 years as there is an extended learning curve when joining SART. The MHPG is in agreement with this change and I believe it will be voted upon at the annual meeting.

Financial Statement

The MHPG uses funds to support the MHPG Prize Paper, the Executive Committee/Committee and Task Force Chair breakfast, the mailing and printing costs for various surveys and the newsletter, fees for continuing education units, and for the MHPG cocktail reception.

Acknowledgements

The Executive Board of the MHPG would like to thank the ASRM for its ongoing support. Also, we would like to thank Ms. Patricia McCormack for her assistance.

Respectfully submitted,

The Executive Board of the Mental Health Professional Group:

Joann Paley Galst, Ph.D., Chair
William Petok, Ph.D., Chair-Elect
Jan Elman Stout, Psy.D., Vice-Chair
Peggy Orlin, M.S., Secretary-Treasurer

Cc: Jean Benward, L.C.S.W. Past Chair, MHPG
Madeleine Feingold, Ph.D. Past Chair, MHPG
Miriam Rosenthal, M.D. Past Chair, MHPG
Robert Rebar, M.D. ASRM Executive Director
Sue Prescott ASRM Director of Executive Administration
Robert Schenken, M.D., ASRM President Elect
Joseph Sanfilippo, M.D. ASRM Vice President
Sarah Berga, M.D. ASRM Board Liaison