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Original Paper

The Relationship of Nondirectiveness to Genetic Counseling: Report of a Workshop at the 2003 NSGC Annual Education Conference

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Nondirectiveness has been a guiding principle for genetic counseling since the founding of the profession. However, its efficacy and appropriateness in this role have been frequently questioned. A workshop at the 2003 Annual Education Conference of the National Society of Genetic Counselors provided audience participation in a discussion of these issues. Participants presented arguments for and against nondirectiveness as a central ethos. They described complex personal transitions in adapting what they had learned about nondirectiveness during training to the realities of the workplace. There was support for flexible approaches to genetic counseling, with varying adherence to nondirectiveness, based on client and family needs and values, clinical circumstances, and desired counseling outcomes. The discussion supports the use of clinical experience, outcomes research, and the experience of other professions to move beyond nondirectiveness and more accurately identify the theoretical bases that underlie genetic counseling in the variety of circumstances in which it is currently practiced.

KEY WORDS: genetic counseling; nondirective counseling.

In the more than 30 years during which genetic counseling has existed as an established profession, the concept of nondirectiveness has held a central role (Kessler, 1997). It has contributed to a public stance that supports the autonomy of the individual as he or she struggles with difficult decisions that are often subject to influence from medical professionals, social norms, and public policy (Biesecker, 2000). Within the profession the concept of nondirectiveness has provided guidance in the development of ethical norms and counseling techniques (National Society of Genetic Counselors, 1992). And for the individual genetic counselor it has provided a guideline for how to present medical-genetic information and emotional support in a manner that is consistent with counselee beliefs and values (Bartels *et al.*, 1997; Fine, 1993).

Yet despite its central role and its broad endorsement by those providing genetic counseling, nondirectiveness has been criticized from a number of perspectives. In terms of the actual practice of genetic counseling, nondirectiveness is, at best, a goal toward which to strive, not an achievable

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endpoint (Kessler, 1979; Sorenson, 1993). Beyond this, it has been argued that adherence to the concept of nondirectiveness inhibits the development of effective counseling approaches that promote counselee autonomy because it limits the genetic counselor's active engagement with the counselee and the use of the full range of genetic counseling knowledge and experience (Biesecker, 2000; Kessler, 1997). From a historical and ethnocultural perspective, nondirectiveness is itself a value-laden approach that, as Kessler (1992) has pointed out, shifts the focus of directiveness from what decision to make to how the decision should be made. As an ethical stance, nondirectiveness has been criticized as an insufficient basis for a profession that addresses issues such as abortion and quality of life that have profound individual and societal meaning and implications (Burke and Kolker, 1994b; Caplan, 1993; Wolff and Jung, 1995), as failing to address the social and economic context within which individual decision making takes place (e.g., insufficient resources to assist affected individuals; Clarke, 1997), and as inhibiting full participation in the process of establishing genetic health policies (Biesecker, 2000; Clarke, 1997). Initially applied to reproductive genetic counseling, nondirectiveness may be inadequate when applied to new areas of genetic counseling, such as cancer risk counseling, in which medical recommendations are an essential component of clinical practice (Clarke, 1997; Trepanier *et al.*, 2004). Finally, from the perspective of the profession, it has been argued that nondirectiveness inhibits creative approaches to the challenges that face genetic counseling in the era of genomic medicine and managed care (Weil, 2003).

In large part, these critiques are based on the clinical experience, supervisory experience, and analysis of the individual authors. They do not draw directly on the experiences of working genetic counselors. Among the exceptions are anecdotal data by Brunger and Lippman (1995) and Burke and Kolker (1994a) that describe genetic counselors who were conflicted between the realities of providing counseling and the nondirective ethos in which they were trained. More recently, McCarthy Veach and coworkers (Bower *et al.*, 2002; McCarthy Veach *et al.*, 2002) conducted a survey of National Society of Genetic Counseling (NSGC) members. They found substantial concern about the impact of nondirectiveness on the process of working effectively with counselees and reported a variety of ways in which genetic counselors responded to the situations they faced.

In 2001 and 2002 one of us (J.W.) conducted a number of workshops with genetic counselors and genetic counseling students in which participants were challenged to critically evaluate the role of nondirectiveness in contemporary practice. Many participants expressed concerns about the limitations that nondirectiveness places on genetic counseling practice and on genetic counselors' responses to ethical issues. Others were concerned about the effect on clinical practice and public perceptions if nondirectiveness were replaced as the guiding principle for genetic counseling. The response to the workshops demonstrated that, given an appropriate forum, genetic counselors and students were eager to share their experiences and concerns about the role of nondirectiveness in practice and to discuss ways in which the situation might be addressed.

To provide a broader public forum for discussion of these issues, the authors organized an Educational Breakout Session (EBS) entitled "A Public Forum: The Relationship of Nondirectiveness to Genetic Counseling: Do We Need a New Central Ethos?" at the 2003 NSGC Annual Education Conference. This paper presents a summary of the themes expressed by participants during the open microphone portion of the EBS. The public discussion provides further evidence for the need to move beyond nondirectiveness as the central tenet of contemporary genetic counseling. Suggestions for developing alternative theoretical and clinical principles are also presented.

METHODS

The 2-h EBS began with 30 min of introductory comments by the authors, who presented various critical assessments of the role of nondirectiveness and potential means for finding new guiding principles for the profession. The primary goal was to stimulate subsequent discussion. To further facilitate this, five questions were presented as one basis for discussion:

1. What establishes a central tenet of practice? How do genetic counselors identify and define the principle or principles by which they practice?
2. What is/are the guiding tenet(s) of genetic counseling practice?

In reality, what are those principles at the present time? To what extent, if at all, do they differ depending on the type of genetic counseling involved (e.g., prenatal vs. cancer risk)?

3. What models of practice are used to carry these out?
   For example, do genetic counselors think in terms of nondirectiveness but act to promote client autonomy?
4. How do other models of health care practice carry out decision-making?
   What are the areas of overlap and difference from those identified as guiding tenets of genetic counseling?
   What of value might be learned from other health care professions?
5. If you adopted one of these approaches, how would *your practice* change or stay the same?
   What would be the positive and negative consequences for your practice if a different model or central ethos were adopted?

Following this introduction, the discussion was opened to the EBS participants. Speakers were recognized in the order of their appearance at the single microphone. Of the approximately 150 participants, 34 contributed to the discussion. After the conclusion of the NSGC Conference, a request for further comments was posted on the NSGC list serve. This resulted in five additional responses.

As announced at the beginning of the EBS, the discussion was audiotaped and subsequently transcribed for informal qualitative analysis. One of us (J.W.) reviewed the transcript and the list serve responses twice and assigned each person's comments to one or more participant categories, chosen on the basis of themes that emerged in the analysis. The categories were then grouped into more comprehensive topics and the topics were ordered for presentation.

RESULTS

Framing the Discussion

Although all speakers indicated support for a discussion about the role of nondirectiveness, several expressed reservations or uncertainties about the premises on which the discussion was based. One issue involved the meaning and applicability of the terms used. In his introductory remarks and a recent critique, Weil (2003) described nondirectiveness as the "central ethos" of genetic counseling. The questions for discussion presented in the introductory portion of the EBS (see Methods section) use the terms "tenet" and "model." Speakers pointed out that none of these terms were clearly defined. In addition, nondirectiveness has had different implicit or explicit definitions in the genetic counseling literature. Uncertainty about the definitions and applicability of the terms used point out the importance of developing a language for discussing the theory and practice of genetic counseling.

Beyond the issue of definitions, the role of nondirectiveness as the central ethos was questioned. It does not appear in the definition of genetic counseling adopted by the NSGC in 1983 and occurs in only 1 of the 27 practice-based competencies in the American Board of Genetic Counselors guidelines for training program accreditation. In addition, as one person stated,

> I think that as most genetic counselors gain experience over their years of clinical practice, they develop a place for nondirectiveness within the general goal of promoting autonomy of their patients (which seems closer to me to already being the central ethos of genetic counseling). [LS2]

An evaluation of nondirectiveness also depends upon the goals and the definition of "success" in genetic counseling, which are themselves a matter of uncertainty and debate.

Summing up much of this, a participant said,

> I have to confess some confusion about some of the terms that are being used here. I actually don't really know what a tenet is. I don't know if it's a principle. And I'm kind-of intrigued about the questions 3 and 4 up there, talking about models. It occurs to me that the word "goals" isn't up there, but . . . there's a whole other discussion about what are the goals of genetic counseling, and it's kind-of implicit in this [discussion]. [EBS28]

The Value of Nondirectiveness

A number of participants spoke of the value of nondirectiveness. Positive aspects include its historical importance in helping define the profession, its value as an ethical stance, its relevance to many genetic counseling situations, and its incorporation by experienced counselors into the more general goal of promoting counselee autonomy. Concern was expressed that removing nondirectiveness from

the profession's self-description would lead to public misunderstanding of the role of genetic counselors and eliminate a primary feature by which the profession has defined itself and distinguishes itself from other medical providers.

> Although 'nondirective' may not be a fully accurate term for how a genetic counselor counsels, it's an easy term that sets us apart from most other medical providers. We have used the term historically to define who we are. I think it may be dangerous to do away with the term, just as genetic counselors are gaining respect in the medical community. [LS4]

Another participant stated,

> I do feel that my training in Rogerian counseling methods was helpful. Lest we throw out the baby with the bath water, I would like to express gratitude for my experience learning active listening and other aspects of this style of therapy. It was a helpful way to learn to be attentive to, and comfortable with, the families I worked with as a student—and work with now some 23 years later. [LS3]

Critiques of Nondirectiveness

Speakers addressed problems and limitations of nondirectiveness, as it is used or perceived, from several perspectives. First, it is a negative definition.

> It says what we don't do, so it's always followed up with, "Well if you're not directive, then what do you do?" I think what we need to do is learn to define ourselves in an active voice. [EBS31]

Second, it is sometimes treated as a theory of counseling, which it is not.

> We have a very serious problem, because somehow, [it has] become part of our [professional] culture to think that nondirectiveness is a counseling theory. It is NOT a counseling theory. It is NOT a counseling model. So if you have been saying, "Oh, I use nondirectiveness, nondirectiveness counseling theory," and using Carl Rogers as your validation for that, we have a problem, because that's not what Carl Rogers said in his theory. So if nondirectiveness is how you believe you practice as a counselor, you need to go back and really look at what you're really doing. [EBS1]

Third, nondirectiveness implies that important ethical issues are adequately addressed by leaving decisions to the counselee, thus inhibiting full exploration and discussion of these issues.

> [W]hat happens about being trained in this nondirective model is that it almost sort-of says, "We have covered all the moral issues with this one concept of nondirectiveness, and we don't need to talk about it." . . . [W]hat drew me to genetics in the first place is there's some really profound, difficult issues going on there about when does life begin and what point do people have certain rights or not other rights? And we sort-of . . . get away from all of those with this one big swoop of the magic brush. It's like, "Well, we're nondirective, so that makes us all sensitive and that makes us all moral." [EBS13]

Finally, a nondirective stance inhibits full emotional engagement with the counselee.

> [N]ondirectiveness is also a way of saying, "I don't have to engage fully, fully engage." And not fully, fully engaging is a loss to us professionally, but is really a loss to our clients. [EBS1]

Changing Contexts

Participants discussed various aspects of the changing medical, technological, and social environments in which genetic counseling is currently practiced, compared to its origins in reproductive genetics. One speaker discussed how the type of clinic, the counseling techniques of colleagues, and the specific information involved are all relevant to her counseling approach.

> I work in a cancer prevention center, and I'm surrounded by people who work in other realms of cancer prevention that don't have anything to do with genetics, including people like smoking cessation counselors. And we've talked as a group. . . . When I'm seeing somebody . . . and there's a proven benefit to them having a colonoscopy every year, I think it really is my job to not even approach being nondirective, and it's certainly not part of my practice in that regard at this time. There really is a medical reason . . . for people to undergo the screening that they need. [EBS3]

Issues related to providing genetic testing challenge assumptions about nondirectivness. One participant supported the more directive approach involved in upholding guidelines against inappropriate genetic testing of children, which is in contrast to her more nondirective stance in most other counseling situations. Another participant expressed concern over the gate-keeping role of upholding guidelines under which insufficient family history is the basis for withholding genetic testing for breast cancer.

One speaker described changes in the counselees she sees for prenatal diagnosis counseling. In previous years, counselees usually received mid-trimester pre-procedure counseling for

amniocentesis, and for the majority there was little in the way of decision-making.

> [More recently, clients] were more coming in at 10 or 11 weeks to maybe have a nuchal translucency done, and it was an opportunity to engage people in a whole new realm of decision-making options of what they wanted to get out of their pregnancy, what things they wanted to screen for, what they didn't want to screen for, did they want any screening at all? . . . I found that much more interesting as a counselor, engaging in those dialogues. So I think prenatal, as a realm, is really changing in the kinds of decision-making and the kinds of engagements [by which] you help your families. And being nondirective or directive, I just found that you've really got to explore with people their feelings about lots of things. [EBS16]

As other health care professionals are increasingly involved in providing medical genetic services, genetic counselors have a growing role in providing information and counseling to clients who have already received test results.

> [W]e don't even have a chance in that situation to think about being directive or nondirective, our role there is largely education in helping people deal with results they've already gotten. [EBS30]

Finally, one participant raised concerns about how increasing uncertainty in the information provided to counselees may impact clinical practice.

> [O]ne of the things that establishes the central tenets of practice is the theory-base, or bases, of the science from which our practice derives. . . . It's one of the greater conundrums . . . of genomic medicine that the more data we get, the more uncertainty there seems to be. And so I think we have to pay close attention to how we are going to deal with uncertainty, and what that has to say about notions of directiveness and nondirectiveness. [EBS18]

Personal Concerns and Professional Transitions

A number of participants discussed their personal experiences in the transition from what they had learned during training to the realities of professional practice. A graduate of 6 months, who had been concerned about issues related to nondirectiveness as a student, wondered how "changing the label from nondirectiveness to promoting autonomy" would affect clinical practice [EBS7]. A genetic counselor with 2 years experience said,

> [E]ventually, we'll have to also think about changing what we do. And one of those ideas that comes to mind is really focusing more on ourselves, and thinking about processing our own stuff and borrowing the idea of supervision from our other therapy professions. [EBS15]

A genetic counselor with more than 20 years experience said,

> I came out of a training that was heavily infused with the prenatal reproductive decision-making model . . . and then went and worked in ped[iatric]s and had this huge awakening that was forced upon me. . . . [M]y patients didn't give me a choice. I could not be nondirective in the way it was classically defined. They made it very clear early on I was not helping them. . . . [I]t probably took me two years to let go of nondirective counseling in the very narrow definition. I think broader definitions we can debate. . . . [R]apidly that was replaced with, "How can I help them?" And that's been what has driven everything that I do since that point in time. [EBS12]

A genetic counselor with 19 years experience recounted how, within 2 years of graduation, she reassessed the role of her own life experience on her clinical practice.

> I walked out of school . . . wanting to get out there and work, and certainly nondirectiveness is what I heard. And within the first two years of practicing, life intervened, and I gave birth to a daughter who . . . [had] deafness, cerebral palsy, learning difficulties, and chronic lung disease. And it struck me that [a previous speaker] said something really important, . . . that . . . nondirectiveness was helpful to us. As a counselor you could go out there with a boundary and say, "They're not going to know anything about me." But it isn't, and wasn't, all that helpful to my patients. And so when life intervened, . . . life seeped over the boundaries. And I had to take a lot of time to learn about myself, and learn who I was and what was important to me. And that fact is, having a handicapped child does affect your practice as a prenatal genetic counselor. . . . I really don't think day-to-day that we are really doing what we were theoretically taught in school, but that's okay. It's evolving. We need to examine that, we need not be afraid, and we need to work at this, it's a process. But past inspiration and experiences will be helpful in that job. [EBS26]

Three other participants also spoke of their personal experiences adapting their counseling techniques to the realities they encountered after graduation, a process that involved developing more active, autonomy-promoting approaches that still included the concept of nondirectiveness. One of these, like the two quoted above, also discussed the first 1 or 2 years after graduation as critical to this process. Finally, one speaker described how working with

individuals from different cultures required that she revise the emphasis on individual autonomy implicit in the Western model of counseling under which she was trained, a learning process that involved recognizing inappropriate interventions that she had made with clients from other cultures.

Alternative Models and Approaches

Suggestions concerning possible modifications of or alternatives to nondirectiveness were of several sorts, and a number involve comments that have been presented previously. Speakers supported the idea of more proactive counseling from a variety of perspectives: giving more attention to the wants and needs of counselees, creating a comfortable setting within which counselees can use as many of their faculties as possible, facilitating active decision-making, implementing meaningful informed consent, and identifying and processing genetic counselors' personal and professional values.

Several contributors also addressed the need for flexibility. Counseling styles and theories should differ depending on the counselee's situation and the genetic counselor's personal preferences for relating to clients.

> I'm wondering if when we're talking about whether to be giving guidance, instead of using the word directive versus being nondirective, are we better off having it some type of a situational model? I know every situation is different, and I know . . . it [would] . . . benefit us. Because then cancer genetics is more of a giving guidance versus in other [practices] it's not. [EBS24]

Several speakers argued against attempting to develop a single counseling theory for genetic counseling. Other professions, such as psychology, have a variety of theories reflecting, in part, the varying circumstances of their clients. Given the diversity of counselee needs and circumstances and of situations in which genetic counselors function, a situational model is more appropriate. A number of participants also endorsed having individuals from other professions, such as cancer prevention, provide training in the theories and practice of health promotion and health education. The model of social work, with its emphasis on partnering with and empowering the client was also discussed. The following comment summarizes a number of the positions that were stated throughout the discussion:

> I've heard the term activation, I've heard the terms health education and promotion, and actually patient ed[ucation] . . . comes directly from the health education/promotion field. And I think that this is a really good call for some patient education. The people who come and see us generally have no idea who we are, what they are allowed to talk about, what they are supposed to talk about, what we're hoping from them. If we then meet them there with a disengaged, nondirective sort-of stance, they're going to stay right where they are too. So I think this is a really good call for not only changing our own behavior in terms of engaging our clients, but also using the health promotion field to help us learn how to help our patients be prepared to come and see us, and know that it's okay to talk about what they're scared about, what they're conflicted with. So I'm glad that that discussion's already starting. [EBS17]

The need for cultural competency in recognizing that cultures differ in the role of individual autonomy was presented. With respect to any potential changes that might be made, questions were raised as to how the genetic counseling training programs might implement them, both in their course curricula and with respect to the training and counseling practices of clinical supervisors.

Several participants stressed that resolving issues related to the theoretical underpinnings and thus clinical practice of genetic counseling would help clarify the role of the profession in the evolving medical and reimbursement environment. This is important both in defining roles for genetic counselors vis-à-vis other professionals who provide clinical genetic services and in explaining the role of the profession to the public.

COMMENTARY

The discussion at the Educational Breakout Session on nondirectiveness confirms and extends the research findings of McCarthy Veach and co-workers (Bower *et al.*, 2002; McCarthy Veach *et al.*, 2002) and the observations of J.W. at recent seminars and workshops (see the introduction): When provided with an appropriate forum, genetic counselors are eager to discuss their concerns and to consider alternatives to nondirectiveness as it affects clinical practice as well as professional interactions with other health care providers and the public.

The themes that were discussed reinforce much of the theoretical literature. Negative evaluations of nondirectiveness included problems with defining it (Biesecker, 2000; Weil, 2000), limitations on

emotional involvement and full use of counseling techniques (Kessler, 1997), the avoidance of difficult ethical issues (Burke and Kolker, 1994b; Caplan, 1993; Wolff and Jung, 1995), and the manner in which social, medical, and technological changes have attenuated the original rationales for nondirectiveness (Weil, 2003). Conversely, there was broad support for flexibility in the use of counseling techniques and the application of nondirectiveness, depending upon the type of genetic counseling involved, the disease or disorder, and the values and circumstances of the counselee. This is also consistent with a substantial body of genetic counseling literature (e.g., Biesecker and Peters, 2001; Djurdjinovic, 1998; Eunpu, 1997; Kessler, 1997, 1998, 1999; McCarthy Veach *et al.*, 2003; Weil, 2000; White, 1997; Wolff and Jung, 1995).

The participants' comments indicate that the professional literature has identified very real, practical issues faced by genetic counselors as they attempt to translate the principle of nondirectiveness into practice. Thus, the results of this EBS session, in conjunction with the published literature, demonstrate the critical importance of continuing research and deliberation to identify a set of guidelines and principles to inform contemporary genetic counseling.

On the basis of our results as well as the relevant literature, the task of identifying contemporary guidelines and principles for genetic counseling would benefit from the following considerations.

First, the role of nondirectiveness must be clarified. It may serve as a component of the ethical basis for clinical practice, insofar as it supports attention to and respect for client beliefs, values, and personal circumstances; promotes client autonomy, within an appropriate cultural framework; and supports effective, knowledgeable decision-making. However, it is not a theory of clinical practice, and thus it cannot serve as a primary theoretical underpinning for the profession (Biesecker, 2000). One aspect of the legacy of nondirectiveness is an inhibition of interactive, skill-based counseling (Kessler, 1997; McCarthy Veach *et al.*, 2002), as is amply demonstrated by the comments of the EBS participants. This legacy should be actively counteracted in teaching, training, discussion, and publications concerning the principles and practices of the profession. In this context, the implication that the only opposite of "nondirective" is "directive" is neither logically nor clinically valid. Instead, it may involve clinically appropriate interaction, direction, and/or guidance (Kessler, 1997).

Second, as Wolff and Jung (1995) and Kessler (1997) made clear in early critiques of nondirectiveness, genetic counseling is a psycho-education process that involves two-way interactions between the genetic counselor and each counselee, as well as more complex interactions involving three, four, etc., individuals, both present and absent from the counseling session. Genetic counseling involves a weaving together of psychosocial counseling and medical facts to help patients understand their situation and make good health decisions for themselves and their families. It is often not possible to separate out appropriate medical advice from psychosocial counseling. Thus, to be effective in educating, facilitating decision making, and providing emotional support, the genetic counselor must use flexible, interactive, skill-based counseling. This approach must be respectful, not only of the counselee's values and ultimate decisions, but also of his or her need for direction, guidance, and emotional engagement. This approach is consistent with a growing body of genetic counseling literature (e.g., Biesecker and Peters, 2001; Djurdjinovic, 1998; Eunpu, 1997; Kessler, 1997, 1998, 1999; McCarthy Veach *et al.*, 2003; Weil, 2000; White, 1997) and with comments made by EBS participants. However, empirical studies as to how best define and accomplish the goals of this approach are critically needed.

Third, flexibility must include recognition of the different requirements for genetic counseling in diverse medical settings such as prenatal diagnosis, cancer risk counseling, neurogenetics, and new areas into which genetic counseling will expand. The origins of the profession in reproductive genetics and the constructive aspects of nondirectiveness, which have led to an emphasis on autonomous decision-making, make genetic counseling somewhat unique compared to most medical services (Biesecker, 2000). This is a valuable legacy of theory and practice from which to enter new areas of medicine and new professional interactions. However, openness to new ideas and clinical approaches is essential if genetic counselors are to function effectively in these settings and avoid misinterpretations of the scope and value of their work (Weil, 2003). An important issue for the profession is to investigate to what extent there are underlying commonalities to genetic counseling as practiced in diverse settings, and to what extent more specific theories and practice guidelines are required for participation in different medical services.

Finally, developments in other health care professions provide potentially useful approaches for genetic counseling and opportunities for more integrated collaboration with other professionals. Authors in medicine, nursing, and psychology have proposed alternative practice models reflecting the evolving patient–provider relationship. These have different names and terminologies, but all attempt to integrate psychosocial and medical goals, enhance the informed consent process, and support patient autonomy through use of decision aids. They include the biopsychosocial approach (Engel, 1997; Frankel *et al.*, 2003), shared decision-making (Elwyn *et al.*, 2000; Hamann *et al.*, 2003), medical family therapy (McDaniel *et al.*, 1992), patient-centered medicine (Laine and Davidoff, 1996) and relationship-centered healthcare (Pew Health Professions Commission, 1994).

More specific clinical developments are also pertinent. Recent work on risk communication and decision aids for women facing medical decisions such as lumpectomy versus mastectomy, use of hormone replacement therapy, and prevention options for osteoporosis are relevant to situations that are addressed in genetic counseling (Cranney *et al.*, 2002; Légaré *et al.*, 2003; Whelan *et al.*, 2004). They complement current research on the use of decision aids to enhance informed consent and decision-making with respect to genetic testing protocols and to testing versus treatment options for breast and/or ovarian cancer (Green *et al.*, 2004; Sorenson *et al.*, 2004; van Roosmalen *et al.*, 2004).

As a second example, Motivational Interviewing is a goal-directed, patient-centered counseling style for eliciting behavior change by helping people to explore and resolve ambivalence. (Miller and Rollnick, 2002). Originally and most frequently applied to the treatment of various addictions, there are now early applications of MI with mixed results to other health promotion domains such as HIV risk, mental health treatment compliance, and diet, exercise, and glucose monitoring in diabetes care (Miller, 2004). Its emphasis on collaboration, evocation, and autonomy is consistent with genetic counseling and with a potential contribution to developing more active genetic counseling methods.

The results of the EBS discussion session reported here, in conjunction with the published literature and contributions from other professions, can be used to frame research questions, support continued development of counseling techniques, inform writings on the ethical principles of genetic counseling, and update the curriculum of genetic counseling graduate programs. The American Board of Genetic Counseling might consider revising proficiencies related to nondirectiveness to reflect contemporary clinical practice and make clearer expectations of trainees. One training challenge is to ensure that clinical supervisors are modeling nuanced, contemporary interpretations of nondirectiveness, and active counseling skills to students. A first step might be the development of training workshops with clinical supervisors on teaching and practice related to nondirectiveness.

The NSGC and the Association of Genetic Counseling Program Directors are currently promoting several efforts to address issues related to definitions of genetic counseling, scope of practice, models of practice and service delivery, and nondirectiveness. They provide an opportunity to address these important issues, and they demonstrate that the need for change and development voiced by the contributors to the EBS are broadly recognized within the profession.

STUDY LIMITATIONS

The participants in the EBS discussion were self-selected with regard to both attendance at the EBS and the decision to speak. In addition, the opening remarks of all the authors were critical of nondirectiveness. Thus, the statements, themes, and relative frequency of different viewpoints reported here represent those of the specific participants, context, and evolving discussion. They may not represent those of the entire NSGC membership nor all genetic counselors.

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