

JONES FOUNDATION INFERTILITY COUNSELING CONFERENCE BREAKOUT SESSIONS

**Thirteen Breakouts are being offered at 11:00 am, 1:30 pm, and 2:30 pm
During registration select a different session for each break out session
Sessions are limited to 20 people**

Emotion-Focused Experiential Interventions for Therapy for Pregnancy Loss

Breakout Presenter: Rayna D. Markin, PhD

Description: Prior research shows that experiences with pregnancy loss can place women at risk for post-traumatic stress and unresolved or complicated grief. Little attention, however, is typically given to specific interventions that treat the unresolved trauma and loss often associated with the loss of a pregnancy. In this breakout session, specific emotion-focused and experiential interventions will be introduced, discussed, and practiced in role-plays, within the context of psychotherapy for pregnancy loss. Emotion-focused, experiential, interventions are rooted in attachment theory and focus on identifying, processing, and co-regulating intense emotions within a safe and trusting therapeutic relationship. This breakout program will demonstrate how such interventions can help patients to feel safe to process and work through the overwhelming emotions associated with a pregnancy loss.

Learning Objectives:

- List three emotion-focused and experiential interventions in the context of psychotherapy for pregnancy loss.
- Summarize how three emotion-focused and experiential interventions help patients to process trauma and loss associated with pregnancy loss.
- Describe three emotion-focused, experiential, interventions in the context of therapy for pregnancy loss

Three's Company? Or Three's A Crowd? Working With Polyamorous Families As Intended Parents

Breakout Presenters: Julie Bindeman, PsyD and Silvia Schneider-Fox, PsyD

Description: This breakout session will focus on fertility consultations and psychosocial care with polyamorous clients using assisted reproduction and addresses their unique challenges and relational dynamics. These consultations are becoming more frequent as some states expand the definition of a legal family. Mental health professionals are consequently needing to navigate consultations for non-traditional configurations, such as tri-parenting, without formal guidance from organizations like ASRM. Designed for beginner and intermediate practitioners, we will review models to conceptualize these types of families, discuss views about who the donor is, and information to include in our psychoeducational consultation report.

The interactive session includes small group discussions and case studies to apply counseling approaches to real-world scenarios and enhance cultural competency for polyamorous clients as intended parents.

Learning Objectives:

- Summarize the unique challenges in fertility counseling and providing clinical and consultation services for polyamorous families.
- Identify how non-traditional family structures compare to traditional ones in the context of family planning, development, and relational dynamics.
- Describe cultural, legal, and ethical considerations specific to working with polyamorous families who are considering assisted reproductive options.

Barriers To And Cultural Dynamics In Psychological Consultation With Black Donor Gamete Arrangements

Breakout Presenter: Angela R. Bethea-Walsh, PhD and Andreka F. Peat, PsyD

Description: Systemic, economic, medical, social, cultural, and psychological barriers intersect to maintain gaps in access to donor arrangements for Black intended parents. Low rates of Black gamete donor recruitment, the high cost of Assisted Reproductive Technology (ART), racial trauma that engenders cultural mistrust of the medical system, internalized racial stereotypes, and reproductive grief are just a few factors that inhibit motivation to seek donor gametes for Black intended parents (IPs). Mental health professionals (MHPs) who conduct donor gamete consultations with medically and socially infertile Black IPs are uniquely positioned to guide culturally sensitive, meaningful conversations. This breakout session will address how MHPs can help to elicit and process IPs' distressing emotional reactions, explore ambivalence about using donor gametes, and foster culturally sensitive discussion about disclosure that can promote informed decision-making. In addition, participants will discuss a case study to identify practical applications of these strategies.

Learning Objectives:

- Describe the systemic, economic, medical, social, cultural, and psychological barriers to donor access for Black intended parents.
- Summarize the emotional effects of seeking a donor arrangement for Black intended parents.
- Identify three clinical strategies to counsel with cultural sensitivity and cultural humility during donor consultations with Black intended parents.

Unmasking Shame: Improving Outcomes In Infertility Counseling And Third Party Evaluation

Breakout Presenters: Pam Kelberg, LCSW, CST and Keren L Sofer, Psy.D.

Description: This breakout session will focus on the powerful emotion of shame in the context of fertility treatment and third-party reproduction. Research demonstrates that shame (the experience of feeling inadequate, damaged, or not belonging) blocks learning, thinking, and connection, all essential capacities for patients navigating the complexities of infertility and third-party reproduction. As an invisible undercurrent, shame can lead to demoralization, indecision, defensiveness, premature termination, and other poor outcomes in patients. Mental health professionals are also vulnerable to unacknowledged shame, which can increase the risk of ethical violations, a sense of pressure and burnout. Through case studies, group discussion, and interactive exercises, we will explore how shame can manifest in patients, clinicians, and the healthcare system, and how it can impact treatment outcomes. The session will equip mental health providers with the tools to address shame to create a more supportive and effective therapeutic experience for their fertility patients. This session is geared toward all levels of practice. Diversity issues will be woven throughout the presentations and case discussions,, recognizing ways that one's sex, gender, sexual orientation, ethnicity, socioeconomic status, and health status can impact shame sensitivity, reactions, and effective interventions.

Learning Objectives:

- Describe common shame triggers in fertility patients and common impacts on psychological well-being.
- Identify implicit (nonverbal, unconscious) as well as explicit (behavioral and verbal) shame indicators in reproductive health patients and gamete donors.
- Summarize effective shame interventions for patients facing infertility and third-party reproduction.

Stress and Burnout in Mental Health Professionals in Reproductive Medicine

Breakout Presenters: Alice Domar, PhD and Elizabeth Grill, PsyD

Description: Healthcare professionals have numerous roles and responsibilities which facilitate patient care, satisfaction, and adherence. The presence of expanding technologies, patients with complex physical and psychosocial concerns, and the daily responsibility of delivering bad news to patients in a timely and empathic manner, make it challenging to meet the important aspects of patient-centered care.

With the recent WHO acknowledgement of burnout as a disease, more attention is being paid to the physical and psychological demands of being a healthcare professional. Physicians, embryologists, and nurses report increasing levels of job dissatisfaction as well as physical and psychological symptoms that compromise their work performance and wellbeing.

This course will offer a comprehensive combination of educational and training strategies as well as experiential exercises to combat stress, prevent and treat burnout, and improve not only participant wellness but also lead to an improvement in patient care. Strategies will include relaxation training, techniques for delivering bad news, skills for managing difficult patients, and methods to combat perfectionistic thinking patterns.

Learning Objectives:

- Identify the physical, psychological, and behavioral symptoms of burnout.
- Apply mind/body strategies to reduce/prevent burnout and stress-related symptoms in clinicians and patients.
- Describe the concepts of patient-centered care and the strategies to optimize patient care through empathic communication, knowledge of how to handle difficult patients, and best methods on delivering bad news.

Reproductive Identity: Understanding Clinicians' and Patients' Experiences in Infertility Counseling

Breakout Presenter: Aurélie Athan, Ph.D and Shara M Brofman, Psy.D

Description: This breakout session will engage participants in a collaborative discussion of Reproductive Identity, an emerging concept recently published in the American Psychologist (2020), as it relates to infertility counseling. Participants will learn about the concept, and specifically, how it may apply to the unique landscape of infertility counseling, including third-party reproduction, and to reproductive grief and loss. The session will explore how patients' often unexpected and dynamic reproductive journeys may inform their identity development and impact personal growth outcomes. We will also discuss how mental health clinicians' own biases or lack of awareness about their own reproductive identities may contribute to obstacles in infertility counseling. Through didactic discussion and case examples, participants will collaboratively interpret a range of experiences that infertility patients may have through the lens of reproductive identity and consider its utility for case conceptualization and practice. This discussion will include patients' experiences related to and in the context of diverse family structures, age, sex, sexual orientation, gender identity, race, ethnicity, religion, and socioeconomic status.

Learning Objectives:

- Define two key aspects of reproductive identity as they relate to and impact infertility counseling.
- Summarize two ways in which an exploration of reproductive identity can enhance patients' self-understanding and growth during infertility counseling.
- Through the lens of reproductive identity, describe two examples of how clinician bias may contribute to obstacles in infertility counseling with patients with diverse identities and communities.

Optimizing Psychological Well-Being in Persons with Infertility Associated with POI, PCOS and Endometriosis

Breakout Presenters: Helen L Coons, PhD, ABPP and Teni Davoudian, PhD, ABPP

Description: This intermediate level, highly interactive breakout session will focus on psychosocial aspects of infertility in persons with Premature Ovarian Insufficiency (POI), Polycystic Ovarian Syndrome (PCOS), and Endometriosis. POI, PCOS and Endometriosis occur in approximately 13%, 21%, and 18% of women, respectively. Common psychosocial challenges among these populations include irregular menses, pelvic pain, diminished body image and sexual health, uncertainty about reproductive potential, risks for additional medical conditions, depression, anxiety, and mood instability, among other concerns. Evidenced-informed assessment and psychotherapeutic interventions will be reviewed from the lenses of CBT, IPT, ACT, Mindfulness and other clinical approaches. Presenters will also summarize collaborative and communication approaches to work effectively with interprofessional providers in reproductive medicine. Participants will discuss three cases of individuals and couples with intersecting and diverse identities who are living with infertility resulting from POI, PCOS, or Endometriosis. To strengthen participants' clinical skills and confidence in working with these populations, participants will be invited to role play clinical interviews and interventions. National resources on infertility among persons with POI, PCOS and Endometriosis will be offered as well.

Learning Objectives:

- Summarize physical and psychosocial challenges of infertility in persons with POI, PCOS, and Endometriosis.

- List three evidenced-informed assessment and psychotherapeutic interventions to improve psychological wellbeing in persons with infertility associated with POI, PCOS, and Endometriosis.
- Describe cultural considerations when working with individuals and couples with intersecting and diverse identities and backgrounds who are living with infertility resulting from POI, PCOS and Endometriosis.
- List two collaborative and communication approaches to work effectively with interprofessional providers in reproductive medicine.

Shifting Paradigms Of Support For Same-Sex-Female Couples And Single Mothers By Choice In Infertility Care

Breakout Presenters: Shelby Alsup, PhD and Julia Conant, PsyD

Description: The fertility field is grounded in a heteronormative paradigm of treatment for infertile heterosexual couples. The historical landscape of discrimination toward minority identities within the fertility field is well-documented, with movement toward a more inclusive family building model of care for LGBTQ and single parents. ASRM's guidelines recommend psychoeducational counseling for Recipient Parents pursuing donor conception. Same Sex female (SSF) couples and Single Mothers by Choice (SMC) using donor sperm become the groups disproportionately impacted by this step in their complex, medicalized family-building. The psychological consultation requirement by fertility clinics may activate the historical realities of discrimination (DSM, 1952) and societal influences of a two-parent ideal causing psychological harm and difficulty establishing a supportive approach. In addition, Donor Conceived Persons overwhelmingly advocate for psychoeducational consultation (We Are Donor Conceived, 2020). Per Holley & Pasch's (2022) recommendation of widening the delivery approach, we will offer breakout session participants a community-centered psychoeducational "class" model for SSF couples and SMCs. We will explore the clinical recommendations for facilitating such groups, models for private mental health practice and fertility counselors embedded in reproductive medicine offices, open a wider discussion of inclusivity in our practices, and include class materials as well as recommendations for group structure.

Learning Objectives:

- Describe benefits and drawbacks of implementing the psychoeducational class format for SSF couples and SMCs.
- List two ways to align effective fertility counseling services to the needs of SSF couples and SMC
- Describe three strategies to infertility counseling for SSF couples and SMC.

To Transfer Or Not To Transfer: Providing Decisional Support For Patients With Mosaic Embryos

Breakout Presenters: Erica Mindes, Ph.D. and Claudia Pascale, Ph.D

Description: The incidence of mosaic embryos has been found to range from 2% to 40%. Once considered unsuitable for transfer, mosaic embryos are now seen as a viable option, capable of resulting in healthy pregnancies and live births. However, their use is associated with lower implantation rates and higher miscarriage risks. Promisingly, recent research suggests no health differences in children up to age three born from low-level mosaic embryos compared to those from euploid embryos. Despite these advancements, deciding to transfer a mosaic embryo remains complex and emotionally challenging for individuals and couples. Uncertainties surrounding the degree and type of mosaicism, as well as limited research on long-term outcomes, leave patients navigating these decisions with minimal guidance. A recent survey revealed that 70% of respondents reported stress and confusion during this decision-making process, while 67% expressed mental health support would have been beneficial. This session will provide mental health professionals with counseling models to help support patients facing complex decisions about mosaic embryo transfers. Case examples will be discussed in an interactive format.

Learning Objectives:

1. Identify the basic differences between euploid and mosaic embryos and implications for transfer decision making.
2. Summarize the psychological challenges faced by patients deciding on mosaic embryo transfer.
3. Describe counseling models to provide decisional and emotional support for individuals and couples with mosaic embryos.

Understanding Adoption In Modern Families Through The Legal Lens

Breakout Presenters: Rebecca Levin Nayak, JD and Margaret E. Swain, RN, JD

Description: This breakout session will provide a primer for mental health providers to understand legal complexities in adoption journeys for individuals and adults considering family building through adoption. We will explore types of adoption, with a focus on same-sex confirmatory adoptions and their increasing importance in today's legal and political landscape. Participants will gain insights into the legal process, including timelines, costs, differences across states, special issues in cases involving gamete or embryo donation and the reasons for pursuing confirmatory adoption. In addition to the procedural aspects, we will engage in a concomitant collaborative conversation about the complex emotions surrounding adoption, e.g. fear, resentment, empowerment, and impact on the children.

Learning Objectives:

- Describe the legal process and need for confirmatory adoptions for individuals and couples.
- Summarize the complex emotions experienced by adoptive parents.
- Describe two collaborative approaches for mental health providers collaborating with attorneys in the adoption process.

Exploring Black Female Same-Sex Couples' Experiences with Assisted Reproductive Technology

Breakout Presenters: Wiyatta Fahnbulleh, PsyD and Praise Iyiewuare, PhD, MPH

Description: Black female same-sex couples face unique challenges with using assisted reproductive technology. These challenges lay at the intersections of racism, sexism, and heterosexism, and can include medical racism, exacerbated financial stress, mistreatment of the supporting partner, lack of peer and parental support, and difficulty finding Black sperm donors. Mental health providers working with Black female same-sex couples using ART - during psychoeducational consultation, evaluation or treatment - can benefit from a more nuanced understanding of their experiences to provide more culturally appropriate services. During this breakout session, we will discuss the challenges these couples face, potential sources of resilience, and clinically relevant tools for providers working with this population. Space will be provided for robust discussion and questions.

Learning Objectives:

- Summarize the complex challenges Black female same-sex couples face in using ART.
- Describe clinically effective ways to assess for strength, resilience, and sources of support among Black female same-sex couples using ART.
- Identify culturally appropriate, clinically relevant strategies for supporting Black female same-sex couples using ART in both consultation, evaluation and treatment settings.

Treating Women And Couples With Infertility And Donor Conception Grief: Clinical Interventions

Breakout Presenters: Jennifer W Riley, MSW, MBA and Nicole Young, PsyD

Description: This breakout session will review definitions of infertility/donor conception grief and approaches to case conceptualization for mental health practice.. We will review factors which influence the specific ways people grieve infertility, lack of a genetic connection when choosing donor conception in the family building process, and prolonged grief. Examples include biopsychosocial factors, grief and loss theory, the Just World phenomenon, and cultural considerations such as the ability to find demographically matched donor gametes (race, heritage, ethnicity). The use of two empirically supported treatments - CBT and ACT –with patients who are experiencing infertility grief will also be reviewed.

Participants will be given evidenced-informed tools and resources for patients (support groups, podcasts, books and journaling exercises) on psychosocial aspects of infertility and donor conception grief, and engage in an interactive case discussion of a couple who is divided on whether to move forward with donor gametes.

Learning Objectives:

- Identify three factors which influence case conceptualization in infertility grief and donor conception grief.
- List two empirically supported treatments for infertility grief and describe factors to differentiate when to use either of these interventions..
- Describe four practical tools, strategies, and resources to use with clients when treating infertility loss and grief.

Supporting Clinicians: Quality Supervision & Consultation in Reproductive Mental Health Counseling

Breakout Presenters: William Petok, PhD and Danielle E K Stone, MSW

Description: Clinicians entering the field of reproductive mental health face unique challenges, ranging from the emotional weight of counseling in this area, to understanding the complex, ever-changing medical, ethical, and relational dynamics involved in this work. Established practitioners have a responsibility to mentor and prepare newer clinicians, and ideally recognize that how to supervise is just as important as clinical knowledge. In the Post Dobbs era with reproductive rights increasingly at risk, supporting individuals learning this nuanced sub-specialty is exceptionally imperative to further reproductive justice, prevent workforce burnout, and exit from fear or lack of information on how changing legislation may impact them. Quality supervision is crucial to equip emerging professionals with the tools, confidence, and resilience to provide compassionate and effective care. This presentation will provide a framework for delivering impactful guidance that addresses both clinical and professional development in reproductive mental health. The breakout session will include real-life case examples, interactive discussion points, and practical tools for supervisors to immediately apply in their practice. Attendees will leave with a stronger foundation of effective supervision strategies, prepared to guide new clinicians with compassion, skill, integrity, and nuanced understanding of the complications of the current political climate impacting fertility consultation and counseling.

Learning Objectives:

- Summarize methods for assessing and enhancing essential competencies in reproductive mental health counseling in early-career clinicians.
- Describe strategies to establish a balanced supervisory approach that fosters emotional support and constructive challenge, guiding clinicians through complex client-clinician dynamics, ethical decision-making, and self-reflective practice.
- Describe techniques to promote early career clinician knowledge of the medical, ethical, and legal dynamics involved in reproductive mental health.