



A Letter from the MHPG Chair



Shelley Lee, Ph.D.
MHPG Chair

Dear Mental Health Professionals;

Spring is just around the corner and in the past months we have had many surprises. Politics aside, after a relatively mild winter in New York, the snowdrops were out and some of the early daffodils were blooming. Then suddenly we had a 14-inch snowfall! Happily, the weather has turned warmer, the snow is disappearing, and the shoots of spring are earnestly pushing through.

There have also been big surprises for MHPG. The website was our first big surprise. Our new, amazing MHPG website is launched and live. I encourage every member to spend time reviewing the website. Please start with the link, MHPG Community Playbook and Code of Conduct, which clearly state the rules for participation. We have interesting discussion pages, which replace the old list serve, as well as other opportunities to share information under the tab NEWS. At the link, FIND A MEMBER, we can find members by name, city and state, which will help to identify referral sources across the country. Every MHPG member should upload a biography, photo and contact information. The Social Media Committee, adeptly chaired by Angela Lawson, has developed our Facebook page with an interesting series of articles and some great pictures of MHPG members. You can access the Facebook page directly through the website. Our Bookshelf has been updated with recent publications, links to a comprehensive list of children's books, as well as recently published peer-reviewed articles. Finally, for patients, there is a very helpful section with information and links to patient booklets and resources. You can refer patients directly to our website for general education and a

broader understanding of the role of mental health professionals in reproductive care. Of course, many parts of the website are restricted to MHPG members only, which include our discussion pages, applications for mentors and mentees, and archival material. I want to remind everyone that the website cannot be used for advertising or personal promotion. A very big thank you to Julie Beckham and Susanna Scarbrough at ASRM, who have overseen this enormous project.

Our second surprise is that the next section of the MHPG Certificate Course will soon be ready for release. There are more than 30 dedicated MHPG members who have written and peer reviewed the modules. The Certificate Course Committee, adroitly led by Danielle Kaplan with her thoughtful, meticulous team, has put the final seal of approval on Part 2 of the course, and the modules are being recorded. Part 2 includes:

- Ethics I and II
- Psychosocial Research in Assisted Reproductive Technology (ART)
- Cognitive and DBT Informed Behavioral Therapy for Infertility
- Couple Counseling in Infertility: Emotionally Focused Therapy (EFT)
- The Intersection of Sexual Function and Infertility
- Stress Management Approaches to Working with the Fertility Patient
- Grief Counseling
- Antidepressant Therapy During ART and Pregnancy
- Fertility Preservation

I have personally learned so much from participating in the development of the Certificate Course. It is an exceptional resource of information and knowledge, written by experienced clinicians and educators in our field. Every mental health professional, whether expert or brand new, will find the information presented to be thought provoking, meaningful, and in adherence with the ethical guidelines in our specialty field of health psychology. Nancy Bowers, the Manager or Continuing Education at ASRM, deserves an enormous thank you for all the hours, days, weeks, and months of work she has put into the course organization and implementation.

The third surprise of this year was the difficulty the Continuing



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Education Committee encountered with requests for CE and APA continuing education credits. We realize that a volunteer team of four members cannot manage the unexpected number of requests from outside organizations. Although well intended, the effort to provide CE credits for organizations outside of ASRM/MHPG is beyond the scope and the work capabilities of this committee. We are doing our best to automate the ASRM/MHPG continuing education credits so the process will work smoothly and enable all members to receive their certificates in a timely manner. However, we have had to put a hold on all requests for CE credits from outside organizations. We may be able to revisit this in a few years, but for the short term, our goal is to identify and implement the best automated resources for CE credits for the ASRM Scientific Congress. Thank you to Vickie Shafer and her diligent, hard-working team for their expertise, for coping with the excessive workload, and for making clear and helpful recommendations for the future.

Finally, the MHPG Executive Committee has put together a fantastic, multi-dimensional, rigorous program for the ASRM Scientific Congress this year in San Antonio. Thank you to Tara Simpson, Erica Mindes and all my colleagues who have worked so hard to define, refine and offer the 2017 Scientific Program for Mental Health Professionals. Please take time to look through the Program and start making your reservations!

So like the shoots of spring, we are earnestly pushing through! I look forward to seeing you all in San Antonio.

Warm wishes,

Shelley Lee, Ph.D.
MHPG Executive Chair 2016-17
NYU Fertility Center

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Committee 2016-2017

- Tara Simpson, Psy.D.

A complete list of the MHPG leadership with contact information can be found on the MHPG website: [Click Here.](#)

Message from the Editor



Erica Mindes, Ph.D.
Newsletter Editor/Chair-Elect

I've always looked forward to receiving and reading the MHPG Newsletter. The information provided in the newsletter, whether it addressed counseling issues specific to an area of reproductive health, an article or book review, or professional or patient resources, served as an initial reference point from which I could stay current on topics in the field. I've also always enjoyed reading the Member Spotlight

articles. I'd see members' names as authors on articles and book chapters, hear them mentioned in the context of a Connections teleconference, or see them listed on an MHPG committee, but I had no sense of where they practiced or how they became involved in the field. The Member Spotlight provided an opportunity for me to hear their "story," and would inspire me to introduce myself when I would see them at the ASRM Congress. And of course, the Committee Updates; until I started reading these, I lacked a sense of all of the work done by the MHPG. The Updates also helped me determine what committees I was interested in serving on. Now I'm charged with coordinating the MHPG Newsletter and providing others with the same benefits that I received.

Luckily for me, we have many talented members who are committed to sharing their knowledge and expertise. Laura Covington, M.S.W., and Stephanie Caballero, Esq. (from the Legal Professional Group) have joined forces to provide important information regarding changes in fertility treatment services available to veterans. They present an overview of the amendments to the Veterans Administration (VA) funding bill that makes IVF available to veterans with service-related reproductive injuries, and highlight the multiple psychological issues faced by these men and women, and the unique role of the fertility counselor in addressing these issues and the recovery process. Nancy Boughey, L.C.S.W. has written an article about the librarian, Patricia Sarles, and the blogs she maintains to identify and review children's and young adult books for donor offspring. These blogs are a wonderful resource for both clinicians and parents who have created their families through assisted reproduction. The Member Spotlight article introduces us to Spokane, Washington-based member, Melanie Mikkelsen, L.I.C.S.W. Additionally, Mariel Lopez and Lauren Auble, with Joanna Scheib, the Scientific Development Committee Chair, provide an excellent review of a study that explores the professional support needs of donor-conceived adults and donors utilizing linking services.

Also in this Newsletter, Tara Simpson gives us an overview of MHPG-sponsored programming at ASRM 2017, October 28th through November 1st, in San Antonio, Texas. Her helpful guide highlights the breadth and depth of the MHPG programs. You will be excited to see that this year, the MHPG is sponsoring Pre-Congress courses on both Saturday and Sunday. So start making your plans to attend!

Finally, don't forget to read through the Committee Updates. The MHPG Committees have been quite active the past few months. As you peruse all of the Updates, start thinking about which committees you might be interested in serving on next year, and don't hesitate to contact a committee member or myself to let us know. An initial call for nominations for the MHPG Executive and Standing committees is included in this newsletter

I am so appreciative of the time and efforts of all the contributors to this edition. I know you will enjoy reading the spring Newsletter!

Erica Mindes, Ph.D.
Newsletter Editor/Chair-Elect

IMPORTANT CHANGE REGARDING MHPG SPONSORSHIP OF CEs:

The CE Committee has approved several activities for MHPG sponsorship of CE opportunities. We are reviewing procedures for these applications, to ensure that we are following all of the APA CE sponsorship guidelines. While the CE committee reviews these procedures, new applications for approval of activities outside of the ASRM congress will not be accepted. The CE Committee is working with the Executive Committee and will keep MHPG members apprised of the status of accepting outside applications for CE approval.

Stephanie Caballero, Esq. and Laura Covington, M.S.W.

Changes in the Law

The Veterans Administration (VA) has long been prohibited from offering IVF to veterans who suffered from infertility, including instances in which service members had been rendered infertile by injuries incurred in the line of duty. Active duty service members, however, can receive limited coverage of IVF at military treatment facilities, though they experience long wait times and restrictions on the use of donor gametes. Recently, the Department of Defense also announced that it will launch a fertility preservation pilot program that will offer sperm and egg freezing to active duty military personnel. While this will undoubtedly help with efforts to start or add to a family when a service member is later injured in combat in a way that affects fertility, it does not provide any retroactive relief to veterans who have already experienced the devastating effects of such injuries.

After serving their country, these injured veterans were left without the opportunity to have children, unless they could afford the tremendous cost of IVF out of pocket. Essentially, those with injuries so severe that they were forced out of military service were without recourse to address the devastating effects of their wounds, while those who had sustained injuries that permitted continued employment with the military ranks, could obtain IVF coverage.

Understanding the strange dichotomy inherent in this, Senator Patty Murray of Washington, championed a bill addressing veterans' access to infertility treatment, and through great effort, was able to push the Mil-Con-VA bill through Congress. This bill will finally provide some relief to wounded veterans desperate for assistance in covering the cost of IVF, allowing the VA to use existing funds to cover the costs associated with assisted reproductive technology, including IVF. The bill does not provide a breakdown of how much of the VA's budget is to be allocated toward specific infertility treatments, instead leaving the language describing the VA's ability to use its funds toward such treatment as generally permissive.

However, the bill is not a complete solution to the ban imposed on the VA since 1992 in regard to offering such treatment. Senator Murray's bill provides temporary relief, amending a one-year VA funding bill. While the provisions of the bill will supersede the ban on offering IVF for the coming year, the ultimate solution lies in repealing the ban altogether, which is something Senator Murray intends to pursue. Otherwise, yearly reauthorization of the bill through the appropriations process might prove difficult, and would provide little certainty to veterans about their future ability to receive access to infertility treatment through the VA.

Garnering congressional support and approval of the bill was an arduous process, with Senator Murray pulling the bill from a July 2015 vote by the Senate Veterans' Affairs Committee after the bill was amended by Senator Thom Tillis in a way that would have rendered it largely ineffective at providing assistance to veterans in achieving their family building goals. Senator Murray's persistence and unwillingness to compromise the integrity of her bill finally paid off. Acknowledging that assisted reproductive technologies have become an accepted, effective, and proven means for addressing infertility, the new rules stemming from Senator Murray's bill finally put veterans' accessibility to IVF on par with benefits offered to active duty service members.

Psychological Implications

There are many service members and veterans who will need the help of this bill, but are not at a point where the family building options are pertinent. After an active duty service member is injured, the recovery process can take years and is often ongoing. Having a child is not a priority for these service members at the time of injury, but after some time and improvement in physical health, considerations for family building become more applicable. Yet services targeted toward fertility counseling are limited, and the reproductive injuries are invisible wounds the outside world may not consider, thus making it harder to discuss. The reproductive injury and loss or impairment of fertility is a secondary wound that will need to be incorporated into the recovery narrative.

Whether a wounded veteran has a mental health diagnosis is a side note to the fact that counseling services can be helpful for rewriting their stories to incorporate the new realities of significant injuries. Recovery does not occur overnight and isn't complete even when one has left the hospital or finished outpatient care. Those injured need ongoing care, such as related maintenance of prostheses and lifelong necessary medications such as testosterone injections. When an injured service member is ready to start a family, this will be another piece to the recovery process.

Wounded veterans are a vulnerable population beyond the physical limitations. Many come in with histories such as traumatic brain injury (TBI), PTSD, and substance abuse, and they were likely very physically capable and strong prior to their injury. Post-injury, they must now rely on others for assistance due to extensive injuries. There is a new reality in needing outside help with daily tasks, and when they are ready to build a family, this reality becomes apparent again. In military culture, many service members and veterans can often be resistant to and skeptical of mental health services. When working with this vulnerable population, it is important to carefully assess and support the discussion of their histories, and more so, to

provide an open environment for education and exploration of family building options.

Most people have some conceptual idea that donor sperm, IVF, and adoption are family building options. However, most have yet to explore what this means for them in building a family and considerations around concepts such as birth parent, sperm donor, or creation of embryos. Those trained in fertility counseling offer a unique opportunity to this population outside of the traditional post-injury mental health therapy that works on issues such as PTSD or substance abuse.

It is important to help these wounded warriors find words and ways to incorporate infertility into their narrative and effectively talk to their partner about it. Assistance on how to talk to a partner or spouse about their reproductive injuries might also be needed prior to exploring family building options. There can be anxiety and uncertainty about infertility disclosure to a partner, which can be seen in other populations such as cancer survivors who are infertile as a result of treatment or a woman with Primary Ovarian Insufficiency.

Those service members and veterans who have injuries that impair fertility continue to need advocacy around their reproductive rights. The changes in legislation and additional services related to providing fertility preservation and family building options are a temporary fix. Funding continues to be an issue, and the necessity for family building options continues to be relevant. This vulnerable population needs support in getting their needs addressed as a way to continue to support them in their ongoing recovery. Outside of the necessary advocacy around legislation, MHPG members can provide unique assistance in the recovery process as these service members and veterans explore the meaning of the reproductive injury and generativity.

First Call for Nominations for the MHPG Executive and Standing Committees

Nominations for the MHPG Executive and standing committees will be due **July 1st**. We will be filling the Secretary position on the Executive Committee and adding a new member to all standing committees.

For a complete description of committee responsibilities please [click here](#).

If you are interested in, or would like to nominate another member for one of these positions, or have any questions, please contact Erica Mindes at erica.mindes@integramed.com.

Patricia Sarles: Librarian and Creator of The Books for Donor Offspring Blog

By Nancy Boughey, L.C.S.W., M.S.W.

We wanted to take this opportunity to introduce all members of MHPG to Patricia Sarles and the amazing work she has done. Patricia is a librarian in New York who has several blogs* that review books for donor offspring up to age 12, young adult books for offspring for tweens and teens from ages 12-18, and gay-themed picture books for children. Her blogs are free and available to all of us and to the families with whom we work. Patricia loves to do research and answer other people's questions. She compiled her lists to be of assistance to parents looking for books to help them explain assisted conception to their children, and for librarians who would like to develop collections on this topic for their libraries. Patricia is very proud that she is the only person in the world working on finding books on this topic.

Sarles began finding books in 2003. She and our own member, Patricia Mendell, first collaborated. Mendell had a few children's books, but went to Sarles in her role as a librarian to see if she could help her find other books. Patricia went to the Library of Congress, the largest library in the world, only to find that there were no subject headings for books related to the various ARTs, as the librarians were not up to date with their knowledge of this technology. Needless to say, they could not create subject headings for something with which they were not familiar. The library only had two or three titles in its catalog, and these books were listed with inappropriate subject headings.

Thus, Patricia's search began when she first met Mendell, but her blog did not start until 2009. Being a very resourceful librarian, Patricia scoured online catalogs of self-publishing companies and did Google searches. As a result, she has identified about 20 terms to search under, such as infertility, in vitro fertilization, artificial insemination, egg donation, etc. What started as a collection of about 15 books in English in 2003 was up to 38 books when she started her blog in 2009. As of January 16, 2017, Patricia had 301 books listed. This includes books published in other countries and in other languages.

Patricia spends her Saturday mornings doing her research. She has learned terms in multiple languages, and does searches in those languages as well as English. Patricia has learned that there are "Googles" for every country in the world and, for example, Google Australia is different than Google in the United States. She will translate a book from a foreign language to English, and then publish annotations in English. Now that individuals know about her blog, they will write to her to tell her about books. Between Patricia and Mendell they have, they believe, the largest private library of these books in the world.

Patricia's approaches to sharing information with donor offspring is based on a 2001 article written by Ken Daniels and Petra Thom that appeared in *Human Reproduction*. In addition, the "scripts" referred to in the annotations are based on a 2007 article by Kirstin MacDougall, et.al. in the journal *Fertility and Sterility*. Patricia attempts to analyze whether these books take on "child conception" approach or a "family-building" approach so that parents can decide how they want to share their story with their children.

Patricia has been a librarian since 1989, graduating from library school in 1991. In her work as a school librarian, she does not specialize in children's literature. Outside of children's books on assisted reproductive technology, she has no other interest in children's books. She began her library career at Mount Sinai Medical Center in Manhattan. She hopes to one day go back to working in a medical library where she could donate her collection, catalog it, and put it in WorldCat, which is an international catalog of library catalogs for books in every language in the world. In this way, other librarians could find books in order to help their library patrons find them, if asked. She would like the children's books she has discovered to be represented in WorldCat.

Patricia hopes to someday be able to develop her own website. She would like to be able to popularize these books to make them more accessible to librarians around the world.

Patricia commented that she gets approximately 50 hits a day on her site. She welcomes our members to contact her directly if looking for a book on a particular topic. She relishes finding things that are "unfindable." Feel free to email her at tovahsmom@gmail.com.

*booksfordonoroffspring.blogspot.com
yabooksfordonoroffspring.blogspot.com
booksforkidsingayfamilies.blogspot.com

Member Spotlight



Melanie Mikkelsen, L.I.C.S.W.

Written By: Teni Davoudian,
Ph.D., MHPG Membership
Committee

In this issue of the MHPG newsletter, I would like to introduce one of Pacific Northwest's most experienced fertility counselors, Melanie Mikkelsen, L.I.C.S.W. I had the pleasure of meeting Melanie at the ASRM 2016 Scientific

Congress & Expo in Salt Lake City.

Melanie was raised in Asheville, North Carolina. Many of her extended family members lived nearby and were an important aspect of her upbringing. Melanie was the first family member in seven generations to move away from Asheville.

Melanie began studying mental health as an undergraduate at Hollins University. After receiving her bachelor's degree in psychology and sociology, she pursued her master's in social work with an emphasis in family therapy from Washington University in St. Louis. For the following six years, Melanie provided mental health services for employee assistance programs. She was hired by major health insurance companies to provide psychological support and hold debriefings for various companies after adverse events, such as bank robberies or explosions, occurred in the workplace.

Melanie's career path shifted when she and her husband experienced reproductive difficulties. One of Melanie's medical providers sensed her compassion for others and suggested that Melanie become a fertility counselor. At that time, however, the nearest fertility clinic to Melanie's home in Spokane, Washington, was hundreds of miles away. Melanie felt a strong pull toward fertility counseling, so she began volunteering for RESOLVE. Early on in her reproductive mental health career, she joined MHPG and received guidance from some of MHPG's pioneers. "It was an amazing experience," Melanie stated.

In 1998, the Center for Reproductive Health opened in Spokane. Melanie was hired as their first mental health provider. For 14 years, she provided counseling services to fertility patients, conducted third-party consults, designed/implemented support groups, screened donors, and managed the egg donor program at the Center for Reproductive Health. Melanie's efforts did not go unnoticed by her community. In 2010, she was featured in the *Inlander*, a magazine circulated throughout Washington.

Currently, Melanie provides mental health services at Seattle Reproductive Medicine (SRM) in Spokane. In addition to conducting assessments, consultations, and psychotherapy, Melanie works alongside marketing professionals to help disseminate information about the clinic's anonymous egg donation program.

Melanie's passion for reproductive mental health has remained strong throughout her 17-year career. She enjoys the dynamic nature of this field and the critical thinking skills required to be an effective fertility counselor. "We get to help clients deal with the best news or worst news. It's fulfilling to be with clients during that time in their lives," she stated.

In addition to her clinical work, Melanie serves on the Providence Hospital institutional review board (IRB) in Spokane. She reviews research projects involving human subjects to ensure safety and the rights of participating patients are maintained. Melanie also gives lectures to the students at Washington State University's College of Nursing. Her dedication to teaching and mentoring led her to join MHPG's Mentoring and Training in Infertility Committee. She is currently chair-elect of the committee and is looking forward to increasing awareness about the mentoring program to new and existing MHPG members.

During her spare time, Melanie enjoys spending time with her husband of 26 years. They have two beautiful daughters, who are currently attending college in Boston and Portland, Oregon. Melanie and her husband lead an active lifestyle and enjoy skiing, biking, and running. Melanie also has a bit of an uncommon hobby. She appreciates the historic information that can be found in old cemeteries. She occasionally walks through cemeteries to learn more about America's history and genealogy. Melanie stated, "That's a normal activity to do in the South." To be honest, I was skeptical about Melanie's claim. However, a quick internet search revealed that she is definitely not alone when it comes to learning more about history via cemetery visits. Hobbies aside, Melanie emanates Southern hospitality and charm. It was a pleasure to interview her and learn more about her professional and personal background.

Review: Voluntary DNA-based Information Exchange and Contact Services Following Donor Conception: An Analysis of Service Users' Needs

Marilyn Crawshaw¹, Lucy Frith, Olga van den Akker & Eric Blyth (2016). *New Genetics & Society*.

Reviewed by Mariel Lopez and Lauren Auble with Joanna Scheib for the Scientific Development Committee

"Medical science has enabled the creation of families through... donor conception but the lifelong social policy and practice implications are only more recently being recognized," (Crawshaw, Frith, van den Akker & Blyth, 2016, p. 18). Marilyn Crawshaw and her colleagues' work helps to identify new issues emerging from donor-conceived (DC) people (i) knowing about their family's donor origins and (ii) exploring them. Their recent publications focus on adults seeking others who share their donor origins – specifically their donor and/or donor-linked peers (genetic half siblings) – through the UK Donor Link register (UKDL1). The most recent, "Voluntary DNA-based information exchange and contact services following donor conception: An analysis of service users' needs," is the third (after Crawshaw et al., 2013; Van den Akker et al., 2015), with more to come.

Crawshaw's papers, along with work from other registries (e.g., Donor Sibling Registry, Victorian Assisted Reproductive Treatment Authority (VARTA); review in Crawshaw et al., 2015) and open-identity programs (Scheib et al., in press) illustrate that a new area is opening up in counseling. There's a slow, but growing need for specialized mental health professionals who can provide implications, educational counseling, and support for people who want to learn about and contact others to whom they are donor-linked. American-based professionals obviously will come from MHPG, with expertise in family building after medical and/or social infertility. Given the limited research and experience with donor-linking, however, Crawshaw (2002) and others have argued that knowledge can also be adapted from the related, but not identical, field of adoption. This was the experience of the UKDL support providers.

The UKDL services included DNA testing, a DNA database of participants that identified their relatedness probabilities, and professional staff to provide support. Individuals involved with donor conception in the U.K., especially prior to the 2005 open-identity donation mandate, are disadvantaged through donors not being identified by unique numbers. This means DNA testing will be the basis of linking, unlike in the U.S., where donor numbers are used. What is most relevant to the American context is the UKDL's support-focused model of professional support provision, rather than problem-focused, and how it was valued by study participants. UKDL provided three levels of support: (i) education and advice about using donor-linking ("professional support"), (ii) intermediary services for actual linking used during information exchanges

between participants who were likely genetically-linked, and (iii) therapeutic counseling for individuals with psychological problems from involvement with donor conception.

The study included 65 (71 percent) DC adults (all via sperm donation, average age 36 years), 21 (23 percent) sperm donors (M = 55 years) and 5 (6 percent) egg donors (M = 56 years). Twenty-three DC adults, two sperm donors and one egg donor had been linked. Numbers were not available on service usage. Questionnaires were distributed by email and hard copy, and included: "(i) Which services, if any, affected [your] decision to register? (ii) Which services [were] considered important? (iii) how services were provided, and (iv) how services should be funded and potential impact of funding on their usage."

Although the sample was not large enough for statistical comparisons, the distribution of responses and thematic analyses gave insight into the support needs of DC adults and donors. Respondents were not necessarily swayed by the availability of professional support and intermediary services to register at the UKDL (40 percent no, 40 percent yes overall; within groups half of sperm donors and a third of DC adults said it had an effect). However, when asked about services overall, respondents felt that all services – professional, intermediary and therapeutic counseling – were important. When asked about the DNA linkage program, participants expressed their desire for a faster distribution of results (which could take months), simpler presentation of the results, and the desire for a professional's assistance with result interpretation. Finally, respondents expressed strong opposition to being charged for professional (57 percent no, 31 percent not sure), and intermediary services (67 percent no, 21 percent not sure), with less opposition to charging for therapeutic counseling (48 percent no, 34 percent not sure). The UKDL charged no fees, except for DNA testing and therapeutic counseling after a limited number of sessions. Given that health services in the U.K. were better subsidized than in the U.S., responses might differ if they came from Americans. Nevertheless, thematic analysis revealed reasoning that could be equally applicable here. Reasoning against service fees was based on moral grounds ("to right a wrong"), rights (being treated similarly to other groups – i.e., adoption), health risks (incomplete health information, consanguinity), and concern that some would be deterred from using the register. Some respondents believed that it should be the responsibility of the fertility clinics to help subsidize these services because they "got us into this situation and have profited from it" (p. 14).

Findings also revealed the wide range of experiences described by respondents. Some "had great difficulty with...

the uncertainty of their background" (p. 7), while others "took being donor conceived as a positive thing" (p. 10). This affirmed the need for specialized professional support, intermediary support, and therapeutic counseling that reflect an understanding of the varied experiences of individuals involved with donor conception. Additional responses concurred. For example, one DC adult "...reported using a UKDL counsellor for four sessions, said: '... it was exceptionally helpful. It made me talk to my dad about DC for the first time, it strengthened our relationship, and helped me to become comfortable with being DC'" (p. 8). Two other DC adults shared the ineffectiveness of services when provided without this understanding, one saying the non-specialists she had seen had not "really encountered [DC adults] before;" the other: "I didn't like the therapist, nor the type of therapy (which was definitely wrong for my situation) and so didn't go back and haven't bothered asking my GP for help since" (p. 8). The UKDL staff had adapted their training from adoption to support the UKDL registrants. Although the parallels between adoption and donor conception are useful, they can only go so far. To support DC adults and donors as they move to contacting each other, more mental health training and expertise is needed that combines knowledge of research and experiences from both adoption and DC adults, donors, and their respective families, and that clarifies the limits of adoption applicability to the DC context. Crawshaw and her colleagues' papers are one of the places to gain this knowledge.

Notes

1 <https://www.york.ac.uk/spsw/staff/marilyn-crawshaw/>
2 The UKDL was transferred to the Donor Conceived Register in 2013.

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Van den Akker, O.B., Crawshaw, M.A., Blyth, E.D., Frith, L.J. (2016). Expectations and experiences of gamete donors and donor-conceived adults searching for genetic relatives using DNA linking through a voluntary register. *Human Reproduction* 30, 111-121.

CALL FOR YOUR FERTILITY AND STERILITY ARTICLE TITLES:

The Scientific Development Committee would like to incorporate titles of MHPG member-authored *Fertility and Sterility* papers into the web list of peer-reviewed articles. Please mail Andrea.Braverman@jefferson.edu or jescheib@ucdavis.edu the titles of your *F&S* papers published since 2012, along with a contact email.

2017 PEER-REVIEWED RESEARCH PUBLICATIONS LIST:

Are you trying to identify recent journal articles relevant to you as an MHP in reproductive health? If so, check out the most updated version of the "Peer-Reviewed Articles" list. It can be found under the Bookshelf tab on the new MHPG website. Or link directly to the list at: <http://connect.asrm.org/mhpg/bookshelf/research>.

Your guide to MHPG Events at ASRM 2017 Scientific Congress & Expo in San Antonio

Provided by Tara Simpson, Psy.D.
MHPG 2017 Program Chair

Join us for the ASRM 2017 Scientific Congress & Expo, “Advancing Reproductive Medicine to Build Healthy Families,” October 28th to November 1st, in San Antonio, Texas. Registration is now [open](#).

Below is your initial guide, by day, to MHPG Pre-Congress Courses, Symposia, Clinical Sessions, Interactive Sessions, and Luncheon Roundtables. More information on MHPG-sponsored programs and events will be provided as it becomes available.

Day	Date	Time	MHPG Events
Saturday	10/28/17	8:15 a.m.- 5:00 p.m.	Pre-Congress Course <i>Understanding Endometriosis: Medical Overview, Old and New Diagnostics, Psychological Support Interventions, Nutritional Guidelines, and Best Care Practices</i> Julia Woodward, Ph.D. (chair) Bruce Lessey, M.D., Dian Shepperson Mills, M.A., Danielle Kaplan, Ph.D. 6.5 APA CE hours available, 6.5 NASW CE hours available
Sunday	10/29/17	8:15 a.m.- 5:00 p.m.	Pre-Congress Course <i>Caring for Donors, Gestational Carriers and Intended Parents: Best Practice Protocols, Psychoeducation, Legal Protections, Support</i> Bill Petok, Ph.D. (chair) Paula Amato, M.D. Karen Hall, Ph.D. Stephanie Caballero, Esq. 6.5 APA CE hours available, 6.5 NASW CE hours available
Monday	10/30/17	11:00 a.m.- 12:00 p.m.	MHPG Clinical Session: <i>The Practitioner as Researcher.</i> Ken Daniels, M.A., O.N.Z.M. 1 APA CE hour available
Monday	10/30/17	12:30 p.m.- 1:30 p.m.	MHPG Roundtables (Ticketed Luncheon): Roundtable #1: <i>Intended Parents and Third Party Arrangements from China: What donors, surrogates and intended parents need to know</i> Elaine R. Gordon, Ph.D. 1 APA CE hour available Roundtable #2: <i>Infertility to Adoption Roundtable</i> , Carolyn Berger, L.C.S.W.
Monday	10/30/17	1:30 p.m.- 2:30 p.m.	MHPG Clinical Session: <i>What Does It Mean to Let People Know: Issues of Disclosure in Donor-Assisted Reproduction</i> Nancy Freeman Carroll, Ph.D. and Nancy Kaufman, Ph.D. 1 APA CE hour available

Day	Date	Time	MHPG Events
Monday	10/30/17	4:00 p.m.- 5:30 p.m.	MHPG Symposium I: <i>Transgender Fertility Treatment and Preservation in Gender Dysphoric Adolescents and Young Adults: Medical, Legal and Psychological Concerns and Considerations</i> Jamie M. Joseph, Ph.D. (Chair), Paula Amato, M.D., & Judith Daar, Esq. 1.5 APA CE hours available
Tuesday	10/31/17	11:00 a.m.- 12:30 p.m.	MHPG Oral Abstract Session
Tuesday	10/31/17	12:30 p.m.- 1:30 p.m.	MHPG Roundtables (Ticketed Luncheon): Roundtable #1: <i>How to help patients make the decision to end treatment "getting off the infertility roller coaster"</i> Ariadna Cymet-Lanski, Ph.D. 1 APA CE hour available Roundtable #2: <i>Is Telemental Health an Appropriate Tool to Work with, When it Comes to Helping Create Families?</i> Irene Celcer, L.C.S.W.
Tuesday	10/31/17	1:30 p.m.- 2:30 p.m.	MHPG Clinical Session: <i>Ethical Aspects of Embryo Donation</i> Laura Covington L.C.S.W., Erica Mindes, Ph.D., & Meryl Rosenberg, Esq. 1 APA CE hour available
Tuesday	10/31/17	4:00 p.m.- 5:30 p.m.	MHPG Symposium II: <i>Facilitating Contact Between Donors and Donor-Conceived People</i> Lauri Pasch, Ph.D. (Chair), Joanna Scheib, Ph.D. & Ken Daniels, M.A. O.N.Z.M. 1.5 APA CE hours available
Wednesday	11/1/17	11:00 a.m.- 12:00 p.m.	MHPG Clinical Session: <i>Utility of Projective Assessment in the Psychological Evaluation of Gestational Carriers</i> Mary Riddle, Ph.D. 1 APA CE hour available
Wednesday	11/1/17	12:30 p.m.- 1:30 p.m.	MHPG Roundtables (Ticketed Luncheon): Roundtable #1: <i>A Rabbi, A Priest and A Therapist Walk into A Fertility Clinic: Integrating Spirituality in the Emotional Support of Fertility Patients</i> Silvia Schneider Fox, Psy.D. - 1 APA CE hour available Roundtable #2: <i>Using the TIP TOP Program to Help Children Conceived through Ovum and Sperm Donation Manage the Disclosure of their Genetic Information</i> Lisa Schuman, L.C.S.W.
Wednesday	11/1/17	1:30 p.m.- 2:30 p.m.	Interactive Session: <i>Emotional Needs of Women with PCOS and Impact on Weight Management</i> Shelley Lee, Ph.D. (chair), Dian Shepperson Mills, M.A. 1 APA CE hour available
Wednesday	11/1/17	3:30 p.m.- 5:00 p.m.	MHPG Symposium III: <i>Just Relax and It Will Happen: A Debate on the Relationship Between Stress and Infertility</i> Angela Lawson, Ph.D. (Chair); Ali Domar, Ph.D. 1.5 APA CE hours available

Update from the MHPG SART Representative

Taking over as the MHPG SART representative seemed like a big role to fill at first, primarily because, as I think for most, I had a limited understanding of what SART is, does, and how it applies to the mental health professional group members.

Initially, I thought SART's sole purpose was to count cycles to ensure that the industry was being accurately reported. It seems to be much more than that.

First off, SART's mission statement is to promote and advance the standards for the practice of assisted reproductive technology to the benefit of our patients, members, and society at large. Their purpose is "to make sure that the quality of care of the science and practice of reproductive medicine as defined by ASRM, is maintained." In order to do this, there are 28 members developing programs and strategies not only to report the data, but also to provide patient education and advocacy; assist programs with their practice and quality assurance; and the facilitation of research and interact with government.

As Andrea reported in the last newsletter, SART had

Update from the MHPG Representative to the ASRM Membership Committee

The ASRM membership committee has been devoting time to improving the value of ASRM membership in general as well as membership in professional groups and special interest groups.

The MHPG's membership numbers have remained strong whereas other PGs and SIGs have experienced declining membership. The ASRM Membership Committee has examined factors that may be contributing to the declining membership and attempted to make improvements to bolster the value of PG and SIG membership. Improvements to the ASRM website reflect this. As our chair, Shelley Lee, has mentioned, ASRM will introduce online communities. This will replace the MHPG listserv and should be a more facile and up-to-date tool for communicating among members. The website also has been improved to make it easier to navigate. As the website rolls out and is utilized, the membership committee, as well as other contributors will be responding to feedback and assessing what additional needs may exist.

Julianne E. Zweifel, Ph.D.

recently launched its new platform, Patient Predictor (<https://www.sartcorsonline.com/Predictor/Patient>), which is a mechanism for patients to help predict their success. Additionally, their relatively new website (<http://www.sart.org>) provides a great deal of patient information from basic information like, "What is an IVF cycle?" to more complicated issues such as the difference between a three and five-day transfer, or should one be considering assisted hatching. Although much of the SART information is linked to the ASRM website to avoid duplication, there are sections for frequently asked questions that are separate.

As mental health professionals, we continually assist patients in understanding themselves so they can make the complicated decisions required in infertility treatment. Their new website is filled with a great deal of complicated information. Hopefully going forward, I will be able to gather knowledge to pass along.

Claudia Pascale, Ph.D.

Abstract Committee

The MHPG Abstract Committee participated in the mental health abstract session at the ASRM 2016 Scientific Congress & Expo in Salt Lake City. The committee will be active in late spring when it begins to review the abstracts sent by the ASRM Scientific

Congress Committee for the forthcoming ASRM 2017 Scientific Congress & Expo in San Antonio in October 2017.

Members of the Abstract Committee include:
Lindsay Childress-Beatty, J.D., Ph.D., APA Ethics Office (MHPG Abstract Committee Chair)
Sue Klock, Ph.D., Northwestern University
Sarah Holley, Ph.D., San Francisco State University
Ali Domar, Ph.D., Domar Center and Boston IVF

CE Committee Update

The CE Committee has been focused on the following since the ASRM Congress in October:

1. The CE committee provided support at the ASRM Congress to ensure that there were many CE opportunities at the meeting. In total, 18 hours of CE were available during the Congress! Our goal for next year is to work towards finding an electronic method to sign in and sign out for each CE session using our badges.

2. The CE Committee has coordinated with Nancy Bowers, Manager of Continuing Education at ASRM to ensure that APA standards are upheld for providing CE credit to participants at the ASRM Congress. ASRM's attempt to streamline the evaluation process by providing electronic evaluation forms led to some transition difficulties, which necessitated that a second set of evaluation forms be developed and disseminated for compliance with APA standards. The CE Committee appreciates the dedication of the ASRM staff and the willingness of our MHPG members to complete the lengthy evaluation forms. We are aware that challenges remain in ensuring each member receives proper documentation of CE attendance, and we are working towards improving our systems and procedures.

3. Finally, the CE Committee has completed the APA CE sponsorship approval application. This application required the CE Committee to prove that the CE we approve has met all the APA standards. Each of the four committee members dedicated a significant amount of time towards this endeavor. We appreciate the cooperation of presenters in answering our many email requests for updated CVs, provision of academic references to support CE sessions, and copies of other needed materials.

The CE Committee is comprised of:

Vickie Schafer, Ph.D. (chair)

Vanessa Ferguson, Ph.D.

Shara Brofman, Psy.D.

Linda Kondilis, Ph.D.

Certificate Course Committee Update

The Certificate Course Committee has begun to receive and review completed modules for MHPG's online certification course. The course comprises modules ranging from psychopharmacology, to couples therapy, to conducting research in ART. We anticipate that it will serve as a valuable resource to the MHPG community and others who are interested in deepening their knowledge of the field.

As the committee completes the review process for each module, we will pass it to ASRM's Content Review Committee for final approval. We look forward to the progression from our work to the online release of the course. The committee is grateful to the modules' authors and peer reviewers for their hard work and sustained efforts to bring this project to fruition.

Respectfully submitted,

Jean Benward, L.C.S.W.

Nancy Freeman-Carroll, Psy.D.

Danielle Kaplan, Ph.D., Committee Chair

MHPG Connections



Connections is a group of MHPs that meets via free teleconference calls using FreeConferenceCall.com on the second Monday of every month at 12 noon EST. It is open to all members of the MHPG.

This begins the third year for the Connections Committee and we have continued to grow from the 70-100 members growth of the first year we officially became a committee to a current total of 145 members. The average number of people on each call is currently around 30 Connections members.

One of the goals of Connections is to present and discuss a variety of topics in an interactive fashion. Any member of Connections may propose and/or present a topic of interest. Presentations are typically 30-40 minutes and then the call is opened up for Q&A and input from Connections members on the call. The following presentations have been/will be offered this year:

April 2017 (Please note that the date of this Connections teleconference is April 17th to accommodate the Passover holiday)

Title: Open topic -- all participants are welcome to raise any issues of interest

Moderator: Michelle Sicula, J.D., M.A.

May 2017

Title: TBD (Subject: Parenting after loss)

Speaker: Julie Bindeman, Psy.D.

June 2017

Title: TBD (Subject: Couples who are in different places about pursuing treatment)

Speaker: Phyllis Lowinger, L.C.S.W.

July 2017

Title: TBD (Subject: Interactive discussion on anonymity)

Speaker: Elaine Gordon, Ph.D.

August – October 2017

TBD

Participants range from newcomers to well-seasoned clinicians. Connections provides a way for members – new or old – to “connect” each month. We have participants from all over the country, providing a place to “meet” throughout the year, and not just at the ASRM Scientific Congress & Expo or the regional meetings. As many participants are isolated by where they live and work, Connections has provided a way to keep in touch. Additionally we have an open meeting at least once per year to assess the needs of the group for future discussions. We also provide a “recap” summary of the meeting to all – even if they were not able to participate in that month’s call. This is yet another way Connections keeps members in the loop and up to date on current issues. We also periodically post information on the MHPG Discussion Board.

To join Connections, MHPG members simply have to email one of the committee members below and they will receive information about upcoming meetings and be added to the list.

Respectfully Submitted,
Stephani Cave, M.A., L.C.P.C.
Connections Committee Chair 2016-2017

Connections Committee:
Stephani Cave, M.A., L.C.P.C. - scave@connectedpairs.com
Michelle Sicula, M.A., J.D. - msicula@gmail.com
Miriam Klevan, L.C.S.W., Ph.D. - miriam@fulfillingfamilies.com

E-Communications Committee

As we move into 2017, the E-communications committee is focusing on several issues. We want and encourage our

members to use the Discussion Board, formerly known as the Listserv, as a place to ask questions and voice concerns in order to enhance their work with patients. Our committee monitors each post and encourages each member to:

- 1) Review the “Community Rules and Guidelines,” located in Section IV of the Community Playbook on the MHPG Website. [<http://connect.asrm.org/mhpg/participate/communityplaybook>].
- 2) Review the Discussion Board “Code of Conduct” [<http://connect.asrm.org/mhpg/codeofconduct>]
- 3) Remember when posting to observe confidentiality when asking for opinions.
- 4) Use back-channeling when responding to a specific request.
- 5) For instructions to post an educational event you feel might be of interest to your colleagues, see Section III.E. of the Community Playbook on the MHPG Website.

[<http://connect.asrm.org/mhpg/participate/communityplaybook>]

We will have at least one year of emails from the old listserv archived on the new MHPG website. Once you create a log-in on the website, you can go to the Discussion tab to post an email to the MHPG or to an individual. There will be a tab at the top of each email received that allows you to respond to the sender only or to the group. This should help with back-channeling reminders!

We look forward to adapting to the new MHPG website, and appreciate the ease with which it can be reached! Don’t forget, you will still have access to many resources on the ASRM website which are not available on the new MHPG website. Respectfully yours,

Pam Richey, pamfrichey@gmail.com
Madeleine Katz, katzpsyd@gmail.com
Silvia Fox, drssfox@gmail.com

Membership Committee Update

It is our pleasure to announce that we are at 440 active members. Since last fall at the ASRM 2016 Scientific Congress & Expo in Salt Lake City, the membership committee has been busy welcoming five new members. These members were contacted and encouraged to get involved and join some of our great committees. We also would like to encourage all of you to reach out to our new colleagues. As we all know, there is great value and growth when we stay connected as a field.

New Members:

Amy Denley, PsyD. – Louisville, KY
Amanda Durst, M.A. – Amarillo, TX
Anne Perry, PsyD. – San Mateo, CA
Susan Rizzato, L.C.S.W. – Chicago, IL
Rachel Shmuts, D.O. – Cherry Hill, NJ

We are also happy to report that there were no lapsed memberships since October of 2016.

There are many ways for MHPG members to get more involved. Please do not hesitate to reach out to our peer community via our new and improved website. Please share

your expertise, interact with colleagues, exchange ideas, share information, and support each other. You can learn more about the MHPG and how to get the most out of your membership by contacting me at ariadna.cymet-lanski@integrated.com.

MHPG Membership Committee:
Ariadna Cymet Lanski PsyD. – Chair
Laura Covington,, L.C.S.W.
Teni Davoudian, Ph.D.

Mentoring and Training in Infertility

One of our goals as mentors within the Mental Health Professional Group (MHPG) is to guide others and ensure that they have the proper resources to thrive. The mentoring program gives the newer members of the MHPG an opportunity to learn from more experienced mental health professionals, allowing mentees

the opportunity to gain valuable advice and insight into the field of infertility and ensuring that they are complying with all ASRM guidelines. Mentoring is a voluntary effort to provide guidance, general advice, and feedback about the wide range of topics and issues encountered by mental health professionals in this field. Mentoring differs from supervision, which is a paid, more formal and task oriented relationship. In order to participate in the mentoring program, mentees must be current members of ASRM and MHPG. Participation requirements for mentors include license in his or her discipline and a minimum of five years' experience working in the field of assisted reproductive technology (ART).

For the 2016 - 2017 year, we currently have 15 successful matches and are striving to increase the number of mentors for this Spring in order to fulfill the numerous mentee applications already received.

Applications for the 2017 - 2018 year will be available in the

spring and can be obtained on the MHPG website (<http://connect.asrm.org/mhpg/about/mentoring>) and via email on the MHPG Discussion list. All matches will be completed prior to the ASRM 2017 Scientific Congress & Expo which will be held in San Antonio, Texas.

We encourage our colleagues to volunteer to be mentors to ensure the continued growth and future success of this invaluable program. If you are considering being a mentor, but have some additional questions, please feel free to contact Elisa Natiello, L.C.S.W., at (954) 695-9073 or via email at Elisanatiello@yahoo.com

The Heart of Mentoring- "Getting the most out of life isn't about how much you keep for yourself, but how much you pour into others" -David Stoddard

Elisa Natiello, L.C.S.W. (Chair)
Melanie Mikkelsen, L.C.S.W.
Lauren Berman, Ph.D.

Update provided by Elisa Natiello, L.C.S.W.

Scientific Development Committee

Have you considered presenting your research at an ASRM Scientific Congress & Expo? The Scientific Development Committee can help you:

The ASRM 2017 Scientific Congress & Expo is October 28 – November 1 in San Antonio, TX. The abstract submission deadline is May 3rd. If you are unsure whether ASRM is the best place to present your findings, how to present the work (e.g., poster vs. talk, which finding is best to include) or something else, you can email me and/or Andrea your questions and/or draft to review. With previous experience on the Abstract Review Committee and having attended many ASRM meetings, we may be able to help you get your abstract submitted. Send your questions ASAP, but no later than two weeks before the abstract deadline. jescheib@ucdavis.edu, Andrea.Braverman@jefferson.edu

Peer-Reviewed Research Publications List:

Send us the title of any publications (and author email) you wish to share with MHPG! Save us search time! Thank you to those of you who have already done so.

Every four to six months, we will continue to post journal article titles and author emails that may be of interest to MHPG.

Relevant articles often appear outside of *Fertility and Sterility*, and outside the U.S., so this is a way to alert you to them. We haven't included articles in *F&S*, as we all receive a copy, but as in the past, if someone asks us to include one(s), we'll do it!

This is not intended to be a comprehensive, unbiased list of the recent MHPG research, but instead simply a sampling of published journal articles that may be relevant to your work. We hope you enjoy it.

Openings on the Scientific Development Committee

This fall, we hope to elect two new members to the committee. Joanna will be finished with her term, so there will be three members total. If you are interested, please contact one of us, so that we can get you on the ballot. Members serve for three years. Help shape the science behind MHPG!

Joanna Scheib, Ph.D. (Chair)
Andrea Braverman, Ph.D.

Social Media Committee Update

As of this week, the Social Media Committee has met three times following the ASRM 2016 Scientific Congress & Expo. We have discussed a two-prong purpose of the committee which includes one, to attract and retain new and existing members, and two, to show value for what MHPG can do for patients, other clinicians, and reproductive medicine faculty and staff.

We have also discussed other social media opportunities, and think that in the future, Twitter might be a good opportunity for MHPG. We have determined that any committee member is able to post to Facebook and have not assigned one person to that role. We also are working to create a social media policy and procedure guideline for the Executive Committee to review. As you know, we have gone live on the Facebook page, and are posting daily. Our goal is to continue posting daily, if possible. We are also brainstorming ways to increase our "likes" and increase our visibility on a broader scale.

Angela Lawson, Ph.D. (Chair)
Jamie Joseph, Ph.D.
Julie Bindeman, Psy.D.