

Commentary on “Conceptualizing Genetic Counseling as Psychotherapy in the era of Genomic Medicine”

Geoffrey G. Yager

Received: 12 May 2014 / Accepted: 29 May 2014 / Published online: 19 July 2014
© National Society of Genetic Counselors, Inc. 2014

Before commenting directly on the article by Austin, Semaka, and Hadjipavlou (2014), I need to state my bias on this issue very clearly: As a counselor educator, counseling psychologist, and professional clinical counselor who has taught counseling techniques to genetic counseling students for more than 30 years, I have always strongly endorsed Kessler’s (1997) perspective that genetic counseling incorporates *two* core functions. The first function is the effective communication of information related to the genetic aspects of a wide variety of medical conditions. This information needs to be accurate, current, and expressed in a way that is understandable to patients who may have no medical or scientific background. The information-giving (teaching) part of genetic counseling is a complex and difficult task in that it not only requires a depth of knowledge but also a high level of interpersonal skill (e.g., reading a patient’s nonverbal confusion after an attempted explanation or recognizing that sometimes a carefully placed question may reveal what the patient is not understanding). The second core function of the genetic counselor task is to serve as a counselor (or psychotherapist), aiding the patient’s exploration of his/her emotional reactions and psychosocial concerns related to the genetic information presented. This second component of a genetic counselor’s work is emphasized in the Accreditation Council for Genetic Counseling (Accreditation Council for Genetic Counseling 2013, pp. 3–4) Practice-Based Competencies under Domain II: Interpersonal, Psychosocial and Counseling Skills. This section of the document includes core competencies clearly reflective of psychotherapy skills:

Domain II 9. “active listening and interviewing skills . . . empathically respond to stated and emerging concerns.” (p. 3)

Domain II 10. a. “knowledge of psychological defenses, family dynamics, family systems theory, coping models, the grief process, and reactions to illness.” (p. 3)

Domain II 10. e. “short-term client-centered counseling, grief counseling and crisis counseling.” (p. 4)

Domain II 11. c. “Recognize and respond to client-counselor relationship dynamics, such as transference, countertransference” (p. 4)

In my work with genetic counseling trainees, I have directly observed the impact of the psychotherapeutic skills described above: The implementation of a few empathy statements, a minimal number of challenges, an understanding of crisis intervention, and even the recognition of countertransference will transform a dry, disconnected “information sharing” session into a therapeutic encounter! If I’ve approached the training of genetic counselors with this understanding for all of my experience, why do I feel a need for this article at the present time? Essentially, I have three basic reasons for arguing the timely nature of Austin et al. (2014) contribution.

First, I perceive that beginning genetic counseling students need to be reminded of the importance of psychotherapy skills in their education. Again allow me to draw on my own experience. As a liberal arts biology graduate with an interest in directly working with people, I might well have been highly interested in a graduate program in genetic counseling if such programs had existed in 1966 when I graduated. Looking back at my perspective on the world at that time, however, I am convinced that my “scientific” orientation would not have readily embraced the critical importance of what I’d have perceived as less tangible and concrete skills of psychotherapy. Employing empathy and active listening would *not* have come naturally to me at that time, and a focus on the development of such skills would *not* have been high on my list of

G. G. Yager (✉)
University of Cincinnati, Cincinnati, OH, USA
e-mail: Geof.Yager@uc.edu

essential learning. In subsequent graduate work and clinical experience, I have come to see the skills of therapy as the central elements in effectively working with patient change. More recently, Norcross's (2002) edited text on psychotherapy has provided me with impressive empirical support for the fundamental importance of the therapeutic relationship. Basically, I believe my 1966 scientific perspective is shared by a majority of beginning genetic counseling students! They are skeptical of the importance of learning and practicing counseling skills. Given the intensity and breadth of all of the academic learning demanded in their training program, some may even perceive counseling skill training as totally tangential and irrelevant. Austin et al.'s (2014) article will serve to reinforce a truly valuable aspect of training.

Secondly, given the reported data indicating that the majority of genetic counselors make limited use of "counseling" skills versus "teaching" skills (Lerner et al. 2014; Meiser et al. 2008; Roter, Ellington, Erby, Larson, and Dudley 2006), this article would serve as an important (perhaps, essential) reminder to practitioners to continue to value their counseling skills.

Finally, this discussion is a timely offering for just the reason that the authors cite: With the burgeoning interest in genetics and genomic medicine, an increasing number of health care providers will, of necessity, need to gain knowledge of genetic issues. If these healthcare professionals are ready sources of information on rare genetic syndromes and genetic conditions, a question arises if trained genetic counselors will be left with a viable role? If conveying important genetic-related information was the sole purpose of a genetic counselor, the increased knowledge of many other healthcare professionals might be conveyed directly to patients *without* involvement of genetic counselors. Fortunately for the profession, the authors provide a strong and convincing argument that it might just be the *psychotherapeutic* element of genetic counseling that will ensure the long-term relevancy of the profession.

Although medical professionals are appropriately pushed to an increased knowledge of the genetic bases of medical conditions, they may not be the best to convey such information to patients because they often lack the crucial interpersonal skills needed to help patients (a) who don't understand the information conveyed, and/or (b) who are so emotionally affected as to be unable to think about viable next steps, much less being able to take such steps. These skills may well be overlooked whenever the sole focus of a medical profession is upon conveying accurate information. An effective genetic counselor knows better than to focus exclusively on the content of the data communicated; they are also trained to be certain of the patient's understanding *and* to explore the emotional impact of that understanding. This combination of skills is unique within medical practitioners. Some medical helpers may have the "psychosocial-focus" skills but have no

knowledge of the medical information; others may well have updated medical understanding but no interpersonal relationship building experience.

Austin et al. (2014) make a cogent argument, with supportive research, for the on-going importance of the role of the genetic counselor. They accomplish this through the exploration of the "psychotherapy" role in genetic counseling. I think the choice of the word "psychotherapy" likely creates some discomfort in the minds of many genetic counselors for the reasons the authors cite: "Psychotherapy" is often seen as implying long-term, in-depth treatment that would be psychodynamically-based. Perhaps, had the article addressed the "counseling" aspect of genetic counseling, a wider majority of genetic counselors might have immediately endorsed the central ideas presented in the article. On the other hand, I don't wish to overlook the potential value of identifying the "psychosocial" focus of genetic counseling as psychotherapy, despite the potentially-controversial nature of the term. If more individuals are encouraged to read and consider these authors' arguments because they were curious about the use of the word "psychotherapy," that's excellent!

A number of reasons that the psychotherapy aspect of genetic counseling may be underemphasized have been discussed by Austin et al. (2014), but all such explanations are trumped by the empirical review that, even the primary purpose of "giving information" is best accomplished within a therapeutic context. Using psychotherapeutic skills will allow the patient to reach an emotional state more conducive to hearing the important medical information that the genetic counselor is attempting to convey.

Although it is likely that most genetic counselors have wrestled with the question of how psychotherapy fits within their practice, Austin et al. (2014) puts such intellectual musings into a contemporary context of central importance. Genetic counselors need to emphasize that it is their well-developed counseling skills (i.e., psychotherapy skills) that set them apart as unique and essential professionals.

Conflict of Interest Statement Dr. Yager declares that he has no conflict of interest related to this submission.

References

- Accreditation Council for Genetic Counseling (2013). Practice-based competencies for genetic counselors. Retrieved May 24, 2014, from http://www.gceducation.org/Documents/ACGC%20Core%20Competencies%20Brochure_13-Web-Revised-FINAL.pdf
- Austin, J., Semaka, A., & Hadjipavlou, G. (2014). Conceptualizing genetic counseling as psychotherapy in the era of genomeic medicine. *Journal of Genetic Counseling*
- Kessler, S. (1997). Psychological aspects of genetic counseling. IX. Teaching and counseling. *Journal of Genetic Counseling*, 6, 287–295.

- Lerner, N., Roberts, J. S., Shwartz, M., Roter, D. L., Green, R. C., & Clark, J. A. (2014). Distinct communication patterns during genetic counseling for late-onset Alzheimer’s risk assessment. *Patient Education and Counseling*, *94*, 170–179.
- Meiser, B., Irle, J., Lobb, E., & Barlow-Stewart, K. (2008). Assessment of the content and process of genetic counseling: a critical review of empirical studies. *Journal of Genetic Counseling*, *17*, 434–451.
- Norcross, J. C. (Ed.). (2002). *Psychotherapy relationships that work: therapist contributions and responsiveness to patients*. Oxford, GB: Oxford Press.
- Roter, D. L., Ellington, L., Erby, L. H., Larson, S., & Dudley, W. (2006). The genetic counseling video project (GCVP): models of practice. *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics*, *142*, 209–220.