

Why We Do What We Do: Commentary on A Reciprocal-Engagement Model of Genetic Counseling Practice

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Received: 1 March 2007 / Accepted: 27 July 2007 / Published online: 10 October 2007
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Keywords Genetic counseling practice · Genetic counseling

Why do genetic counselors need a model of practice? After all, none of us walk into a counseling session in a state of panic because we do not know what we are supposed to do. Is not a model of practice simply stating the obvious?

Well, not so obvious, as the three of us and the other participants learned at the *Models of Practice* conference organized by McCarthy Veach, Bartels and LeRoy in November 2005). The differences in viewpoints among the 25 or so participants and the difficulties we had in clearly articulating our private models was an eye opening experience.

A model of practice is a way to define how we communicate and assist clients in decision-making. We can dissect what we do and how we do it by defining the tenets, goals, strategies and behaviors we use but have a difficult time articulating. The attempt to develop this model should promote avenues of research in the genetic counseling field and should improve methods of teaching genetic counseling. Along with the newly revised Defini-

tion of Genetic Counseling (Resta *et al.* 2006), Scope of Practice Document (www.nsgc.org), and updated Code of Ethics (NSGC 2006), a Model of Practice will further define the genetic counseling profession in achieving its goals of licensure, reimbursement, and peer recognition.

The “Reciprocal Engagement” model is a result of sifting through the many insights and viewpoints provided by the conference participants (McCarthy-Veach *et al.* 2007). The model incorporates values and practices near and dear to the hearts of genetic counselors—client-focused information sharing, filtered through the psychosocial lenses of the client and the counselor. It is particularly refreshing in its explicit acknowledgment of the importance of the relationship between the counselor and the client, and in maintaining that fine balance between the seemingly at odds-tasks of attending to both education and counseling.

Since paternalism is no longer valued in many aspects of medical care, decision-making falls to the patient, family and health care providers. Examining options, deciding together what works effectively is a challenge for all of us. The genetic counseling profession has grown up at the time that this major sea change occurred in medical practice. We, as genetic counselors, have a long experience of facilitating autonomous decision-making.

If we take the example of the recent ACOG statement (2007) recommending that every obstetrician discuss with the pregnant patient no matter what her age, the options of prenatal screening and diagnostic tests, we see evidence of the sea change. We can make a huge difference in how this information is communicated, assisting patients, families and medical practitioners always cognizant of the psychosocial and ethical issues raised by the options presented.

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The Reciprocal Engagement model is primarily based on clinical practice in North America. However, in addition to its contribution to understanding, evaluating and improving clinical training and service in that region, it creates other opportunities and challenges. The model must be evaluated with respect to the increasingly important nonclinical activities and positions in which genetic counselors are involved. We presume, and hope, that the basic tenets and many of the goals are applicable in these arenas. However, the strategies and behaviors that support them will certainly differ in part. Sorting out the similarities and differences will improve our understanding of how to prepare genetic counselors and the profession for the future.

In addition, the model should be evaluated with respect to ethno-cultural variations among individuals and client populations, and also in terms of genetic counseling as practiced in other parts of the world. Evaluation efforts provide wonderful opportunities to assess the global validity of our basic tenets and goals, broaden our understanding of how to serve diverse populations, and collaborate in the growing field of international genetic counseling.

The model of practice should grow and evolve. We encourage other genetic counselors and researchers to develop alternative or expanded models of practice to enhance the effectiveness of genetic counseling. Communication is the key to our success no matter which genetic counseling specialty or venue in which we choose to work. Effective communication has allowed unprecedented growth in a field that has rapidly expanded during the last 30 years. An evolving model of practice that reflects social, medical, and

technological change will allow us to critically examine how we do what we do and become even more effective and critical in our thinking.

As stated in the introduction to the Models of Practice paper, we have too often reacted to changes that impact our profession rather than being proactive. Now is the time to examine the tenets, goals, strategies and behaviors that may be intuitive but deserve critical review and will be especially helpful in providing areas of genetic counseling research and expanded teaching models.

We hope that the publication of the Models of Practice paper opens a dialogue with the entire genetic counseling profession to critically examine how and why we do what we do. This is one of the ways we can expand our thinking about the profession and continue to meet the challenges ahead. We applaud the authors and their workshop participants in attempting this difficult task and hope an appropriate venue will be established to further examine this important step for our profession.

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