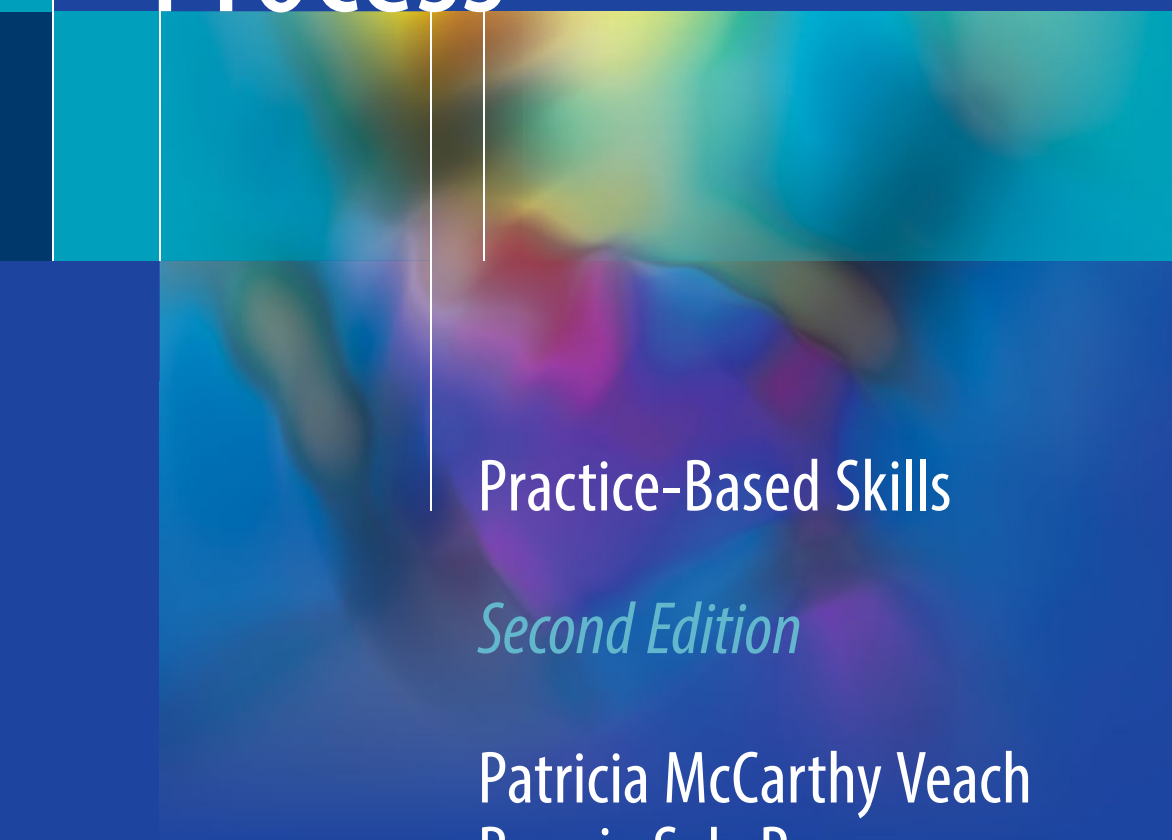
Facilitating the Genetic Counseling Process



Practice-Based Skills

Second Edition

Patricia McCarthy Veach
Bonnie S. LeRoy
Nancy P. Callanan

Springer

Facilitating the Genetic Counseling Process

Patricia McCarthy Veach
Bonnie S. LeRoy · Nancy P. Callanan

Facilitating the Genetic Counseling Process

Practice-Based Skills

Second Edition

Springer

Patricia McCarthy Veach, Ph.D., L.P.
Department of Educational Psychology
University of Minnesota
Minneapolis, MN
USA

Nancy P. Callanan, M.S., C.G.C.
Genetic Counseling Program
University of North Carolina
Greensboro, NC
USA

Bonnie S. LeRoy, M.S., C.G.C., L.G.C.
Department of Genetics,
Cell Biology and Development
University of Minnesota
Minneapolis, MN
USA

ISBN 978-3-319-74798-9 ISBN 978-3-319-74799-6 (eBook)
https://doi.org/10.1007/978-3-319-74799-6

Library of Congress Control Number: 2018933097

Printed on acid-free paper

This Springer imprint is published by the registered company Springer International Publishing AG part of Springer Nature
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface

The genetic counseling landscape has changed dramatically in the 14 years since the initial publication of this book. During that time, genetic knowledge, tests, and technologies have burgeoned, often presenting patients and their family members with more options and increasingly difficult decisions. The sheer amount and type of available information and options further complicate decision-making processes. Now, perhaps more than ever, basic counseling skills are essential for providing genetic counseling services that facilitate patients' understanding, decision-making, coping, and adaptation to their genetic situation. Given their importance, basic skills remain the focus of the second edition of this book. We are excited, however, to frame the skills within a growing literature in the genetic counseling field that includes models of practice and research on genetic counseling processes and outcomes.

This book is intended to help genetic counseling students develop basic helping skills that form the foundation of effective genetic counseling relationships. These skills are integral to all aspects of a genetic counseling session, from obtaining history to providing information, to presenting options, facilitating decision-making, and providing anticipatory guidance and supportive counseling. They are essential for helping patients become educated so they can use genetic information to their benefit. In addition to a basic helping skills (microskills) focus, the content of this book promotes case conceptualization and self-reflective practice. A noteworthy feature is the inclusion of numerous structured activities and written exercises that provide opportunities for supervised practice in basic helping skills (which comprise the tools of interaction), self-reflection skills, and critical thinking skills necessary for making connections between basic skills and broader competencies. The exercises and activities are grounded in active and cooperative learning approaches that emphasize a high level of student participation and student responsibility for learning (Johnson et al. 1991). Students work together in learning activities that promote cooperation rather than competition. Furthermore, this approach facilitates student self-assessment of strengths and limitations. Note that many of the activities at the end of each chapter can be modified for use as a written exercise, and many of the exercises can be modified for use as an interactive activity.

The chapters address several of the psychosocial, practice-based competencies endorsed by the Accreditation Council for Genetic Counseling (2015) [see Appendix A for a list of the ACGC practice-based competencies for genetic counselors, including interpersonal psychosocial and counseling skills (Chaps. 2–11) and professional development (Chaps. 12–13).] The contents of this book will not fully prepare students to practice independently, but they will provide a skill base that deepens and broadens as students gain additional academic and clinical preparation. Although designed for use in a classroom setting, most of the materials, activities, and exercises can be adapted by clinical supervisors for use in the clinical setting.

This book edition contains a discussion of the Reciprocal-Engagement Model of genetic counseling practice (Chap. 2), expanded content on two basic counseling skills—advice and influencing skills (Chap. 10), new content on genetic counselor burnout and compassion fatigue (Chap. 12) and professional development and self-reflective practice (Chap. 13), genetic counseling examples/scenarios that reflect current testing and technologies, incorporation of genetic counseling research findings, additional activities and exercises in each chapter, and two role playing models for skills practice (Chap. 1). We deleted a chapter on using Internet resources as the current generation of students and practitioners are well-versed in Internet usage.

When revising this book, we drew upon numerous sources, including our combined professional experience as practitioners, educators, and researchers in the fields of genetic counseling and mental health counseling and from literature in genetic counseling and psychology. There are striking similarities between psychological counseling and genetic counseling, and many concepts are virtually interchangeable. Our goal, however, is not to train genetic counseling students to be psychotherapists. Therefore, examples provided to illustrate skills, concepts, and processes are always specific to the genetic counseling relationship. Furthermore, as genetic counseling is first and foremost a medically based health-care profession, important distinctions between mental health counseling and genetic counseling are highlighted throughout the book.

The content reflects a variety of theoretical orientations, including humanistic theories that stress the significance of helper genuineness, positive regard, respect, and nondirectiveness; psychodynamic theories that emphasize the strength and quality of the helper-patient working alliance and conscious and unconscious processes; and cognitive-behavioral theories that describe complex interactions of thoughts, feelings, and behaviors and the importance of defining patient concerns and goals in concrete, behavioral terms.

Our perspective is strongly influenced by our white, Western cultural backgrounds and by the tenets of traditional Western medicine. We attempt to broaden this perspective by including genetic counseling research on cultural variables and by pointing out limitations of certain concepts and techniques for patients whose cultural practices, beliefs, and worldviews differ from our own. Additionally, we include examples of patients with diverse backgrounds. It is important to keep in mind, however, that examples do not necessarily represent all cultural groups, nor do they apply to every member of a certain group.

While the focus of this book is on the genetic counseling skills relevant to patient interactions in face-to-face clinical settings, we recognize that an increasing number of genetic counselors are working in non-clinical settings, or they may be providing clinical services in expanded formats, such as telemedicine or web-based services. We believe these core skills are *transferrable* across all areas of genetic counseling practice. The unique combination of a health-care professional who is competent in the science of genetics *and* possesses communication and counseling skills is one of the major factors that has led to the tremendous growth of the genetic counseling profession over the past 50 years and will sustain this profession well into the future.

Format of the Book

We begin each chapter by stating general learning objectives. Then we define the skills, place them in a context (their function or purpose in genetic counseling), and provide illustrative examples. The reader may notice some redundancy in the examples (e.g., many involve prenatal genetic counseling situations, and Down syndrome, breast cancer, muscular dystrophy, and Huntington's disease are mentioned frequently). This redundancy is intentional as we wanted "basic" examples that students at all levels, including those with limited knowledge about genetic conditions, would be able to understand.

We conclude each chapter with structured activities and written exercises for skills practice. Structured activities can be done either before the written exercises to stimulate student thinking or after the written exercises to afford students the opportunity to consider how much they are comfortable sharing. Regardless of which exercises and activities are chosen, and whether they are done in writing or orally, *students need to be cautioned to select only those issues they are comfortable disclosing to others*. Instructors/supervisors should reinforce this point and always inform students in advance about the types of information they will be expected to share with others.

Closing Comments

We suggest you begin with the chapter "Guidelines for Users of the Book" as it "sets the stage" for the remaining chapters. We hope you find this book useful, and we welcome any comments or questions you might have about it. Our contact information is veach001@umn.edu, leroy001@umn.edu, and npcallan@uncg.edu.

References

Accreditation Council for Genetic Counseling. Practice based competencies for genetic counselors. 2015. http://gceducation.org/Documents/ACGC%20Core%20Competencies%20Brochure_15_Web.pdf. Accessed 18 Aug 2017.

Johnson DW, Johnson RT, Smith KA. Active learning: cooperation in the college classroom. Edina, MN: Interaction; 1991.

Minneapolis, MN, USA — Patricia McCarthy Veach
Minneapolis, MN, USA — Bonnie S. LeRoy
Greensboro, NC, USA — Nancy P. Callanan

Acknowledgments

The first edition of this book was supported by a grant from the Jane Engelberg Memorial Fellowship.

It was shaped by the expertise of several professionals from the genetic counseling field, bioethics, and adult learning. We would like to especially thank one of the original authors of this book, Dr. Dianne Bartels, whose knowledge and perspective are present in each chapter of the second edition.

Contents

1 Guidelines for Book Users: Instructors, Supervisors, and Students . 1
1.1 Philosophical Underpinnings and General Learning Objectives 2
1.1.1 Self-Reflective Practice 2
1.1.2 General Principles for Maximizing Learning 3
1.2 Active Learning Guidelines and Techniques 4
1.2.1 General Suggestions. 4
1.2.2 Tips for Instructors. 6
1.2.3 Selected Active Learning Techniques 11
1.3 Grading and Evaluation 13
1.3.1 General Criteria: Written Assignments 13
1.3.2 Evaluating Role-Plays 14
1.3.3 Development or Deficiency? 15
1.3.4 Student Resistance 16
1.4 Skills Integration 17
1.5 Closing Comments. 18
Appendix 1.1: Basic Counseling Skills 18
Appendix 1.2: Genetic Counseling Role-Play Scenarios 19
Appendix 1.3: Guidelines for Student Role-Plays 20
A 1.3.1 Role-Play #1: Triad/Quad Groups 20
A 1.3.2 Role-Play #2: Interactive Training Model (ITM). 21
A 1.3.3 Additional Guidelines for Processing Role-Plays 23
Appendix 1.4: Addressing Typical Student Concerns About Role-Plays 23
Appendix 1.5: Giving and Receiving Feedback 24
A 1.5.1 Types of Feedback 24
A 1.5.2 Giving Effective Feedback. 25
A 1.5.3 Receiving Feedback Effectively. 25
Appendix 1.6: Student-Generated Discussion Questions Activity 27
Appendix 1.7: Genetic Counseling Interview Analysis 28
A 1.7.1 Written Assignment 28
A 1.7.2 Background Information 28

A 1.7.3 Counseling Process 28
A 1.7.4 Notable Genetic Counselor Skills 29
Appendix 1.8: Integration of Skills—Stimulus Questions Activity 29
Appendix 1.9: Personal Reflection About Genetic Counseling Paper . . . 30
References 30

2 Overview of Genetic Counseling: History of the Profession and the Reciprocal-Engagement Model of Practice 33
2.1 History of Genetic Counseling 33
2.2 The Reciprocal-Engagement Model of Genetic Counseling Practice 37
2.2.1 What Are the Components of a Model of Practice? 37
2.2.2 Research on the REM Goals and Outcomes 42
2.3 Carl Rogers' Person-Centered Counseling 43
2.4 Person-Oriented Versus Content-Oriented Genetic Counseling 45
2.5 The Teaching Versus Counseling Approach to Genetic Counseling 46
2.5.1 The Teaching Model of Genetic Counseling 46
2.5.2 The Counseling Model of Genetic Counseling 46
2.6 Closing Comments 47
2.7 Class Activity 47
References 48

3 Listening to Patients: Attending Skills 51
3.1 Definition of Attending Skills 51
3.1.1 Psychological Attending 51
3.1.2 Physical Attending 52
3.1.3 Why and How Psychological and Physical Attending Skills Matter 53
3.2 Effective Genetic Counselor Psychological Attending Skills 54
3.2.1 Observing and Responding to Patient Nonverbal Behaviors 54
3.2.2 Understanding Patient Cues 55
3.3 Effective Counselor Physical Attending Behaviors 56
3.3.1 Setting the Stage for Good Attending 59
3.4 Additional Suggestions for Attending Effectively 59
3.5 Challenges in Attending 60
3.5.1 Silence or the "Space Between" 61
3.5.2 Patient Characteristics that Pose Attending Challenges 62
3.5.3 Genetic Counseling Modalities 64
3.6 Cultural Considerations in Attending 65
3.6.1 Verbalizations/Language 66
3.6.2 Nonverbal Communication 67

3.7 Closing Comments . . . 67
3.8 Class Activities . . . 68
3.9 Written Exercises . . . 72
References . . . 73

4 Listening to Patients: Primary Empathy Skills . . . 77
4.1 Definition of Empathy . . . 77
4.1.1 Types of Empathy . . . 78
4.2 Importance and Functions of Primary Empathy . . . 78
4.3 How Empathy Occurs: Origins and Mechanisms . . . 81
4.4 Effectively Communicating Empathic Understanding . . . 82
4.5 Primary Empathy Responses . . . 84
4.6 The Importance of Attending to Patient Affect . . . 87
4.7 Cultural Empathy . . . 87
4.8 Common Empathy Mistakes . . . 90
4.8.1 Mistakes Due to Covert Processes . . . 90
4.8.2 Mistakes Due to Overt Processes . . . 92
4.9 Typical Concerns About Primary Empathy . . . 94
4.9.1 Why Is Empathy Sometimes Difficult? . . . 94
4.9.2 Is Empathy Different from Sympathy? . . . 95
4.9.3 Is My Empathy Affected if I Have an Experience Like My Patient? . . . 96
4.9.4 Won't My Patients Think I'm Just Parroting Their Words? . . . 97
4.9.5 What Can I Accomplish with Empathy Reflections? . . . 97
4.9.6 Is There Anything I Should Avoid Saying if I Want to Be Empathic? . . . 97
4.10 Closing Comments . . . 98
4.11 Class Activities . . . 98
4.12 Written Exercises . . . 103
References . . . 107

5 Gathering Information: Asking Questions . . . 111
5.1 Obtaining Information from Patients . . . 111
5.1.1 Types of Questions . . . 111
5.1.2 Functions of Questions in Genetic Counseling . . . 114
5.1.3 Asking Questions Effectively . . . 118
5.1.4 Limiting Your Use of Open and Closed Questions . . . 122
5.1.5 Questions You Generally Should or Should Not Ask . . . 124
5.2 Other Considerations . . . 125
5.3 Cultural Considerations . . . 127
5.4 Closing Comments . . . 128
5.5 Class Activities . . . 129
5.6 Written Exercises . . . 134
References . . . 135

6 Structuring Genetic Counseling Sessions: Initiating, Contracting, Ending, and Referral 139
6.1 Initiating the Genetic Counseling Session 139
6.1.1 Preparation 140
6.1.2 Introductions and Orientation 141
6.2 Contracting and Goal Setting 143
6.2.1 Contracting 143
6.2.2 Setting Genetic Counseling Session Goals 146
6.2.3 Goals of Genetic Counseling 146
6.2.4 Characteristics of Effective Goals 148
6.2.5 Strategies for Setting Goals and Attaining Goals 149
6.3 Obstacles to Goal Setting and Goal Attainment 151
6.4 Genetic Counseling Endings 154
6.4.1 Guidelines for Effective Endings 154
6.4.2 Challenging Genetic Counseling Endings 156
6.5 Making Referrals 157
6.5.1 Building a Referral Base 158
6.5.2 Points to Consider When Making Referrals 159
6.6 Closing Comments 160
6.7 Class Activities 160
6.8 Written Exercises 166
Appendix 6.1: Observer Checklist for Beginning the Genetic Counseling Session 169
Appendix 6.2: Observer Checklist for Ending the Genetic Counseling Session 169
Appendix 6.3: Observer Checklist for Making Referrals 170
References 170

7 Collaborating with Patients: Providing Information and Facilitating Patient Decision-Making 173
7.1 Communicating Information 174
7.1.1 Providing Information vs. Giving Advice 175
7.1.2 Strategies for Communicating Information 176
7.1.3 Communicating Test Results 179
7.1.4 Strategies for Communicating Positive Test Results 180
7.1.5 Strategies for Communicating Negative or Inconclusive Test Results 182
7.1.6 Communicating Risk Information 184
7.2 Decision-Making: Overview 190
7.2.1 Facilitated Decision-Making 191
7.2.2 Factors that May Influence Patient Decision-Making 192
7.3 A Rational Decision-Making Model for Genetic Counseling Patients 194
7.4 Some Suggestions for Assisting Patients in Their Decision-Making 197

7.5 Closing Comments . . . 201
7.6 Class Activities . . . 201
7.7 Written Exercises . . . 207
References . . . 210

8 Responding to Patient Cues: Advanced Empathy and Confrontation Skills . . . 215
8.1 Advanced Empathy Skills . . . 215
8.1.1 Definition and Functions of Advanced Empathy . . . 216
8.1.2 Distinctions Between Primary and Advanced Empathy . . . 217
8.1.3 The Primary and Advanced Empathy Continuum and Distinctions . . . 217
8.1.4 Guidelines for Using Advanced Empathy . . . 218
8.1.5 Types of Advanced Empathy Responses . . . 222
8.1.6 Possible Patterns or Themes to Address with Advanced Empathy . . . 224
8.1.7 Challenges in Using Advanced Empathy . . . 227
8.1.8 Some Cultural Considerations in Using Advanced Empathy . . . 228
8.2 Confrontation Skills . . . 229
8.2.1 Definition and Functions of Confrontation . . . 229
8.2.2 Guidelines for Effective Confrontation . . . 229
8.2.3 Possible Patient Behaviors to Confront . . . 231
8.2.4 Possible Patient Reactions to Counselor Confrontation . . . 234
8.2.5 Challenges in Using Confrontation . . . 235
8.2.6 Cultural Considerations in Using Confrontation . . . 236
8.3 Closing Comments . . . 238
8.4 Class Activities . . . 238
8.5 Written Exercises . . . 243
References . . . 246

9 Patient Factors: Resistance, Coping, Affect, and Styles . . . 249
9.1 Patient Resistance . . . 249
9.1.1 Definitions of Resistance . . . 249
9.1.2 Causes of Resistance . . . 250
9.1.3 Behaviors That May Indicate Resistance . . . 253
9.1.4 Mimics of Denial as Specific Types of Resistance . . . 253
9.1.5 Responding to Patient Resistance . . . 254
9.2 Coping Behaviors . . . 259
9.2.1 Defense Mechanisms . . . 259
9.2.2 Examples of Patient Defenses . . . 260
9.2.3 Addressing Patient Defenses . . . 261
9.2.4 Promoting Effective Coping . . . 262
9.3 Patient Affect . . . 263

9.4 Patient Styles . . . 269
9.4.1 Emotional Styles . . . 269
9.4.2 Intellectual Styles . . . 270
9.5 Religious/Spiritual Dimensions . . . 271
9.5.1 Strategies for Addressing Religious/Spiritual Issues in Genetic Counseling . . . 273
9.6 Closing Comments . . . 274
9.7 Class Activities . . . 275
9.8 Written Exercises . . . 277
References . . . 279

10 Providing Guidance: Advice and Influencing Skills . . . 283
10.1 Advice Giving . . . 284
10.1.1 Definition of Advice . . . 284
10.1.2 Advice Giving in Genetic Counseling . . . 285
10.1.3 Advice Topics in Genetic Counseling . . . 286
10.1.4 Consequences of Advice Giving . . . 287
10.1.5 Suggestions for Giving Advice . . . 288
10.1.6 Advice-Giving Challenges . . . 291
10.2 Influencing Responses . . . 293
10.2.1 Guidelines for Using Influencing Statements . . . 294
10.2.2 Reasons to Use Influencing Responses . . . 295
10.3 Closing Comments . . . 296
10.4 Class Activities . . . 296
10.5 Written Exercises . . . 300
References . . . 301

11 Counselor Self-Reference: Self-Disclosure and Self-Involving Skills . . . 303
11.1 Self-Disclosure . . . 304
11.1.1 To Disclose or Not to Disclose? . . . 304
11.1.2 Indirect versus Direct Self-Disclosures . . . 305
11.1.3 Self-Disclosure Intimacy Levels . . . 306
11.1.4 Functions of Self-Disclosure . . . 307
11.1.5 Guidelines for Using Self-Disclosure . . . 309
11.1.6 Examples of Self-Disclosure Topics and Genetic Counselor Self-Disclosures . . . 314
11.2 Self-Involving Responses . . . 316
11.2.1 Counselor-Patient Situations that May Prompt Self-Involving Responses . . . 317
11.2.2 Some Cautions About Using Self-Involving Responses . . . 318
11.2.3 Examples of Genetic Counselor Self-Involving Responses . . . 318

11.3 Closing Comments . . . 319
11.4 Class Activities . . . 320
11.5 Written Exercises . . . 324
References . . . 326

12 Genetic Counseling Dynamics: Transference, Countertransference, Distress, Burnout, and Compassion Fatigue . . . 329
12.1 Transference and Countertransference . . . 329
12.1.1 Definition of Patient Transference . . . 330
12.1.2 Responding to Patient Transference . . . 332
12.1.3 Definition of Counselor Countertransference . . . 333
12.1.4 Behaviors that May Indicate Countertransference . . . 338
12.1.5 Management of Countertransference Feelings . . . 341
12.2 Distress and Burnout . . . 342
12.2.1 Distress . . . 342
12.2.2 Burnout . . . 344
12.2.3 General Strategies for Managing Distress and Preventing Burnout . . . 345
12.3 Compassion Fatigue . . . 346
12.3.1 Differences Between Compassion Fatigue and Distress and Burnout . . . 347
12.3.2 Recognizing Compassion Fatigue . . . 348
12.3.3 Genetic Counselor Compassion Fatigue Triggers and Risk Factors . . . 349
12.3.4 Coping Strategies for Managing Compassion Fatigue . . . 349
12.4 Impact of Personal Counseling on Genetic Counseling Practice . . . 350
12.5 Closing Comments . . . 351
12.6 Class Activities . . . 351
12.7 Written Exercises . . . 354
References . . . 356

13 Professionalism: Ethically Based Reflective Practice . . . 359
13.1 Genetic Counselor Motivations, Culture, and Values . . . 360
13.2 Professional Values . . . 362
13.3 Guiding Ethical Principles for Health Professionals . . . 362
13.3.1 Respect for Patient Autonomy . . . 363
13.3.2 Nonmaleficence . . . 364
13.3.3 Beneficence . . . 364
13.3.4 Justice/Fairness . . . 365
13.3.5 Fidelity and Veracity . . . 365
13.3.6 Comments About Ethical Principles . . . 366
13.4 MORAL Model for Ethical Decisions in Clinical Situations . . . 368

13.5 Reflective Practice and Professional Development 369
13.5.1 Professional Development in Genetic Counseling. 369
13.5.2 Reflective Practice 372
13.6 Closing Comments. 374
13.7 Class Activities. 374
13.8 Written Exercises 377
References. 380

Appendix A: Accreditation Council for Genetic Counseling (ACGC) Practice-Based Competencies 383

Appendix B: NSGC Code of Ethics 395

Index. 399

Abbreviations

ACGC	Accreditation Council for Genetic Counseling
The ARC	The ARC of the United States
ASHG	American Society of Human Genetics
BRCA	Breast cancer
CEGRM	Colored Eco-Genetic Relationship Map
CF	Cystic fibrosis
cfDNA	Cell-free DNA
Co	Counselor
COE	Code of Ethics
Cl	Client
CMA	Chromosomal microarray analysis
DMD	Duchenne muscular dystrophy
EOFAD	Early-onset familial Alzheimer's disease
FAP	Familial adenomatous polyposis
GC	Genetic counselor
GLBT	Gay, lesbian, bi-sexual, transgender
HBOC	Hereditary breast and ovarian cancer
HD	Huntington's disease
IA	Intermediate allele
ID	Intellectual disabilities
ITM	Interactive Training Model
LGBT	Lesbian, gay, bi-sexual, transgender
MPSII	Hunter syndrome
NSGC	National Society of Genetic Counselors
OCD	Obsessive-compulsive disorder
Obs	Observer
Pt	Patient
REM	Reciprocal-Engagement Model
SDM	Shared decision-making
SMA	Spinal muscular atrophy
SUVQ	Schwartz Universal Values Questionnaire

TAGC	Transnational Alliance for Genetic Counseling
TS	Tuberous sclerosis
VUS	Variants of uncertain significance
WES	Whole exome sequencing

Chapter 1
Guidelines for Book Users: Instructors, Supervisors, and Students

Learning Objectives

1. Describe philosophical and pedagogical base of the book.
2. Identify common challenges in the development of basic helping skills.
3. Recommend strategies to facilitate teaching and learning of basic helping skills.

Helping skills are fun to teach and learn. Students are eager to acquire the techniques of their craft, and they appreciate the variety of activities involved in skills practice. At the same time, helping skills training poses unique challenges (e.g., distinguishing between similar types of counselor responses such as primary empathy and advanced empathy, managing student anxiety and resistance, and differentiating developmental issues from issues of skill deficiency). In this chapter, we provide a philosophical and pedagogical context for the contents of this book, discuss some of the challenges involved in helping skills development, and offer suggestions for teaching and learning helping skills. Suggestions include active learning techniques that are appropriate for helping skills training, tips for facilitating role-playing and feedback processes, and strategies for conducting discussions. We also offer suggestions about evaluation and student resistance, and we include activities for integrating student learning (see Appendices). Most of the suggestions can be adapted by clinical supervisors for use with supervisees. Many of these ideas have been shaped by the students and colleagues with whom we have worked over the last 30+ years. We are particularly grateful to the Center for Educational Innovation at the University of Minnesota.

P. McCarthy Veach et al., *Facilitating the Genetic Counseling Process*,
https://doi.org/10.1007/978-3-319-74799-6_1

1.1 Philosophical Underpinnings and General Learning Objectives

Extensive empirical evidence demonstrates that basic counseling skills (e.g., attending, reflecting) can be improved through microskills training (cf. Ridley and Mollen 2011). A major aim of this book is to develop student competencies with respect to both basic counseling skills (see Appendix 1 for a list of each basic skill and brief description) and selected key elements of genetic counseling (e.g., contracting, decision-making). The dual emphasis will help students learn how to adapt these *building blocks* for work with specific patients in specific genetic counseling situations and increase their appreciation for the complex *art and science* of genetic counseling.

Two general learning objectives involve students increasing their knowledge and skills and forming professional attitudes appropriate for clinical practice. They accomplish these objectives by personalizing the concepts, theories, and skills presented herein through firsthand experiences of sitting "hypothetically" in the genetic counselor's chair and through their involvement in an interactive supervision process (giving and receiving feedback). Another general learning objective is recognizing how basic skills fit within broader competencies; this objective is accomplished through structured activities and written assignments focusing on basic helping skills, case conceptualization, and self-reflection. Demonstration of the interrelatedness of basic skills and broader competencies early in students' professional training may prevent them from perceiving the competencies as overly simplistic and "siloed."

We want students to gain a realistic appreciation of the complexities of genetic counseling, build their self-confidence and self-awareness, and become more strategic in their conceptualization of patients and in their use of skills during genetic counseling sessions. In sum, we hope to increase students' ability to talk to, listen to, and understand people; know themselves; and appreciate what it means to be a professional.

1.1.1 Self-Reflective Practice

Numerous activities and exercises in this book require students to engage in introspection. Self-reflection is an intentional mental processing used primarily for complicated or uncertain situations or ideas in order to meet a particular objective (Lowe et al. 2007). Self-reflection has several potential benefits, including increasing the likelihood that professional education and training have a meaningful influence on one's behavior, thus helping practitioners continue to develop professionally (Lowe et al. 2007); allowing practitioners to better distinguish patients' concerns from their own (Silverman 2008); and promoting expression of empathy and

perspective-taking. Theoretically, practitioners who are more aware of their own internal processes, life challenges, and personal strengths and limitations are better able to relate to those of their patients (Joireman et al. 2002). Self-reflection helps students acquire self-supervisory skills; create a conceptual map of the helping process (Bennett-Levy 2007); and develop cultural competency, as deep self-knowledge is considered an essential component of culturally competent practice. Ridley et al. (2011) cite several counseling/psychotherapy studies demonstrating that "Continuous self-reflection and self-awareness … are critical to quality therapeutic relationships and professional development" (p. 829). Evidence from the genetic counseling literature supports the necessity of self-reflection in genetic counselor professional development (e.g., Callanan and Redlinger-Grosse 2016; Miranda et al. 2016; Wells et al. 2016; Zahm et al. 2016).

1.1.2 General Principles for Maximizing Learning

The type of skills learning approach recommended in this book is quite novel for many students. As such, we find it helpful to set the stage for learning by sharing several principles with them:

- It is more important to *know what the questions are* than to feel confident you have all the answers. Questions demonstrate your critical thinking, willingness to seek consultation, and desire to find answers. Development of "self-supervision" skills is essential. As a professional, you must be able to critically evaluate and then modify your performance as necessary.
- You will be immersed in an *ethos of feedback*. Every feedback interaction should involve positive and corrective feedback, and you should strive to be open and willing to give and receive feedback in a respectful manner.
- We expect you to be open and willing to share personal reflections regarding your development as a genetic counselor.
- We encourage you to *try on for size* the various basic skills presented.
- We ask you to make efforts to become comfortable in the genetic counselor chair—sitting across from patients you do not know and engaging in interactions that are unpredictable.
- We encourage you to spend more time focusing on the patient(s), rather than on yourself.
- You should work to become proactive and strategic rather than reactive during counseling interchanges.
- We want you to try to speculate about what lies beneath the surface of genetic counseling interactions. Refrain from automatically taking either patient behaviors or your own actions and reactions at face value.
- We expect you to realize that at all times, you are held to a higher standard as a professional and to behave accordingly.

1.2 Active Learning Guidelines and Techniques

The primary pedagogical approach of this book is *active* and *cooperative* learning (cf. Johnson et al. 1991). Theory and research demonstrate students are not *passive receptacles* who learn best by accruing information delivered primarily through lectures (cf. Smith et al. 2013). Rather, they achieve superior learning through active engagement with course content. Furthermore, students do not develop clinical skills simply by reading and discussing them; clinical skill development requires supervised practice that includes focused feedback. Accordingly, this book is highly experiential, containing self-reflective activities and written exercises designed to give students opportunities for supervised practice.

In the following sections, we offer general suggestions for using an active learning approach, followed by examples of different types of active learning techniques.

1.2.1 General Suggestions

Get Started

- Describe the active learning philosophy and how it relates to your learning objectives. We include a description of active learning on our syllabus and discuss it during the first class period. For some students, this may be the first time they participate in a course that it is not primarily lecture-format.
- Begin the first class with an "icebreaker" active learning exercise. This sets the tone for the types of activities that will occur throughout the course. For example, in a "note cards" icebreaker exercise, students write down on index cards personal information such as their name, hometown, favorite book or movie, and one or two things they hope to learn from the course. Then they walk around and share their information with others in the class.

Build the Relationship

- You and your students should learn each other's names as quickly as possible if you don't already know them. You might use name tags and/or play a "name game" in which you go around the circle and each person says her or his first name and a self-descriptive adjective beginning with the first letter of her or his name (e.g., athletic Annie); the next person says her or his name and adjective and repeats the name and adjective of the previous person. Continue this way around the circle until the last person (perhaps the instructor) repeats everyone's name and adjective.
- Vary the way students join dyads, triads, and small groups so they have an opportunity to interact with everyone (e.g., count off; preassign; everyone who is at the

same table; let students pick a partner—especially appropriate early in the course and/or for activities where students might disclose more intimate information).

Stay Focused

- Give verbal and written directions for every activity (provide handouts, put directions on PowerPoint slides, and/or write them on the board).
- Ask a student to verbally summarize your directions for an activity.
- Earlier in the course you will need to provide more structure and instructions than you will later. During group activities, in particular, students may not naturally engage in necessary activities such as keeping time, recording group member ideas, and working to include everyone in the conversation. You should assign essential roles for small group discussions (e.g., go around the small group and say, "The person whose last name is the shortest will be the recorder, the person to her or his left is the timekeeper, the next person is the process observer, the next person is the divergent thinker, the next person is the facilitator, the next person is the reporter").
- Walk around during active learning exercises to get a feel for what is developing, to help keep students on task, and to clarify instructions. Inform students that you will be "listening in" throughout the course; they will quickly acclimate to having you walk around or sit in with them.
- Move people along, especially as individuals would rather talk than practice. For instance, try saying, "I know there is more we could discuss, but I want to be sure you all get a chance to practice the skills, so let's take one more comment before we move on."

Be Efficient

- For small group activities, specify the way roles are assigned so they are determined quickly (e.g., the recorder is the person wearing red, or the person with a birthday closest to that day, or the tallest person, etc.). Vary the role assignments so students have an opportunity to play them all.
- Avoid undue redundancy when debriefing an activity in which more than one small group discusses the same questions. An effective approach is to ask each group to give one idea or have each group give their answers to a different part of the question. Keep going around until all unique ideas have been expressed.
- When planning activities, be sure to allot time for instructions and for students to get into work groups. We provide time estimates for activities at the end of each chapter. The times will vary considerably, however, depending on (1) class size, (2) student verbosity, (3) the number and type of questions you use to process an activity, and (4) the complexity of the skill or concept on which an activity is based.

1.2.2 Tips for Instructors

The structured activities in this book emphasize self-reflection, discussion, and skills practice. To maximize learning processes and outcomes, we suggest the following:

Responding to Student Questions and Comments

- Occasionally when students ask you a question, redirect the question back to the group (e.g., "What are your thoughts about this?"), but only if you believe someone will have a good answer that you can summarize and/or expand upon.
- Be respectful yet selective in what you reinforce. Try to relate everyone's responses to the issues at hand. Repeat the most pertinent or useful comments in a summary statement.

Encouraging Student Participation

- Watch for nonverbal behaviors to "draw" individuals into the discussion, but invite rather than demand a response (e.g., "You look as if you might want to say something?").
- Be sensitive to individual differences. As you get to know your students, you will be able to tailor the ways in which you bring them into discussions. For example, if a student never volunteers and seems reluctant, occasionally invite this student to give a reaction first during a discussion. Or, if a student is verbose, ask for that student's feedback last.

Using Small Groups

- When using a small group format, four to five students per group are optimal for encouraging participation and generating quality discussion.
- To facilitate discussion, begin with questions anyone could answer, and then make them progressively difficult.

  Example: Begin a discussion about "relationships" by asking everyone to respond to the question, "What are they?" Then ask more specifically about what the "genetic counseling relationship" entails, the goal(s) of the relationship, and counselor and patient roles and responsibilities.

- To maximize small group discussion, first define and provide a brief overview of the concepts or terms that will be discussed. When processing the discussion, try to *tie together* student comments by summarizing major themes, issues, etc. Also, be prepared to correct any inaccurate information that may emerge.

Use Examples

- Provide as many examples as feasible when presenting material. Novices are extremely interested in seeing "what it looks like" and "how it's done." One technique is to refer students to places in the text where there is an example and ask them to generate several more. This will facilitate their learning and comprehension.
- Concrete examples are very helpful for illustrating concepts. When you able to, provide students with video and/or audio recordings and live demonstrations of genetic counseling (preferably by more than one genetic counselor). If possible, bring in volunteers to serve as genetic counselors and patients for some of the demonstrations.
- Make your examples basic enough that students do not need a lot of knowledge about the genetic condition. Provide them with some details about the condition so they can proceed with the activities.

Organize Class Sessions

- When preparing each class, prioritize activities so you know in advance which ones you will delete if you run over time.
- Arrange your class activities so they progress from easier to more challenging ones. You should also begin with less threatening activities (e.g., defining *defense mechanisms*) and then move to more threatening activities (e.g., discussing one's own defense mechanisms). When arranging activities, remember the more threatening an activity, the fewer people you may want to have listening to a student's disclosure (e.g., use a dyad format in which students select who they want as a partner). When processing a more threatening activity, don't ask for details, although students are free to offer them. For instance, in processing a defense mechanisms dyadic exercise, ask, "How was it to do this activity? What did you learn about the impact of defense mechanisms on genetic counseling?" Do not ask, "What defense mechanisms do you use?"
- Have on hand an assortment of role-play scenarios you could assign to students for role-play practice. Various exercises and activities in this book include scenarios that may be used for role-playing. You can also assign students the task of creating role-play scenarios. The objective is to give them practice in perspective-taking, thereby promoting empathy as well as practice in case conceptualization. For instance, a 24-year-old white male might create a scenario in which the patient is a 38-year-old Asian female with breast cancer, thus providing practice with cultural empathy (Ridley and Lingle 1996). Appendix 2 contains a description of a written exercise for developing genetic counseling role-plays. If you have students create scenarios, we recommend you review them in order to insure their appropriateness and accuracy.

- If feasible, use co-instructors (e.g., advanced genetic counseling students). They will provide different viewpoints, and you may have enough co-instructors to directly observe small groups of students when doing role-plays and engaging in other small group activities. Ideally there would be one instructor for each small group. Co-instructors can also serve as counselors and patients when demonstrating helping skills.

Demonstrate/Model

- One way individuals learn is by contrast. When time allows, model both low-level (poor) and high-level (good) helping skills, always beginning with low-level ones. Ask students to articulate the differences between the skills demonstrated in the two levels.
- Use processing questions after a counseling skills demonstration: What did you observe the counselor saying? Doing? What effect did it have on the patient? What did the patient say/do to give you that impression? Is the counselor's behavior desirable? Undesirable? What would you have done differently and why?
- You can set norms by going first to model how to do an activity.
- For individual skills demonstrations (which are typically briefer interactions of 10–15 min), we highly recommend using the same role-play/patient throughout the course. One option is to demonstrate portions of two genetic counseling sessions (an initial session at which genetic testing is discussed as an option the patient eventually decides to pursue and then a results discussion session in which the patient decides what she/he will do with the test results). This approach will allow you to demonstrate appropriate use of more advanced skills (e.g., confrontation, decision-making models) and will give students a concrete sense of how genetic counseling progresses.

Role-Play Formats

Role-playing is the primary learning activity for the skills described in this book. Despite their artificial nature, role-plays have been shown to be effective in increasing students' skills (cf. Duys and Hedstrom 2000). Ongoing support and guidance can occur through verbal and written feedback immediately after role-plays. There is no single way to conduct and process/debrief role-plays. We describe two possible formats in Appendix 3. In addition, we recommend the following:

- Organize students into role-play practice groups (change group composition frequently).
- Remind students of how much time they have for each role-play.
- Ask for volunteers to go first as the counselor and patient.

- Remind observers to take notes and to keep track of time.
- Have the counselor and patient position themselves as if it were an actual genetic counseling session (they may have to move chairs).
- Direct student counselors to focus on every skill they have covered so far and use them *as appropriate* (in other words, don't force a skill just for the sake of demonstrating it).
- Tell counselors they can call for a *time-out* during the role-play if they get stuck. The observer can also call a time-out if things seem to be bogged down. During the time-out, the counselor should talk about what she/he thinks is going on (what the patient has been saying, doing, feeling), and the counselor and observer can consult about ways for the counselor to proceed. The patient should be silent during the time-out. Then resume the role-play (it usually helps to have the patient begin). When there is a time-out, reduce the amount of feedback time at the end of that role-play.
- Debrief by having the observer share at least one positive and one corrective piece of feedback. Next ask the patient to provide feedback. As the students gain experience during the course, debriefing can begin with the counselor providing a self-critique and then proceeding to observer and patient feedback.
- Remind students that feedback should *focus on the counselor and not the patient!*
- Remind students to first focus their feedback on the skill for that class session and then provide feedback about skills that have been covered in previous class sessions. Try to minimize feedback on skills that have not been covered (this is especially likely to happen in early class sessions; for instance, students are practicing attending skills but their classmates will give them feedback about questioning skills).
- Some *patients* get caught up in role-plays and may become emotional. Let them regain composure before eliciting their feedback. Also, *depersonalize* feedback to the counselor that involves comments about the patient as some elements of the role-play are likely the student's real reactions and/or history. For instance, you could say, "Your use of open questions with this type of verbal patient was…." Or you could say, "When patients are highly defensive, it's a good idea to…." Avoid saying, "Joan was a highly defensive patient, so you should have…."
- Sit in and observe each student during role-plays as much as possible during the course.
- Once students have participated in a few role-plays and have a sense of their current skill level, you can invite them in advance of the role-play to identify specific skills for which they would like feedback (feedback is most effective when it is requested).
- If feasible, video record students during some role-plays. They will likely feel anxious about being recorded, but they will learn a great deal from seeing and hearing themselves. The recordings will also provide a concrete way to chart their progress.
- Be sure to give role-play observation notes to the counselor at the end of each role-play/class.

Critical Issues in Role-Playing and Debriefing

- Students prefer to *talk* rather than *do*. You can easily get off-schedule, talking about the skills and not having enough time to practice. Encourage students to practice.
- The counselor and/or patient get off track during the role-play. When this happens, the observer should call for a time-out.
- Time is running out. If you wish to limit discussion, have each observer and the patient give only one or two pieces of feedback to the counselor. The role-plays could also be shortened a couple of minutes.
- Students provide invalid and/or harsh feedback. Sit in on role-plays and model for students how to give feedback. If you openly disagree with a student's feedback while sitting in on a role-play, be tactful (e.g., "I think I had a different reaction to the counselor's approach to this patient. I think this shows how different patients might react differently to the same counselor behavior"). Another option is to ask the other students in the group (either the patient or the observers) if they had a similar reaction to that of the feedback giver.
- The counselor is defensive. Remember to use basic helping skills—a little empathy goes a long way! Also, put feedback into a *context* for the student (e.g., "This is something most beginners do," "This isn't a big deal," or "With practice, you'll improve on that behavior"). Role-playing is a threatening activity, so expect some anxiety. In our course evaluations, students often tell us it's the activity they *dreaded* the most, but they also found it to be one of the activities from which they learned the most (they respond similarly to self-critiqued, audio- or video-recorded role-play assignments). Also, the most experienced students are often the most nervous about role-playing. Perhaps they believe more is expected of them.
- Students hear discrepant feedback. Student will likely hear contradictory feedback from different observers, and they may become frustrated or confused by this. We tell our students to listen for the *themes* in the feedback they receive. One isolated comment that they were too directive may not be as valid as several comments from different sources. Contradictory feedback may be particularly troublesome for some students who are looking for formulas or the *right way* to do things.
- Students complain about using made-up material during role-plays. Some students complain about the artificial nature of simulated role-plays (e.g., it's not how a session would really happen; they couldn't *get into* the role because they knew it wasn't real). We acknowledge that there is a certain degree of artificiality. We also talk about how practice is important (e.g., student nurses administer shots to each other before they do so with actual patients) and encourage students to try for as much realism as possible. Furthermore, we believe once students get over some of their initial anxiety about being observed, they *settle into* role-playing. We also point out that it's very difficult to construct and act out an entirely hypothetical role. The role-player will project her or his own feelings, thoughts, and attitudes into the role.
- Prior to beginning role-play practice, we recommend addressing student anxiety about engaging in role-plays and feedback by reviewing common student concerns and ways to respond to their concerns (see Appendix 4).

Providing Feedback

- Provide a balance of positive and corrective feedback. It can help to begin with positive comments. Next move to corrective comments, being certain to always suggest what the student might try in order to improve. Try the *sandwich technique*, that is, tell the student what she/he did well, next suggest areas to work on, and finish with a reiteration of what she/he did well.
- Ask students to self-evaluate.
- When students give each other feedback, tell them to talk directly to the person receiving the feedback and not to the instructor.
- When giving feedback, students may go to extremes—only talking about the positive aspects of another student's role-play (e.g., "You did everything just great!") or *hammering* another student with a laundry list of everything the student did wrong. We recommend that you discuss giving and receiving feedback at the beginning of the course and use feedback exercises (described in Appendix 5) to allow students to practice their feedback skills.

1.2.3 Selected Active Learning Techniques

Active Learning Exercises

The following list contains a sampling of different types of active learning exercises that might be appropriate for your setting and learning objectives:

- Survey the Class: "How many of you agree with the author's point of view? How many disagree?" Have students raise their hands.
- Random Calling: For larger classes, randomly call on individual students or dyads (e.g., write the name of each student on Popsicle sticks. Randomly draw a stick from a container and call on that student).
- Bean Counters: In small groups, everyone receives three beans or three poker chips, and each time a person speaks, she/he throws a bean into a bowl or box. When a person's beans are gone, then she/he can no longer speak.
- Speaking Stick: Based on Native American practice, the stick is passed among the group members. Whoever has the stick is the only one allowed to speak.
- Margin-It: Students write down answers to questions in their notebook margins. This is a safe, anonymous way to check themselves out on what they know. After doing this, the instructor provides the answer or asks volunteers to share what they wrote.
- Think-Pair-Share: This is a dyadic activity. Students first think about a question, concept, etc. Next, they find a partner, and the dyad shares responses with each other. To process, you could go around and ask each dyad to share one idea until the concept or question has been fully explored. One variation is to have students write down their response before talking with a partner (e.g., "Write down everything that you know about empathy"). Another variation is to have one dyad join another dyad for "Round 2." The resulting *quad* shares their responses to the question.