Master Genetic Counselor Series: Genetic Counseling Instructor Guide

2011

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Master Genetic Counselors

Standardized Patients

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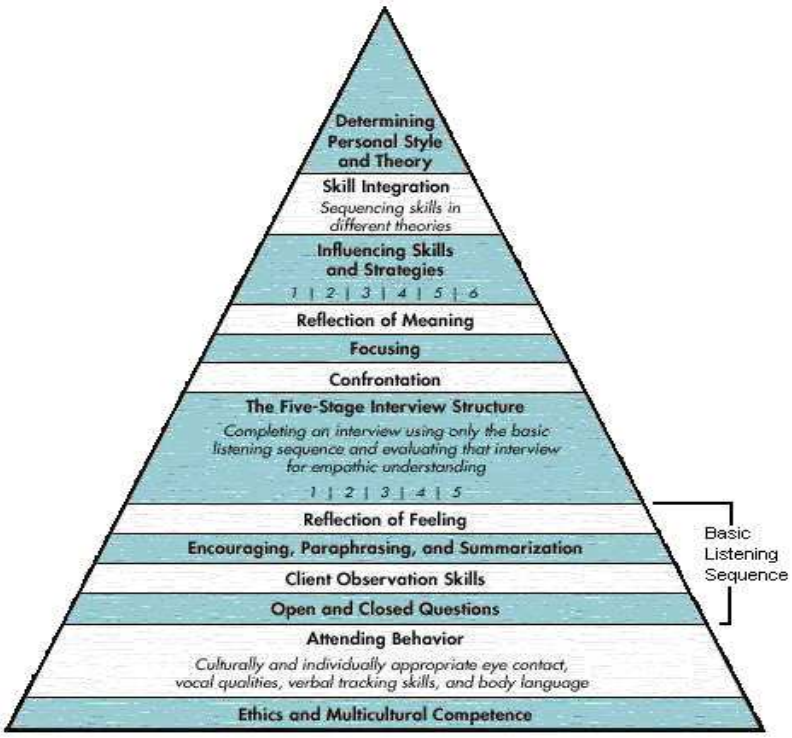
Introduction

Preparing genetic counseling graduate students in the skill and art of counseling is a challenging task. Two of the main training methods utilized in other counseling disciplines are the microskills approach to counseling and interviewing and Interpersonal Process Recall (IPR) (Baker, 1990). The development of a reflective practice, which has been simply defined as "transformatively learning from experience," might be considered a corollary of IPR for the practicing genetic counselor (LeRoy, McCarthy Veach & Bartels, 2010, p. 355).

The microskills concept involves instruction and practice in the discrete skills and behaviors within the microskills hierarchy (Figure 1) which include: attending behavior, the basic listening sequence, stages of the interview, and specific advanced skills (Ivey, 1968). With practice the discrete skills are integrated into a personal style of counseling.

Figure 1: The microskills hierarchy: A pyramid for building cultural intentionality (Ivey & Ivey, 2008).



IPR, a system developed by Norman Kagan (1990), is a "videotaped mental health skills training program" (Baker, 1990, p. 360). Videotaped sessions of students are viewed with a "unique recall process" in which an inquirer guides the student during the viewing. IPR is based upon the "early psychoanalytical training approach by having participants watch counseling sessions conducted by expert counselors who intentionally made use of specific counseling techniques. Then, after the demonstrations, the experts described the thoughts, emotions and physical sensations they had experienced while counseling" (Crews, 2005, p. 78).

IPR as a teaching method is consistent with the professional development of a reflective practice, which is summarized by Zahm (2010, p. 357) as a "three-part process; *experience* (or recollection of a previous experience), *critical examination* of that experience and resulting *change* (of beliefs, actions, etc.)." It could be argued that all genetic counselors should develop a reflective practice since, as specified in the Practice-Based Competencies and Code of Ethics, genetic counselors *must demonstrate a commitment to professional growth* and lifelong learning *and a commitment to maintaining the standard ethical and competent practice* set by the profession (abgc.net; nsgc.org, 2010).

The Master Genetic Counselor Series, supplemented by this learning guide, shows how several highly skilled genetic counselors integrate microskills into their own personal style of counseling. The post-session interviews, to some extent, model what it means to practice reflectively. This learning guide will assist the instructor of genetic counseling students in the use of this series. The learning guide is organized into several subject headings according to the modified microskills pyramid (Figure 2) with recommended readings and suggested activities.

The readings and activities are by no means exhaustive and we encourage you to adapt them to the specifics of your teaching environment.

Note: Genetic counseling sessions are often fraught with the tension of competing educational and psychosocial needs of the patient. As genetic counselors, we must be adept at seamlessly integrating both of these components. The adapted microskills hierarchy, as shown on page 3 of this guide, reflects this tenet. This series, however, was developed to assist specifically with the instruction of genetic counseling students in ***discrete psychosocial counseling skills****. This was accomplished by creating detailed patient histories including a mock chart with documentation of the patients' previous genetic counseling encounters where educational needs were addressed. In addition, the standardized patient instruction document details how they were to respond during various components of the session such as any educational needs assessment. Review of these materials will help the instructor (and student) understand the patient's overall counseling needs.*

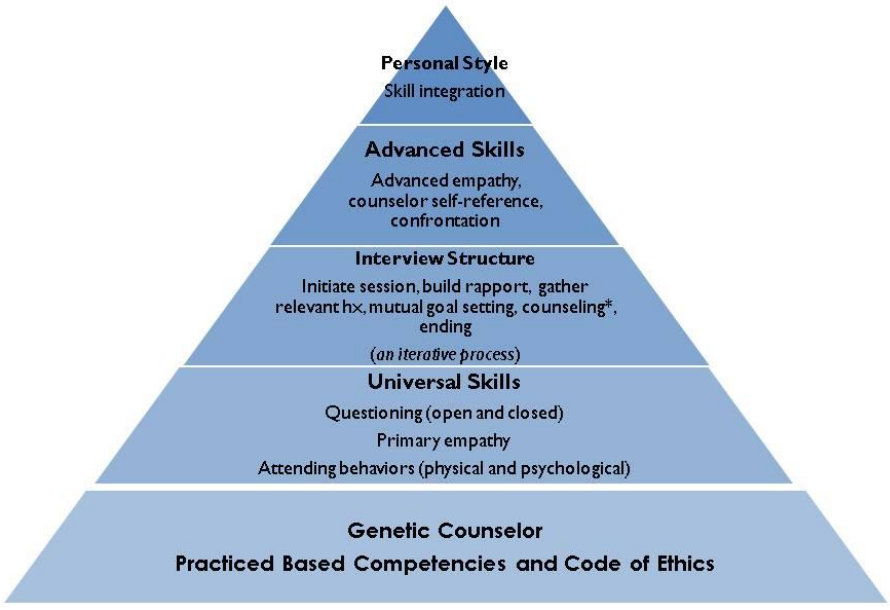
I. Introduction to Microskills

Becoming a Samurai

> *Japanese masters of the swords learn their skills through a complex set of highly detailed training exercises. The process of masterful sword work is broken down into specific components that are studied carefully, one at a time. In this process of mastery, the naturally skilled person often suffers and finds handling the sword awkward. The skilled individual may even find his or her performance worsening during the practice of single skills. Being aware of what one is doing can interfere with coordination and smoothness.*
>
> *Once the individual skills are practiced and learned to perfection, the samurai retire to a mountaintop to meditate. They deliberately forget what they have learned. When they return they find the distinct skills have been naturally integrated into their style or way of being. The samurai then seldom have to think about skills at all: they have become samurai masters.*
>
> (Ivey & Ivey, 2003, pp. 51-52)

The training of a samurai is analogous to training a counseling student in the skill and art of interviewing and counseling using the microskills approach. The microskills pyramid, as developed by Ivey and Ivey, has been modified to reflect the language and structure of the seminal skill-based text for teaching the genetic counseling graduate student (McCarthy Veach, LeRoy & Bartels, 2003).

Figure 2: Based on: Essentials of Intentional Interviewing: Counseling in a Multicultural World (Ivey & Ivey, 2008) and Facilitating the Genetic Counseling Process: A Practice Manual (McCarthy Veach, LeRoy & Bartels, 2003).



GENETIC COUNSELOR MICROSKILLS HIERARCHY
building intentionality in the genetic counseling session

In the context of this pyramid, the term counseling refers to the educational, and decisional and psychological support components of the genetic counseling session

Readings: Tluczek, et al. (2011). A tailored approach to family-centered genetic counseling for cystic fibrosis newborn screening: The Wisconsin model. *Journal of Genetic Counseling*, 20(2):115-128.
Ivey A. (1968). Micro counseling and attending behavior: An approach to prepracticum counselor training. *Journal of Counseling Psychology*, 15(5):1-12.

Activities: 1. Have the students read a transcript of a session and identify an example of each microskill.
2. Have the students watch a session (or a segment of a session) and use a checklist of microskills to identify their use during the session.

II. Universal Skills: Attending

It is important that patients in the genetic counseling session are seen accurately and feel understood and cared about (Peters & Djurdjinovic, 2004). This requires listening through the intentional use of psychological and physical attending skills, which are the counselor behaviors that demonstrate that he/she is listening.

SOLER is a simple acronym specific to physical attending:

S=Face the client ***S****quarely*

O=Adopt an ***O****pen* posture

L=***L****ean*** toward the client

E=Make and maintain appropriate ***e****ye* contact

R=Be ***r****elaxed* during the interview

Two other useful methods for remembering attending behaviors that incorporate both psychological and physical attending are *"3 V's and a B"* (Ivey & Ivey, 2008) and the acronym *ENCOURAGES* (McCarthy Veach, LeRoy & Bartels, 2003).

3 V's and a B: Support your client with individually and culturally appropriate
Visual (eye contact),
Vocal quality,
Verbal tracking (stay with the client's story) and
Body language.

ENCOURAGES: Support your client with
E= moderate eye contact,
N=moderate head nods,
C=cultural awareness,
O=open posture,
U=uses minimal encourages (e.g. Um-hmm),
R=relaxes and is authentic,
A=avoids distracting behaviors,
G=matches clients' grammatical style,
E= listens with a third ear (psychological attending),
S= appropriate use of space.

Readings: Facilitating the Genetic Counseling Process: A Practice Manual (©2003), Chapter 3.
Genetic Counseling Practice: Advanced Concepts and Skills (©2010), pp. 214-215.
A Guide to Genetic Counseling 2nd ed. (©2009), pp. 80-83.

Activities: 1. Watch a 10 minute segment of a session. Have students recall everything they can about the client's characteristics and nonverbal behaviors. Review the same segment and compare responses. Use the sample form or develop your own. This can lead to a discussion of the difficulties of fully attending. (McCarthy Veach, LeRoy & Bartels, 2003, p. 46).
2. Watch a 10 minute segment of a session without the sound. Have students identify what they think the counselor and patient are talking about, and what feelings are being experienced. Replay the segment with the volume on and compare their initial responses. (McCarthy Veach, LeRoy & Bartels, 2003, p. 46).
3. Watch a 10 minute segment of a session with specific attention to the counselors attending behaviors. Have the students record specific behaviors. As a group, discuss the effectiveness or impact of the behaviors. Use the form provided or develop your own.

III. Universal Skills: Questions

Questions are asked in a genetic counseling session for a variety of reasons including to gather genetic and medical information from the patient, to clarify meaning of words and experiences, and to check for understanding (McCarth Veach, LeRoy & Bartels, 2003). The *intentionality* of the question is of primary importance in the microskills hierarchy; the question should have a purpose in the context of the goals of the session. Beginning students have commented that they know how to ask questions, but they are not sure how to respond to the patient's answer (Reiser, 2009, personal communication). The intention of the question should be their guide (Figure 3).

Figure 3: Example of intentional questioning

NOW THAT YOU'VE ASKED…..

How you respond to a patients answer depends on why you asked the question.

1. If you asked to elicit factual information, acknowledge that you heard the answer (nod your head, say okay, reflect content by repeating the last word etc.). Then-
    a. Transition to another question or move on in the agenda.
    b. Ask a follow-up question for more detail.
    c. If you have asked several factual questions to elicit their clinical history, summarize and ask for confirmation that you heard correctly.
2. If you asked the question to assess what an experience has meant for a person/family, acknowledge that you heard their answer with
    a. Silence to allow them time to elaborate.
    b. Minimal encourager to encourage them to elaborate.
    c. Validation by reflecting feeling.
    d. A follow-up question for more detail.
    e. If you have asked several factual questions to elicit their story, summarize and ask for confirmation that you heard correctly. Transition on to another question or another place in the agenda.
3. If you asked the question to assess what an experience has meant for a person/family and their answer involves an intense emotion you might want to
    a. Normalize their situation by saying something like, "Many people who've had a baby die feel sad when they see someone who's pregnant."
    b. Reframe to a strength/positive e.g. "It took a lot of courage to share that with me."
    c. Or respond as in 2a through 2e.
4. If you asked the question to assess what the information you provided means to them
    a. Follow 2a through 2e.
    b. Follow 3a through 3c.
5. If you asked the question to check for understanding of information provided i.e. "How will you explain what we've talked about to your husband, or your partner, or your child, etc…?
    a. If they are correct in their explanation, then provide confirmation.
    b. If they have misconceptions, you might say, "That's generally correct. Just to clarify a few things…"
    c. If the answer is incomplete, you might say, "Very good. It would also be important to also let them know that…"
6. If you don't know why you asked the question, then it wasn't important to know the answer.

Readings: Facilitating the Genetic Counseling Process: A Practice Manual (© 2003), Chapter 5.
A Guide to Genetic Counseling 2nd ed. (©2009), pp. 83-85.
Psychosocial Genetic Counseling (©2000), pp. 61-62.

Activities: 1. Have the students watch a session and use the criteria listed below to evaluate the questions asked by the counselor (McCarthy Veach, LeRoy & Bartels, 2003, p. 87).

- Concrete and specific (asks for examples)
- Systematic (questions seem planned)
- Uses silence
- Avoids interrupting
- Avoids the use of why questions
- Follows up questions with primary empathy

- Uses open questions where possible

2. Have the students read the patient chart for a session and write one question for each of Sander's (1966) seven types of questions that would be appropriate for this patient (McCarthy Veach, LeRoy & Bartels, 2003, p. 74). Watch a session and identify examples.
    - Memory question
    - Translation question
    - Application question
    - Synthesis question
    - Analysis question
    - Evaluation question
3. Have the students read the patient chart and prepare ten questions to ask during the session; they should explain the purpose of the question. For example, have the students give an example of why the answer to the question is important or how the question is a demonstration of intentional use. Watch a session and discuss what the counselor did and compare to the student suggestions. Discuss how, if at all, their approach might change based on observation of the Master Genetic Counselor.

IV. *Universal Skills: Primary Empathy Continuum (Encouraging, Paraphrasing and Summarizing, Reflection of Content and/or Feeling)*

Carl Rogers defines empathy as sensing "the client's private world as if it were you own, but without ever losing the 'as if' quality…" (McCarthy Veach, LeRoy, & Bartels, 2003, p. 52). Kessler (2000) implies a functional definition of empathy when describing two related tasks of counseling: i.e. "...understanding the client (and) communicating that understanding…" (p. 99). Kessler (2000) goes on to write that "these strategies neither require much time nor complex skills. They merely *give voice* to the natural thoughtfulness and sensitivity we all have within us…Where counselors differ from most other professionals is that their mindset is geared to actively seek and create opportunities to express this aspect of themselves in their work" (p. 106).

Kessler's comments are consonant with the microskills hierarchy. First, both reinforce the importance of empathy in the counseling relationship/process. And secondly, both purport that, as counselors, we should actively or intentionally seek opportunities for empathic interventions.

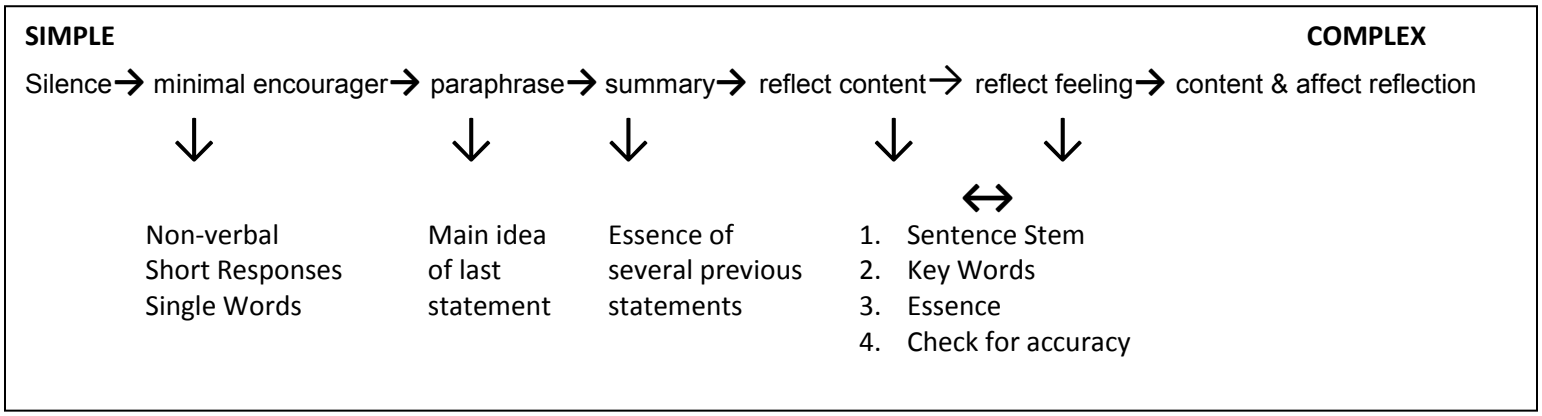
Empathy as a Behavior (Kessler)	**Empathy as a Skill (Microskills Hierarchy)**
Empathy means to understand the client and communicate that understanding.	Empathy is a universal skill in the basic listening sequence.
As genetic counselors, we "actively seek and create opportunities to express" empathy.	As genetic counselors, we should use empathy intentionally in our genetic counseling sessions.

Beginning genetic counseling students might disagree that empathy is not a complex skill. Hopefully, after learning about the empathy continuum in the suggested readings, completing the activities below, and with practice, they will find that their innate ability to empathize with their clients has, as Kessler (2000) states, been "given voice" (p. 106).

Readings: Facilitating the Genetic Counseling Process: A Practice Manual (©2003), Chapter 4.
A Guide to Genetic Counseling 2nd ed. (©2009), pp. 80-83.
Psyche and the Helix: Psychological Aspects of Genetic Counseling (©2000), Chapter 9.

Activities: 1. Have the students watch a session and answer the following questions while referring to the empathy continuum (Figure 4) (McCarthy Veach, LeRoy & Bartels, 2003, p. 55). Which strategies did the counselor use? Were some more prevalent than others? How did the patient respond? What is your comfort level along the continuum? How might you incorporate new levels based upon what you observed?

Figure 4: Empathy Continuum



(Adapted from McCarthy Veach, LeRoy & Bartels, 2003, p. 55)

2. Have the students read a session transcript and identify the listening skills of paraphrasing and summarizing. Suggest other words that could be used to reflect the patients content and/or feeling i.e. use your words. Suggest other points where these skills could be used.

V. Advanced Skills: Self-disclosure and Confrontation

Many, if not most, genetic counseling sessions can be conducted primarily using the universal skills of questions, attending and empathy. Complex cases may require the advanced skills of self-disclosure and confrontation.

Self-disclosure can be defined as counselor communication to the client about "a range of experiences such as beliefs, attitudes, perceptions, judgments, desires and actions, as well as feelings about people and/or situations other than the client" (McCarthy Veach, LeRoy, & Bartels, 2003, p. 205). The definition is sometimes expanded to include the sharing of opinions derived from the counselor's clinical experience. When used appropriately, self-disclosure may build "a sense of equality and encourages client trust and openness" (Ivey & Ivey, 2008, p. 182).

Thomas, McCarthy Veach & LeRoy (2006), in one of the few genetic counseling specific studies about self-disclosure, sought opinions and information about its practice from a small group of experienced genetic counselors. Expert opinion regarding the participant's comments was solicited. While definitions and possible

consequences of self-disclosure varied, there was general agreement that self-disclosure can be a valuable strategy; however, it must be used judiciously and with intention.

Confrontation, in the microskills hierarchy, refers to supportively challenging the client when the counselor notices conflict, mixed messages and discrepancies in the client's verbal and non-verbal behavior. Its predicted result is client recognition of the behavior followed by further examination or clarification to move toward resolution of the conflict. An example that might be seen in a genetic counseling setting is, "You say you are doing well with your daughter's diagnosis but there are tears every time her name is mentioned." Confrontation has "change" as an intended outcome in traditional counseling settings; change often requires time, multiple interviews, etc. As such, while it may be a powerful skill in a genetic counseling setting, its use should be carefully considered and is likely infrequently used when compared to other strategies.

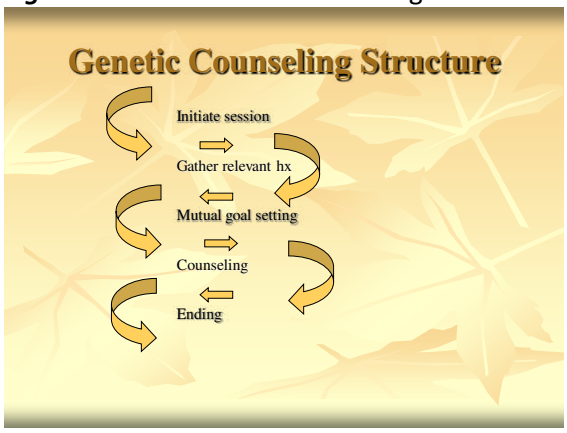
Readings: Thomas, et al. (2006). "What is the clinical role of counselor self-disclosure in genetic counseling?" *Journal of Genetic Counseling*, 15(3):163-177.
Paine, et al. (2010). "What would you do if it were me?" Effects of counselor self-disclosure versus non-disclosure in a hypothetical genetic counseling session. *Journal of Genetic Counseling*, 19(6): 570-84.
Chavey et al 2010 (AEC, Dallas TX; article in press).

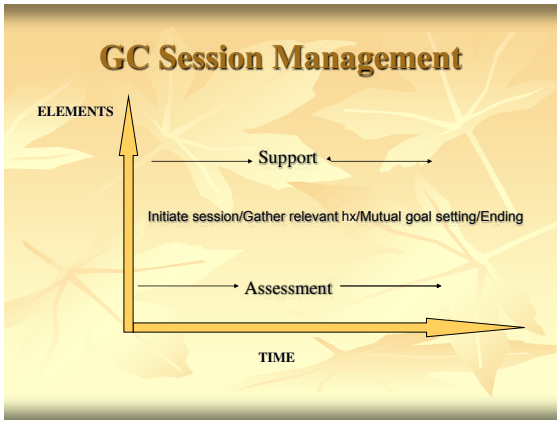
VI. The Structure of the Interview

The structure of the interview as listed in the microskills hierarchy for genetic counselors is: initiate the session, build rapport, mutually set goals, counsel, refer and end. Simply listing these components implies that they follow a distinct order in a session. However, a session's structure likely depends upon the orientation and personal style of the genetic counselor. From a survey (2009) of genetic counselors for the Master Genetic Counselor Series project, a commonly cited characteristic of a master genetic counselor is flexibility. If the distinct structural elements or stages of the genetic counseling interview are flexible, the process of genetic counseling may be even more so. Peters & Djurdjinovic (2004) have described the process of genetic counseling, especially the psychosocial assessment and support components, as iterative: the genetic counselor is simultaneously observing (words and actions), analyzing, and adjusting continuously throughout the session.

This can be diagrammatically represented in the following manner (Figure 5) (Williamson, 2005). The arrows in the diagrams below represent the psychosocial assessment and support components of the genetic counseling session, which occur continually and throughout the various elements of the session. They are not limited to one moment or one specific element and the individual elements are adapted, as needed, according to the clinical judgment of the genetic counselor. The master counselor can make this appear a seamless process.

Figure 5: Flexible structure to the genetic counseling session





Readings: Facilitating the Genetic Counseling Process: A Practice Manual (©2003), Chapter 6.
Psychosocial Genetic Counseling (©2000), Chapter 4.
A Guide to Genetic Counseling 2nd ed. (©2009), Chapter 5.

Activities:

1. Have the students watch a session and describe how the counselor conducted the interview. Did the stages of the interview have a definable order or was the agenda flexible? Watch another session and note the similarities and differences. Discuss what the students might consider doing differently after watching the session(s).
2. Watch the first 5 to 10 minutes of two or more sessions. Have the students describe the counselors approach to contracting. Note similarities and differences. Discuss how the students might incorporate techniques they observed.
3. Watch the last 5 to 10 minutes of two or more sessions. Have the students describe how each counselor ends the session. Note similarities and differences. Discuss the students approach and how they might incorporate techniques they observed.
4. Have the students read the patient chart and prepare for the session. For example, how might the student anticipate the educational needs of the patient or anticipate the psychological and support needs of the patient. Watch the session and compare what the genetic counselor was able to identify with the students' preparation. Discuss the perceived effectiveness of the counselor's approach.
5. Have the students read the patient chart and prepare a counseling outline for a 60 minute session. Discuss possible adjustments if the session was necessarily shortened by 30 minutes. For example, what is cut, by how much and how or why would the minimum content/emotional attention need to be evaluated. Discuss the reasoning behind these decisions. Then watch a session and compare the counselor's choices with the students'. Discuss how the students might incorporate techniques they observed.
6. Have the students read the patient chart. Discuss what assumptions were made as they prepared for the session? How would they check out these assumptions? Watch a session and discuss what was learned about the assumptions. Or read the patient history/instructions and discuss what was learned about the assumptions.

VII. Putting it all Together: Developing a Personal Style of Helping

Students are told that they should develop their own personal style of counseling. To do this they must consider how they will incorporate the skills they have learned and the theories they have explored in the classroom into their future practice while maintaining their own authentic and genuine sense of self. Using the Ivey & Ivey (2003) description of defining one's own authentic style, the process for a genetic counseling student might look like this:

Determining Personal Style and Theory	Predicted Result
As you work with clients, identify your natural style, add to it, and think through your approach to interviewing and counseling by: •examining your own preferred microskill usage •integrating into your skill set your learning from theory •reflecting on what you do in your sessions •incorporating new ways of interviewing and counseling into your practice.	As a developing genetic counselor you will identify and build on your natural style. As required by the Genetic Counseling Code of Ethics and the professional Practice-Based Competencies you will commit to a lifelong process of: •evaluating and examining your behavior, thoughts, feelings and deeply held meanings •constantly learning.

Counseling Orientation

There are countless counseling models that other helping professionals draw from to shape a personal style of helping. There is ample literature that discusses these counseling models and their relationship to genetic counseling. Any such discussion usually includes Carl Rogers' "Person-Centered Counseling," which is based upon the belief that we each possess the capacity to be a whole, fully functioning individual. Recently a model specific to genetic counseling practice has been developed, namely the Reciprocal-Engagement Model where one of the key tenets is that "patients are resilient" (McCarthy Veach, Leroy & Bartels, 2007). Underneath both person-centered counseling and the reciprocal-engagement model is a belief in the inherent problem solving ability of the patient, which is fully consistent with the microskills hierarchy. The counselor intentionally "finds strengths and positive assets in the client and the support system" that result in "clients who are aware of their strengths and resources" and "can face their difficulties and discuss problem resolution from a positive foundation" (Ivey & Ivey, 2008). This is also called a positive wellness orientation with the act of finding a client's strengths referred to as a positive asset search.

A wellness orientation is consistent with many different counseling approaches including decisional counseling, person-centered counseling, assertiveness/cognitive-behavioral counseling and solution focused brief counseling. Below is a brief definition of these approaches. For more detail, see any of a number of comprehensive counseling theory texts including those listed in the references.

> *Decisional counseling*: The underlying belief is that clients are always, or nearly always, making decisions. The counselor facilitates the decision making by helping the client examine how they feel about the possible solutions or alternative answers (Ivey & Ivey, 2003).
> *Person-centered counseling*: The client has the capacity to resolve life problems. Therapists create a comfortable, non-judgmental environment by demonstrating genuineness, empathy, and unconditional positive regard which assists the client in finding their own solutions to their problems (Corey, 2001).

Assertiveness/cognitive-behavioral counseling: Assertiveness training is a specific technique used in cognitive-behavioral counseling approaches. The task at hand is to change client behaviors and feelings by modifying their faulty thinking or believing. Examples of techniques include problem solving training and education (Corey, 2001).

Solution focused brief counseling: Focuses on what clients want to achieve through counseling rather than on the problem(s) that made them seek help. A key task is to help clients identify and attend to their skills, abilities, and external resources, such as social networks such as family, friends, faith community, etc. (Davis, 1999).

Counselors with these approaches might incorporate a positive asset search using the microskills within the interview structure (Table 1).

Table 1: Approaches to counseling that incorporate strength finding of patient

Decisional Counseling	**Person-centered Counseling**	**Assertive / Cognitive-Behavioral Counseling**	**Solution Focused Brief Counseling**
Uses the listening sequence to draw out facts, feelings and organization of the client's problems or decisional issue. Draws out individual and multicultural strengths.	Uses listening skills to draw out client concerns with a focus on the individual client and feelings. Maintains constant emphasis on positive regard and client strengths.	Uses the listening sequence to draw out behaviors and thoughts in specific situations. Focuses broadly on both individual and contextual issues.	Draws out client story briefly focusing on wellness and positive assets. Seeks concrete examples of past successes. Normalizes concerns and searches for contextual support systems.

(Adapted from Ivey & Ivey, 2003, p. 443)

Just as each theoretical model incorporates patient strength finding differently in a counseling session, they also differ in the pattern of how they use microskills (Table 2).

Table 2: Use of microskills in different counseling approaches

	Decisional counseling	**Person centered counseling**	**Behavioral counseling**	**Solution oriented**	**Medical dx interview**
Open questions	Frequent	Occasional	Common	Frequent	Common
Closed questions	Common	Occasional	Frequent	Common	Common
Encourager	Frequent	Common	Common	Common	Common
Paraphrase	Frequent	Frequent	Common	Frequent	Common
Reflection of feeling	Frequent	Frequent	Common	common	Occasional
Reflection of meaning	Common	Frequent	Occasional	Occasional	Occasional
Summarization	Common	Common	Common	Frequent	Common
Amount of interviewer talk time	Medium	Low	High	Medium	High

(Adapted from Ivey & Ivey, 2003, p. 21)

In summary, beginning counselors need to learn about a variety of approaches to counseling (e.g. solution-focused, cognitive-behavioral and others) and consider which most closely matches their preferred theoretical orientation and microskill usage pattern through

- study (readings, lectures, observations),
- practice (role-play, clinical rotation),
- evaluation (by self, peers and supervisors) and
- growth (through incorporating new strategies, techniques).

This process for the genetic counseling student lays the foundation for a reflective practice which, as implied in the Practice-Based Competencies and Code of Ethics, is required of all genetic counselors. We must *demonstrate a commitment to professional growth* and lifelong learning *and a commitment to maintaining the standard ethical and competent practice* set by the profession (abgc.net; nsgc.org).

Readings: Zahm, et al. (2010). An investigation of genetic counselor experiences in peer group supervision. *Journal of Genetic Counseling*, 17(3): 220-233.
Runyon, et al. (2010). What do genetic counselors learn on the job? A qualitative assessment of professional development outcomes. *Journal of Genetic Counseling*, 19(4): 371-386.
A Guide to Genetic Counseling 2nd ed. (©2009), pp. 155-165.
McCarthy Veach, et al. (2007). Coming full circle: A reciprocal-engagement model of genetic counseling practice. *Journal of Genetic Counseling*, 16(6): 713-728.

Activities: 1. Have students reflect on their favorite session. Why did they prefer this session? What would they like to incorporate into their counseling style? What was their least favorite session? Why? What would they stay away from in their counseling based on this reflection?
2. Have the students watch a session. Describe the counselor's style. How did the counselor's style compare to what the student would do? What might they consider doing differently after watching the session(s)?
3. Have students fill out the tables above reflecting on their interpretation of the reciprocal engagement model of genetic counseling.
4. Use questions in the Master Genetic Counselor Series: Peer Supervision Guide to foster classroom discussion.

Observer Checklist: Attending Behaviors

Watch a segment of the video and observe the counselors attending behaviors using the 3 V's and a B model.

1. *Visual/eye contact:* is the counselor making eye contact? Too much? Too little?

2. *Vocal qualities:* does the counselor change their tone or pace of speech? What is happening in the session when these changes occur?

3. *Verbal tracking:* does the counselor stay with the patient's story? What is happening in the session when the counselor transitions away from the story or re-directs the conversation?

4. *Body language:* describe how the counselor physically attends. Use the SOLER model. S=Face the client ***s****quarely*, O=Adopt and ***o****pen* posture, L=***L****ean* toward the client, E=Make and maintain appropriate ***e****ye* contact, R=Be ***r****elaxed* during the interview

Observation Checklist: Nonverbal Behaviors

Watch a segment of a video and comment on the patients nonverbal behaviors.

1. Describe the patients dress and artifacts. What might the patient be saying by their manner of dress?

2. Describe the patient's pattern of eye contact. A lot? A little? Shows emotion?

3. Describe the patient's facial expression. What emotion might it reflect? Is it synchronous with what is being said? Or revealed by other nonverbal behaviors?

4. Describe the patient's vocal qualities. What does their tone tell about what is happening for them in the session? Their volume? Their inflection?

5. Describe the patient's body posture and gestures. Are they open or closed? Are they still or in motion? Are there sudden changes and what is happening in the session when they occur?

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