

CLINICAL WEBINARS FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

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Using Acceptance and Commitment Therapy to Build Resilience and Coping During Infertility

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> <u>1 CE Credit, Instructional Level: Intermediate</u> <u>1 Contact Hour (New York Board of Psychology)</u>

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Tonya Wood, PhD



Tonya Wood, PhD, is a licensed psychologist who has nearly 20 years of clinical and teaching experience. She earned her PhD at the University of Virginia. Since 2015 she has served as the Director of Clinical Training in the PsyD Clinical Psychology program in GSEP and in January 2021 took on the role of Director of Assessment for Psychology Division. Throughout her career Dr. Wood has worked in a variety of academic, community, and public sector settings with a particular focus on providing quality services to marginalized populations. She has extensive supervision and teaching experience and has provided numerous presentations on subjects such as cultural diversity, clinical supervision, community violence, self-care, and reproductive psychology. She was the 2020 President of the California Psychological Association. She has a private practice in the greater Los Angeles area, with an emphasis on relationships, women's health, and infertility.



Disclosures/Conflicts of Interest

• I have no conflicts of interest to disclose



Learning Objectives

- 1. List three psychological impacts of infertility on individuals and couples.
- 2. Identify three cultural and psychosocial factors that improve resilience and coping for individuals and couples dealing with infertility.
- 3. Describe three techniques of acceptance and commitment therapy that have utility with clients dealing with infertility and pregnancy loss.



Agenda

- Welcome & Introduction
- Infertility 101
- Mental Health Impacts of Infertility
- ACT Fundamentals
- ACT With Infertility
 - Conceptualization
 - Interventions



CHECK-IN: Noticing Thoughts



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Infertility 101



Infertility Definitions

The inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. (ASRM, 2023)

- PRIMARY INFERTILITY is when a pregnancy has never been achieved by a person
- SECONDARY INFERTILITY is when at least one prior pregnancy has been achieved.
- UNEXPLAINED INFERTILITY lack of an obvious cause for a person's inability to get pregnant after at least 12 cycles of unprotected intercourse or after six cycles in women above 35 years of age for whom all the standard evaluations are normal.



Incidence of Infertility

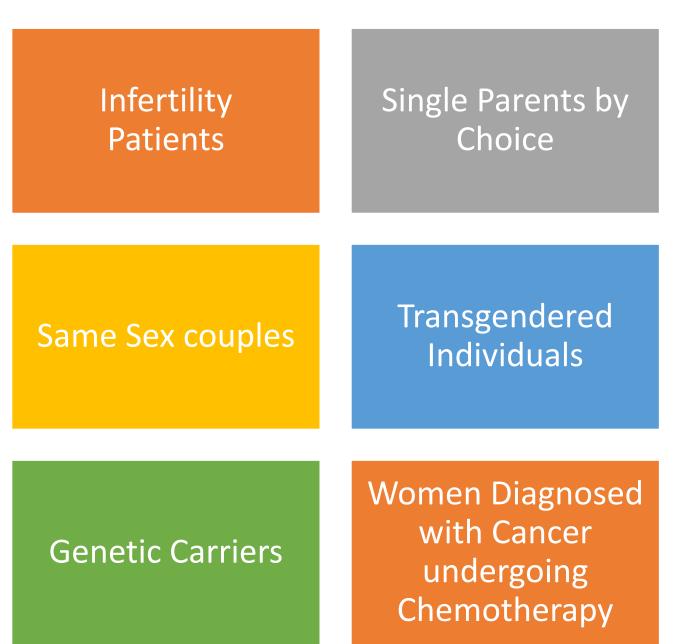
● 1 out of 6 couples experience infertility (WHO, April 2023)

• 1 out of 3 cases involve male-related factors

 Black women 2x more likely than white women to experience infertility, yet half as likely to seek medical treatment

Populations Utilizing Assisted Reproductive **Technology** for **Family Building**





Mental Health Implications of Infertility and Family Planning



I cannot conceive or bear children; I am infertile. my infertility is a blow to my self esteem, a violation of my privacy; an assault on my sexuality, a final exam on my ability to cope, an affront to my sense of justice, a painful reminder that nothing can be taken for granted. My infertility is a break in the continuity of life. It is, above all, a wound to my body, to my psyche, to my soul. The pain is intense.

(Jorgensen, 1982)



Psychological Impacts of Infertility and Pregnancy Loss

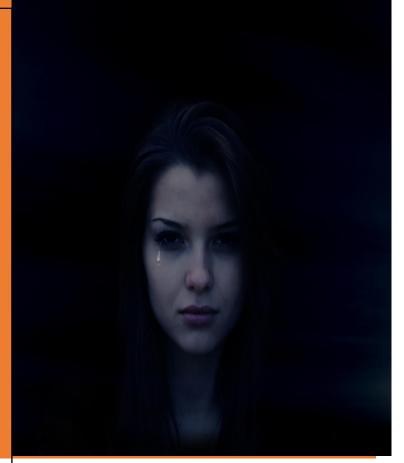
- The inability to plan/create a family as desired and pregnancy loss are among the most stressful life events
- Infertility and pregnancy loss are associated with grief, depression, anxiety, rumination, anger, feelings of guilt, self-critical thoughts, identity crisis, and relationship distress
- Established practices/rituals to help individuals and couples mourn, process, and adjust to early pregnancy loss are lacking
- Psychological burden is a common reason for discontinuing medical treatment



Psychological & Interpersonal Consequences of Infertility

- Depression
- Anxiety
- PTSD
- Rumination
- Anger
- Shock/disbelief

- Feelings of guilt
- Self-critical thoughts
- Identity crisis
- Loss of control
- Relationship distress
- Social





CLINICAL ISSUES IN REPRODUCTIVE PSYCHOLOGY

Grief & Trauma Impact of Coping With Associated Fertility Medical With Failed **Treatments on** Relationship, Diagnosis Cycles or Work, Self **Pregnancy Loss** Decision Consultation **Sexual Health** Making & and Evaluation and Family for Third-Party Functioning Planning

Infertility Processes That are Risk Factors for Increased Emotional Distress

Third Party Reproduction Prior his traur anxiety depres	na, and Relationship	Lack of social support	Stigmatizing socio-cultural environment
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First or Last
Treatment
CyclesRecurrent
pregnancy
lossPersistent
treatment
failuresFetal Reduction
Decision/
Embryo
Disposition

Mental Health and Infertility

- Women with infertility have the same levels of anxiety and depression as women with other health conditions like cancer, heart disease, and HIV.
- 50% of infertility patients met criteria for major depressive disorder
- 25% met criteria for dysthymia
- 15% reported suicidal ideations

Dasidar, 2022



Mental Well-Being in Men (Due et al., 2017)

- Feel primary role is in support to partner
- Loss of identity as father
- Disenfranchised Grief



Cross-Cultural Themes in Pregnancy Loss and Infertility

- Factors Impacting Coping
 - Cultural & Social Stigma
 - Cultural Meaning of family & parenthood
 - Loss of Identity
- Factors that Improved Coping
 - Supportive Community
 - Meaning Making
 - Culturally Congruent grieving and coping

Themes of Religious Coping



Feelings of Grief

- Finding Meaning in Loss and Purpose of Life
- Use of spiritual & religious beliefs in coping

Kalu (2019)



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ACT Fundamentals



Relational Framework Theory (RFT)

- Language is arbitrary until a specific meaning (as informed by experience & context) is assigned.
- Language is a neutral stimulus to which different meanings (literal & metaphorical) are made through associations.

Classical Conditioning + Context = Meaning

• Those contextual associations elicit different emotional, physiological & cognitive responses.



ACT Application of RFT

- We struggle against and try to control those automatic associations (thoughts, feelings, physical sensations)
- This is a futile struggle.
- Clinician works with the client to understand the "hopelessness" of that agenda and instead increase willingness to engage differently with those unwanted internal experiences
- Clients gain the skills to re-contextualize their experiences, accept these unpleasant internal events, develop greater clarity about values, and move toward values-committed action



Ultimate Goal of ACT

Psychological Inflexibility

- F fusion with thoughts
- E evaluation of experience
- A avoidance of experience
- R reason giving for behavior

Psychological Flexibility

- A accept reactions
- C choose a valued direction
- T take action



Why ACT for Infertility



Basic Assumptions of ACT

• Pain is an inevitable part of the human experience

 Attempts to control or avoid painful experiences leads to added and extended suffering.

• The goal is to create a rich and meaningful life, while accepting the pain that inevitably goes with it.



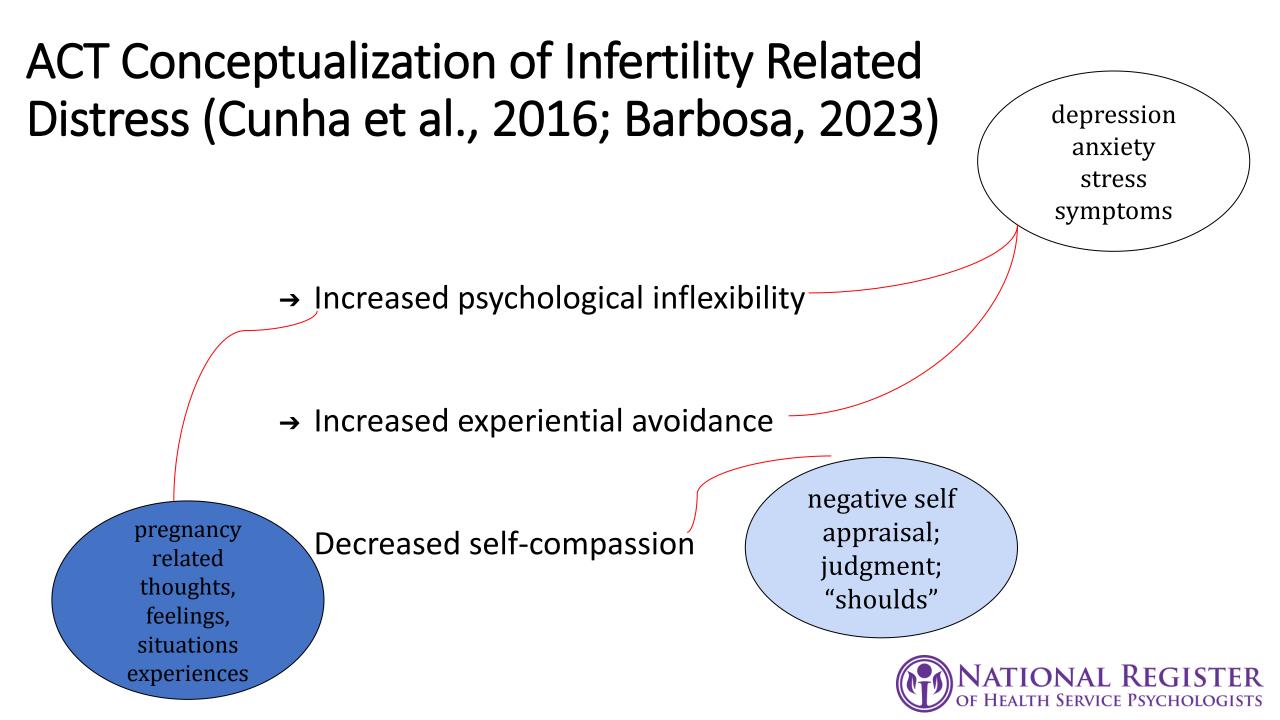
ACT is Efficacious (Gloster et al., 2020; Barbosa et al., 2023)

- Review of 20 meta-analyses
 - As efficacious as (in some instances superior to) CBT
 - Effective for broad range of mental disorders and health conditions
 - small to medium effect size on quality of life,
 - small to large effect size on psychological flexibility
 - small to medium effect size on measures of well-being, functioning
- These effects also seen in infertility

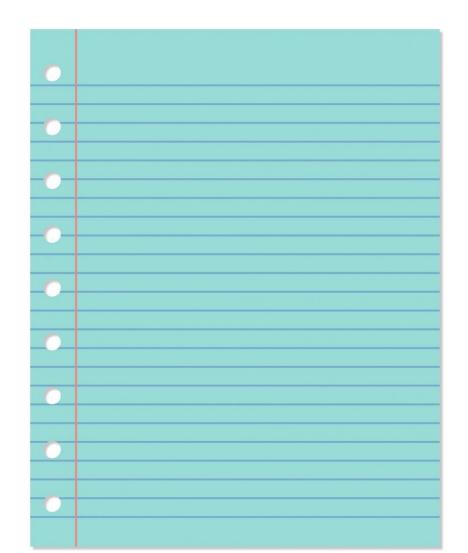


ACT Principles Align With Processes of Infertility Related Stress





Experiential Exercise





Building Resilience and Coping With ACT



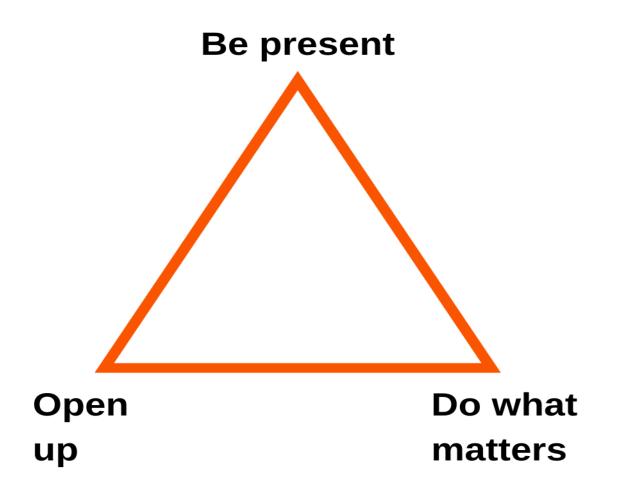
EXPERIENTIAL ACTIVITY: MAGIC WAND



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ACT Triflex (Harris, 2009)





Opening UP: Pain is Inevitable

Defuse Thoughts vs Dispute Thoughts

- Acknowledge that some thoughts are 100% believable
- The goal of ACT is not to change the thought, but to change the way we relate to the thought

Session Techniques

- 1. Notice and Name Thoughts
- 2. Neutralize Thoughts
 - a. View thought not for content but for workability



Be Present: Mindfulness & Acceptance

- The way we talk and think about our situation takes us away from experiencing the here and now fully because it is often focused on past or future.
- Being in the here and now helps us engage in behaviors in the present.

Session techniques

- RAIN meditation
- Let go of the "why"
- Deck of Cards



Experiential Exercise





DO WHAT MATTERS: Values vs Goals

• Goals

- specific, short-term target actions that often reflect your values
- e.g., attending a prestigious art college
- Values
 - Principles that speak to who you are, the life you want to lead
 - e.g., knowledge, creativity, and personal development
- Value-Based Action
 - Compass Metaphor



ACT Tools for Infertility (adapted from Hayes, 2019)

 Opening Up Acceptance Cognitive Defusion 	Impossible Game	Carry thoughts in your pocket	Say thank you
 Be Present Contact with Present Moment Self as Context 	Notice who is noticing	5-4-3-2-1 Grounding	RAIN self compassion meditation
 Do What matters Values clarification Connect with values 	Hook new habits to routines	Deck of Cards Metaphor	Values Clarification



Clinical Resources

 Association for Contextual Science <u>https://contextualscience.org/</u>

 <u>American Society for Reproductive Medicine</u> <u>https://www.asrm.org/</u>



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WHO (April 2023) Infertility Prevalence Estimates, 1990–2021, Global Report



Q&A With Dr. Wood



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

