Facilitator Simulated Session Guide

Points in italics are for the facilitator specifically.

Pause at 9:30 to discuss contracting and background

1. Was there anything that surprised you or that was more information than you tend to gather during contracting?

    Facilitator notes: ensure the group identifies that the counselor collected information about what the patient understood about the etiology of psychiatric conditions, and discusses how often they do this/have seen this in rotations. Then raise the following questions:

    a. What benefits do you see in collecting this information during contracting?
    b. What limitations or downsides are there to collecting this information during contracting?

        Facilitator notes: e.g. benefits: can make the session more patient centered, limitations: perception that it "takes longer", have to remember what patient says.

2. What did you think about the information that was provided about what genetic counseling is at the beginning of the session?

    Facilitator notes: was there anything different about the way in which the purpose of the appointment was presented from the way you do this/the way you have seen this done in rotations? E.g. the counselor presented GC as helping to understand genetics of psychiatric conditions and what we can do to help with the psychiatric conditions going forward.

Pause at 23:53 to discuss family history

3. What were your thoughts about how the family history was prefaced to be tailored towards PGC?

    Prefaced to be about psychiatric conditions.

4. What did you notice about how the family history/pedigree was used?

    The patient was able to see the pedigree image and make statements off of what she saw.

    The patient gave a lot of information on what this picture means to her and what she is afraid of occurring in the future.

Pause at 37:30 to talk about counseling and jar model so far

5. How would you use the jar model in your own sessions?
6. Did you notice clear distinctions between information giving and counseling?

    There was not a clear distinction between the two. The counselor provided counseling as they presented the information and had frequent check-ins.

7. What did you think about how validation was provided?

Pause at 51:48 to talk about protective factors

8. What did you notice about how the discussion of protective factors evolved?

    Different protective factors work better or worse or are feasible for some and not others. The protective factors need to be tailored to the patient.

End of video

9. What did you think about the suicidality check-in?

    Facilitator notes: ensure that the discussion of this question includes: a) whether participants feel that this fits within our scope of practice as genetic counselors (it does), b) What do you do if someone says they are harming themselves (follow the set protocol by your organization (example protocol provided)), and c) whether asking about suicide increases the risks of suicide attempts (there is lots of data demonstrating that it does not – in fact quite the opposite seems to be true).

Overall thoughts

10. At what point do you feel like rapport was established?
11. What did you notice about how pronouns and sex and gender were discussed in the session?
12. Was there anything that stood out to you that may be harmful to the patient?
13. What would you have done differently?
14. Did you notice the counselor doing self-disclosure? What were your thoughts on this and was it appropriate?
15. To what extent did you feel the session was similar to or different from sessions you do/have observed? What were the similarities and differences, and what value do you think the differences have? How should what you observed be changed to be more like what you do/have seen, or vice versa?
16. How did the session embody the values that we have within the field of genetic counseling (or not)?

    Facilitator notes: ensure participants discuss the extent to which the genetic counselor embodied "non-directiveness", what this means, and whether being "directive" is "bad" or appropriate. (e.g. Once the patient said a protective factor they wanted to work on, the genetic counselor was directive on how to achieve that goal.)

Personal reflection

17. What impact do your prior experiences with psychiatric conditions have on your thoughts towards PGC?
    a. Are there topics that would be difficult for you to discuss because you have personally faced them or had a bad counseling experience?
18. What personal stigmas do you have towards PGC?
    a. How would you counter these thoughts so as to provide the best counseling for your patients?