Guidelines
„Psychosocial Infertility Counselling“
Beratungsnetzwerk Kinderwunsch Deutschland e.V. (BKiD)
German Society for Fertility Counselling
(02.10.2009)

The Counselling Network for Infertility Germany (BKiD) was founded in 2000 and constitutes a multi-professional organisation of qualified counsellors who have comprehensive experience in counselling for fertility and infertility. The main focus of BKiD is the provision of counselling and support for individuals and couples experiencing infertility, independent of, prior to, during and after medical treatment. BKiD also provides training and professional development for psychosocial professionals. Furthermore, BKiD is active in the area of prevention of infertility and raises awareness for societal reasons for and implications of infertility. BKiD provides professional information for psychosocial and medical professionals as well as others interested and promotes interdisciplinary discussions about infertility. Counsellors active in this area can become accredited members of BKiD; the Qualification Guidelines for accreditation can be found in the attachment.

The following mandatory guidelines “Psychosocial Infertility Counselling” were established by the Board of BKiD and the BKiD Working Group “Guidelines” in 2005 and updated in 2008. They promote the importance of infertility counselling, describe the integration of counselling into medical treatment and provide principles for counselling. The guidelines are based on the German directives “Fertility Impairments – Psychosomatic Oriented Diagnosis and Therapy 2004”. Furthermore, the “Guidelines for Counselling in Infertility 2002” as well as the relevant guidelines of the “Australian & New Zealand Infertility Counsellors Association” (ANZICA), the “British Infertility Counselling Association” (BICA) and the “Mental Health Professional Group” (MHPG) of the “American Society for Reproductive Medicine” (ASRM) were taken into consideration. As does the German Commission “Legislation and Ethics of Modern Medicine” (2002), BKiD postulates that infertility counselling should be reimbursed by the health insurance system.

The significance of infertility counselling

For many couples, infertility signifies the most severe emotional crisis in their lives. In some cases, the emotional repercussions of infertility can be compared to the loss of a close family member. In addition, medical treatment can exacerbate the emotional burden, esp. if treatment fails. For the female partner, the waiting period after embryo transfer can be more stressful than any medical treatment such as in-vitro-fertilisation (IVF). Despite unsuccessful treatment, over half of all couples do not continue treatment, primarily as a result of the emotional burden of assisted reproduction treatments (ART).
Most couples experiencing infertility, esp. the female partner, desire infertility counselling. If counselling can be accessed easily, it is accepted at an early point. Research indicates that counselling has positive effects, even if only few sessions have been taken advantage of. A general rise of pregnancy rates after psychosocial intervention, however, is unlikely.

1 Integration of infertility counselling into medical treatment

Currently, in general, medical treatment of infertility is carried out without adequate psychosocial preparation, support and post-treatment care. BKiD supports the integration of counselling into medical treatment because of the psychological and social pressure infertility can encompass and because these can be exacerbated by medical treatment.

In order to reduce the threshold to access counselling or support, BKiD postulates that infertility clinics should provide evidence for cooperation with qualified counsellors or should offer counselling within the clinic.

During the first contact to the infertility clinic, the doctor is required to inform the individual or couple about the possibility of counselling.

Prior to any invasive infertility treatment, the doctor is required to point out once more the possibility of counselling in order to explore the implications of the treatment planned.

Infertility counselling must be carried out by a psychosocial professional who is financially independent from medical treatment and who is not subject to directives of the medical staff.

In order to obtain information about infertility as well as counselling and support, there must be points of contact independent from infertility clinics; access to counselling must not be exclusively in conjunction with an infertility clinic or with medical treatment.

If individuals or couples initially seek counselling, counsellors are required to refer to infertility clinics if medical treatment is desired.

Psychosocial as well as medical service providers are required to provide detailed information about all aspects of fertility impairments and alternative family building options (foster children, adoption, gamete donation). All professionals are required to provide information about detailed, up-to-date and well-founded literature.

Interdisciplinary information meetings organised by psychosocial and medical service providers and, if possible, by further professionals relevant to infertility treatment, are very suitable for the provision of information and should be carried out on a regular basis (several times per year).

After medical treatment has been completed, access to counselling must be possible so that individuals and couples can receive support for any stressful consequences resulting from treatment, independent whether treatment was successful or not (i.e. in case of a risk for pregnancy loss, multiple pregnancy, after the birth of a child with handicaps, for sharing information with children and adults conceived by gamete donation).

2 Aims and content of infertility counselling

Above all, infertility counselling aims to provide information, support and therapeutic help for individuals and couples. Furthermore, counsellors may also carry out assessment in particular cases (for ex. IVF carried out with donated semen).

2.1 Infertility counselling can only be carried out by sufficiently qualified psychosocial professionals. Training should conform to the Qualification Guidelines of BKiD. Accreditation by BKiD guarantees a minimum qualification. These Qualification Guidelines and Continuing Education Guidelines were established and revised on the basis of current scientific standard of care by the Qualification Committee of BKiD. Both guidelines can be accessed on the website of BKiD (http://www.bkid.de/engl/).

2.2 Information provided during counselling comprises general information about psychosocial aspects of infertility. It also aims to promote a comprehensive understanding for the short and long term implications regarding the individual and couple coping mechanisms.

2.3 Counselling and support of individuals and couples has the primary aim to explore strategies to manage the psychosocial aspects of infertility and potentially medical treatment as constructively as possible.

2.4 Counselling is non-directive and supports a creative and constructive management of the challenges of infertility. It is based on up-to-date scientific knowledge and takes into account possibilities and limits of psychological, medical, alternative medical and other therapeutic interventions.

2.5 Therapeutic support aims to recognise and change undesirable or destructive coping mechanisms regarding infertility and helps to develop constructive coping mechanisms for overcoming the crisis of infertility. This support cannot replace psychotherapeutic/psychiatric treatment if this is indicated.

2.6 The contents of counselling comprise all issues affected by infertility, esp. individual implications (such as self-esteem or the perception of physical functioning as a male or female), couple implications (such as communication challenges or sexual difficulties) and social implications (such as managing the taboo and stigma surrounding infertility). Furthermore, exploring and ensuring the well-being of the desired child, of any existing children and the family are vital contents.

2.7 As a result of the specific issues family building using donated gametes involves, counselling individuals and couples considering gamete donation has to follow certain conditions. During counselling, the long-term implications of this family building option should be explored (such as information sharing with the child and significant others). In 2008, BKiD has established specific guidelines for this area (www.bkid.de/engl/bkid_gd_guidelines.pdf).

These Guidelines for Infertility Counselling were established by BKiD in November 2005 and were updated in 2009 (Version 1.9, © BKiD 2005). Contact: info@bkid.de

Attachment

Qualification Guidelines for the Accreditation as a Psychosocial Counsellor for Infertility according to the Guidelines of the Beratungsnetzwerk Kinderwunsch Deutschland e.V.:

Completed professional training in a psychosocial area (evidence: degree) and

Completed or almost completed training or qualification in counselling/therapy (evidence: diploma or interim report) and

Basic knowledge in:

- Psychology of infertility (for ex.: Henning & Strauß 2000; Brähler, Felder & Strauß 2000; Hölzle & Wirtz 2001; Wischmann 2005, 2006; Strauß, Brähler & Kentenich 2004)
- Infertility counselling (for ex.: Boivin & Kentenich 2002; Boivin 2004; Domar et al. 2000; Strauß 2000; Stammer, Verres & Wischmann 2004; Wischmann & Stammer 2006, Kleinschmidt, Thorn & Wischmann 2008, Thorn 2008a and 2008b)
- Natural family planning and sexuality (for ex.: Florin et al. in: Brähler, Felder & Strauß 2000; Masters & Johnson 1993; Kolodny 1996; Raith, Frank & Freundl 1999)
- Pregnancy and birth following ART (for ex.: Strauß, Brähler & Kentenich 2004)
- Managing pregnancy and foetal loss (for ex.: Beutel 2002; Lothrop 1998)
- Reproductive medicine (for ex.: Spiewak 2005; Thöne & Rabe 1999; Sautter 2000; Hoppe & Skriba 2006; Richtlinien 2004; Strauß, Brähler & Kentenich 2004; Diedrich & Kunz 2005)
- Alternative medicine for infertility (for ex.: Gerhard & Wolfrum 1998; Nissim 1998)
- Infertility and society (for ex.: Winkler 1994; Fränznick & Wieners 2000, Riewenherm 2001)

Two-year professional experience in counselling/therapy, including one year of experience in infertility counselling and

Voluntary obligation to

- undergo further training in correspondence to the Continuing Education Guidelines
- and supervision/peer-supervision (esp. for difficult cases)
- abide by the Qualification Guidelines and

Obligation to be a member of BKiD; active membership and regular attendance of BKiD conferences etc. is desirable.

By signing the Qualification Declaration, every member undertakes to accept these Criterions, provides evidence of the first two Criterions in writing (professional degree and counselling/therapy diploma or interim report) and, after a period of three years, provides evidence of fulfilling the Continuing Education Guidelines.

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