

A.N.Z.I.C.A. – The Early Days
 (Australia and New Zealand Infertility Counsellors' Association)
The voices of some Infertility Counsellors, who started from the 1970s to the early 2000s

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1. Preface and Acknowledgements

Firstly, thanks to Henry Wellsmore (retired NSW A.N.Z.I.C.A. member) for cleaning out his files at his home in late 2020, and then offering A.N.Z.I.C.A. related historical information to the NSW A.N.Z.I.C.A. counsellors' group. This offer was the seed that led to a get together, in late 2021, of Henry and Miranda Montrone, at Tuggerah Shopping Centre, on the NSW Central Coast. Ultimately this has resulted in the compilation of this brief history of the early years of infertility counselling in Australia and New Zealand: *"A.N.Z.I.C.A. – The Early Days."*

This was based on the belief that it would be a real pity if the early information were not to be recorded and retained. Even in the early 2020s, as there is a continuation of the changing of the guard, there is a sense that the first years of A.N.Z.I.C.A. history (from 1989 to the late 1990s/early 2000s) could disappear into the ether if something concrete were not to be done.

Thanks to the following members of A.N.Z.I.C.A. who contributed documents, photos, and background information, including the completion of their individual information on the template document, "Background for BRIEF History of A.N.Z.I.C.A.," which has been invaluable. Selected information from these "Backgrounds" from a representative sample of counsellors from the early years, has been used to write this brief history. The complete documents will be archived together with assorted other A.N.Z.I.C.A. documents and photos from the early years.

In alphabetical order, thanks to the infertility counsellors who completed their "Background": Judy Bebe (NSW), Jenny Blood (Vic), Kate Bourne (Vic), Antonia Clissa (WA), Michael Condon (Qld), Roger Cook (Vic), Ken Daniels (NZ), Sheryl de Lacey (SA), Joi Ellis (NZ), Anne Graham (SA), Karen Grob (previously Looi) (SA), Gloria Hynes (Qld), Miranda Montrone (NSW), Kerrie McGowan (NSW), Kay Oke (Vic), Kim Riding (ACT), Iolanda Rodino (WA) Bronwyn Russell (NT), Sheila Sim (NSW), Margaret Van Keppel (WA), and Henry Wellsmore (NSW).

There were other infertility counsellors who worked in Australia and New Zealand, in the years up to the late 1990s. There is no background information for all these people as a representative sample of counsellors was contacted during the time period when work was being done on this brief early history of A.N.Z.I.C.A. There were also some counsellors who were unable to be contacted and/or who did not wish to contribute or provide any information. However, any additional archival information provided at a later stage would I am sure be welcomed by A.N.Z.I.C.A. and the Fertility Society of Australia and New Zealand (F.S.A.N.Z). Similarly, a further chapter in the history of A.N.Z.I.C.A. from the early 2000s onwards would, I am sure, also be welcomed when someone has the energy to do the work.

Thanks also to Dr Stephen Steigrad (previously Reproductive Medicine Unit at the Royal Hospital for Women, Paddington then Randwick, in Sydney), for his help with his thoughts and discussions about the early days of infertility and donor counselling; to Dr Ric Porter (Royal North Shore Hospital, St Leonards, and IVF Australia) for his thoughts and for providing a copy of the F.S.A. History written by Prof. Doug Saunders; to Kim O'Dea of Waldron Smith Management for background information and storage of archival documentation; and to Rebecca Kerner (SA) (A.N.Z.I.C.A. Chair 2021-2022) for her support with this project.

Thanks to Kate Bourne, Antonia Clissa, Michael Condon, Roger Cook, Ken Daniels, Joi Ellis, Sheryl de Lacey, Anne Graham, Kay Oke, Iolanda Rodino, Sheila Sim, Margaret van Keppel and Henry Wellsmore for their constructive suggestions, for reviewing drafts of the “Early History” and for dredging their memories to recall names for the photos.

A special thanks to Sheryl de Lacey of Flinders University for providing the copies of “*How I Began: The story of donor insemination*,” the first Australian booklet for donor sperm offspring, written by the NSW Social Workers Group in 1988; the leaflet “*Donor Insemination – Do we tell our child?*” and for the National Bioethics Consultative Committee, March 1991 report into “*Reproductive Technology Counselling*”. These important documents will be retained, together with other A.N.Z.I.C.A. archival information, by the Fertility Society of Australia and New Zealand (F.S.A.N.Z).

My thanks to all who helped with the provision of information and support for this project. I believe this brief telling of “A.N.Z.I.C.A. – *the Early Days*” gives a sense of the world of infertility and assisted reproductive counselling from the perspective of infertility counsellors and friends in Australia and New Zealand who commenced work from the mid-1970s to the late 1990s. My apologies for any errors or omissions, they are my responsibility alone.



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2. INTRODUCTION

This is such an insightful and important document! It provides us with a lively picture of the challenging environment faced by the early infertility counsellors, and charts the growth of ANZICA as a key source of expertise and reflection within ART. I was engrossed. From the beginning, we're intrigued to read of Miranda Montrone's meeting with Henry Wellmore and his archive in the unlikely setting of Tuggerah Shopping Centre. This homely detail brings a humanity to the story that's evident in the quotes and reflections throughout the pages. Photos and illustrations make the story all the more real.

It's easy for us to forget past societal norms and expectations. The decades of the earliest counsellors, the 1970s and 1980s, were often characterized by a stoical shutting down and silence on any experience of loss or anguish. There's a continuing theme in the document of the *"tension"* between the medical, scientific focus of the fertility teams, and the counsellors' struggle to create understanding and space for the complex, maybe uncomfortable aspects of ART. It's there in the words of Felicity Garner and Julia Paul: *"Conflict can arise when we want to challenge practice"*, and Kim Riding, who saw *"rocking the boat as an essential quality in our work"*. The very first meeting of ANZICA in 1989 was born *"out of a righteous anger"* in the stirring words of Henry Wellmore, when the counsellors could not get access to an inside meeting room and met instead under a tree at the Canberra Hyatt.

There was great energy and fellow-feeling in the early ANZICA connections, and Miranda captures this well: the mentoring and support counsellors gave each other, the validation that they were doing important work. There was careful thought about how ANZICA should be structured as a fledgling organization; and who ANZICA was for. Membership was limited to those who had a professional counselling qualification and the skills for the range of counselling work. That undoubtedly led to ANZICA becoming recognized internationally as a source of expertise, and to gaining a place within FSANZ. Clinic counselling services could then be included in the RTAC accreditation process as an integral part of the fertility team.

From the first, ANZICA embraced its role as a source of unique knowledge about how infertility impacted on families. Miranda reminds us of the impressive list of conference papers, presentations, submissions to government reviews and research authored by ANZICA. The counsellors foreshadowed and gave a name to so many of the issues that are now widely acknowledged. It was good to be reminded of the early publications for families, ground-breaking at the time: *"How I began"* and the Donor Insemination brochure. What a relief that Sheryl de Lacey in S.A. had copies of this material!

Miranda's account brings a vivid sense of the pioneering nature of much of the counselling work, and the critical role of the counsellors and ANZICA in voicing the dilemmas and responsibilities of this new reproductive technology. We are led skillfully to present-day practice, and for some, a sense of sadness that the counsellor's role in a private, for-profit environment must inevitably change.

All praise and gratitude to Miranda Montrone for sifting through what must have been a daunting pile of recollections. I am so glad that thanks to her deep insight, this unique material will not be lost. From it, she has produced a fascinating history which will interest future counsellors and validate the work of the past. Every new ART counsellor (and every clinic) should receive a copy!

Sheila Sim, Social Work Manager

Royal Hospital for Women (Paddington and Randwick) 1990 – 2015

3. Before A.N.Z.I.C.A. – The Early Years: from the mid-1970s to November 1989:

There were mental health professionals working in infertility counselling in Australia and New Zealand, in some but not all jurisdictions, from the 1970s. These counsellors were mostly Social Workers attached to hospital fertility units, though there were other professionals such as Psychologists. These counsellors most often undertook counselling related to donor insemination, as well as information and supportive counselling, and grief counselling.

“Many of the early counsellors were part of a public hospital unit, that meant they were exposed to the total range of experiences of women’s reproductive lives. Given the era, 1970s and 1980s, they would have been aware of questions of unplanned pregnancy, abortion, adoption, and pregnancy loss. I think that created a sort of backdrop for their work with couples facing infertility – for the counsellors to be more alive to loss, shame, ongoing grief, and identity.” (Sheila Sim, NSW)

Prior to the formation of A.N.Z.I.C.A. in late 1989 there was formal infertility counselling occurring in the following jurisdictions:

- New Zealand

Infertility Counselling was started in New Zealand in 1977, by Joi Ellis, a Social Worker at the National Women’s Hospital in Auckland. Of the early years, Joi wrote *“In the late 1970s there were no resources, guidance or mentors in Australia and New Zealand. A chance meeting between Kay Oke, (who was) working at Melbourne IVF (and) when holidaying in New Zealand led to a lifelong friendship and a life line of support.... There was mixed support for counsellors in this new medical field.... It ranged from extremely respectful and encouraging to almost hostile....In the beginning there was little (infertility) treatment, and what there was not very successful. Work was mostly given to grief counselling.”* (Joi Ellis, NZ)

- Victoria

The first donor sperm programme began under Dr Ian Johnston, in May 1976 in Melbourne. It was initially known as the A.I.D. (Artificial Insemination by Donor) with this name changed later on to D.I. (Donor Insemination). *“From its inception the inclusion of counsellors was a distinctive feature of the donor insemination program at the Royal Women’s Hospital (RWH, Melbourne).”* Kay Oke OAM (Vic) June 2022, reported that she started infertility counselling in 1981. *“Donor counsellors in the 1970s included Alison Bonython and Jenny Hunt. Jenny Blood started as a donor counsellor in the early 1980s. For many years Jenny (Blood) and I were the two Infertility Counsellors (Jenny DI and me IVF). In 1990 Melbourne IVF was created and I was counsellor there and RWH. Many other counsellors then joined us across both institutions including Kate (Bourne).”*

Of the early years, Jenny Blood (Vic), wrote of her time working as an Infertility Counsellor in Melbourne *“I commenced counselling at the Royal Women’s Hospital (Melbourne) in 1984 as an A.I.D. counsellor. I had a Diploma in Social Work. I joined Kay Oke at that time, replacing Jenny Hunt, who returned to the UK. My role was information giving, supportive, and decision-making counselling. I continued over the years to see individuals accessing DI and couples seeking IVF with male factor infertility. I also ultimately worked with donor conceived individuals seeking access to information re their donor.”*

- New South Wales

Donor counselling started in New South Wales, at the Royal North Shore Hospital in 1975 with Felicity Garner recalling that in the early days the Unit “borrowed” the Sexual Assault Counsellor Lesley Garton and then had their own counsellor Pamela Orlov. Felicity started in 1986 and remembered that *“Lesley and Pamela were my inspiring mentors.”* The start of the then North Shore ART donor programme was followed soon after by the donor programme at the Royal Hospital for Women (RHW Paddington, Sydney) where the senior Social Worker Mary Field was the first counsellor, followed by Bronwyn Morgan and then Julia Paul.

On 29 August 1978 *“a group of Social Workers, chaired by Mary Field (Senior Social Worker, Royal Hospital for Women, Paddington, NSW), met for the first time, to discuss significant issues in Donor Insemination and to explore what should be the role of the Social Worker. Since that time, a small group of Social Workers have met regularly, usually every 6 weeks or so.”* Comment from a presentation at the Annual Dinner of the A.A.S.W. (Australian Association of Social Workers) (NSW Branch) 9 September 1988, given by Julia Paul, Social Worker, Royal Hospital for Women, NSW, and Felicity Garner, Social Worker, Royal North Shore Hospital, St Leonards, NSW

In this talk, Julia Paul and Felicity Garner, NSW Social Workers, and Infertility Counsellors, also said *“The power base in the field of infertility treatment clearly lies with the medical profession. They have the expertise, the knowledge and of course the high status that society gives them. And yet the end result of all the necessary technology and treatment is about creating families, which is obviously a social concern....”*

In our field, it has been disturbing to see at times the lack of attention paid to the potential child, especially when donor gametes are used... Conflict can arise when we want to challenge practice, such as: insisting that patients are better informed about risks and pregnancy rates, or pointing out the psychological necessity of delaying donor insemination when a man has only very recently learnt of his infertility, or ensuring that records of donors are kept and maintained in the interests of the children yet to be created, who may want access to their genetic heritage in years to come.” (Julia Paul NSW and Felicity Garner NSW)

- South Australia

Sheryl de Lacey (Nurse, SA) *“initiated the community support group OASIS Infertility Support Inc in South Australia. ... In 1985 I was employed as Clinical Nurse Consultant in the Reproductive Medicine Clinic (which ultimately transitioned to Repromed). As the Senior Nurse I advocated for holistic and empathic care for infertile people undergoing fertility treatment. At this time there were no counsellors associated with infertility treatment and I was active in advocating the need for trained counsellors in this field.”*

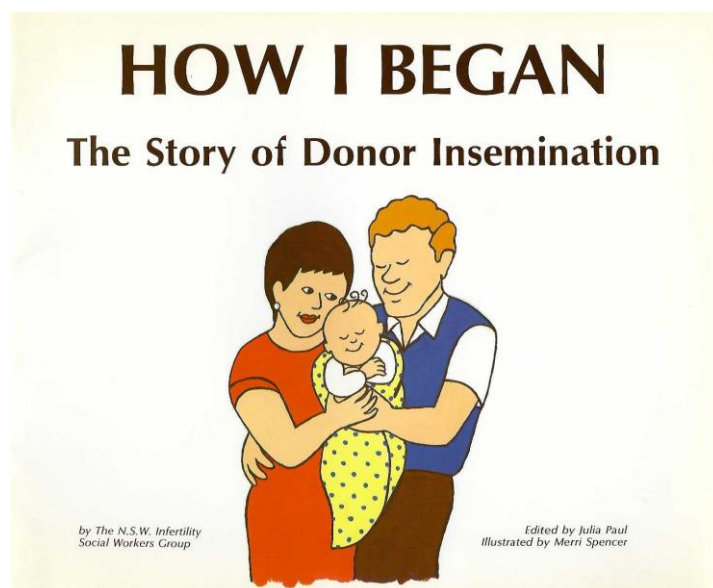
Karen Grob (previously Looi) was the first appointed infertility counsellor (in 1986) and she *“began seeing reproductive medicine clients at Repromed and the Royal Adelaide and Queen Elizabeth Hospital...Having started as a sole counselling practitioner the need for colleague support and collaboration became obvious. Even though these connections were initially with interstate colleagues (Kay Oke and Jenny Blood) they were invaluable and laid the groundwork for the development of A.N.Z.I.C.A.”* (Karen Looi Grob SA)

- Queensland

Michael Condon was the first appointed infertility counsellor in Queensland in 1989. In 2022 he reported that *“prior referrals were sent to the Uni Qld psychology clinic and were coordinated by a lecturer who mainly apportioned small numbers to students with a clinical supervisor.”* Michael was one of these students, where he did some infertility counselling from 1987, and in 1989 he was offered consulting work for the Queensland Fertility Group. *“Gloria Hynes, who was involved doing research at the time on IVF psychological needs, also joined (the) clinic as a consultant a short period after this or just before Lorne (F.S.A. Conference), I cannot recall which.”* (Michael Condon, Qld).

Donor Counselling

Regarding the role of counsellors in early donor counselling, Judy Bebe (NSW) wrote of when donor counselling started at the Royal Hospital for Women, Sydney: *“I believe we were all very effective in giving them (recipients) much needed support and to the donors themselves which was almost non-existent when I started in 1988.” “And it was with the help of Eva Durna, the Nurse Co-ordinator, and Miranda Montrone, that we were (later on) able to put together the Voluntary Contact Register for the RHW donors and recipients, some of the earliest donors and patients treated.”*



“How I began: the story of donor insemination”.
Ambassador Press, Sydney 1988. ISBN 0 947285 00 8.

The first children’s book published, in Australia and New Zealand, on issues related to donor insemination, was written by the NSW Social Workers group, and edited by Julia Paul, a Social Worker at the Royal Hospital for Women, Paddington, Sydney, with illustrations by Spencer Merri. Julia also had assistance from some donor sperm recipients. Costs of printing were covered by the Fertility Society of Australia, and the book was made available for distribution to donor sperm recipient parents in Australia and New Zealand, and any other interested people.

In the late 1990s, Ken Daniels (NZ), who has authored many papers on donor insemination and the impact on parties to the insemination, reviewed a book from the USA, *“Let me explain: a story about donor insemination”* by Jane T Schnitter, Perspectives Press, Indianapolis, 1995. In his review he noted *“it is not correct to say that this is the first of its kind book. Many readers will be aware of “How I Began,” published in Australia, and the UK publication “My Story” which were published earlier.* And as advised by Kate Bourne (Vic) there is also another booklet, *“Sometime it Takes Three to Make a Baby,”* which she wrote in 2002, and this was the worldwide first book explaining egg donation to children.

From the late 1970s and early 1980s infertility counsellors were involved in government inquiries on the legal issues of donor insemination. An example was the liaison of the NSW Infertility Social Workers group with the N.S.W Law Reform Commission. Legislation was *“finally enacted in 1984 making the infertile husband the legal father of the D.I. child. There was also the recommendation that all records pertaining to D.I be retained.”* (AASW Talk by Julia Paul and Felicity Garner, 1988). In this talk the speakers also referred to *“1987 research into the attitudes of parents of children conceived by D.I. which found that there is (sic) significant levels of anxiety concerning the issue of ‘telling.’”*



DONOR INSEMINATION

Do we tell our child?



An illustration of the collaboration which was occurring early on, was the publication in 1988 of the brochure, *“Donor Insemination – Do we tell our child?”* which was developed to address any concerns of the parents of donor conceived children.

This brochure was written in 1988 by the NSW Infertility Social Workers Group, and printed by the Fertility Society of Australia with the assistance of the Reproductive Biology Unit of the Royal Women’s Hospital in Melbourne.

The brochure was widely distributed through donor insemination clinics in Australia and New Zealand as an information brochure for parents, but also to advertise the availability of the children’s book, *“How I Began – The Story of Donor Insemination”* to help them tell their children of their genetic story.

4. The formation of A.N.Z.I.C.A. on 30/11/1989, and the 1990s:

The first Chair of A.N.Z.I.C.A., Roger Cook (Vic), recalled that the formation meeting of A.N.Z.I.C.A. was held *"sitting on the lawn outside"* the Hotel Hyatt in Canberra ACT on Thursday 30 November 1989 at 8 a.m. In attendance at the meeting were Infertility Counsellors from New Zealand, Victoria, and New South Wales: Roger Cook (Vic), Judy Bebe (NSW), Fiona Resnik (NSW), Joi Ellis (NZ), Kay Oke (Vic), Kit Eu (NSW), Henry Wellsmore (NSW), Felicity Garner (NSW), Cathy Coulter (Vic), Robyne Slade (NSW), Sheryl de Lacey (SA), Sue Craig (NSW), Louise Bowen (Vic). There was also a guest: Jenny Hunt (British Infertility Counselling Association), who had previously worked as an Infertility Counsellor in Victoria.

In the words of Henry Wellsmore (NSW), *"Roger Cook, Jenny Blood and Felicity Garner were the movers and shakers. In Canberra, we went looking for a room, and (the doctor in charge of the F.S.A. meeting), wouldn't give us a room, so (we) went and sat under tree, a tree in front of the Hyatt. We met out there" and decided "we need our own group", and the formation of A.N.Z.I.C.A. "came out of a righteous anger" at not being formally included in the F.S.A. conference."*

There was discussion about the Constitution, and whether or not A.N.Z.I.C.A. should be part of F.S.A., with a decision made for A.N.Z.I.C.A. to be a separate entity, with the membership fee set at \$20. *"A.N.Z.I.C.A. was formed and recognised by most.... A.N.Z.I.C.A. remained separate from F.S.A. as there was a strong sense that we did not want to get swallowed up by a group of largely powerful men."* Roger Cook (Vic)



This photo, was taken on 30 November 1989, after the Inaugural Meeting of A.N.Z.I.C.A., during post inaugural A.N.Z.I.C.A. meeting celebratory drinks on the verandah of the Hotel Hyatt Canberra.

Some other Infertility Counsellors who were working in the area in 1989, and who were not present at the inaugural meeting included: Helen Kane (Vic), Michael Condon (Qld), Cathy Coulter (Vic), Anne Morris (NSW), Gaire Neave (NSW), Karen Looi (SA), Robyn Irwin (NZ).

The first Executive of A.N.Z.I.C.A. was: Roger Cook (Vic, President), Jenny Blood (Vic, Secretary), Henry Wellsmore, (NSW, Treasurer and Newsletter Editor), Felicity Garner (NSW, Committee Member) and Joi Ellis (NZ, Committee Member). Early F.S.A. Social Work representatives included: Felicity Garner, and Kay Oke, and they were also both early Reproductive Technology Accreditation Committee (R.T.A.C.) counselling representatives.

To 2022 publication, chairs of A.N.Z.I.C.A. have included:

- Roger Cook (Vic): 1989 – 1992
- Karen Looi (now Grob) (SA): 1993 – 1994
- Kerry McGowan (NSW): 1995 - 1998
- Jenny Blood (Vic): 1999 – 2004
- Anne Graham (SA): 2005 – 2007
- Joi Ellis (NZ): 2008 – 2010
- Kate Bourne (Vic): 2011 – 2019
- Rebecca Kerner (SA): 2020 – (continuing at the 2022 date of publication)

As noted above, there had been social workers and psychologists undertaking infertility counselling in the jurisdictions of New Zealand, New South Wales, Victoria, and Queensland before the formation of A.N.Z.I.C.A. After the formation of A.N.Z.I.C.A. in November 1989, over time other States and Territories commenced Infertility Counselling.

- Western Australia

In December 2021 Iolanda Rodino (WA) recalled that the first counsellor in Western Australia was Simon Aylward who was *“one of the earliest counsellors (in the 1990s), but he died unexpectedly in his early 40s.”* Iolanda also recalled that Sue Midford was another very early W.A. Infertility Counsellor, as was Deborah Foster-Gaitskell. And Margaret van Keppel recalled being introduced by Deborah and she has subsequently worked for 23 years in infertility counselling in W.A. Antonia Clissa was the inaugural “approved counsellor” at the Keogh Institute (the first donor sperm bank in WA) in 1994. The WA Human Reproductive Technology Act 1991 required counsellors in WA ART units to be “approved counsellors”. This was amended in 2021 requiring counsellors within WA ART units to be eligible for ANZICA full membership.

Sue Midford was the first counsellor to sit on the WA Reproductive Technology Council (Council) from the interim Council in 1990 until her resignation in 2013. Antonia also served on the Council from 1997 – 2003 and 2013-2021 as WA government’s Women’s Interest representative. In 2004 - 2007 Antonia was appointed as Executive Officer for the Council and Principal Policy Officer – ART & Surrogacy for the WA Department of Health. In this time, she was responsible for developing surrogacy policy and legislation which was enacted in 2008 as the WA Surrogacy Act 2008. Iolanda Rodino sat on the Council’s Counselling Committee as clinic counsellor representative from 2000-2014 then was appointed the Chair of the Committee from 2014-2020.

- Australian Capital Territory

Kim Riding recalled that when she started in 1992 *“I took over from a friend, Daphne Dawson, who was a Court Counsellor, and (she) only worked at (Canberra Fertility Centre) CFC 5 hours per week.”* Kim’s work increased particularly when surrogacy was introduced in the ACT (the first jurisdiction in Australia to formally do so). *“Having A.N.Z.I.C.A. as the body to go to for information and support was fabulous as a counsellor that was quite isolated, especially in my early years.”* (Kim Riding, ACT).

- Tasmania

Michael Harrington-George was an infertility counsellor in Tasmania from the early 1990s, though unfortunately he died in 1999.

- Northern Territory

Bronwyn Russell, started in 1995, and she was the first and only infertility counsellor in the Northern Territory, to 2022. The IVF clinic is a Darwin satellite of a South Australian clinic.

Over the years, the first Chair of A.N.Z.I.C.A., Roger Cook, has served on R.T.A.C. and F.S.A. as the Counselling representative. In addition, he is unique in that he is the only Counsellor to have been the President of F.S.A. In his “Background Information” Roger wrote:

“The first issue in the earliest days was whether to call ourselves a “counselling” association or a “counsellors” association. The British through Jenny Hunt, had decided on “counselling” but we wanted to be more restrictive in relation to qualifications: we did not want anyone who called themselves a counsellor to be able to join. “Counsellor” is not a prescribed occupation such as “Psychologist” but using “Counsellor” in our title enabled us to set up membership qualifications such as required for Psychologists and Social Workers (and) the membership criteria allowed for “equivalent” qualifications to be determined by a membership committee.”

Kay Oke (Vic) recalled that she *“was the (first) Counselling Rep, then called Social Work member, on the foundation of F.S.A. The first F.S.A. meeting was held at Westmead (NSW) with a swearing in of office bearers at Sydney Uni. F.S.A. was unusual in that it had representatives of all the professions in IVF from the beginning... clinical, scientific, social work, and nursing.”*

Roger Cook, (Vic), recalled, *“The most difficult early issue however was convincing the clinicians that counsellors were valuable and essential team members of all clinics and that counselling should be as important as the science of infertility and the medical/clinical assessment and treatment. In the earliest days the doctors thought they could do any counselling and the nurses thought they could too. It took considerable effort to re-educate these people to value and respect the skills brought to the clinic team by the counsellors.”*

Of attendance at his first F.S.A. when A.N.Z.I.C.A. was formed, Henry Wellsmore (NSW) recalled beforehand *“I did not realise that counsellors in general were considered by some nurses as interlopers, and by many doctors, as unnecessary, costly irritations, a bit like mosquitos. This realisation slowly dawned on me at the F.S.A. and then in the months later it seemed to be confirmed. Yes, counsellors were part of the fertility environment, in some clinics they were mandated, but they*

were annoying and they cost money that could be spent elsewhere. Further, many nurses “believed” that they had been counselling patients for years and many doctors “knew” that they had been counselling.” To Henry this was a new view of the role of counselling in assisted reproduction as all team members at his clinic were fully supportive.

“The early years of A.N.Z.I.C.A. required devotion by all members to informing other disciplines of the place and value of counselling, including the value of deep and respectful listening to the experiences of “consumers”. It also involved much learning about the impact of societal pressures on those trying to form families with the help of technologies, especially the complexities of donor options and the profound meanings of this option.” (Karen Looi Grob SA)

“Generally, there was a lack of understanding of the Counsellor’s role in the early days. Some of the doctors felt they already did the counselling until we had a discussion about what we actually discussed in our sessions. There was agreement then that what we did was in fact different to the doctor’s role.” Antonia Clissa (WA) “Counselling was an annoying cost in the early days but seen as essential now.” (Bronwyn Russell, NT).

“We became an incorporated Association in 1998. This was seen as a legal protection establishing our credentials as a legitimate organisation. It was the beginning of A.N.Z.I.C.A. being taken seriously by government so that legislation regulating ART would include mention of counselling (Vic was first to mandate this in 1984) and require counsellors to be members of A.N.Z.I.C.A.” (Roger Cook, Victoria)



Fertility Society of Australia Annual Conference 1994

Left to Right. Back Row: Anne Graham, Felicity Garner, Miranda Montrone, Kay Oke, Sue Midford, Kerrie McGowan, Michael Condon. Middle Row: Antonia Clissa, Jan Anderson, Jenny Blood, Judy Bebe, Michael Harrington-George, name forgotten. Front Row: Ken Daniels, Jan Clark, Karen Looi (now Grob), Henry Wellsmore, Roger Cook

Full Membership/Associate Membership

Because of the initial explicit pressure, and continuing implicit pressure, from other fertility professions regarding “counselling” being done by nurses and doctors, full membership of A.N.Z.I.C.A. has always been restricted to members who have counselling qualifications and who work as infertility counsellors. In the early days this meant that two very appreciated contributors to A.N.Z.I.C.A. were restricted to Associate Membership: Sheryl de Lacey (SA) and Ken Daniels (NZ). However, both have made very significant contributions to the psycho social aspects of infertility and their contribution to A.N.Z.I.C.A. has been invaluable.

Ken Daniels (NZ) is an academic and Professor of Social Work at the University of Canterbury (NZ) and wrote recently *“I was never a counsellor in the traditional sense of the word. I was trained as a counsellor, but my role was primarily a researcher. What I do recall with some clarity was the debate that occurred as to whether I could belong to A.N.Z.I.C.A. I was after all an academic and had a primary interest in research.”*

Though Ken Daniels did not attend A.N.Z.I.C.A. AGMs, he was however always involved in A.N.Z.I.C.A. workshops and presented at F.S.A. conferences, and he has published very many journal articles in peer reviewed journals, particularly on issues related to donor conception in which he is a world recognised researcher. *“At some point it seemed that this issue disappeared and I was regarded as a full member.”* (For further information on his work, contact Ken (ken.daniels@canterbury.ac.nz) for his memoir, “A Fortunate Life”)

Sheryl de Lacey (SA) worked with infertile people from 1982 in her nursing role, and she *“initiated the community support group OASIS Infertility Support Inc in South Australia. In the role of chair and co-ordinator she organised information sessions, fielded distressed callers on the phone and was active in advocating for infertile people”*, including the importance of there being counsellors to help.

In 1988, Sheryl was appointed to the National Bioethics Consultative Committee (NBCC) which was *“instrumental in promoting mandatory record keeping, openness and disclosure in Donor Insemination.”* And she *“chaired the working party that produced the report for government entitled ‘Reproductive Technology Counselling’ in which different forms of ‘counselling’ were differentiated and defined.”* From 1990 Sheryl was appointed to an academic position at Flinders University in South Australia and *“focussed her research efforts at addressing the lived experiences of participants in reproductive medicine”*.



(Left to right. Sheila Pike BICA (United Kingdom), Kate Bourne, Sheryl de Lacey, Joi Ellis, Helen Alvino, Kay Oke, Eric Blyth (United Kingdom), Dr Sibil Tschudin (Switzerland))



F.S.A. Conference Lorne 1992

Left to Right. Back Row: Michael Condon, Miranda Montrone, Jenny Blood, Ken Daniels.
 Middle Row: Roger Cook, Felicity Garner, Jan Anderson, Jan King, Judy Bebe.
 Front Row: Henry Wellsmore, Sandy Webb.

Early activities of A.N.Z.I.C.A. after formation, included:

- Press Release on the establishment of A.N.Z.I.C.A. and a membership application form.
- Regular meetings of the A.N.Z.I.C.A. Executive were held by teleconference.
- A Constitution for A.N.Z.I.C.A., March 1990 was developed and reviewed.
- Distribution of a video tape (August 1990), "Forum on Donor Insemination", with presenters, Annette Baran and Reuben Pannor, authors of "Lethal Secrets: The Psychology of Donor Insemination" April 1989
- A survey of responses from A.N.Z.I.C.A. members on the National Bioethics Consultative Committee paper on Infertility Counselling. August 1990
- A submission to the National Bioethics Consultative Committee of the findings from the survey of A.N.Z.I.C.A. members, including recommendations for amendments to the document. October 1990
- Recommendation to F.S.A. that *"F.S.A. introduces and endorses via the accreditation process, a set of professional standards for infertility counsellors."* January 1991
- Newsletters (typed, printed, posted) distributed to membership, with reports of activities and research of interest to A.N.Z.I.C.A. members. In that of February 1991, there was a report on research at the Royal Hospital for Women, Randwick NSW and Lingard Hospital, Newcastle NSW, *"to assess the impact of donor insemination programmes on couples and their family development."*
- In April 1991, contact was made with pharmaceutical companies (including Organon and Serono) for funding on a similar basis to that given to the F.S.A. Nurses Special Interest Group. The response from the companies was negative.
- June 1991, distribution of the book, *"How I Began- the Story of Donor Insemination"*, moved from the Royal Prince Alfred Hospital, Camperdown, NSW to the F.S.A. Secretariat in Canberra.
- February 1991, development of an A.N.Z.I.C.A. membership database.
- Development and running of ANZICA Workshops, on issues such as: infertility, assisted reproduction and counselling; third party reproduction counselling; donor offspring issues.
- The allocated position on the F.S.A. Board for a person representing Psycho Social Counselling was changed from "Social Worker" to "Counsellor".

In the words of Karen Grob (previously Looi), (SA) early achievements of A.N.Z.I.C.A. were:

- *"Accumulating evidence on the positive outcomes achieved by counselling services, in the role of decision-making by clients, support to endure treatment, relationship stress, and support during challenging treatment experiences."*
- *Education of other disciplines of the role and value of counselling, quite a challenge at times as the only mental health professionals in multi-disciplinary teams;*
- *Development of requirements for professional infertility counselling and A.N.Z.I.C.A. membership;*
- *Development of the role of counselling accreditation in the Reproductive Technology Accreditation Committee (R.T.A.C.);*
- *Development of guidelines for all aspects of counselling in reproductive medicine, in particular, the complexities of donor issues and surrogacy;*
- *Modelling and emphasising respect for the experiences of those considering or going through treatment."*

5. When A.N.Z.I.C.A. joined the Fertility Society of Australia (now F.S.A.N.Z)

In 2006 A.N.Z.I.C.A. became a sub group of the Fertility Society of Australia (F.S.A. now Fertility Society of Australia and New Zealand). Anne Graham (SA) was Chair of A.N.Z.I.C.A. at the time, and Adrienne Pope was President of the F.S.A.

Of the decision to give up professional independence and become part of the F.S.A., Joi Ellis (N.Z.) recalled, *"I don't think any of us were keen on it, but we had to weigh up the pros and cons. It was clear the people who founded it (A.N.Z.I.C.A.) were (moving on) and the question was whether the new people would be prepared to take it on (and all the volunteer hours).*

The advantages of being independent and separate – we could say what we liked. The advantages (of being part of F.S.A.) were that we got the (F.S.A.) Secretariat, we got the funding (drug companies weren't going to give us money when we weren't part of F.S.A.). It was an agonising decision but in the end the economics of the situation won. A.N.Z.I.C.A. had no source of funding without enormous registration fees which would not have been paid for by the employers. The necessary voluntary hours the committee members would need to devote (indeed had devoted over the years) were increasingly difficult to find.

However, when we wished to speak out, be advocates for clients, use our evidence-based knowledge in submissions and the press we wished to retain our independence. This was sometimes problematical and there was a tension at times with F.S.A."

Iolanda Rodino (W.A.) recalled *"I was on the A.N.Z.I.C.A. Executive Committee at the time. Anne Graham from South Australia was the Chairperson. There was consensus view at the time that it was important to be associated with F.S.A. as the biggest professional society. Being formally linked to the mothership allowed influence in all aspects of the psychosocial domain including the inclusion in R.T.A.C. audits, as essential personnel. There was also deemed to be financial merits – F.S.A. would assist us if required."*

Kim O'Dea from Waldron Smith Management, who has provided a wonderful secretariat service for many years since A.N.Z.I.C.A. became part of F.S.A., recalled recently that *"the decision to join the FSANZ was mostly influenced by the difficulty in managing A.N.Z.I.C.A. on a purely volunteer basis, joining the FSANZ (sic) provided the A.N.Z.I.C.A. members with a level of security from both an administrative and financial perspective."*

Other important dates:

- In April 1990 an A.N.Z.I.C.A. representative invited on to Reproductive Technology Accreditation Committee (R.T.A.C.).
- In 1998 after the F.S.A. Conference in Hobart, A.N.Z.I.C.A. became Incorporated, with a new Constitution.
- A.N.Z.I.C.A. Website started in 2004.
- A.N.Z.I.C.A. Facebook page started 2014

6. The Role of Counselling in Assisted Reproduction

Infertility Counselling can encompass a range of types of counselling including: information, support, decision making, implications, therapeutic, and assessment counselling. In 1991 there were two publications which reported on Committees that had examined issues related to infertility, assisted reproduction and counselling:

- Counselling for Regulated Infertility Treatments. The Report of the King's Fund Centre Counselling Committee. January 1991. King's Fund Centre London www.kingsfund.org.uk (copy archived on Zip drive with A.N.Z.I.C.A. documents)
- Reproductive Technology Counselling. The National Bioethics Consultative Committee (NBCC) Final Report for the Australian Health Ministers' Conference. Commonwealth of Australia March 1991 (copy archived with A.N.Z.I.C.A. documents)

The reports of the U.K. King's Fund and the NBCC report had very similar recommendations covering the types of counselling, training requirements, and that counselling should be integral to the provision of services at infertility clinics. In the NBCC Report it was noted that there were differing opinions as to what is meant by counselling. However, the report concluded that infertility counselling can incorporate the following:

- Information counselling
- Supportive counselling
- Implications counselling
- Decision-Making counselling
- Therapeutic counselling
- Assessment counselling

The NBCC report also recommended that:

- Accreditation of Infertility Counsellors be required
- Training programs for Infertility Counsellors be developed
- Accreditation of IVF clinics include a requirement that an accredited Infertility Counsellor work at each clinic; and that there be provision of information on counselling resources separate from the clinic.

Depending on where counsellors are located, their work may include some or perhaps all of these types of counselling. Roger Cook (Vic), one of the very early counsellors and the first Chair of A.N.Z.I.C.A., wrote *"the first four of these were my first task, and the therapeutic approaches came later, and more lately the psychological assessment for surrogacy."* Michael Condon (Qld) wrote *"In the beginning the work was mainly support, but quickly included information, decision making, support and implications, short term therapeutic work. Assessment was not (originally) part of the role.... I was soon involved in helping to provide psychological aspects to organisational plans for patients with QFG, although not in a formal structured meeting way. Significant involvement of planning and implementation of donor oocyte and donor embryo programs."*



Sheila Sim (NSW) saw the involvement of A.N.Z.I.C.A. as very positive in changing attitudes of other health professionals. *"I think it's a great achievement of A.N.Z.I.C.A. that the counsellors transformed the Reproductive Medicine world by gently, calmly, raising issues of loss and identity. I don't want to imply that the nursing and medical staff weren't understanding. But I think the counsellors changed the basis of care from "We are giving infertile couples a baby" to a deeper understanding of the sadness of loss and yearning, and the need for all Units to acknowledge the role of psychosocial support as well as medical expertise."*

"On any given day the role of counsellor can change from assessor to advocate, from therapist to information provider, from supporter to barrier when ethical dilemmas that impinge upon the client and/or issues pertaining to the child have not been considered. Fortunately, as a trained A.N.Z.I.C.A. counsellor, each of these roles sit comfortably." (Iolanda Rodino, WA)

"Many changes occurred in the role of counselling in clinics as the medical profession came to understand the need for support and grief counselling and information for IVF patients. Early counsellors worked hard to bring about these changes through the work of A.N.Z.I.C.A., and in their own clinics." (Gloria Hynes, Qld). Though infertility counselling has become an integrated, routine part of many clinics in Australia, there are some early counsellors who still have concerns, thus for example, Margaret van Keppel (WA) said that in her opinion, *"counselling is (still) undervalued and underutilised."*

7. Relationships of Infertility Counsellors and A.N.Z.I.C.A. with other health professionals

"In 1984 Social Workers gained a permanent position on the Fertility Society of Australia Council. At present I hold that position." (Julia Paul, NSW, 1988). In 1993 the allocated psycho-social position on

the Board of the Fertility Society of Australia was changed from “Social Working” to that of one employed in “Psychosocial Counselling.”

“Yes, counsellors were part of the fertility environment in some clinics they were mandated, but they were annoying and they cost money that could be spent elsewhere. Further, many nurses “believed” that they had been counselling patients for years and many doctors “knew” that they had been counselling. I know that the doctors “knew” because as time went on some pointedly told me.... The scientists, I think, were somewhat bemused but were willing to accept these “weirdos” who talked a strange language that sounded like English, but didn’t make much sense, at least to them.” (Henry Wellsmore, NSW).

On this issue, Anne Graham (SA) wrote *“I remember the tensions as we took over a role which had been the domain of the nurses. Meredith Krust-McKay and I ran a training session with our nurses which we started with a role play demonstrating the difference between a social conversation and a counselling interview. Some of them got it, I think! I think that the fact that we had A.N.Z.I.C.A. workshops and presentations at the Fertility Society conferences helped with this relationship between the counsellors and nurses. Also, I remember, linked with the above, the common lack of appreciation of counselling from the doctors. Not universal but pretty common at the beginning of my time and it did improve for me. Maybe that was a battle fought more by individuals though.”*

“There was very mixed support for counsellors in this new medical field from employers and Medical Directors. It ranged from extremely respectful and encouragingto almost hostile. I am pleased that over the years I think A.N.Z.I.C.A. gained recognition for being an ethical, professional group that added much to the knowledge of the psychological, social implications of fertility issues. It’s interesting that many of the future impacts that A.N.Z.I.C.A. alerted the community to have come to pass. The people conceived through gamete donation are now challenging those who fought for donor anonymity.” Joi Ellis (NZ)

8. Activities of A.N.Z.I.C.A. counsellors, during the early years and later on:

Starting from a small group of counsellors who got together on the lawn outside the hotel/conference of the Fertility Society conference in 1989, A.N.Z.I.C.A. has grown to have significant influence within the Fertility Society of Australia and New Zealand (FSANZ), and with government authorities. There is also mention of A.N.Z.I.C.A. in some legislation related to assisted reproduction, particularly third party such as donor and surrogacy related treatment.

Some examples of activities of infertility counsellors include:

Patient Counselling:

- New patient counselling, individual and couple
- Protocol donor (known and unknown/identifiable) and surrogacy pre-treatment counselling
- Grief counselling
- Therapeutic support counselling
- Donor Linking counselling
- Exit counselling
- Relationship counselling
- Assessment counselling: psychopathology, relationship, treatment issues, third party reproduction such as independent assessment of surrogacy arrangements

Patient Support Groups:

- Counsellors have run general patient support groups, and involvement with external support groups, such as the Oasis Infertility Support Group (SA), Concern (NSW), Access (Australia and New Zealand)
- Treatment specific groups such as for: endometriosis; miscarriage support; donor issues (donors, recipients, offspring); and information/support sessions for new IVF patients; parenthood after IVF; peer support for solo mothers; “Time to Tell” seminars for parents of donor conceived offspring; donor linking counselling; Mind/Body groups
- Patient Newsletter articles on psychological aspects of infertility and treatment and outcomes, which was continued until establishment of Facebook group

Development and Review of Professional Guidelines:

- Fertility counselling, donor and surrogacy counselling protocols and guidelines, protocols re openness in third party reproduction,
- Comprehensive guidelines for professional practice, including egg sharing, donor embryos, and donor linking counselling guidelines.
- Guidelines/Policy statements on egg sharing, donor embryos and donor counselling guidelines.

Workshops/Presentations:

- Counsellors have done many presentations and workshops over the years, and have often won F.S.A. conference prizes for Counselling and Psycho Social presentations.
- In recognition of their expertise counsellors have been invited to give presentations and workshops at overseas conferences including world congress conferences, such as ESHRE and ASRM

Committees/Government Authority Representation:

- A.N.Z.I.C.A. and F.S.A./F.S.A.N.Z. committee/board membership, and sub-committees
- Reproductive Technology Accreditation Committee (R.T.A.C.).
- Representation on government authorities such as the WA Reproductive Technology Council; SA Council on Reproductive Technology; National Bioethics Consultative Committee, NHMRC Health Ethics, Embryo Licencing and Community and Consumer Boards; Committee for Practice for Fertility Service Providers in New Zealand;
- Submissions to government inquiries, and appearances before inquiries; request by government authorities for information, advice, and input from members of A.N.Z.I.C.A.

Lobbying/Raised Awareness on issues such as:

- Liaison with government committees and commissions on infertility related legal issues, such as donor insemination and surrogacy legislation
- A mandatory requirement that a clinic must offer of a counselling service if they wish to be R.T.A.C. accredited
- For practice and legislation regarding donor identity and the rights of donor conceived to access information
- The importance of emotional health issues and supportive services for those experiencing infertility

Back up/Support Work with clinic staff:

- Case presentations at clinic team meetings
- Training sessions for clinic staff, covering issues such as: debriefing, challenging patients, breaking bad news, dealing with angry patients; giving negative results, self-care
- Training and supervision of new counselling staff has also been the responsibility of experienced counsellors.
- Development of a voluntary contact registers of donors, recipients, and offspring

Research and publications:

- Infertility Resources Handbook 1981
- Contributions to the A.N.Z.I.C.A. Newsletter, then to the online Facebook group
- Several Infertility Counsellors have completed Masters and PhD studies in Infertility Related issues such as:
 - “Psychosocial Effects on Men of their Infertility” (Roger Cook, PhD)
 - Disordered eating attitudes and behaviours among female patients undergoing fertility treatment: Implications for Pre-Conception Care” (Iolanda Rodino, PhD)
 - “Adjustment to a Failed IVF Attempt: The Role of Causal Attributions and Coping.” (Gloria Hynes, MA)
- Contributions to chapters in books such as: “Towards Reproductive Certainty: Fertility Genetics and Beyond” 1999; “Swimming Upstream: The struggle to conceive”; Fertility Counselling Clinical Guide 2nd edition;
- Contributions to clinic publications for patients, such as MIVF “Taking Charge”
- “Sometimes it takes three to make a baby” (the first book explaining egg donation to children) written by Kate Bourne 2002
- “The Ethical Issues of Embryo Donation” and “The Historical Development of the Discussion of Ethical Issues Associated with the use of Donor Sperm” (Henry Wellsmore, MAE)
- The Donor Conception Support Group published a book called “Let the Offspring Speak” in 1997. Ken Daniels, Kerrie McGowan and Henry Wellsmore contributed papers to the book.
- A number of counsellors have had papers published in peer reviewed journals on issues such as: cross border reproduction; disclosure of donor treatment; compensation for donor gametes/embryos/surrogacy; donor implications for all parties; surrogacy.

F.S.A./F.S.A.N.Z. Life Membership/Government Awards:

- Several A.N.Z.I.C.A. counsellors have been given life membership, in recognition of their contribution to F.S.A./F.S.A.N.Z. and A.N.Z.I.C.A., and to infertility counselling generally. This includes: Joi Ellis, Kay Oke, Jenny Blood, Dr Roger Cook.
- In 2017 Kay Oke was awarded the Order of Australia (OAM) for services to counselling in fertility services.
- Edith Cowan’s Women’s Fellowships, e.g. Antonia Clissa
- University and research travel grants awarded to some counsellors, eg Iolanda Rodino

“Over time the complexities of working in a field devoted to the powerful impacts of infertility emerged, including concepts of traumatic grief, liminality, relationship issues, donor complications and the need to initiate clients into new vocabularies. The profound nature of the experiences of many participants could be hidden and required a solid knowledge base in order to facilitate the client’s own reflections on the issues brought to counselling.” (Karen Grob (previously Looi) SA)

9. A.N.Z.I.C.A. and Infertility Counsellors as integral parts of fertility treatment in Australia

Whilst this issue was not explored in detail in the “Backgrounds,” some counsellors made comments about how they see counselling being perceived in clinics and assisted reproduction generally, as at 2022.

a. The Role and Value of A.N.Z.I.C.A.

When giving his first presentation, Henry Wellsmore (NSW), reported that he was heckled by a doctor. *“After the paper I was approached by the New Zealand counsellors”* who supported me. *“To this day I am extremely grateful to Joi Ellis and Robyn Irwin for their support that day. As I see it, the criticism often received by counsellors, lead (sic) to some wonderful supportive relationships within A.N.Z.I.C.A.”* *“A.N.Z.I.C.A. gave me somewhere safe where I could test out ideas, get support and have a certain status.”*

“Having A.N.Z.I.C.A. as the body to go to for information and support was fabulous as a counsellor that was quite isolated, especially in my early years. People such as Roger Cook were so supportive and for that I was thankful. They were good early days and it was with their help that I developed my own set of ethics and was encouraged to discuss (successfully!) these with doctors and scientists at the clinic. I felt valued.” (Kim Riding, ACT)

“A.N.Z.I.C.A. was particularly instrumental in educating medical professionals about the importance of contact and honesty between parents and their donor children. Secrecy was still very much encouraged in much the same way it was in the early days of adoption.” (Kerrie McGowan, NSW)

“I distinctly recall meeting the early A.N.Z.I.C.A. members at an F.S.A. conference. I wasn’t a member at the time and was trying to ascertain when and how I could become a member as having that collegial support felt so invaluable in exploring this new territory of ART. I must say having that support of colleagues continues to be as important as the territory continues to expand it brings with it greater ethical dilemmas. Regular professional and peer supervision have been a lifesaver and helps prevent many sleepless nights.” Antonia Clissa (WA)

“As fertility counselling was very new it was incredibly important to learn and share knowledge with other colleagues across Australia and New Zealand. I was so fortunate to be mentored by Kay (Oke), Jenny (Blood) and Joi (Ellis) in particular.” Kate Bourne (Vic) *“Anne Graham was the counsellor in Adelaide and she was my mentor.”* Bronwyn Russell (NT). *“The peers at A.N.Z.I.C.A. and F.S.A. conference(s) really provided the only significant professional input re fertility needs from psychological perspective early on. Once research literature became more prevalent A.N.Z.I.C.A. provided less of a role in information but more support.”* Michael Condon (Qld)

b. Counsellors as integral to clinics and fertility treatment, or not?

“Certainly, the complexity of the issues addressed by fertility counsellors has expanded significantly over the past 20+ years. I do believe that slowly, our standing in the world of fertility treatment/research/policy has grown significantly, through the efforts of A.N.Z.I.C.A., clinic counsellors and academics. We still have a long way to go. I have witnessed an increased integration

of the counsellor and counselling into the care of patients provided by clinics, but there is still a long way to go.” (Margaret van Keppel, WA)

“I left my role as counsellor in 2017. Half of me was ready to retire after 25 years but I also felt that all the work I had put into my practice was under or even de-valued when our little clinic was bought out by a larger practice. My “supervisor” had little experience I thought, especially in the development of protocols and seemed to just “play the game” and be content to keep her doctors and scientists happy by not rocking the boat. I’ve always felt that “rocking the boat” was an essential quality in our work, as was being the spokesperson and advocate for our clients. When making money becomes the main objective of an organisation, it loses something precious, and this happened in our neck of the woods. I left with a sour taste in my mouth, such a shame.” (Kim Riding, ACT)

“When I joined in 1987, the main goals, at least in Lingard, and many other clinics, was the patients’ well-being and the science. This approach was enhanced by a strongly co-operative atmosphere between the majority of clinics and was particularly evident within S.I.R.T. and A.N.Z.I.C.A. In the middle to late nineties, the main game seemed to change to making money, and imperceptibly there seemed to be a more competitive atmosphere between clinics. This competitiveness, I believe, negatively affected the relationships between many of the counsellors. This may not be the experience of other counsellors but I found it sad that by 2000 the camaraderie that I had experienced during the late eighties and early nineties was very much lessened..... However, this is now ancient history and I hope that A.N.Z.I.C.A. has been able to recapture, maybe redevelop some great times similar to what we enjoyed in those early heady days.” (Henry Wellsmore NSW)

“I believe that now, in 2022, the role of Infertility Counsellors and that of A.N.Z.I.C.A., is accepted by the wider fertility community and internal and external organisations. However, I feel that counselling is sometimes still tokenistic, like a rubber stamp, that patients need to have done before they can do certain treatments, eg donor, surrogacy. I have never had this approach in my independent donor and surrogacy work, but I don’t know that it is necessarily the approach for all counsellors. I think it is probably quite difficult for counsellors embedded within the clinic structure, where the view of counselling is often that of medical professionals who deep down don’t know, accept or understand what we can do.” (Miranda Montrone, NSW)

“The role of R.T.A.C. (representative) was significant, I think. Even though the early visits were very informal and subjective, units had to demonstrate that they employed counsellors, which legitimized our roles and the solidarity of having an organization like A.N.Z.I.C.A. played a part in this I think.” Anne Graham (SA) “I am concerned for the small clinics that have very low counselling budgets..... My time is essentially 3 hours per week and to replace me in the coming years is going to be difficult.” (Bronwyn Russell, NT)

“Having been the R.T.A.C. A.N.Z.I.C.A. representative since 2012 has had many challenging moments. Being often the sole voice and carrying the responsibility to bring the psycho-social perspective to the R.T.A.C. table has not always been easy. In my experience our perspective has not easily been embraced by other disciplines. It seems that the issue of cost often clouds the perspective of value that we can bring as counsellors... ART clinics still seem siloed across professional groups.... On reflection, I have really appreciated having the opportunity to sit on R.T.A.C. I recognise the privilege of having this influence even though we may not always get what we want of what we as Mental Health professionals think is best. The opportunity to brainstorm the complexities of the ART world

and to accompanying patients through infertility remains an honour and a privilege.” (Antonia Clissa, WA)

c. Issues for the future

This brief background history of “A.N.Z.I.C.A. – *The Early Days*” represents the thoughts and ideas of infertility counsellors who started in the industry from the mid-1970s to the year 2000. Some of them left over that time, and some continued to work until 2022 when this is being written, though overall there is a continuing changing of the guard in A.N.Z.I.C.A. and the breath of fresh air of new counsellors with energy and different ideas.

Some comments from Iolanda Rodino (WA), who started infertility counselling in 1996, indicate important issues for the future include:

- *“Increases in cross-border reproductive care;*
- *Greater need for understanding of the impact of legislative frameworks;*
- *The voice of donor conceived individuals has become paramount, louder and in the public eye;*
- *Navigating the world of DNA technology, donor-linkage and new “found families connections”*
- *The role of corporations.”*



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10. Appendix: Template sent to Early A.N.Z.I.C.A. COUNSELLORS FOR INFORMATION

"BACKGROUND INFORMATION FOR BRIEF HISTORY OF A.N.Z.I.C.A.

*Can you please write whatever information you recall from your time in Infertility Counselling, and in relation to A.N.Z.I.C.A., F.S.A. and the world of assisted reproduction generally? There is no information too trivial or irrelevant. Whilst most of what you write will not all be included in the BRIEF History of A.N.Z.I.C.A. (there is a reason that BRIEF is in capitals!) I am hoping that what I collect will be retained as archival information by F.S.A. We have all worked very hard and been part of a whole new world, and it is important that it be documented. Thanks.
Miranda Montrone*

NAME:

QUALIFICATIONS:

YEAR STARTED IN INFERTILITY COUNSELLING:

WHERE (STATE, TERRITORY, COUNTRY):

WHAT CLINIC/PRIVATE PRACTICE (may be more than one):

**NAME/S OF OTHER COUNSELLORS IN YOUR JURISDICTION, WHO STARTED AROUND THE SAME TIME/
or ANY COUNSELLORS WHO WORKED IN YOUR AREA, BEFORE YOU STARTED:**

**TYPE OF WORK DONE IN THE BEGINNING (e.g. information, support, decision making, implications,
therapeutic, assessment):**

TYPE OF WORK DONE LATER ON:

ACHIEVEMENTS (YOURS AND A.N.Z.I.C.A.'S):

COMMENTS/THOUGHTS ABOUT COUNSELLING EARLY ON AND/OR THE ROLE/VALUE OF A.N.Z.I.C.A.:

ANY OTHER COMMENTS/SUGGESTIONS FOR THE BRIEF HISTORY OF A.N.Z.I.C.A.:

DATE:"