A collaborative effort between 18 organizations across the US and Canada

Genetic Counseling Clinical Supervisor Training
2019

Psychosocial Skills
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• The speakers have no conflicts of interest to declare.
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  – Karin Dent, MS, CGC
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  – 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!”

Who are we as genetic counselors?

How should we view genetic counseling?

“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 our 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
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.

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Beginning student</th>
<th>Intermediate student</th>
<th>Advanced student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting</td>
<td>Create an agenda for the session and present to the client.</td>
<td>Elicit the clients’ expectations, perceptions and knowledge of genetic counseling and the purpose of the visit.</td>
<td>Amend the agenda based on the clients’ needs and understanding.</td>
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Skills: Building rapport, open questions, aligning with client, building client self-esteem, flexible agenda
### Learning Objectives

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### 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 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.”

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<th>Advanced student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Assessment</td>
<td>Identify and record basic elements of psychosocial assessment (e.g. marital status, occupation)</td>
<td>Recognize and record more detailed elements of psychosocial assessment (e.g. unresolved grief, fear, anger)</td>
<td>Develop and discuss a plan with patients for needed psychosocial work (e.g. referral, decision-making tools)</td>
</tr>
<tr>
<td>Psychosocial support /</td>
<td>Build alliance with patient/family; use empathic statements appropriately</td>
<td>Discuss clinical information while assessing client’s reaction and gauging understanding of information; use psychosocial strategies to address client needs.</td>
<td>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.</td>
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<tr>
<td>counseling</td>
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Skills: primary empathy, immediacy, building client self esteem, promoting informed decision making, advanced empathy, confrontation
### 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.

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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

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

**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?

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**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?

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**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?”

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 #3

Ms. G is seeing you for follow up prenatal GC regarding bilateral CPCs with a negative amniocentesis result. As you try to give reassurance, she starts to cry
“But there is something wrong with the baby’s brain! I can’t stop thinking about it. I can’t sleep. Maybe I should just end the pregnancy and start over...”

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?

Affective words and phrases

Conclusions

• Students and supervisors face barriers/challenges in developing psychosocial skills
• The psychosocial component of genetic counseling is as essential as the information sharing
  — Students and supervisors must highly value and prioritize in training
• Identifying psychosocial goals using the Genetic Counseling Continuum Model and others can help students and supervisors partner in improving patient care, promoting informed choices and adaptation

THANK YOU TO ALL THOSE THAT CONTRIBUTED

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THANK YOU!!!

Click link below to complete evaluation and submit CEU request

https://indstate.qualtrics.com/jfe/form/SV_89cHJJ0n8YcyaRD