

A collaborative effort between 18 organizations across the US and Canada



## Genetic Counseling Clinical Supervisor Training

2019



## Psychosocial Skills

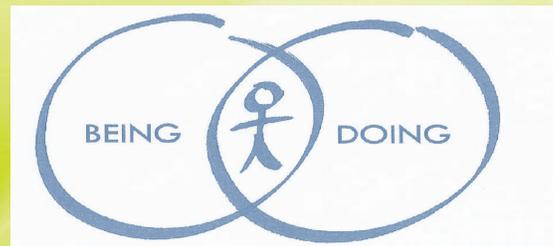
Kathleen Brown, MS, CGC  
Karin Dent, MS, CGC  
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Andrea Shugar, MS, CGC

- The speakers have no conflicts of interest to declare.

- Speakers:

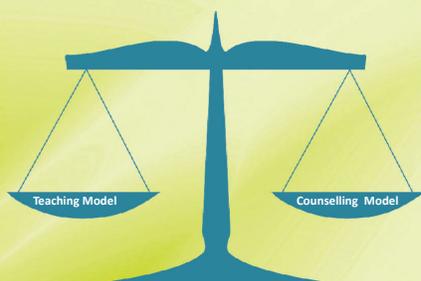
- Kathleen Brown, MS, CGC
  - University of Colorado, Anschutz Medical Campus
- Karin Dent, MS, CGC
  - University of Utah
- Jessica Giordano, MS, CGC
  - Columbia University Medical Center/New York-Presbyterian
- Andrea Shugar, MS, CGC
  - University of Toronto, Sick Kids

“You do psychosocial really well!”



Andrea Shugar, MS, CGC

Who are we as genetic counselors?



Andrea Shugar, MS, CGC

How should we view genetic counselling?

“The challenge for our profession will be to combine the skills needed for teaching and counseling, requiring unusually gifted and flexible professionals” Seymour Kessler, 1997

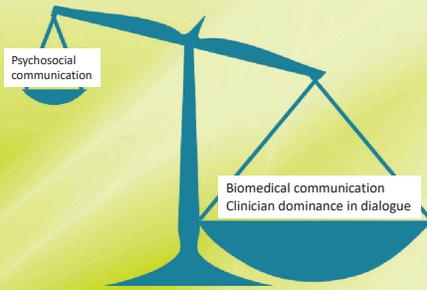
“The central ethos should be to bring the psychosocial component into every aspect of work” Weil 2003

“Genetic counseling...should be conceptualized as a highly circumscribed form of psychotherapy, in which effective communication of genetic information is a central therapeutic goal” Austin, 2014

Andrea Shugar, MS, CGC

## GC interactions in 2016

Meiser et al 2008 and Paul et al 2015



Andrea Shugar, MS, CGC

## Learning Objectives

- Delineate specific psychosocial skills students should have the ability to utilize at varying developmental stages of training.
- Discuss and strategize solutions to supervisor challenges and barriers in training students on utilizing and expanding psychosocial skills.
- Utilize specific genetic counseling models to aid in structuring and guiding genetic counseling student progression in advanced skill development.

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## Reminder: A New Definition of Genetic Counseling: National Society of Genetic Counselors' Task Force Report

"Genetic counseling is the process of helping people **understand** and **adapt** to the medical, psychological and familial implications of genetic contributions to disease". This process integrates the following:

- *Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.*
- *Education about inheritance, testing, management, prevention, resources and research.*
- *Counseling to promote informed choices and adaptation to the risk or condition.*

Journal of Genetic Counseling, Vol. 15, No. 2, April 2006 (c 2006)  
DOI: 10.1007/s10897-005-9014-3

## Introduction

- Reminder of PBCs Domain II: Interpersonal, Psychosocial and Counseling Skills
  - Focusing on
    - (9) Employ active listening and interviewing skills to identify, assess, and empathically respond to stated and emerging concerns
    - (10) Use a range of genetic counseling skills and models to facilitate informed decision-making and adaptation to genetic risks or conditions
    - (11) Promote client-centered, informed, non-coercive and value-based decision-making

- Development of PS across the training spectrum

Role*	Beginning student	Intermediate student	Advanced student
Contracting	Create an agenda for the session and present to the client.	Elicit the clients' expectations, perceptions and knowledge of genetic counseling and the purpose of the visit.	Amend the agenda based on the clients' needs and understanding.

Skills: Building rapport, open questions, aligning with client, building client self esteem, flexible agenda

\*Roles are based on the ACGC management/counseling roles for the logbook.

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Role	Beginning student	Intermediate student	Advanced student
Psychosocial Assessment	Identify and record basic elements of psychosocial assessment (e.g. marital status, occupation)	Recognize and record more detailed elements of psychosocial assessment (e.g. unresolved grief, fear, anger)	Develop and discuss a plan with patients for needed psychosocial work (e.g. referral, decision-making tools)
Psychosocial support / counseling	Build alliance with patient/family; use empathic statements appropriately	Discuss clinical information while assessing client's reaction and gauge understanding of information; use psychosocial strategies to address client needs.	Discuss clinical information while making psychosocial assessment of the client's reaction/understanding and then helping the client/family integrate the information into his/her life; integrate psychosocial activities with other activities of the GC session; use advance psychosocial strategies.

Skills: primary empathy, immediacy, building client self esteem, promoting informed decision making, advanced empathy, confrontation

## Barriers/challenges for students

- Concern about prying into clients' privacy when asking questions about feelings
- Anxiety about not knowing what to say or how to respond
- General lack of confidence in their ability to help a client
- Feelings of imposter syndrome- who am I to address these concerns?!

Borders et al. 2006

## Barriers/challenges for students

- In our 21 survey responses, "**fear**" was mentioned 13 times from supervisors ie:
  - "Student's fear of exploring an issue. They ignore/don't recognize the opportunity of exploring further and go on with their agenda."
  - "Fear of saying the wrong thing Fear of not patient's crying Fear of being yelled at by a patient Fear of offending a patient by over-calling an emotion Fear of offending a parent by addressing their child's developmental delay."
  - "The biggest challenge has been the students' fear of saying the wrong thing or making the situation worse."

## Barriers/challenges for students

- **Recognizing psychosocial skills go beyond interactions with clients**
  - "As a supervisor in a lab setting, it has been challenging to get students to see the psychosocial aspects of the non-direct patient care roles"
- **Focusing on genetic information as priority**
  - "They are so focused on information giving that they don't notice when patients are in distress. It is difficult to get them to feel comfortable with addressing that issue."

## Barriers/challenges for supervisors

- **As supervisors, we have to be able to justify why we do what we do to ourselves**
  - As novice supervisors, this can be especially challenging
- **Balancing how to prioritize client needs and the students needs in a session**
  - "Trying to teach...during a session. So the balance between having the student try to address something that comes up during the session but making sure the patient's needs are also met."

## Why is this a challenge for supervisors/GCs?

- Informational needs and demands high in GC
- Fear



- No clearly delineated parameters for psychosocial interventions – psychosocial goals and purpose

Adapted from Andrea Shugar, MS, CGC

## Strategies supervisors use to support student development (survey responses)

- **Role play (n=11)**
  - “Students self-record videos on their phones so they can see how they come across; I have had students sit with other office staff and just describe a test so they can feel less intimidated by patient reactions; I have encouraged my interns to practice empathy (not sympathy) in role plays”
- “Challenging them to make at least three **normalizing/validating statements**”

## Strategies supervisors use to support student development (survey responses)

- **Planning ahead/brainstorming**
  - “I try to encourage students by asking them to brainstorm possible psychosocial concerns prior to a specific appointment and having them come up with possible ways to address these if they do come up.
  - Using “**open-ended questions** and **brainstorm** some that are appropriate.”
- **Debriefing**
  - “Following an appointment, we come up with alternate responses to questions that may have been able to target psychosocial concepts.”
  - “Usually I ask them in a session debrief what opportunities they saw, which ones the took and which ones they didn't and why.”

## Where are we going?!

- Students often lack a clear vision of one's counseling destination aka the desired psychosocial goal
- They often feel insecure and directionless when trying to use psychosocial skills, because they don't have a counseling goal (destination) clearly formulated in their minds.



Adapted from Andrea Shugar, MS, CGC

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## REM Refresher

- The reciprocal engagement model (REM) of genetic counseling practice presents 17 genetic counseling goals (based on five tenets) that are central to genetic counseling practice (P.M. Veach *et al.* 2007).
- A validation study of this model by Hartmann *et al.* proposed the 17 goals be categorized into 4 factors:
  - Understanding and Appreciation
  - Support and Guidance
  - Facilitative Decision-Making
  - Patient-Centered Education

## Genetic Counselling Adaptation Continuum Model

- Introduction
- Goals
- Application / case examples

## Therapeutic Goal

**Counselling to promote:**

**adaptation to the risk**  
**adaptation to the condition**  
**adaptation to the process of making informed choices**

**A New Definition of Genetic Counseling: National Society of Genetic Counselors' Task Force Report**  
 Robert Resta Barbara Bowles Biesecker Robin L. Bennett Sandra Blum Susan Estabrooks Hahn Michelle N. Strecker Janet L. Williams, *Journal of Genetic Counseling*, Vol 15, No. 2, April 2006.  
 doi 10.1007/s10897-005-9014-3

## Teaching Genetic Counseling Skills: Incorporating a Genetic Counseling Adaptation Continuum Model to Address Psychosocial Complexity

Andrea Slugar • Published in *Journal of Genetic Counseling* 2016 • DOI: 10.1007/s10897-016-0042-y

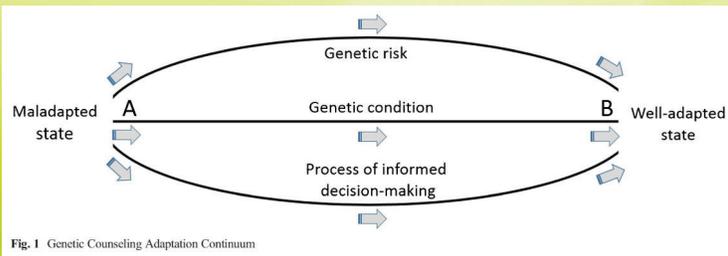


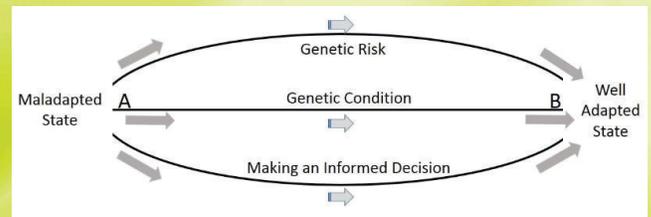
Fig. 1 Genetic Counseling Adaptation Continuum

Therapeutic goal:

Help client move along the continuum from A (mal-adapted) towards B (well-adapted)

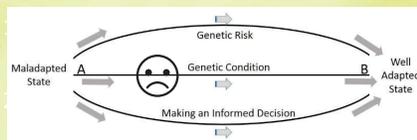
## Genetic Counseling Adaptation Continuum

- 1) Which issue is my patient struggling with? What is the evidence?
- 2) Where would I place my patient on the continuum?
- 3) What would a better-adapted state look like?
- 4) What techniques / tools can I use to help my patient move towards a better-adapted state?



## Application of GCAC Model – Case #1

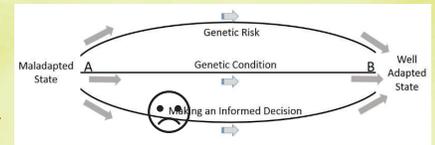
You are sharing a diagnosis of EB to the mother of a newborn with blistering. She is teary keeps asking you questions about how the child will look when he is older. She then asks can this be cured? Is there a medicine that can fix his skin?



- 3) What would a better-adapted state look like?
- 4) What techniques / tools can I use to help my patient move towards a better-adapted state?

## Application of GCAC Model – Case #2

19-year-old Frank's father was recently diagnosed with NF2. His father and older brother "told" him he needs to get tested before he makes any important life decisions. Frank has been very quiet throughout the GC session, has not made eye contact or asked any questions. He appears uneasy. After reviewing his options and pros/cons, you ask him if he would like to proceed with testing. Frank "Can I call you next week? Do I have to do the test today?"



- 3) What would a better-adapted state look like?
- 4) What techniques / tools can I use to help my patient move towards a better-adapted state?

