

Listening to Patients and Gathering Information

GC 201: Principles of Genetic Counseling

Topic outline

- I. Listening to patients
 - A. Attending skills
 - B. Primary empathy skills
- II. Gathering information

Listening is an important part of genetic counseling

Attending skills:

- consists of the genetic counselor's observations of the verbal and non-verbal behaviors to understand the client's experiences;
- also refers to the display of effective nonverbal behavior during genetic counseling sessions.

2 Types:

- **Psychological attending** - when the GC sense experiences through the client's eyes; relies on interpreting non-verbal behaviors of clients
- **Physical attending** - nonverbal ways in which the GC communicate with clients.

Effective psychological attending

1. Observing and responding to client's nonverbal behaviors
2. Understanding client body and facial movements
3. Noticing subtle cues

Effective psychological attending

1. Observing and responding to client's nonverbal behaviors

- Pay attention to patient nonverbals and think about their possible meaning
- Notice incongruences between patient nonverbal and verbal behaviors
- Consider pointing out nonverbals to the patient
- Comment on nonverbals when a patient is silent
- Look for patterns of behavior that together suggest the patient is feeling or thinking a certain way.

Effective psychological attending

2. Understanding client body and facial movements

- Attend to the face because it is a very rich source of nonverbal communication
- Facial muscles can be controlled in all areas but the eyes
- Look for leg and foot movements and physiological reactions.
- Notice frozen expressions (avoidance of showing emotion, poker face), masking (replacing a felt emotion with another more appropriate one), minimizing expressions (to make a feeling seem milder), and exaggerating an expression
- Listen for incomplete sentences.
- Watch for sudden shifts in behavior in any direction

Effective physical attending behaviors

Five major domains of physical attending:

1. Face and eyes
2. Body
3. Voice
4. Distracting behaviors (behaviors to avoid)
5. Touch

Other considerations in effective attending

1. Formality - people vary in comfort with informal approaches
2. Courtesy - being polite. Example: ask a question by first seeking permission; explaining why a question is asked
3. Interpersonal dynamics - especially if there are two or more people in the session. Look for subtle cues of who the decision-maker is.
4. Be congruent. Your body should parallel your verbal message.
5. Get in sync. Your communication will be more effective if your demeanor is in harmony with your patient's.

Other considerations in effective attending

6. Relax physically. You will be more open to hearing patients if your body is relaxed and you are breathing regularly and deeply.
7. Do an internal process check. Observe for verbal or nonverbal cues to suggest whether you are going fast in the discussion.
8. Use eye contact. Eye contact helps you focus on the patient and indicates you are listening.
9. Convey sensitivity. Your nonverbals should communicate concern, alertness, and vigilance.

Some concerns in attending

1. **Challenges in attending** - excitement, anxiety, over-concerned counselor, low-key involvement
2. **Use of silence**
3. **Patient characteristics that pose challenges to attending** - limited communication ability, anger and other strong emotions, interpersonal dynamics
4. **Genetic counseling modality and attending** - in-person vs telehealth; individual counseling vs. group counseling

Activity (Attending)

Describe possible meanings for the following patient nonverbal behaviors:

1. Patient stares at the floor
2. Patient grimaces at the term “defect”
3. Patient sighs deeply and says nothing
4. Patient has drops of sweat in his forehead
5. Patient grips her partner’s hand
6. Patient stumbles over his words
7. Patient draws in a deep breath

Primary Empathy

What is empathy?

Empathy is the vicarious experiencing of another person's feelings and situation and an ability to communicate one's understanding of another's feelings and experience.

In genetic counseling, it involves empathic communication includes timing and selection of biomedical information that is relevant to the patient's situations and provision of this information in ways that can be easily understood.

What is empathy?

Two types of empathy?

1. **Primary empathy** - communicates initial understanding of what the patient/client is experiencing
 - a. Use of own words to concisely convey understanding of surface, explicit client experiences
2. **Advanced empathy** - communicates an understanding of underlying, implicit aspects of patient experiences

Functions of empathy

1. Encourage the client to continue talking
2. Providing clarification for both counselor and client
3. Making the genetic counselor seem similar to the client, increasing social attractiveness
4. Facilitate establishment of trust and rapport
5. Help clients feel understood by counselor
6. Help clients manage their feelings
7. Facilitate discussion on non-pleasant and/or strong emotions, feelings

How to effectively communicate empathic understanding?

1. Perspective-taking
2. Mentally relate the client's experience with your own similar previous experience
3. Pay attention to client verbalizations
4. Attend to client nonverbals
5. Become aware of your own nonverbal reactions
6. Gain experience
7. Read the genetic counseling literature
8. Read stories written by patients and families
9. Acknowledge and set aside your biases

How to effectively communicate empathic understanding?

10. State your understanding of the client's experience concisely and in your own words.
11. State your empathy tentatively.
12. Reflect on content and affect. (E.g., it seems that you are angry because you were not told about the genetic test result).
13. Respond empathically and allow client to respond.

Primary empathy responses

1. Minimal encouragers

- Prompt patients to continue talking but do not interrupt the flow of the session

Example:

P: “It’s my first baby and I am afraid that something’s going to go wrong”

C: “you’re afraid?”

Primary empathy responses

2. Paraphrase

- Reflect back the client the essence of what they said.

Example:

P: “I would like to take the genetic test but I don’t know what will happen if it turns out I have the mutation”

C: “You want to know the next steps after getting the test results?”

Primary empathy responses

3. Summarizing

- Synthesizes information that the client has disclosed or shared.

Example:

P: “I really want to be tested for this gene. My mom and her sister died of breast cancer, and my sister was diagnosed two months ago. I have two daughters myself. What will happen to them?”

C: “What I’m hearing is, you’re very scared. And with all of the cancer in your family, you’re worried about getting it and passing it on”

Primary empathy responses

4. Content reflection

- Concisely emphasize the cognitive gist of the client experience.

Example:

P: “I’m so upset about this diagnosis. I feel like crying all the time. I can’t eat. I can’t sleep. I haven’t been able to keep my mind on my work”

C: “The diagnosis seems to have turned your world upside down”

Primary empathy responses

4. Feeling reflection

- Concisely emphasize the cognitive gist of the client experience.

Example:

P: “I’ve tried to find out information about Trisomy 18, and nobody’s telling me what I need to know!”

C: “You sound frustrated and angry”

Primary empathy responses

4. Content and feeling reflection

- Concisely emphasize the cognitive gist of the client experience.

Example:

P: “I’m glad we went ahead with the prenatal testing. I can’t wait to tell my husband the good news! We were so worried about our baby having muscular dystrophy”

C: “You feel very relieved that the results are negative”

Common empathy mistakes

1. Over-identifying - you feel too much for your client.
2. Making assumptions that all clients would feel the same way as you feel.
3. Being afraid of patient feelings.
4. Thinking you can't understand if you have not had your client's experience
5. Assuming all patients will respond in the same way
6. Assuming all patients desire the same type and amount of empathy

Common empathy mistakes

6. Genetic counselor is not replying
7. Using cliches - for example, time heals all wounds
8. Offering false reassurance - for example, most people find it easier to deal with this as time passes
9. Focusing too much on either content or feelings
10. Pretending to understand

Common empathy mistakes

11. Parroting the patient
12. Jumping in too quickly. Let the patient finish his/her sentence.
13. Forgetting to use silence
14. Not allowing enough time for clients to respond to your empathy statements.

Activity - Primary Empathy

- A. **Identification of feelings.** For each of the statement below, identify the possible feelings the client is experiencing while saying the statement. The feelings identified should be close to be surface as possible.
- If I'd know the baby would have hemophilia, I'd never have gotten pregnant in the first place
 - I don't know why I am here. My doctor just told me so.
 - Since my mother died of breast cancer, my father doesn't want me or any of my sisters to get tested.
 - How can I even begin to tell my son he has muscular dystrophy?

Activity - Primary Empathy

B. Making content responses. For each of the statement below, construct a concise content response.

- If I'd know the baby would have hemophilia, I'd never have gotten pregnant in the first place
- I don't know why I am here. My doctor just told me so.
- Since my mother died of breast cancer, my father doesn't want me or any of my sisters to get tested.
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Activity - Primary Empathy

C. Making feeling responses. For each of the statement below, construct a concise content response.

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Gathering Information: Asking Questions

Types of Questions

1. Closed-ended questions

- a. When specific information is needed
- b. For overly excited clients
- c. For silent clients
- d. When content is uncomfortable to embarrassing for clients

2. Open-ended questions

- a. Explore processes
- b. It encourages the client to share emotions, thoughts, feelings

Closed- and open-ended questions: examples

Closed question	Are you scared?
Open question	How do you feel?
Closed question	Are you concerned about what you will do if the test results are positive?
Open question	What do you think you might do if the test results are positive?
Closed question	Does your husband agree with your decision?
Open question	Tell me about how your husband feels about your decision (this response, although not grammatically a question, is still a question because it requests additional information)

Functions of questions in genetic counseling

1. To obtain family and medical history
2. To meet the goals of genetic counseling
3. To encourage reflection
4. To explore perceptions and values clarification

Asking questions effectively

1. Know WHEN to ask questions

- a. When you have a clear reason to ask a question
- b. When you want to gather more information or clarify patient meaning
- c. When you don't understand

2. Know HOW to ask a questions

E.g, “My husband doesn't agree with my decision to undergo prenatal screening”, what will you respond?

Asking questions effectively

2. Know HOW to ask a questions

- Be systematic. Do not hop from one topic to another. Follow through on the content of the previous response of the client.
- Keep questions simple. Ask one question at a time.
- Avoid interrogating. Strategically mix questions with primary empathy skills.

Asking questions effectively

3. Know WHAT TYPE of questions to ask

- Use both open and closed questions
- Ask the type of question you intended to ask
- Use follow-up questions

Activity: Asking questions

Generate questions that you can ask the patient given the following statements:

- I'm afraid I am to get breast cancer.
- I was hoping you could tell me my chances of having another miscarriage.
- My sister has a child with PKU. I don't want that to happen to me.
- I want every test there is to make sure my baby is okay.
- My cousin has NF and I have spots. My doctor thinks I have it too.