Developing an evidence-based and patient-informed psychological intervention for infertility-related distress

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Infertility

• 1 in 6 reproductive-aged couples experience infertility\(^1\)

• Women bear the brunt of the physical burden
  • Cycle monitoring
  • Near-daily ultrasounds
  • Daily self-injections
  • Etc.

Infertility-Related Distress

• Women with infertility are at high risk of mental health problems
  • 1 in 3 women with infertility develops clinical anxiety or depression¹
  • Quality of life is comparable to that of cancer patients²

Psychological Interventions for Infertility

• Meta-analyses suggest that psychological interventions for infertility are lacking\(^1,2\)
  • Small improvement in anxiety
  • No improvement in depressive symptoms, distress, or marital functioning
  • Authors recommend the development of a new intervention

\(^1\text{Frederiksen et al. (2015), BMJ Open, 5(1), e006592.}\)
\(^2\text{Ying et al. (2016). J Assist Reprod Genet, 33(6), 689-701.}\)
A New Approach

• Rather than minimally tailor a pre-existing therapy...

• Identify therapeutic interventions that directly map onto components of infertility-related distress
Step 1: Identify components of infertility-related distress

- Conducted semi-structured interviews focused on the specific psychological challenges associated with infertility
  - 25 women with infertility
  - 15 mental health professionals specializing in this population
Step 1: Results

Infertility-related distress

- Shame
- Self-blame
- Helplessness
- Emotional lability
- Existential crisis
- Depersonalization
- Decline in relationship satisfaction
- Narrowing of activities
- Interpersonal conflict
- Avoidance

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Step 2: The Delphi Method

- Recruit 15 experts to brainstorm possible therapy components
- Send the finalised list for feedback
  - Clinical psychologists
  - Reproductive health professionals
  - Women with infertility
- Back-and-forth until consensus is achieved
- Also ask about preferred intervention format
## Step 2: The Delphi Method

<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
<th>Clinical target(s)</th>
<th>Helpfulness (0-10)</th>
<th>Include next round?</th>
<th>Suggested changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values clarification &amp; committed action</td>
<td>The therapist helps the person clarify the things that they hold personally meaningful and use this information to help set goals and take actions that enrich the person’s life.</td>
<td>-Avoidance</td>
<td>-Narrowed activities -Existential crisis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 3: Consensus Meeting

• Consensus meeting to finalise the list of intervention components
  • Research team
  • Women’s health nurse practitioner
  • Infertility research advisory panel

• Develop the intervention, send for feedback and have a 2\textsuperscript{nd} meeting
Step 4: Pilot the intervention

- Recruit 20 women with infertility to undergo the intervention
  - Outcomes pre and post
  - Audio-recording and review of sessions
  - Feedback session with participants
  - Incorporate feedback
- Apply for funding for a larger trial
Infertility Research Advisory Panel

• Six women from the community with infertility

• Bi-monthly meetings with the research team
  • Discuss progress
  • Receive feedback on specific items
  • Brainstorm knowledge translation strategies, side project ideas
Complimentary Side Projects

- Longitudinal studies of daily coping and infertility-related distress\textsuperscript{1,2}
- Systematic review of current interventions\textsuperscript{3}
- Coping with cancelled fertility treatments due to the COVID-19 pandemic
- Knowledge translation campaign

\textsuperscript{1}Chernoff et al. (in press). *Arch Women Ment. Health*; \textsuperscript{2}Dube et al. (in press). *Psychosom Med*; \textsuperscript{3}Bright et al. (in press). *BMJ Open*
Long-Term Goals

• Improve our knowledge of the psychology of infertility
• Improve access to effective infertility-specific mental health resources
• Facilitate training among clinicians
Thank You!

• Advisory Panel members
• Collaborators
  • Amanda Scollan
  • Dr. Corrine Jabs
• Trainees
  • Ashley Balsom
  • Loveness Dube

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