

Guidance on qualifications for fertility counselors: a committee opinion

Practice Committee and the Mental Health Professional Group of the American Society for Reproductive Medicine

This guidance document was developed by the Mental Health Professional Group (MHPG) in partnership with the Practice Committee of the American Society for Reproductive Medicine (ASRM) to help determine the qualifications and training of mental health professionals working in reproductive medicine. This document replaces the document titled “ASRM Qualification Guidelines for Infertility,” last published in March 2015 and originally developed in 1995. (Fertil Steril® 2021;115:1411–5. ©2021 by American Society for Reproductive Medicine.)

El resumen está disponible en Español al final del artículo.

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INTRODUCTION

Mental health professionals play an important role in reproductive medicine due to the complex psychosocial issues faced by fertility patients. As technological advances in fertility treatment and the use of fertility services in diverse populations have increased, there are growing needs for the skills and services of trained fertility counselors to assist patients and staff. Fertility counseling includes psychotherapeutic intervention and psychoeducational support for individuals and couples experiencing fertility problems, as well as those utilizing assisted reproductive technology to build a family or preserve fertility. Third-party fertility counseling also includes the utilization of psychological assessments to determine candidacy. The current document is an update of the 2015 revision of the 1995 American Society for Reproductive Medicine (ASRM) Qualification Guidelines for Infertility (1) written by members of the ASRM

Mental Health Professional Group (MHPG) in partnership with the ASRM Practice Committee.

A qualified fertility counselor should be able to provide, or refer patients appropriately to, the following services:

- Diagnosis and treatment of mental disorders
- Grief counseling
- Supportive counseling
- Crisis intervention
- Education/information counseling
- Decision-making counseling
- Third-party evaluation and implications counseling
- Psychometric test administration and interpretation
- Sexual counseling
- Support group counseling
- Psychotherapy
- Couples and family therapy
- Referral/resource counseling
- Reproductive endocrinology and infertility staff education and consultation

RECOMMENDED MINIMUM QUALIFICATIONS AND TRAINING

Mental health professionals working in reproductive medicine should have the following minimum qualifications and training:

Graduate Degree and Training Requirements

A master's or doctoral degree from an accredited university in the fields of psychology, psychiatry, social work, psychiatric nursing, counseling, or marriage and family therapy. This translates to a specific minimum educational qualification that can be explicitly stated to include one of the following master's level or higher degrees: Ph.D., PsyD, M.D., DO, DNP, MSW, MSN, MFT, MA, and MS in clinical psychology, psychology, psychiatry, counseling, marriage and family therapy, or psychiatric nursing. The curriculum and training should include psychopathology, personality theory, life cycle and family development, family systems theory, bereavement and loss theory, crisis intervention, psychotherapeutic intervention, and individual, marital, and group therapy.

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Graduate training should include a clinical practicum or internship in psychotherapy or counseling that was supervised by a licensed mental health professional.

Psychological Testing Proficiency Associated With Third-Party Reproduction

The ASRM (2017) guidance documents recommend that those individuals being considered for third-party reproduction undergo a psychosocial consultation with psychological testing when appropriate.

Competency in psychological assessment requires highly specialized training that includes didactic instruction, supervised experience, and ongoing education to provide ethical practice (2, 3). The *Standards for Educational and Psychological Testing* (4) are considered the gold standard for guidance on testing and are published jointly by the American Psychological Association, American Education Research Association, and National Council on Measurement in Education. Content areas necessary for competency in test administration and interpretation are documented in the test user qualification guidelines proposed by the American Psychological Association (5), as well as a number of guidance documents set forth by multiple mental health disciplines (2–6). Individuals within any mental health discipline (eg, social work, counseling, marriage and family therapy, and psychiatry) may have received the basic educational, clinical, and supervision training for competent and ethical testing (2, 5).

Publishers and developers of psychological tests also provide statements regarding the basic qualification levels required for the purchase of psychological testing. Test publishers such as PAR, Inc., and Pearson do not provide statements regarding the basic qualification levels required for the administration and interpretation of psychological tests. Rather, they explicitly state that they rely on the guidance in the standards and documents cited above regarding qualifications for competent and ethical use of tests (7, 8). Mental health professionals wishing to administer and interpret psychological tests should review the specific psychological test publisher's and developer's referenced qualification guidelines to ensure they meet stated requirements.

Mental health professionals who did not receive relevant training in the administration and interpretation of psychological tests, but who would like to utilize such tests in their practices, are encouraged to seek out relevant graduate-level courses or training from an appropriate licensing or certification agency. Information on such courses and training can be obtained from published guidance documents and state licensing laws (3, 5, 9). In addition, arrangements can be made with appropriately qualified colleagues to provide test interpretation.

As with other areas of clinical practice, it is paramount that clinicians follow their state licensure requirements, their professional organization recommendations, and guidelines established for competence in testing.

License to Practice

Mental health professionals must have a license (or registration/certification, where applicable) in the respective mental health field in which they hold an advanced academic degree in accordance with state and federal laws, professional organization recommendations, and liability insurance coverage. Clinicians providing telemental health services must also follow applicable state and federal laws, professional organization recommendations, and liability insurance coverage requirements (10).

Knowledge of the Medical, Legal, and Psychological Aspects of Infertility

It is mandatory that all fertility counselors have and maintain a comprehensive knowledge of contemporary human reproductive technologies, the legislative frameworks within which these technologies are practiced, and the emotional and psychological experiences and needs of fertility patients and other invested parties (11, 12). The ASRM recommends completion of ASRM training modules as a method of demonstrating training beyond general qualifications.

It is important that all fertility counselors have fundamental familiarity with the following specific topics:

- A. Medical and legal aspects
 - a. Basic human reproductive physiology
 - b. Etiology of male and female infertility
 - c. Testing, diagnosis, and treatment of reproductive problems
 - d. Genetics, genetic testing, and embryogenesis
 - e. Development and application of assisted reproductive technologies
 - f. Basic understanding of the potential harmful effects of chemotherapy and radiation on fertility
 - g. Federal and state-specific legislation governing assisted reproductive technologies
- B. Psychology of infertility
 - a. Marital and familial issues associated with infertility and its impact on sexual functioning
 - b. Approaches to the psychology of infertility, including psychological assessment, bereavement/loss, crisis intervention, posttraumatic stress, stress and coping, and typical/atypical responses
 - c. Family-building alternatives, including adoption, third-party reproduction, and child-free lifestyles
 - d. Individual and couples treatments that are diversity sensitive and culturally competent
 - e. Legal, ethical, and religious issues associated with infertility treatments
 - f. Issues related to self-esteem, body image, and identity
 - g. Research and clinical literature on
 - i. Psychosocial aspects of infertility and assisted reproductive technologies in both intended parents and third parties (eg, donors, gestational carriers, families, social networks)

- ii. Psychosocial and developmental issues of children conceived by assisted reproductive technologies
- iii. Psychosocial aspects of fertility treatment for a range of populations, such as single women, single men, LGBTQ individuals and couples, and patients of advanced parental age
- iv. Psychosocial aspects of fertility preservation and treatment for transgender patients, patients with a serious medical illness, and patients using planned embryo, oocyte, or sperm cryopreservation
- v. Pregnancy loss
- vi. Parenting after infertility
- vii. Issues of privacy, confidentiality, and patient's rights
- viii. Issues related to disclosure of donor conception to offspring
- ix. Impact of psychotropic medications
- x. Sexual identity and functioning

Postlicensure Clinical Experience

The licensed mental health professional should have a minimum of one year of clinical experience providing fertility counseling and/or third-party evaluations under the supervision of, or in consultation with, a qualified and experienced fertility counselor. For qualified individuals interested in conducting psychological testing in the context of third-party reproduction, there should be one year of clinical supervised experience with a qualified licensed mental health professional proficient in testing protocol and interpretation, in addition to the requirements listed above (3).

Continuing Education

Mental health professionals working in reproductive medicine should regularly attend continuing education courses offered by the ASRM or other organizations and educational institutions accredited to provide continuing education in both the medical and the psychological aspects of reproductive health care. This is necessary for continued growth in knowledge and skills for providers in the field. Membership in the ASRM MHPG is strongly encouraged to provide additional opportunities for learning, collegial interactions for mental health professionals in this field, and access to Practice and Ethics Committee Documents and other important publications.

Fertility Counseling Practice Within and Outside the United States

Several guidance documents exist for qualifications and training for mental health professionals working in reproductive medicine in other countries, including

- Guidelines for Counselling in Infertility, European Society of Human Reproduction and Embryology (ESHRE) (13)

- Guidelines for professional standards of practice in infertility counselling, Australian and New Zealand Infertility Counsellors Association (ANZICA) (14)
- Assisted human reproduction counselling practice guidelines, Canadian Fertility and Andrology Society Counselling Special Interest Group (CSIG) (15)
- How to become an infertility counsellor, British Infertility Counseling Association (BICA) (16)
- Qualification guidelines for infertility counselors, ASRM (16)

These documents speak to the global need for qualified mental health professionals to work side by side with medical, nursing, embryology, and andrology personnel to provide care to fertility patients.

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Guía sobre la cualificación de consejeros de fertilidad: una opinión de comité.

Este documento guía fue desarrollado por el Grupo Profesional de Salud Mental (MHPG) en asociación con el Comité Práctico de la Sociedad Americana de Medicina Reproductiva para ayudar a determinar las cualificaciones y entrenamiento de los profesionales de salud mental que trabajan en medicina reproductiva. Este documento reemplaza el documento titulado “Guías de Calificación para Infertilidad de ASRM,” con última publicación en marzo 2015 y originalmente desarrollada en 1995.