Supervision of Psychosocial Skills in Genetic Counseling

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Abstract:
Little has been written about how genetic counseling supervisors can help students develop psychosocial skills in their clinical rotations. The authors describe several approaches supervisors can use, ranging from preventive measures (e.g., normalizing anxiety), to skill-enhancing interventions (e.g., modeling and thinking aloud), to more direct approaches (e.g., immediacy, confrontation) that may be necessary for students who are reluctant, or even resistant, to using psychosocial skills with their clients.

Key Words supervision strategies - psychosocial skills - student development and training

Article:
INTRODUCTION
Addressing psychosocial issues is a key component of the practice of genetic counseling. Researchers have documented the range of emotional responses and cognitive distress experienced not only by clients, but also their family members (e.g., Frets *et al., 1992*; DiCastro *et al., 2002*; McCarthy Veach *et al., 1999*; Pasacreta, *2003*; White-Van Mourik *et al., 1992*). Genetic counseling patients consistently report experiencing feelings such as anxiety, anger, frustration, guilt, fear, shame, hopelessness, and depression. Their family members also report distress, including resentment and survivor guilt, among other deleterious reactions. Such strong emotions and stress interfere with clients' ability to retain information (Leonard *et al., 1972*) and thus affect their ability to make informed, autonomous decisions (e.g., Duric *et al., 2003*). Thus, the need to attend to clients' emotional distress is clear, and there is evidence that effective responses can help reduce the distress (e.g., Duric *et al., 2003*).

Although the use of psychosocial counseling skills is intrinsic to genetic counseling and training programs include instruction in this area, little has been written about how genetic counseling supervisors can help students develop these skills in the clinical setting. McCarthy and LeRoy (*1998*) provided a general overview of supervision practice for clinical supervisors, including goals of supervision, supervisor roles, methods, evaluating the student, and ethical and legal issues. In their genetic counseling text, McCarthy Veach *et al.* (*2003*) only briefly touched on student resistance to learning psychosocial skills. Thus, given the challenges in applying psychosocial skills and the limited amount of supervision training available for genetic counselors, more focused attention is needed to help clinical supervisors develop supervision skills that foster students' psychosocial skills. Addressing this need is the central focus of this article.

Challenges in Using Psychosocial Skills
"Psychosocial skills" in genetic counseling refers both to discrete skills, such as attending, empathy, genuineness, confrontation, self-disclosure, and immediacy (McCarthy Veach *et al., 2003*), as well as skills for dealing with contextual (e.g., multicultural awareness) and situational (e.g., client resistance) concerns. In all areas of clinical practice, these skills are vital in helping patients deal with the situations they face.
The curricula for graduate programs in genetic counseling include education and training to support the development of psychosocial skills, as recommended by the American Board of Genetic Counseling (ABGC,

2004). The ABGC practice-based competencies (ABGC, *2004*) (see Table 1) also specifically include these skills, and graduates are required to document clinical experiences in psychosocial assessment and counseling when submitting their required logbooks to be eligible for ABGC Active Candidate Status.

Nonetheless, genetic counseling students have limited experience applying psychosocial skills, and often are focused on accurate information giving rather than client's nonverbal and verbal cues. This focus on content is developmentally appropriate (cf. Borders and Brown, *2005*), as students need experience dealing with complex genetic information before they can attend to the genetic counseling relationship and client's emotional responses. Even with such experience, however, genetic counseling students still may be hesitant to use psychosocial skills, for a variety of reasons. Genetic information may be "safer" material, as it is more concrete and students are clearer about their role as information-giver. In contrast, the psychosocial aspect of genetic counseling is more ambiguous. In addition, students may feel they are prying into the patient's privacy by asking about the client's feelings. They may be afraid of their own emotional response to a client's feelings and fear crossing a professional boundary if they cry or let their emotions show. Students may report that they do not know what to say or how to phrase such delicate questions or statements, or even believe that nothing they can say will help a client in a difficult situation. They also may report that there is not enough time in a session for addressing emotional issues. Students' reluctance to address emotional and relational issues may emanate—knowingly or unknowingly—from their own experiences with particular genetic disorders or other personal and familial health issues. These experiences can lead to over-identification with clients and exaggerated emotional responses or opposite responses, such as blind spots, cutting off one's emotions and creating distance between one's self and the client.

For similar reasons, practicing genetic counselor supervisors may give less emphasis to psychosocial skills. They, themselves, may have had little training in psychosocial skills and may be less comfortable addressing these in supervision. Like their students, supervisors also bring their own personal experiences to the supervisory context. The student or the student's client may present situations with which the supervisor is uncomfortable, thus limiting the supervisor's ability to help the student work through the emotions and issues getting in the way of helping the client. In addition, few genetic counselors have had any formal instruction in how to supervise students on rotation, even though the supervision process is distinct from the genetic counseling process (McCarthy and LeRoy, *1998*). They may lack knowledge about how to provide sequential steps for developing students' psychosocial skills. Some supervisors may believe there is no right way to perform psychosocial counseling, and so may be hesitant to provide guidance to the student. Thus, genetic counselors who want to help their students develop psychosocial skills may struggle with how to address these skills in supervision. The purpose of this article is to describe supervision skills and strategies genetic counselors can use to enhance their students' psychosocial skills.

Student Anxiety

An underlying dynamic in any supervision experience is student anxiety. Anxiety is a normal and predictable state for genetic counseling students (cf. Borders and Brown, *2005*; McCarthy Veach *et al.*, *2003*). Supervision involves evaluation and students typically are quite invested in their work, both factors which can elevate anxiety. Thus, anxiety is a given, a dynamic which must be taken into consideration by supervisors. Unattended, students' anxiety not only can interfere with effective genetic counseling practice; it also can be a major hindrance to the supervision process. Highly anxious students do not hear nor retain information, including instructions or input regarding an upcoming session (cf. Leonard *et al.*, *1972*). Highly anxious students are overly focused on their own performance rather than the needs of the client. Highly anxious students also act to protect themselves from supervisory feedback, displaying various forms of resistance.

Anxiety is particularly salient in students' initial rotations (cf. Loganbill *et al.*, *1982*; Stoltenberg,

Table 1. American Board of Genetic Counseling Practice Based Competencies Regarding Psychosocial Skills as Student Learning Goals and Rotation Activities

Practice based competencies psychosocial skills	**Specific learning goals**	**Sample activities**
Domain I Communication skills		
Can elicit a social and psychosocial history	(1) Conduct a client or family interview that demonstrates an appreciation of family systems theory and dynamics	(1) Write a review/do a presentation of family systems theory
	(2) Listen effectively	(2) Use reflective statements
	(3) Identify potential strengths and weaknesses(4) Assess individual and family support and coping systems	(3–4) Ask three questions per session to assess support and coping
Can understand, listen, communicate, and manage a genetic counseling case in a culturally responsive manner	(1) Care for clients using cultural self awareness(2) Care for clients using familiarity with a variety of ethno cultural issues, traditions, health beliefs, attitudes lifestyles and values	(1) Identify main characteristics of own culture(2) Research the cultures of families coming to clinic
Domain II Critical thinking skills		
Can evaluate a social and psychosocial history	(1) Demonstrates understanding of family and interpersonal dynamics	(1–3) Describe three observations that allowed you to understand the family, interpersonal dynamics, impact of emotions on cognition and retention and need for referral
	(2) Recognize the impact of emotions on cognition and retention	
	(3) Recognize the need for intervention and referral	
Domain III Interpersonal, counseling and psychosocial assessment skills		
Establish rapport, identify major concerns and respond to emerging issues of a client or family	(1) Empathetic listening	(1) Plan to use three non-verbal cues (head nods, smiling, body language, volume and speed of voice, use of word choice, touch, eye contact) per session
	(2) Interviewing skills	(2) Use open ended questions
	(3) Address client's concerns	(3) Organize session according to client concerns
Elicit and interpret individual and family experiences, behaviors, emotions, perceptions, and attitudes that clarify beliefs and values	(1) Assess verbal and nonverbal cues and use in the genetic counseling session	(1) Practice immediacy if client's nonverbal cues indicate a different reaction than verbal cues, i.e., address that reaction during the session
	(2) Engage clients in an exploration of their responses to risk and options	(2) Present pros and cons of testing, ask questions to identify client feelings about each, and use these in helping client formulate a decision. Practice confrontation if a discrepancy

Practice based competencies psychosocial skills	**Specific learning goals**	**Sample activities**
Can use a range of interviewing techniques	(1) Select from a variety of communication approaches throughout a session	(1) Practice use of open and closed ended questions as appropriate
		(2) Modify language and explanation to fit background and understanding of client
Can provide short term, client centered counseling and psychological support	(1) Assess client's psychological needs	(1–2) Note unhealthy coping or stress responses in clients
	(2) Recognize psychopathology	(3) Role play sessions
	(3) Demonstrate knowledge of psychological defenses, family dynamics, family theory, crisis-intervention techniques, coping models, the grief process and reactions to illness	(4) Ask three open ended questions during each session
	(4) Use open ended questions	(5) Use reflective statements
	(5) Listen empathetically	(6–7) Prepare an agenda and counsel a family who has lost a loved one, with the main focus of session on grief counseling and anticipatory guidance
	(6) Employ crisis intervention skills	
	(7) Provide anticipatory guidance	
Can promote client decision making in an unbiased, non-coercive manner	(1) Understand the philosophy of non-directiveness	(1) Recognize and discuss with supervisor sessions where it is difficult to maintain non-directiveness
	(2) Recognize and respond to issues such as counter-transference	(2) Recognize and discuss with supervisor sessions that bring up counter-transference issues including source and how it affected the session
Domain IV Professional ethics and values		
Can recognize own limitations in knowledge and capabilities regarding medical, psychosocial, and ethno cultural issues and seek consultation or refer clients when needed	(1) Ability to self assess and be self critical	(1) Supervisor asks student to assess sessions first and guides student self-assessment
	(2) Responds to performance	(2) Student identifies
	critique and integrates supervision feedback	techniques or suggestions from supervisor that were integrated into a session

Practice based competencies psychosocial skills	Specific learning goals	Sample activities
	(3) Able to obtain appropriate consultative assistance for self and client	(3) Student identifies times supervisor assistance was needed, especially in later rotations

1981). Early on, students are focused on "doing it right," a preoccupation that makes them more self-focused than client-focused. Students, and their supervisors, may be more focused on case preparation activities and the student's ability to manage the informational aspects of the session, as these are important skills that the student must obtain during clinical rotations. Thus, they miss instances for which psychosocial skills are appropriate. In addition, they overestimate their impact on clients, which in turn creates further pressure to "do it right."

With experience and supervisory feedback, students develop confidence in their ability to provide accurate genetic information, and are ready to consider the role of the relational component in a genetic counseling session. They are better able to be empathic with their clients, can be more attentive to nonverbals, more available to "hear" emotional content, and less concerned about being overwhelmed by a patient's distress. As they continue to develop their psychosocial perspective, they give up assumptions about how certain categories of clients (e.g., young women at risk for breast cancer, pregnant patients with abnormal screening test results) will respond and instead treat their clients as unique individuals. They become more aware of the various cultural factors (e.g., race/ethnicity, religious beliefs, educational level, socio-economic level) that influence their clients' responses, and thus must be taken into consideration in their interactions with clients. They also are more open to addressing how their own experiences and issues are interfering with their work. They are better able to view their emotional responses, counter-transference feelings, and biases as normal, a part of being human, and so are less anxious about admitting these limitations to their supervisor.

The ongoing task for the supervisor is to achieve a balance of challenge and support that helps the student manage anxiety (Borders and Brown, *2005*). Clearly, the needed balance will vary across a student's development. In general, novices will need more support than challenge, while more advanced students can handle more challenge and need less overt support from their supervisor. Students will vary, however, in their pace of development, and they bring to supervision their own unique personalities, including their predilection toward anxious behaviors and thoughts, as well as how they manifest anxiety and try to manage it. Thus, the task of the supervisor is to find an appropriate balance of challenge and support for each student, and adjust that balance as needed within a session, across clients, and across time.

In the following sections, we describe several approaches to providing supervision that encourage and help develop genetic counseling students' psychosocial skills. Throughout, we give attention to the underlying dynamic of anxiety that may impede students' use of these skills. We begin with preventive approaches that are focused primarily on managing student anxiety, then move to interventions for psychosocial skill enhancement. We highlight these interventions because, when used effectively, they challenge students in a relatively non-threatening environment. Finally, we describe several more direct approaches that may be needed for students who display reluctance or even resistance to using psychosocial skills. An overview of the suggested approaches is provided in Table 2. Throughout, readers likely will note parallels between the skills they use with their genetic clients and the approaches we propose they use in supervision.

Table 2. Supervision Strategies For Facilitating Student Development of Psychosocial Skills

Supervision strategy	Examples
Preventive approaches	
Normalize anxiety	Supervisor gives permission to try
	Supervisor reminds student of professional motivation
Goals and feedback	Supervisor helps student make concrete learning goals involving psychosocial skills

Supervision strategy	Examples
	(see Table 1.)
	Supervisor helps student identify sequential steps (activities) to goal attainment
	Supervisor praises small steps towards goal attainment
	Supervisor frames feedback in language of learning goals student has identified
	Supervisor provides feedback "from perspective of client"
Skill enhancing interventions	
Modeling	Student observes supervisor practicing psychosocial skills, then discuss
	Supervisor self-discloses about own use and development of psychosocial skills
	Interactions with student, colleagues, medical staff and conversations about clients
Role plays	Student practices specific psychosocial skills for immediate feedback
	Supervisor models psychosocial skill, then student tries
	Student role plays client to get client perspective
Thinking aloud approach	Supervisor thinks out loud in a non-judgmental way and at an appropriate developmental level about internal processing during a session
Interpersonal process recall	Student thinks aloud about own thoughts and feelings during a session with supervisor in inquirer role, not evaluator
Metaphors	Supervisor introduces general metaphors for supervision
	Supervisor encourages student to use own metaphors to describe any difficulties
	Supervisor helps student "play out" metaphor
Direct approaches to supervisee resistance	
First consider supervisor behavior	Too rigid? Enough support?
Immediacy	Supervisor comments on dynamics between supervisor and supervisee
Confrontation	Supervisor points to contradictory behaviors of student
Paradoxical intervention	Supervisor makes comment that is unexpected or contrary to logic

PREVENTIVE MEASURES

Normalizing Anxiety

A proactive approach in supervision is to acknowledge and normalize students' anxiety upfront. Supervisors can take the initiative to address these feelings, letting students know they can share these feelings rather than try to hide them and, perhaps, be afraid to ask for help with particularly challenging tasks. "I expect you'll be a little anxious about some of your new experiences here. That's perfectly normal, and I want to help." Supervisors also can help students anticipate the focus of their individual anxieties (e.g., giving inaccurate genetic information, dealing with client tears, not being able to respond to client questions). Once these individual anxieties are articulated, student and supervisor can make plans to address these as they come up in the genetic counseling rotation. Supervisors also might self-disclose some of their own initial anxieties, particularly ones similar to the students' fears, noting how these diminished with experience and constructive feedback—exactly what the supervisor will provide for the student.

Another important preventive message to students is that they have permission to practice, not be perfect, even make mistakes and take risks. If students are overly cautious, they will not practice all of the tasks they need to learn nor will they attempt new skills. Students can be reassured that a "miss" during a session is not fatal; the

student can make a follow-up phone call to a client when needed to provide support, offer additional counseling, and/or address the "miss."

Students come to the genetic counseling field motivated, in part, by a desire to help others. Supervisors can remind students, in the midst of an anxious moment, of that motivation. "What brought you to the field? Why did you decide to pursue a career in genetic counseling?... Then that's what you remind yourself of in those anxious moments, that you've got to put aside your anxieties and do what you need to do if you are going to be helpful to your client."

Goals and Feedback

A second preventive approach is to help the student articulate concrete learning goals for the rotation experience, including goals for using psychosocial skills. These learning goals are not the same as a list of activities to be completed during the rotation (e.g., obtain accurate and complete three-generation family history and construct pedigree using standardized pedigree symbols). To be effective, these goals need to be realistic, concrete, and specific (Borders and Brown, *2005*). Rather than allow students to list "improve or practice psychosocial skills," help them identify goals around specific skills such as primary empathy, advanced empathy, positive regard, anticipatory guidance, and other skills relevant to the student's development and the needs of the setting's clients (e.g., Use primary empathy and reflection statements to elicit client concerns). The practice based competency statements from ABGC (*2004*; see Table 1) can be used much like a self-assessment tool to help students identify their strengths and areas for improvement. The student and supervisor then can plan a sequence of specific activities to practice these skills and goals. As much as possible, goals also should be stated positively (i.e., what I *will* do vs. what I will *stop* doing). "Don't let my family history of breast cancer get in the way of helping my patients" can be rephrased positively: "Become aware of internal cues that my family history of breast cancer is affecting my responses to clients and devise ways to manage my feelings so that they don't interfere with my effectiveness." These goals become the basis for providing feedback and helping students evaluate their progress.

Early on, goal attainment can be based on attempting new behaviors versus doing it perfectly. The point here is to get the student to a place of being willing to *try*, to use a new skill, with less attention to the outcome. At the same time, an important supervisor task is to help the student identify sequential steps toward goal attainment. For example, the first step for an empathy goal might be to observe the patient's affect during a session. In the following supervision session, the student can report observations and be asked to identify those that might have been addressed with a reflective or empathic statement, and what the student might have said. After building sufficient confidence in observing and wording empathic responses, the student's goal can evolve to making two empathy statements during a session.

Supervisors also can be helpful by pointing out small steps toward student goals. For example, if a student stops and acknowledges a client's feeling statement rather than moving on to the next point on the agenda, a supervisor can provide feedback that this is an important step in development of psychosocial counseling skills, even if the student's acknowledgement was awkwardly worded or brief.

Another advantage of having specified learning goals is that supervisors can frame feedback in the language of those goals, and thus use the language of the student. In writing goals, the student has identified what he/she most wants to work on during this rotation, and so has "invited" feedback on those areas. In other words, the door already is open for discussion of these goals. When a supervisor can say, "In observing this session I was reminded of your goal regarding using confrontation skills appropriately, and I think we have a perfect opportunity here to work on that goal," the student may experience less anxiety because this is an area the student is invested in and seeks improvement.

Addressing the student's goals by using the student's language also sends a message of respect. In essence, the supervisor demonstrates a desire to make sure the student's needs are addressed during supervision. This

approach, then, can have a positive influence on the supervisory relationship, lowering anxiety and helping the student be more open to feedback.

Another approach that is less threatening is to provide feedback from the perspective of the client. Here, the supervisor makes a statement regarding the observed (or potential) impact of the student's behavior on the client. These statements are an alternative to saying some variation of "You did this wrong," and shifts the focus from the supervisor to the client. "Putting myself in the client's place, I needed for you to slow down. I'm thinking, I know you have a lot of information that I need to hear, but it's starting to be a blur to me." This type of statement also serves as a reminder to the student to pay attention to client reactions, especially nonverbal responses. Client-oriented feedback statements can broaden the student's viewpoint in other ways. "As the client, I'm wondering where my husband is with this information, and I'm wishing you could involve him in our discussion of alternatives." Or, "As an African American woman, I'm wondering if you understand my cultural perspective on this."

Preventive supervision interventions can help students feel more comfortable in the clinical rotation setting and more open to learning and expanding their skills.

SKILL-ENHANCING INTERVENTIONS

Modeling

Early on during a rotation, genetic counseling students observe a supervisor's sessions with clients. These are powerful learning experiences, especially if the post-observation discussion allows for an open and honest exchange. The student usually has lots of specific questions, and the supervisor may be challenged to explain exactly why he/she performed some aspect of the session in a particular way. It may be important for the supervisor to remind the student that this is the supervisor's own or preferred style of conducting a genetic counseling session, including the use of psychosocial skills, and likely not all aspects of the supervisor's approach will be a match for the student's own personality, cultural makeup, and style. It is also important that the supervisor be alert to a student, especially a novice student, being overwhelmed by the supervisor's modeling (e.g., "I'll never be able to remember all that!")

The student's learning goals also can be integrated into observations of a supervisor. During a discussion after the session, supervisors can point out instances in which a learning goal was evident or salient. They even may self-disclose about their own thoughts and feelings around particular moments in the session, especially those that likely would create anxiety for the student. Alternatively, prior to a session, supervisors can suggest the student watch for any instances in which the supervisor uses a psychosocial skill in the student's learning goals. Later, students can be encouraged to focus primarily on the client rather than the supervisor, watching for nonverbal messages or signs of emotion. This approach may be particularly salient around a student's concerns about dealing with client reactions and feelings.

Ultimately, supervisors should be aware that they are modeling at every moment the student is at the site. Supervisors are constantly modeling professional behavior, including how they talk about clients, the medical staff, and genetic counseling colleagues. Supervisors' interactions with students also send a powerful message. Use of psychosocial skills with the student is particularly salient to this article. For instance, there are normal developmental stages a student likely will progress through in their feelings about their own skills and progress. Early on, students are likely to feel overwhelmed, think they will never be able to master all the needed skills, and feel their progress is too slow. At other times, they may be overconfident. How a supervisor uses counseling skills to address these issues with a student is modeling how genetic counselors are to address psychosocial issues with a client. Both the client and student would benefit from an acknowledgement of those feelings and exploration of the source of those feelings. The bottom line is that students are watching and experiencing their supervisors at all times.

Role Plays

As a follow-up to modeling, students can practice psychosocial skills in a role play with the supervisor (as client). Role plays need not be lengthy, but can be focused on specific skills from the student's learning goals or other areas of weakness identified by the supervisor. Role plays provide an opportunity for immediate feedback—and the chance to try it again. At times, students benefit from a sequence of modeling and role playing. In other words, the supervisor models the skill with the student role playing the client. Following discussions (e.g., "How do you know when a client wants to explore an emotional issue more?" "How do you decide which of several issues that come up are appropriate for follow-up, for instance the death of a parent versus a miscarriage?"), the student takes the genetic counselor role, practicing the specified skills. Sometimes, students discover through role playing that using a psychosocial skill is not as scary as they thought.

Role plays also can be used in more subtle ways. Students can be asked to role play a client primarily to gain a client's perspective on a genetic counseling session. Early on, the student can be asked to focus on identifying the concerns or fears that most clients have in anticipation of receiving genetic information. Later, students can be encouraged to role play clients they seem to have difficulty understanding, clients who are very different from the student, or the difficult or tearful clients the student fears. Through these role plays, and follow-up discussion, the students may gain more empathy for these clients and let go of some of their anxiety about working with them.

Thinking Aloud Approach

Genetic counselors make numerous decisions during a genetic counseling session. Based on client's responses, questions, emotional reactions, and new information revealed during the session, the counselor may make an almost instantaneous decision to change the focus, pace, or language level, or attend to client affect. Genetic counselors must decide how much detail to give regarding genetic information based on client ability to understand or process, and/or their emotional state. For instance, a client may be referred to the genetic counselor for advanced maternal age, but is really more worried about a condition that runs in the family. The experienced genetic counselor is able to recognize that the client's focus is different from what was expected and quickly shifts gears to focus on the client's primary concern, returning to other risk factors later in the session. Alternatively, client affect, such as intense anxiety or anger, may lead an experienced genetic counselor to put aside the educational or informational goals of the session temporarily, and focus more on eliciting the client narrative about the issue.

Such within session decision making is challenging for students. Students typically arrive at a session with a plan for managing the content issues of the session (i.e., obtaining history, providing genetic education, explaining risks, offering testing options), and it is difficult for them to deviate from that plan. They need much guidance around within session, moment-to-moment decision making, including what factors influence these decisions, how to process this information, what options to consider, and how to make a decision. When there is confusion or tension in a session, or the counselor experiences unexpected client reactions, students may experience a block to thinking clearly and quickly.

In the thinking aloud approach, the supervisor essentially models his/her internal processing and decision making during a session. A genetic counselor supervisor might say, "I noticed the client's verbal and nonverbal reaction when I brought up testing options. That reaction suggested she was very agitated and anxious about testing during this pregnancy. So, I decided to shift my focus to exploring the basis for her anxiety. She told me that she and her partner are in disagreement about whether or not she should have tests. Her statements about her feelings about testing made me realize that she was looking to me to support her decisions not to be tested. Now I have to help her understand my role here about the decision to test or not."

The thinking aloud approach can be used when supervisors discuss their own session or a student session. Thought processes around particularly challenging situations, such as whether and how to confront a client, could be especially instructive for students, as well as any other situations noted in a student's learning goals. For example, a supervisor might share his/her recognition that the client was avoiding certain questions, which might indicate that the questions were touching on sensitive issues. The supervisor could identify the different

ways she considered for addressing the client's behavior, and describe how she decided to explore this with the client, rather than continue to ask the questions in different ways.

Supervisors also might reveal their own confusion at a particular moment, modeling for the student that even experienced genetic counselors sometimes need some time to sort through their thoughts and decide what to do. For example, the supervisor and student have discussed several aspects of the last session in which a client came in to discuss her risk of having a gene that predisposes her to having breast or ovarian cancer based on her family history. The supervisor notices that the student seems unaware that the client was avoiding questions related to her relatives' treatment for breast cancer. The supervisor thinks aloud, "There was one part of the session that was confusing to me. The client seemed very willing and open about answering a lot of questions about her own personal medical history, her family history, and her thoughts about genetic testing. But when you asked about the types of treatment for breast cancer the women in the family have had, the client described how everyone who has had cancer died within 2 years of the diagnosis. I noticed that you went back and asked the question a few different times and in different ways. At this time the client sat back and crossed her arms and became quiet, but each time answered by talking about how and when relatives died. I was confused by this sudden change in her behavior and started brainstorming what may have been going on. Maybe the client was focused on her own chance of dying from breast cancer or concerned about the treatments she might have to consider if she does get diagnosed with breast cancer in the future. I'm wondering how I could find out what is going on with her here."

There are two important aspects of a supervisor's thinking aloud statements. First, the tone is nonjudgmental, avoiding any flavor of "why didn't you see this and think this." Rather, the supervisor makes it clear these are her/his observations and thoughts of the client and the interaction. Nevertheless, the supervisor likely has provided the student with some new perspectives and ways of thinking about a client or session that, over time, the student also will achieve.

Second, the supervisor wants to "think aloud" at an appropriate developmental level so as not to overwhelm the student. Developmental supervision theorists (e.g., Stoltenberg, *1981*) describe a one-half step beyond the student's current functioning as the "optimal environment" to maximize the learning potential. This mismatch challenges the student to think in new ways that still are grounded in the language and concepts appropriate to the student's current knowledge and experience. In terms of psychosocial skills, the supervisor would need to decide whether the student is ready to perform a needed skill or how complex their conceptualization about cases is at this point. Thus, a supervisor may choose to think aloud about how to express more empathy with a couple rather than share observations about the husband-wife interaction.

Interpersonal Process Recall

Students also can benefit from thinking aloud themselves. Interpersonal Process Recall (IPR; Kagan, *1980*; Kagan and Kagan, *1997*) provides a structured approach to encouraging students to say aloud their thoughts and feelings during a session. It is assumed that counselors hold some perceptions just beyond their conscious awareness due to their discomfort with these perceptions (e.g., "The client seems to be challenging me"). IPR is designed to allow counselors to become aware of these covert thoughts and feelings, and to feel free to express them in a nonjudgmental supervision environment. As designed by Kagan, IPR typically involves review of an audiotape or videotape of a session. However, it can be adapted for use with the direct observation approach used by genetic counseling supervisors.

In IPR, the supervisor assumes a non-evaluative stance; the student's thoughts and feelings are his/her thoughts and feelings, and are not labeled good or bad, right or wrong. In this "inquirer role," the supervisor asks questions that encourage student recall of in-session thoughts and feelings, such as "What were you thinking just then?" "Was there anything you wanted to say but didn't say at that time?" "What kept you from saying that?" Other questions encourage awareness of the client's in-session behaviors: "What do you think the client was thinking and feeling at that moment?" "What do you think the client wanted from you right then?" (For a more complete listing of inquirer questions and leads, see Bernard and Goodyear, *1998*, and Kagan, *1975*). It is

particularly important that the supervisor maintain the non-evaluative, nonjudgmental stance, including acceptance of a student's negative thoughts and feelings about the client. The supervisor summarizes rather than interprets, allowing the student to reflect on his/her new awarenesses following the IPR experience.

When introducing IPR to a student, the supervisor normalizes the existence of covert thoughts and feelings, thus addressing the anxiety around having perceptions just outside of one's awareness. The supervisor invites the student to try the IPR approach with statements such as the following:

For all of us, our mind works faster than our voice during a session, so there are things we are vaguely aware of but don't have time to put into words. Or we may not be sure this is something we should share with the client. Sometimes we have impressions of a client, or sense some dynamic in the way we are interacting with the client. Our goal today is to bring out these impressions, thoughts, feelings, and reactions, regardless of whether they are positive or negative, whether you think they are important or not, and see what we can learn from them. IPR can be focused on a particularly difficult time during a session when the student's psychosocial skills were challenged, including skills found in the student's learning goals (e.g., a student's attempts to use open-ended questions to elicit client concerns does not achieve the desired outcome; a reflective statement is discounted by the client; a student does not offer any response when, in providing family history, a patient reveals that a close relative died by committing suicide). Within the nonjudgmental environment, students may allow into more conscious awareness their conflicting thoughts and feelings about a client, such as a pregnant female who wants testing for sex selection or wants to end the pregnancy due to a diagnosis of an isolated cleft lip. Students also may recall thoughts and feelings that kept them from using psychosocial skills (e.g., "The husband is loud and keeps interrupting his wife. I need to say something to him but I don't want him to yell at me." or "This client reminds me so much of my sister, and just like with my sister, I find myself wanting to argue with her rather than listen.")

Throughout the IPR process, supervisors should listen for students statements that *explain* what they were doing ("I was just trying to get her to tell more about her first miscarriage."), and redirect them to recalling thoughts and feelings at that time (e.g., "What were you aware of about this client at that moment? What do you think the client wanted from you just then?"). For this reason, "why" questions are discouraged, as they ask the student to analyze rather than recall thoughts and feelings. Again, the non-evaluative stance of the supervisor is key to helping students recall thoughts and feelings freely.

Metaphors

Metaphors are another supervision strategy that can tap into a student's unexpressed, even unconscious, thoughts and feelings about a client or session (Young and Borders, *1998*, *1999*). Metaphors provide some distance from the situation, allowing for reflection in a safe space, and are particularly useful in revealing interactional dynamics. Metaphors often bring into awareness the issues that are blocking a student's ability or willingness to use their psychosocial skills.

Supervisors can suggest a general metaphor that can be applied in most genetic counseling sessions, such as "the dance" between client and counselor or among family members attending a session (Borders and Brown, *2005*). These suggestions may be needed to introduce genetic counseling students to the abstract thinking involved in metaphors. Other students may be able to generate metaphors with minimal supervisor prompts. For example, when a student reports confusion or being stuck or hesitant with a client, the supervisor can ask, "What is it like for you?" or "When you talk about that, what image or picture comes to your mind?" Some students may find it easier to be metaphorical via other senses than visual (e.g., "What music is playing in the background during this session?"). With practice and experience, students can be encouraged to create their own metaphors based in their awarenesses, internal responses, and self-knowledge. In fact, students may be able to identify their own metaphors that alert them to problematic situations (e.g., an image of falling into a hole when working with persons who have genetic results similar to a family member or persons who have similar personalities to a student's family member).

An important supervision skill is "playing out the metaphor." For example, a student reports that she feels like she's tiptoeing on ice with a particular client. Exploration of the metaphor—even visualizing it as completely as possible—is needed to help the student (and supervisor) identify the client behaviors (e.g., cries almost constantly) and counselor's reactions, values, even irrational beliefs (e.g., a person's crying means I am hurting them and that is bad/wrong) impeding the student's effectiveness. Students also can benefit from talking about how the metaphor could be changed, what conditions would be necessary for change, and the "desired outcome" metaphor for this situation. The supervisor can ask, "When did you start feeling like you were walking on ice with this client? What do you think would happen if you did not tiptoe? How would you handle it if that did happen in the next session? How do you want to feel—what changes in this image do you want? What is needed to help you achieve that?" The student can take the new image (i.e., skating artfully across the ice to the client or even skating with the client) into the next session as a reminder of her plan to achieve that image.

Direct Approaches

Students who exhibit reluctance, or even resistance, to supervisor feedback often require more direct approaches, such as those discussed in this section. Much like anxiety, reluctance and resistance should be viewed as a normal, predictable student response (Borders and Brown, *2005*). Liddle (*1986*) described resistance as a response to perceived threat, and thus an attempt to reduce anxiety to a manageable level. Resistance, then, is an unspoken, perhaps not totally conscious, message from the student: "I'm afraid to do this," "I don't think I'm ready," or "I've had all the feedback I can handle today!" Liddle also stated that resistance may be an appropriate response to inappropriate supervisor behavior, such as being too rigid or overbearing. Before moving to a more direct approach, then, the supervisor should stop and reflect on whether the resistance may be a result of supervisor behavior; getting the needed distance for this often requires consultation with colleagues. When a supervisor concludes that a more direct approach is appropriate and needed, there are several options for breaking through the impasse. We describe three of these options in this section: immediacy, confrontation, and paradoxical intervention.

Immediacy

Immediacy statements are those that direct attention to dynamics occurring at that moment between or among the people present. Such statements model for the student how to be immediate (in the here-and-now) with their clients. Immediacy statements can be helpful in challenging situations, as when the student has not followed through on previous feedback regarding the use of psychosocial skills. For example, a supervisor might note, "I've provided several suggestions about how you could attend to the client's affect. For each one you've responded with some variation on 'That won't work because ...' I'm starting to feel frustrated and confused by your responses, and so I'm wondering what's going on." Immediacy statements open up the discussion and put it on a more frank level, which means the supervisor must be open to a student's frank response (e.g., "I don't feel ready to do what you are suggesting," or "I think your criticism is rather harsh.").

Supervisors also can use immediacy statements to acknowledge an uncomfortable level of challenge at that moment. These statements are akin to those that normalize anxiety. "I know I'm pushing you right now and it's difficult for you. Can you hang in here with me just a little bit longer?" The question gives some power to the student, who could say no, but more likely takes the opportunity to take a deep breath and realize "I'm ok. I can do this just a little more. It will be over soon!"

Confrontation

Confrontation is a challenging skill, and it often is a challenge for helping professionals to use the skill. Confrontation often is viewed as an attack. As described by Egan (*1994*) and McCarthy Veach *et al.* (*2003*), however, confrontation is an invitation to examine behavior that is self-defeating, harmful to others, or contradictory. Confrontations are best phased tentatively, so that they allow a person room to explore the challenge (e.g., "Your plans before the session were to bring up ..., yet during the session you ... . Can you help me understand what happened?"). In addition, they are most effective when they challenge strengths rather than

weaknesses (e.g., "Your commitment to helping the client is clear. At times, it seems that commitment leads you to encourage the client, in subtle ways, to make the choice you think is best.").

Supervisors who are reluctant to confront genetic counseling students when needed do not encourage development of this skill. Confrontation is a skill students need to have in a variety of situations (e.g., when clients make decisions that are contrary to the values they said they would use to make the decision, when client nonverbal behaviors do not match their verbal statements, when clients seem to distort or avoid some genetic information; see also Egan, *1994*, and McCarthy Veach *et al., 2003*). When a supervisor confronts a student appropriately, the supervisor is both modeling the skill and sending a message that the student—and clients—can handle and benefit from confrontation.

Supervisor confrontation also may be needed to address student behaviors in counseling and supervision sessions. For example, supervisors may need to comment on counseling strategies that are not working: "You characterize your use of humor in your sessions as helpful to your clients, but this client's reaction seems to indicate that he finds your humor distracting, even disrespectful." Within the supervision session itself, a supervisor might observe that the student says "yes" with her words in response to feedback and suggestions to do something differently, but the student's body language says "no way." Pointing out such contradictions are necessary for effective supervision and student growth.

Paradoxical Intervention

A third direct approach to use with reluctant or resistant students is paradoxical intervention. In fact, paradoxical intervention is designed to motivate when other less direct and direct methods have not worked, while at the same time side-stepping a possible power struggle (Masters, *1992*). Paradox denotes something unexpected or contrary to logic (Masters). In the clinical literature, then, a paradoxical intervention is intended to surprise the client and put the client off balance, creating some vulnerability and thus an opening to a different way of behaving or thinking. In an oft-cited example in the clinical literature, a counselor prescribes 3 weeks of sexual abstinence to a couple experiencing sexual difficulties; typically, the couple is unable to follow the instructions.

Similarly, within supervision paradoxical intervention can be used to motivate a student who has been able to resist other feedback, suggestions, and interventions meant to encourage use of psychosocial skills. Sometimes paradoxical statements reflect what Beier and Young (*1984*) termed an asocial response, such as the following: "I know I've been encouraging you to attend to this woman's tears, but now I think you're right not to. She just needs to get her act together and get over it. The results are the results. Deal with it, lady." The supervisor's statement suggests totally inappropriate actions for a genetic counselor and is totally out of character for the supervisor. The intention is to jar the student out of her current perspective and elicit a protest response in the student, who thinks, "That's not very understanding of a client in distress!" The student, in a way, has been forced into a stance of protecting the client from the supervisor. Her increased empathy for the client may now motivate her to attend to the client's tears and emotions. The paradoxical statement has put the student in a bind; in resisting the supervisor's advice she will be doing what she previously resisted doing.

The paradox also can highlight the student's behavior in supervision: "I'm going to be pushing you to use these psychosocial skills in your sessions. You have a good handle on relaying genetic information to your clients in a clear manner. So, from my vantage point, you are ready to move your sessions to the next level. *Whether you go there is totally up to you*, but if you really want to be effective with your clients, this is what it's going to take." Here, the supervisor has given the choice to change and the power to the student. In a way, should she continue to avoid using psychosocial skills, the student now will be resisting herself rather than the supervisor. The supervisor's statement brings into conscious awareness another paradox for the student, in that her resistance now conflicts with her motivation and goal to be an effective genetic counselor.

It is important to note that the attitude behind use of a paradoxical intervention is not anger or blame. Clearly, the needed change is very threatening to the student at some level; resisting has had the positive intent of self-protection. In addition, it is recommended that paradoxical intervention be used sparingly, only in those cases

where the change absolutely must be made and the student clearly cannot make the change without more direct intervention (Masters, *1992*).

Conclusion

Several beliefs or themes guide the approaches we have suggested here. We believe all students want to be effective genetic counselors, which includes using psychosocial skills with their clients. Understandably, they experience some level of anxiety regarding these skills. Thus, a critical task for supervisors is to work to understand the sources of a student's anxiety and help the student manage the anxiety. This is an ongoing task, as students will experience new and different challenges across their rotations, based on their developmental level, the setting, and their clients. Our suggested approaches, then, are based in an educational, non-threatening stance that allows—and sometimes strongly encourages—students to explore their concerns, beliefs, and fears. Supervisors use psychosocial skills to teach psychosocial skills, and to understand the needs, fears, and issues of their students. Working with students in this way not only furthers their growth; it also serves as a powerful model of how students can use psychosocial skills to help clients deal with their own fears, concerns, and distress.

Certainly, our list of suggested approaches is not exhaustive. Supervisors in other helping fields (e.g., counseling, counseling psychology) face similar challenges with their own students (for example, see Borders and Brown, *2005*; Masters, *1992*), and genetic counseling supervisors likely have devised other approaches in their work. In addition, we have not thoroughly addressed all of the dynamics involved in supervising psychosocial skills, including how the supervisor recognizes and deals with their own personal reactions during supervision. Given the limited literature on supervision of psychosocial skills, there is a clear need for further discussion of preventive and remedial supervisory approaches, as well as empirical investigation of their application and effectiveness.

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