Psychosocial Assessment, Support, and Counseling: Genetic Counseling an Asian American Couple

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Learning Objectives*

By the end of this case, genetic counselors will be able to:

1. Establish rapport, identify major concerns and respond to emerging issues of a client or family in a culturally responsive manner.
2. Elicit and interpret individual and family experiences, behaviors, emotions, perceptions, and attitudes that clarify beliefs and values.
3. Use a range of interviewing techniques.
4. Provide short term, client centered counseling and psychological support.
5. Promote client decision making in an unbiased, non-coercive manner.

*Learning objectives are from the American Board of Genetic Counseling Practice-Based Competencies for Psychosocial Skills (ABGC, 2004).

Case Study

Michele is a genetic counselor working in a medical center that provides prenatal genetic services. Today, Michele is meeting with a couple, Yunhua and her husband Biao, to discuss the prenatal diagnosis in their fetus of a full left upper limb amputation, which is likely due to Amniotic Band Syndrome. The couple knows that the ultrasound was abnormal, but they do not know what the particular findings are yet. From the intake forms, Michele learns that Yunhua and Biao are both in their mid-twenties and self-identify as Asian American. Michele can tell that neither Yunhua nor Biao has any problems understanding her; they both speak English very well. As Michelle explains to the couple that their son appears to be very healthy but his left arm did not form properly, Yunhua hangs her head. Yunhua turns to Biao and says, "I'm so sorry - I didn't mean for this to happen." Michele tries to address the emotions of the couple by asking them, "How do you feel about your son's diagnosis?" The couple remained quiet. Finally, Biao asked Michelle to explain ***exactly*** *how this could have happened. Michelle felt that she had no choice but to review the medical facts and accept that the couple would not share their feelings. Michele left the session feeling that she really didn't know how Yunhua and Biao felt, what issues they might be considering, or how she could have been more helpful to them.*

Personal Reflections

- What are your first reactions to this situation?
- Have you ever experienced a situation like this? What were the similarities to this session? What were the differences?
- What could be the potential personal and/or cultural and religious reasons for Michelle's feelings of helplessness?
- What thoughts and emotions do you have about further exploring this couple's cultural context?

- Are you a member of a couple? If so, how does this couple's relationship compare to your couple relationship?

Perspectives
Now, approach the situation from the clients' point of view. Consider what personal experiences or beliefs may have caused Yunhua and Biao to feel or respond the way they did.

- If you were Yunhua during this encounter, list 3 feelings you might have felt.
- If you were Biao during this encounter, list 3 feelings you might have felt.
- What do the couple's verbal cues tell you?
- What do the couple's nonverbal cues tell you?
- How would you describe the dynamics of the relationship between Yunhua and Biao?
- Do you detect signs of guilt? If so, list these signs.
- Do you detect signs of shame? If so, list these signs.

The Counselor's Background
Knowingly or unknowingly, our own cultural beliefs and experiences affect the care we provide. Our background and beliefs may lead to over-identification with clients, exaggerated emotional responses or opposite responses, such as blind spots, which can cut off one's emotions and create distance between one's self and the client (Borders et al., 2006). An honest assessment of one's own cultural awareness is necessary to avoid imposing a personally biased cultural viewpoint on the client.

According to the National Society of Genetic Counselors Professional Status Survey, only 7% of practicing counselors identified themselves as belonging to an ethnic group other than Caucasian (Smith, Freivogel and Parrott, 2008). Ethnic/racial minorities predominantly encounter genetic counseling providers who do not share their culture and language (Mittman et al., 1998). Therefore, it is important for genetic counselors to take active efforts to understand a client's perception of and response to the situation in the effort to appreciate the patient's reality.

Reflections
- How do you define differences between people? Give a few examples.
- How do you define similarities between people? Give a few examples.
- What differences between you and your clients are you most aware of? What similarities between you and your clients are you most aware of?
- Can you identify differences and/or similarities between you and your clients that tend to evoke "positive" reactions on your part? Can you identify differences and/or similarities between you and your clients that tend to evoke "negative" reactions?
- Describe patterns of communication between couples that you have seen in your genetic counseling sessions.
- In a peer supervision setting, share the range of couples' communication patterns you have noted in your sessions with those noted by your colleagues in their sessions.

Health Disparities

Our clients stated that they are “Asian American,” but this general term can refer to people with familial roots originating in many countries, ethnic groups, and cultures of the Asian continent including, but not limited to: Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malayan, Mien, Nepalese, Pakistani, Sikh, Sri Lankan, Thai, and Vietnamese. Under the umbrella of this non-specific term, the Asian American population has been described as relatively young, having grown significantly over the last several decades (Yu-Wai-Chiu & Lee, 2004). In 2004, according to the U.S. Census Bureau population estimate, the Asian American population was 13.5 million, or 4.7% of the U.S. household population. More than 90% of Asian Americans live in metropolitan centers, with 55% of all Asian American and Pacific Islanders (AAPI) living in California, Hawaii, and Washington (Barnes & Bennet, 2002). Most Asian Americans are immigrants. It is estimated that approximately 2/3 of Asian Americans were born in foreign countries (U.S. Census Bureau, 2004). Persons of Asian descent account for the greatest percentage of foreign-born individuals in the U.S. This suggests that the majority of the U.S. Asian population is in the process of acculturation and establishing a distinct Asian American culture (Yu-Wai-Chiu & Lee, 2004).

The term “model minority” has been used to describe Asian Americans because of statistically higher levels of education and income compared to other racial minority groups (Maddux et al., 2008; U.S. Census Bureau, 2004). Overall health indicators suggest that this population is one of the healthiest in the U.S. However, there is great diversity within this group, and marked health disparities exist for specific segments (“Asian American and Pacific Islanders: Health Disparities,” 2009). The following is a sample of the available information indicating that Asian Americans are disproportionately affected by many health disparities:

1. Two million Asian Americans in the U.S. do not have health insurance.
2. For Asian American women, cancer is the leading cause of death in the U.S. Asian American women have the lowest cancer screening rates and are usually diagnosed at a later stage compared to women of other racial and ethnic groups.
3. Hepatitis B is one of the greatest health threats for Asians. Asian Americans account for over half of deaths resulting from chronic Hepatitis B infection in the U.S. They are 3 to 13 times more likely to die from liver cancer caused by Hepatitis B than Caucasians. More specifically, Chinese Americans are at 6 times higher risk from dying from liver cancer compared to Caucasians, while Korean Americans are at 8 times higher risk, and Vietnamese Americans are at 13 times higher risk.
4. Mental health problems in the Asian American community are high, and the available services are inadequate. For example, Asian women aged 65 years and over have the highest suicide rate in the country compared with any other population in that age group. Also, Asian American adolescent girls reportedly have the highest rates of depressive symptoms compared to girls of other ethnicities. In addition, many Southeast Asian refugees are at risk for post-traumatic stress disorder associated with trauma experienced before or after immigration to the U.S.
5. Asian women have a high risk of osteoporosis. The average calcium intake among Asian women has been observed to be half that of Western population groups. As many as 90% of Asian Americans are lactose intolerant or cannot easily digest dairy products.
6. Asian Americans have a higher prevalence of tuberculosis (TB) than all other racial and ethnic groups.
7. Asian American youths in grades 7 through 12 have the highest increase in smoking rates of any racial or ethnic group.

* Source # 1: Commonwealth Fund 2001 Health Care Quality Survey

** Source #2-7: President’s Advisory Commission on Asian Americans and Pacific Islanders, Asian Americans and Pacific Islanders Addressing Health Disparities: Opportunities for Building a Healthier America, 2003

Cultural Knowledge and Counseling

Acquiring cultural knowledge at the population and individual levels can help a genetic counselor develop a healthy respect for the diverse needs of individuals who identify with this group, and to be more culturally informed and sensitive when helping clients work through their emotions and decision making challenges. While genetic counselors must be aware of health disparities in the populations we serve, we have noted the extraordinary diversity encompassed within the "Asian American population." When reviewing statistics and studies on health disparities, consider the implications for *individuals* included in these reports. How general or specific are the layers of cultural descriptors of the participants? Given the spectrum of diversity of individuals within populations, health disparities population information may carry little meaning or helpfulness for working with specific clients.

Regardless of the client's background, it is always important to focus on the individual's specific background, values, and practices. For example, instead of letting your assumptions drive the conversation ("Yunhua and Biao are traditional Chinese names, so the couple must be Chinese and they are probably not very acculturated…"), let the client lead the conversation ("Tell me about yourself and your family background…"). Genetic counseling practice is enhanced by becoming familiar with a variety of cultural issues, traditions, health beliefs, attitudes, lifestyles, and values. In that way, the influence of each client's cultural diversity can be more effectively woven into the psychosocial assessment and counseling aspects of the genetic counseling process.

Providers must take responsibility for continuously building their cultural knowledge. The client cannot be expected to completely educate the counselor about his or her culture (McAuliffe, 2009). Also, as health care professionals, we reflect on the similarities between our own cultural affiliations and those of our patients, while respecting and appreciating the differences. This self-evaluation process is essential for establishing and maintaining meaningful connections with clients.

Eastern and Western Cultural Values

Currently, the genetic counseling model is largely based on Western approaches to medicine and counseling. However, a Western approach may not always be the preferred counseling method. For example, the table below defines some of the many factors that can be important to individual clients. Use the table as a tool for considering how often you think about alternative worldviews.

Eastern (agricultural) systems: Traditional society values	Western (industrialized) systems: Modern society values
Family/group oriented	Individual oriented
Extended family	Nuclear/blended family
Multiple parenting	Couple parenting
Primary relationship: parent-child bond	Primary relationship: marital bond
Emphasis on interpersonal relationship and harmony	Emphasis on self-fulfillment and self-development
Status and relationships determined by age and role in family	Status achieved by individual's efforts
Well-defined family members' roles	Flexible family members' roles
Favoritism towards males	Increasing opportunities for females
Authoritarian orientation	Democratic orientation
Suppression of emotions	Expression of emotions
Fatalism/karma	Personal control over the environment
Harmony with nature	Mastery over nature
Cooperative orientation	Competitive orientation
Spiritualism	Materialism, consumerism
Past, present, and future orientation	Present, future orientation

Source: Lee et al., 2002

Health Beliefs

Cultural diversity can manifest as a diverse array of behaviors among ethnic and racial groups. A counselor can misinterpret a client's behavior based upon his or her assumptions, when in actuality the client's reaction may be culturally grounded. For many Asian families, explanations of the causes of health problems are influenced by their religious and spiritual beliefs (Yu-Wai-Chiu & Lee, 2004). Healing is spiritual as well as scientific (Yee et al., 1999). Asian clients have blamed birth defects on foods consumed during pregnancy, as punishment for a sin performed in a previous life, the act of angry spirits, the evil eye, and/or a curse (Mittman et al., 2004). Often, the mother can be held solely responsible for the pregnancy outcome, and birth defects are blamed on her (Mittman et al., 1998). These beliefs can affect coping and choice of treatment strategies; Asian patients may deny their illness or view it as being related to personal factors even though they fully understand that the illness has a biological cause (Chin & Bigby, 2003). It is important to assess what an individual believes to be the cause of illness. Doing so will help the counselor gain a better understanding of the patient's belief systems and coping mechanisms and allow the patient to feel they are being heard.

Cultural assessment tools can be used to help the counselor focus on the problem from the patient's perspective, so that appropriate counseling, interventions, and support can follow. The following tool is commonly cited in the literature. How would you adapt these questions for use in the genetic counseling session with Yunhua and Biao?

Patients' Health Beliefs Assessment Guide (also known as Kleinman's questions):

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What does your sickness do to you?
4. How does it work?
5. How severe is your sickness? Will it have a long or short duration?
6. What kind of treatment do you think you should receive?
7. What are the most important results you hope to receive from this treatment?
8. What are the chief problems your sickness has caused you?
9. What do you fear most about your sickness?

Source: Kleinman et al., 1978

Family

In general, Asian Americans highly value the family unit and the reputation of the family. A person's actions reflect not only on that individual, but also on their nuclear and extended family. This value, often termed collectivism, refers to the perception of the self that is fixed between social roles and relationships. The self is de-emphasized; focusing on others and the welfare of the family or community is emphasized (Le & Stockdale, 2005). For example, many Asian American parents often place emphasis on their children doing well in school and succeeding in all aspects of life. The performance of the child is considered a reflection (positive or negative) on the whole family. Furthermore, feelings of shame may be felt intensely by members of collectivist cultures because of their social consequences (Yeh & Huang, 1996). In many Asian societies, individuals with visible birth defects might experience shame and rejection from their families and friends. In some cultures having a family member with visible anomalies can even affect the marriage eligibility status of his/her relatives. Consequently, having a child with a birth defect can be quite devastating to Asian Americans, due to the nature of the defect and the potential implications on the reputation and emotions of the entire family (Mittman et. al, 1998). It

follows that decision-making, including important health care decisions, typically involves many members of the family, particularly elders (Kaiser Permanente, 1999). In some Asian groups, the eldest male may be the dominant figure for speaking and decision-making. Given the importance of collectivist values to many Asian American clients, it is important to extend a welcome to any member of the family in health care settings.

Communication

Problems with intercultural communication are not limited to language differences, but are also due to differences in thought patterns, values, and communication styles (Chan, 1992). In some cultures, public expression of feelings may not be socially acceptable (Mittman et. al, 1998). Asians generally place high value on self-control and suppression of their emotions (Yu-Wai-Chiu & Lee, 2004). In fact, any form of direct confrontation and verbal assertiveness might be considered rude and disrespectful (Leong et al., 2008). Therefore, many Asians tend to be reserved in verbal and emotional expressiveness, especially when they are in the presence of authoritative strangers (Yu-Wai-Chiu & Lee, 2004). Asian clients may avoid self-disclosure and public displays of emotion during counseling (Kuramoto, 1994). While Euro-Americans tend to use direct and precise words for the primary means of communication, Asian Americans may rely on nonverbal cues and other subtleties to deliver a message (Leong et al., 2008). They may not express their needs directly (Yu, 1999).

Acculturation

A patient's values and religious beliefs and his/her adherence to traditional values and practices are based on numerous factors. One of these factors, acculturation level, can be a critical cultural moderator in psychosocial assessment. Acculturation involves adaptations to a minority individual's behavioral, cultural, and social values and beliefs because of contact between the individual's ethnic society and the Euro-American's dominant society (Leong et al., 2008). Recently arrived immigrants may possess traditional cultural values and traditions that can be very different from Western cultures (Yu-Wai-Chiu & Lee, 2004). On the other hand, some recent immigrants may be more inclined to embrace many western beliefs from the outset. Asian immigrants who have resided in the U.S. for greater lengths of time may or may not have adopted Western culture or retained elements of traditional beliefs and values. Therefore, it is important to distinguish degree of acculturation from length of stay in the U.S. (APA Guidelines, 1990), and explore these factors with each client on an individual basis, without making assumptions.

Within the Asian American cultural context, family constancy, equilibrium, duty, obligation, and appearance of harmonious relations may be important factors. Differing levels of acculturation within families may also prove to be a stressor. Respect for elders is a common tradition that involves the extended family in decision making. In dealing with situations where multiple family members are involved, assessing the acculturation levels of individual family members may be needed, as disharmony and conflict may arise due to differing beliefs and values. "Acculturation is not a single, unitary process, but rather one in which a given individual may adopt different aspects of the dominant culture at different rates and with differing degrees of ease or acceptance of doing so. Because of this, a formal or informal assessment of acculturation by one set of criteria must be used with care in making assumptions about other aspects of acculturation" (Weil, personal communication).

►Exercise

Members of one cultural group have been reported to develop sensitivity and skills working with another culture by immersing themselves in that culture (Kavanagh et al., 1999; St. Clair & McKenry, 1999). It is reported that cultural immersion enables participants to overcome their ethnocentrism, increase their cultural awareness, and integrate cultural beliefs into health care practices (St. Clair & McKenry, 1999). Take some time to learn more about one or more aspects of Asian American culture by reviewing the resources at the end of the case and by getting involved in activities in your community.

The Genetic Counseling Session

Interpersonal, counseling, and psychosocial assessment skills form a central core of genetic counseling professional practice, as delineated in the ABGC Practice-Based Competencies http://www.abgc.net/CMFiles/Practice_Based_Competencies_Aug_2006_10-29-0951KFH-10292008-6844.pdf These skills include: establishing rapport, identifying major concerns and responding to emerging issues of a client or family; eliciting and interpreting individual and family experience, behaviors, emotions, perceptions and attitudes that clarify beliefs and values; ability to use a range of interviewing techniques; ability to provide short-term, client-centered counseling and psychological support; ability to promote client decision-making in an unbiased, non-coercive manner; ability to establish and maintain inter- and intra-disciplinary professional relationships as part of a health care delivery team. Psychosocial assessment is a personalized and ongoing process throughout the session aimed at understanding, enabling and empowering the client, and facilitating development of plans for medical care and family support (Videbeck, 2007), family communication, reproductive decision making, genetic testing, etc. An effective psychosocial assessment personalizes the session to help determine the unique needs of the patient. Identifying the patient's unique concerns and providing appropriate responses can be complicated by limited time and the large amount of content that must be communicated to the patient. Yet, when the pertinent psychosocial issues are left unattended, the effectiveness of the genetic counseling session is compromised, ultimately hindering decision making and family coping. These challenges pertain to all genetic counseling sessions, irrespective of cultural factors or differences.

Building Rapport

The relationship-building interactions between the counselor and client can determine the success or failure of the interview as a psychosocial assessment tool. Clients will respond more favorably to counselors who are responsive to their preferences. Establishing rapport is important because it not only makes the client feel comfortable, but it also makes the counselor feel comfortable. Anxiety and unease can cause a counselor to be more self-focused than client-focused. When this misplaced focus is overcome, the counselor can be more empathetic, more attentive to nonverbal cues, more available to "hear" emotional content, and less concerned about being personally overwhelmed by their patients' distress (Borders et al., 2006).

►Exercise

Consider the following suggestions and brainstorm additional ways that minor actions can impact the "success" of a session.

1. Invite clients to bring along anyone they wish to the counseling session, as some cultures involve extended family members in the decision making process.
2. Use movable chairs so that personal space can be adjusted according to client preference. Allow client(s) to seated themselves first.
3. Clarify how the client would like to be addressed and/or how to correctly pronounce his or her name.
4. Emphasize confidentiality.
5. Tell counselees that they may share whatever information they feel comfortable contributing.
6. Identify and convey respect for social hierarchies.

Cultural Assessment

Knowledge of a client's culture is necessary to increase a health care provider's cultural sensitivity. However, this knowledge is not sufficient for developing an effective psychosocial assessment. Although learning about other cultures serves as an excellent starting point,one must also perform a "cultural assessment" to determine the full range and extent of cultural issues facing a client. Just because a client is of a particular race or ethnicity does not necessarily mean that he or she will identify with the group's culture in its entirety, or even at all. Most individuals

will fall somewhere in between the two ends of this extensive spectrum. It is important to regard each person as an individual and avoid stereotyping. Client self-report is the most reliable source of information on the relevance of particular cultural factors (Rodriguez & Walls, 2000).

►Exercise
There are numerous cultural influences and values you might explore during a psychosocial assessment. What cultural influences and values do typically explore? Each of the following cultural influences and values may be important to explore with specific clients under specific circumstances. Think of an open-ended question for each topic that might help determine how important it is to a client.

____ Language and communication process

____ Cultural habits, customs, beliefs

____ Country of origin

____ Migration or relocation experience

____ Degree of acculturation

____ Importance and impact associated with physical characteristics

____ Emotionality

____ Decision-making processes

____ Influence of spirituality/religion/belief system

____ Perceived cause of the problem

____ Perceived consequences of the problem

____ Help-seeking behavior

____ Family relationships

____ View of self vs. group

____ Support systems

____ Intergenerational family issues

____ Roles for males and females

____ Feelings of guilt

____ Feelings of shame

If you had to choose, which three topics would be most important to address in this case? Why?

Guilt and Shame
Guilt and shame are often intense emotions. The genetic counselor may suspect that the members of this couple are experiencing one or both of these emotions. Guilt is focused on external judgment where the client is concerned about retribution and threats from outside forces ("God is angry at me because I didn't pray enough"). Shame is focused on the client's feelings of internal failure ("I am worthless. I don't deserve to have a perfect baby"). Identifying the emotion being expressed by the client is important for implementing appropriate counseling. Role playing may be useful for facilitating this exploration, as well as to help clients better understand their partner's emotions. For guilt, use of authority, normalization, reframing, and limiting liability may be useful counseling strategies. For shame, reframing, and limiting liability may be useful. Readers should study the following resources for in-depth exploration and application of these interventions in genetic counseling: Kessler, S., Kessler, H. & Ward, P. (1984). Psychological aspects of genetic counseling. III. Management of guilt and shame. *Am J Med Genet, 17,* 673-697; and Weil, 2000, pp. 69-79.

Role Playing
Role playing is a technique in which participants pretend they are coping with a specific person or situation and play-act or rehearse different approaches and solutions (Resta, 2000). Role play participants can test behaviors and decisions in an experimental atmosphere without risking negative effects in a relationship (Shearer et al., 2001). Analysis of the interaction provides an opportunity to express feelings, increase observational skills, provide rationale for possible behaviors, critique interventions, and suggest and explore new behaviors before an actual interaction occurs (Lowenstein, 2001; Shearer et al., 2001). Role play is a strategy that has been used to develop cultural competency as it also allows participants to experience diverse roles, share attitudes or behaviors, and increase cultural diversity awareness.

►Exercise
Work with two other participants to role play the psychosocial assessment and support portion of this case scenario in a culturally sensitive manner. Take turns playing the role of each of the three participants: Michele the genetic counselor, Yunhua, and Biao. As the counselor, try to address the three most important cultural concerns you determined in the previous assessment exercise. Ask questions to elicit information and respond in a supportive and empathetic manner. Consider how you can convey respect for the couple's values and perspectives.

Time frame: Spend 15-20 minutes playing each role and at least 5 minutes analyzing each role play.

Analysis:

- If several people were able to play the counselor, what similarities and differences were seen in their "top three" most important cultural concerns?
- How did the counselor elicit information in a respectful and culturally sensitive manner?
- How did the counselor elicit a comprehensive cultural assessment of the couple for the chosen concerns?
- How did the counselor's responses demonstrate understanding of the couple's position?
- What approaches to the situation were the most fruitful?
- Were any of the counselor's approaches counterproductive, and if so, why?
- Did any tensions feel irresolvable?
- What other issues emerged during your role play that needed to be addressed?
- How could you better perform a psychosocial assessment and provide support in this type of situation?
- Describe your emotions.
- Did any of your personal emotions help you be more, or less, attentive and effective with this client?
- Which emotions were more likely due to the counselor's unconscious or conscious countertransference reactions to the emotions expressed by the client, to the clinical situation, or to other personal thoughts or experiences of the counselor? Which emotions can be attributed to the "reality of the client's personality and behavior"? (Weil, 2000, p. 86).

Reframing and Other Counseling Interventions
A cultural assessment is best conducted as a collaborative exercise with the client. However, a genetic counselor can expect varying degrees of participation from individuals from different

cultures. Not all clients will want, or be able, to articulate their problems, perspectives or questions to you with ease. When this happens, do not take it personally. Genetic counselors must recognize that client resistance may result from deeply held cultural convictions (Veach et al., 2003). Genetic counseling, a communication profession (Gettig, 2007), relies on utilizing a range of interviewing, counseling, and communication techniques.

Reframing is the reformulation of an issue in a different way than it is originally presented (Resta, 2000). In general, individuals and couples come to a professional with a relatively constricted interpretation of assessing and assigning meaning to a problem. By reframing, the professional helps the clients see their problem from a different perspective. Clients can reframe on their own, but this can be difficult. It is often the role of a third party, in this case, the genetic counselor, who will restate what the client has said in a new way. This different perspective may offer clients an opportunity to see and consider applying novel solutions to this problem (Kessler, 1997). The art of reframing is to accomplish this process without manipulating the facts of the situation; the science of reframing is doing it at the right time and with the correct results (Zaffar, 2008). A classic reframing strategy is to redefine an issue in a positive light. Additionally, reframing the issue to a matter of interest rather than a matter of values can help move the session forward. According to Zaffar (2008), "People are generally amenable to a change in their interests rather than closely-held values. While efforts to reconcile value conflicts are likely to be counterproductive, efforts to identify and clarify these conflicts can be helpful. Thereafter, if both reframe the dispute into an interest conflict and work to minimize the risk of adverse impacts rather than asking which value is more important, both parties may be able to structure satisfactory solutions."

Another way to reframe is to change a directive response to a non-directive response. Non-directive responses do not overtly direct or lead clients; non-directive responses are designed to encourage clients to talk freely and openly about whatever they want (Sommers-Flanagan & Sommers-Flanagan, 2003). Other creative data-collecting methods, such as sharing life stories, may be useful as an assessment technique with Asian clients (Yu-Wai-Chiu & Lee, 2004). Stories and metaphors can facilitate the expression of threatening emotions with minimum risk. Every client is different, and not all forms of communication will work in every counseling session. The genetic counselor should use communication techniques that she believes are best, based on what she knows about the client and the situation, while engaging in ongoing assessment of the resulting communications.

►Exercise
Reframe the following questions and responses to use a different approach or line of inquiry while still achieving the same desired effect. Explain the reasoning behind each new approach.

Examples:
Question: Are you concerned that your family will think the baby's birth defect is your fault?
Reframed: It's normal to feel responsible for everything related to your baby. However, no one can prevent a rare event like this from happening. It can happen to any developing baby early in pregnancy. When this isolated birth defect happens, we don't exactly know why. In most cases, a baby with a shortened limb is otherwise healthy. I have information about the individualized prosthesis and rehabilitation services in our city to help children with shortened limbs do what they need and want to do.
Reasoning: This response normalizes guilt and emphasizes the positive in the situation.

Statement: I want to help counsel the family to arrive at a resolution.
Reframed: I want to help educate the family to arrive at harmony.
Reasoning: This statement uses words that are more likely to have a positive connotation in the client's culture.

Question: What is your relationship like with your parents?
Reframed: Could you tell me about views on parent-child relationships in your culture?

Reasoning: This indirect question is more subtle, and may serve as the foundation for a more direct discussion of family relationships and emotions.

Questions and Statements to Reframe:

1. *Question:* Have you ever been around an individual with a physical difference?
    a. Reframed: _____
    b. Reasoning:_____

2. *Question:* It sounds like you feel guilty for the course of development of the pregnancy.
    a. Reframed: _____
    b. Reasoning:_____

3. *Question:* How do you think people will view you because of the birth defect? How does that make you feel?
    a. Reframed: _____
    b. Reasoning:_____

4. *Statement:* Receiving unexpected information can be difficult to process. It is very normal to be uncertain about how to respond.
    a. Reframed: _____
    b. Reasoning:_____

5. *Statement:* Help me understand what you are going through as an Asian American family.
    a. Reframed: _____
    b. Reasoning:_____

6. *Statement:* This birth defect was not caused by anything you did and there is nothing that you could have done to prevent it.
    a. Reframed: _____
    b. Reasoning:_____

Recovery

The process of performing a psychosocial assessment and providing support in the context of another culture is fraught with many possibilities of making "mistakes." Recovery after a mistake allows the session to be restored to where it was before a setback. A perceived barrier to the process of the psychosocial assessment is the risk of invoking client discomfort. For example, counselors may be uncomfortable opening a discussion of spiritual factors due to concern that they will not be able to adequately address any revealed spiritual turmoil (Reis et al., 2007). However, it is inevitable that mistakes will be made; even highly skilled professionals make mistakes. According to Paul B. Pederson of the University of Hawaii Department of Psychology, "If you are not making mistakes while working with a client, especially if that client comes from a culture that is unfamiliar to you, then you may not be taking enough personal risks." Proper training can help you prevent and recover from mistakes with increased rather than diminished effectiveness. Counselors should acknowledge and attend to the mistake for the best possible outcome.

►Exercise

Review the following recovery skills developed for psychologists by Dr. Pederson. Consider which of the following techniques could you use to facilitate psychosocial assessment and counseling in genetic counseling sessions?

Recovery Skills (adapted from Pederson, 1999)

1. Change the topic. Redirect the interview appropriately following a controversial interaction.

2. Focus. Refocus the interview on the basic problem instead of on the controversial issue.
3. Silence. Tolerate quiet time for both counselor and client to gather their thoughts and self-reflect.
4. Role reversal. Solicit consultation from the client to generate solutions and alternative responses to the crisis.
5. Challenging. Confront the client with his or her own perception of what is really happening in the crisis.
6. Referral. Refer the client to another counselor in a culturally appropriate way and at an appropriate time.
7. Termination. Terminate the interview prematurely in a culturally appropriate way.
8. Arbitration. Brings in a third person or "cultural-broker" to mediate a dispute in a culturally appropriate way.
9. Metaphorical analysis. Describe the crisis as a microcosm of a larger macro situation to gain insights about the larger picture.
10. Positioning. Identify an area of unmet need or opportunity not yet recognized by the client, and build on it to the client's advantage.

Redirecting the Need for Directive Counseling

It is not uncommon for an Asian American, or any, client to explicitly ask the genetic counselor what he or she should do in the situation. Asian American culture directs great respect towards authority and elders (Chang, 1992). This respect can extend to health care professionals who may be regarded as authority figures (Jung, 1996). Asian American clients often come into a genetic counseling session with specific role expectations for the counselor. When this is the case, the counselor's nondirective counseling perspective may contradict the client's expectations. A client's request for direct guidance can be due to cultural issues. However, it may also be due to other issues such as confusion, a sense that the genetic counselor is being emotionally distant, a disagreement between the client and her partner, or because the client wants to know how others have dealt with the same or similar situations (Weil, 2001). If the basis of the request is culturally rooted, it may be due to the misconception that genetic counseling is mandatory or due to the client's overarching respect for the counselor as an authority figure. A genetic counselor's widely accepted professional role is to promote client autonomy and provide nondirective services. However, strict adherence to nondirective counseling can leave a client feeling confused, disrespected and/or completely unsure about what to do (Weil, 2001).

If a client asks for direct guidance, it is the responsibility of the genetic counselor to attempt to determine why the client is asking and then attempt to provide some direction so that the client can formulate his/her personal path. Counselors can frame a suggestion for the client based on assessment of the values the client expressed in the session (e.g., "Based on what you have told me, it seems that you are leaning towards…") (Weil, 2001). While there are some barriers to this method of overcoming directive counseling, the client may feel more capable of coming to a decision when the counselor offers a suggestion that is rooted in the client's expressed values and beliefs. One should be tentative when offering suggestions.

►Exercise

In the following scenarios, consider why the client may be asking directive questions and respond to the client in a nondirective manner. State what you believe is the client's motivation for asking you to be directive. Read the first example as a model for completing the remaining examples.

Example:

Scenario: A 25-year-old woman comes into the Hereditary Cancer Clinic for cancer risk assessment. Based on the family history, it is appropriate to offer the woman testing for BRCA. You believe that there is a high likelihood she will have a mutation. After explaining the test to your client, she asks you, "I should probably get the test, right?"

Redirect: "Let's talk about what having conclusive test results would mean for you."
Motivation: The client is confused and overwhelmed about having the testing. She wants you to agree that she is making the right decision. Or, she wants you to state that her risk is not really so high (magical thinking).

Additional Scenarios and Responses:

Scenario: A couple comes to the Prenatal Clinic after learning their baby is affected with Trisomy 18. When you are explaining the possible options for this pregnancy, the woman turns to you and asks, "What would you do if you were in my situation?"

Redirect: _____
Motivation: _____

2. Scenario: A woman comes to the Prenatal Clinic to talk to you about her advanced maternal age. She states that her doctor told her to have an amniocentesis. Therefore, that is the testing procedure she says she wants. She asks you, "Have you ever had an amniocentesis?"

Redirect: _____
Motivation: _____

3. Scenario: A couple has just delivered a baby that the doctors believe has Down syndrome. As you begin counseling the couple about Down syndrome, you notice that the wife has been crying. The husband is sitting next to the window, staring out into the trees. The husband suddenly turns to you and asks, "Would you keep a baby with Down syndrome?"

Redirect: _____
Motivation: _____

Facilitating Decision Making

The genetic counselor's role often involves helping clients and their families discuss and make decisions related to testing, treatment, and reproduction. Developing rapport and trust, and gaining an understanding of their specific cultural beliefs and values promotes the counselor's ability to engage in shared decision making with clients. With this approach, patients are not "abandoned" to decipher on their own the substance and relevance of clinical information. This information, along with the lived experiences of the client, places the professional and the client on more equal footing (Hunt, de Voogd, & Castaneda, 2005). Hunt (2005) states that a shared decision making approach "provides an opportunity to go beyond simply presenting relevant facts in a value-free way, and to actively contribute to the decision-making process, without forsaking the principle of nondirectiveness."

►Exercise

List 5 "decisions" made by clients in your presence in the last week. In each of these cases, think about your role in facilitating the clients' decisions. What questioning and counseling strategies did you use? What "decisions" are relevant to this case?

Cultural mnemonic tools such as LEARN can be helpful for thinking through and implementing the process of decision making in genetic counseling. Consider how the genetic counselor could use this tool to explore and facilitate decisions of relevance to this case.

LEARN:

Listen with sympathy and understanding to the patient's perception of the problem.

Explain your perceptions of the problem and your strategy for treatment.

Acknowledge and discuss the differences and similarities between these perceptions.

Recommend treatment while remembering the patient's cultural parameters.

Negotiate agreement. It is important to understand the patient's explanatory model so that medical treatment fits in their cultural framework.

Source: Berlin & Fowkes, 1983

Family and Couples Counseling

It is not unusual for a spouse or other family members to attend a genetic counseling session with the client. The presence of other individuals may affect the communication, content, and interaction dynamics of the psychosocial assessment, support, and counseling portion of the session. It is therefore advisable to be adept at handling a genetic counseling situation when multiple family members are present. The support of another close individual in a time of need can be invaluable. However, times of adversity can also put extra strain on family and especially couple relationships. For most couples and families, the intimate fabric of their relationship is deeply private (Roland, 1994). Yet, issues that arise during genetic counseling often lead to stepping into this private zone. Couples dealing with chronic conditions often present distinct issues for each member of the couple. These issues may need individual attention and may be most effectively handled separately. Otherwise, it can be difficult to assess what issues can be openly shared and those that are closely guarded. If handled correctly, counseling a couple can provide the opportunity to nurture trust, promote feelings of closeness, and encourage introspective, intimate conversations that strengthen the couple's mutual appreciation and understanding (Berg-Cross, 2000). However, as Berg-Cross (2000) also points out, intimate conversations do not occur naturally in most relationships. Furthermore, the role of the genetic counselor in exploring these relationships varies among practice settings and is often practitioner-specific.

There are many ways that counselors can help families and couples promote intimate communication. We provide some ideas below. No matter which ideas seem relevant to a case and most comfortable for you as the counselor, it is important to explain to the family why a technique may be useful. It may be helpful to incorporate role playing into the session to help families and couples articulate their concerns and begin to problem solve.

Seven Aspects of Skillful Intimate Communication

1. Validation - reassure the other person that you truly understand the depth and scope of what is said.
2. Responsibility - take responsibility for one's own feelings and thoughts.
3. Precision - avoid being too vague and precisely communicate the concern.
4. Rationale - provide rationale for the concern to begin a successful discussion.
5. Sense of humor - a couple's ability to laugh at a situation together creates a bond between them and makes expression of disagreement less threatening.

6. Ask questions when more information is needed - a sign of objectivity which creates a climate of cooperation.
7. Create a climate of safety - people need to know that their boundaries will be respected.

Source: Berg-Cross, 2000

Sharing-A Family Exercise
This exercise can help clients and the counselor gain insight into existing family communications, and reveal areas that individuals consider satisfactory or areas that they might like to change. Have each member of the family rate himself or herself with respect to the following statements. Choose Always (A), Sometimes (S), or Never (N). It may be helpful to have family members compare their responses.

____ As a family, we get together and make important decisions.

____ As a child, I feel free to talk over serious concerns with my father.

____ As a child, I feel free to talk over serious concerns with my mother.

____ As a mother or father, I feel I can talk over important issues with the children.

____ As a husband or wife, I feel a certain restriction or constraint in talking over important things with my spouse.

____ Brothers and sisters in our family rarely talk to each other.

____ The members of my family all like to sit and talk at the dinner table or in the front room.

____ We find time for private talks between a parent and each child.

____ I usually plan very carefully before I will discuss anything of real importance with anyone in the family.

____ I often wish that our family would share more with each other.

Source: Adapted from Dyer, 1975

Summary: Psychosocial Assessment and Support

Current genetic counseling job tasks were determined by the American Board of Genetic Counseling as the outcome of a Genetic Counseling Practice Analysis (Hampel et al., 2009). The following lists the **Psychosocial Assessment and Support** tasks:

A. Psychosocial Assessment
    1. Recognize factors that may affect the counseling interaction
    2. Assess client and/or family
        a) Emotions (e.g. grief, guilt, anger, depression)
        b) Support systems
        c) Defense mechanisms and coping strategies
        d) Cultural/religious beliefs and values
    3. Evaluate social and psychological histories
    4. Assess clients' psychosocial needs and recognize need for referral

B. Psychosocial Support/Counseling
    1. Address client emotion and/or behavior using:
        a) Utilize reframing to broaden counselees' perceptions

b) Employ anticipatory guidance

2. Utilize cross-cultural genetic counseling techniques
3. Promote competence and autonomy with direct, supportive statements
4. Address family communication issues
5. Facilitate client decision-making
6. Promote client/family coping and adjustment

In light of the increasing diversity in America, it is not uncommon for a genetic counselor to meet with clients who have different cultures and values. These differences can be perceived as unusual or backwards if one does not take the time to understand the client's background. It is our responsibility as health care providers to identify major concerns and respond to emerging issues of a client or family in a culturally responsive manner. Culturally competent genetic counseling is an ongoing process that begins when the counselor actively attempts to establish rapport with the client and continues through taking the family and medical history, explaining the natural history and testing options, and providing individualized client-centered psychosocial counseling.

In the case of Yunhua and Biao, Michele left the session feeling that she did not know how Yunhua and Biao felt and she didn't know how to help them. When you encounter clients who do not open up to you, for whatever reason(s), you may need to utilize a range of interviewing techniques, assessment tools, and counseling skills. Michele could have asked both Yunhua and Biao what they believed was the cause of the Amniotic Band Syndrome and/or how they thought this diagnosis would affect their family, including their couple relationship. Michele would need to listen carefully for words the couple uses when they talk about the abnormal fetal limb development. Their words may reflect guilt (feeling of failure due to actions - "I shouldn't have…") or shame (feeling of personal flaws - "It is my fault…."). Once these feelings are identified, counselors can use their collection of strategies to explore and alleviate feelings of guilt or shame. In this case, after gaining insight into cultural, or other, factors that might impact the couple's individual perspectives, Michele could have tried to reframe negative perceptions to help Yunhua and Biao see the Amniotic Band Syndrome from a different perspective ("The baby appears to be growing well and there is no reason to expect other health or learning challenges.") Michele could have asked if the couple would like to return for another genetic counseling appointment with other family members. Asian American culture is rooted in the family and decision-making is often a group process. If Michele extends an invitation to the whole family, the couple may become more trusting since she is making a concerted effort to help them feel comfortable.

The prenatal diagnosis of a fetal limb anomaly is unexpected news. Clients in this situation are vulnerable, and they often experience many, intense emotions. They literally may not be able to express how they feel. Instead of exploring previous family experiences, behaviors, emotions and perceptions that could have helped clarify how the diagnosis affected Yunhua and Biao, Michele focused *only* on the diagnosis and asked the couple to directly state their feelings.

- Was Michelle so worried about cultural differences that she couldn't focus on the basics of establishing rapport and trust?
- Could Michelle have tried using empathy, advanced empathy, indirect questions, and other counseling strategies to help the clients gain insight into their feelings and needs?
- Has this couple ever talked about their feelings in a health care setting?
- Did the couple expect to see a doctor and not a young female genetic counselor?
- Did the couple need time with each other, or other family members, before further discussion with the genetic counselor?

- Would it have been better to meet the next day?

There are a number of techniques that Michele could have tried to enhance the effectiveness of the genetic counseling session with Yunhua and Biao.

Cultural Competence

- Be aware of your thoughts and feelings when counseling any client. Explore these thoughts and feelings privately and through peer supervision.

- Expand your knowledge by reading, thinking, and learning about different worldviews and the factors that shape them. Use open-ended questions, role playing, and other counseling techniques to explore your clients' worldviews.

- Ask the client if he/she wants to invite other family members to attend the genetic counseling session.

- Use cultural assessment tools such as Kleinman's questions and LEARN to explore the client's health beliefs and facilitate decision making.

- When the couple's relationship is impacted by a situation or information discussed in genetic counseling, allow extra time for each member of the couple to express his/her perspectives, concerns, and emotions for him/herself, their partner, and the relationship.

- Redirect the need for directive counseling by listening intensely to the client and using reframing and advanced empathy to help the client hear her own words/perspectives through the genetic counselor.

Resources

Websites

"Asian American Couples and Families." Healthy Marriages, Couples, and Families: Interventions, Research, and Policy Course.
http://www.thrivingcouplesthrivingkids.syr.edu/Pdfs/0Asian%20Am%20Couples%20and%20Families%20Lesson%20and%20Handouts.pdf
This course aims to promote child welfare in the Asian American population by educating about the culture, with a focus on marriage and family values, and how to best interact with individuals from this culture in a professional setting. 54 pages.

Asian American Health Initiative
http://www.aahiinfo.org/english/asianAmericans.php
This initiative aims to develop appropriate health programs for Asian Americans living in the United States. Profiles on Asian Americans, programs available, upcoming health fairs/seminars, and resources for Asian Americans are provided through this website.

Center for the Study of Asian American Health
http://asian-health.med.nyu.edu/
Associated with New York University, this center focuses on understanding and eliminating health disparities experienced by Asian Americans via research, training, and partnerships. Information on current research within the Asian American population, training programs to learn more about Asian American health disparities and relevant resources are available through this website.

Cultural Diversity Series: Meeting the Mental Health Needs of Asian and Pacific Islander Americans.
http://www.consumerstar.org/pubs/MeetingAsian.pdf

This report covers the special mental health needs of Asian and Pacific Islander Americans and basic guidelines for working with this group with the end goal of promoting cultural competence. 116 pages.

Doctor and Patient: Bridging the Culture Gap. (2009). Pauline W. Chen. Accessed August 26, 2009.
http://www.nytimes.com/2009/07/16/health/16chen.html?pagewanted=1&_r=4
An article written by a physician that stresses the importance of understanding a patient's cultural background and how it relates to the type of care the patient receives.

The Provider's Guide to Quality & Culture: Reducing Health Disparities in Asian American and Pacific Islander Populations.
http://erc.msh.org/aapi/index.html
Resource focused on providing education to improve health outcomes among the Asian American Pacific Islander population. Demographic information, medical traditions, techniques for taking a family history, how to increase patient adherence, communication across cultures and AAPI epidemiology are provided through this website.

Books

Are You Really Listening? Keys to Successful Communication. (2005). Paul J. Donoghue and Mary E. Siegel. Sorin Books, Notre Dame, Indiana, 224pp.
ISBN: 1893732886
A clear and concise text that can be used as a manual for enhancing effective communication.

Asian Americans: Personality Patterns, Identity, and Mental Health. (1994). Laura Uba. The Guilford Press, New York, NY. ISBN: 1572309121
Psychological views regarding common sources of stress and approaches to therapy for the Asian American population.

Culturally Alert Counseling: A Comprehensive Introduction. (2008). Garrett McAuliffe and Associates. Sage Publications, Thousand Oaks, CA.
The goal of this counseling skills development book and video is to increase the learner's ability to listen with empathy, create an open environment, adapt language, overcome cultural barriers, and deal more effectively with other psychosocial counseling issues.

Psychosocial Genetic Counseling. (2000). Jon Weil. Oxford University Press, New York, NY.
A core text guiding theory, training, and practice in genetic counseling.

Working with Asian Americans: A Guide for Clinicians. (1997). Lee E (Ed.). New York, NY: The Guilford Press.
A clinically oriented handbook for therapeutic work with Asian American clients

References

A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia. (2005). Retrieved August 31, 2009 from http://www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf.

APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations. (1990). Retrieved August 21, 2009 from http: www.apa.org/oema/guide.html

"Asian Americans and Pacific Islanders: Health Disparities." Reducing Health Disparities in Asian American and Pacific Islander Populations: A Provider's Guide to Quality & Culture Seminar. (2009). Retrieved August 31, 2009 from http://erc.msh.org/provider/informatic/AAPI_Disparities_Adherence.pdf.

Baker, D.L., Schuette, J.L., Uhlmann, W.R. (1998). A Guide to Genetic Counseling. New York, NY: Wiley-Liss.

Barnes, J.S., & Bennett, C.E. (2002). The Asian Populations: Census 2000 Brief. Washington, DC: US Census Bureau.

Berg-Cross, L. (2000). Basic Concepts in Family Therapy: An Introductory Text. New York, NY: The Haworth Press.

Berlin, E.A. & Fowkes, W.C. (1983). Teaching Framework for Cross-cultural Care: Application in Family Practice. *Western Journal of Medicine*. 139(6):934-938

Borders, D., Eubanks, S., Callanan, N. (2006). Supervision of Psychosocial Skills in Genetic Counseling. *Journal of Genetic Counseling,* 15(4): 181-258.

Chan, S. (1996). Families with Asian roots. In E.W. Lynch & M.J. Hanson (Eds.). Developing Cross-cultural Competence. Baltimore, MD: Paul H. Brookes.

Chin, J.L., & Bigby, J. (2003). Care of Asian Americans. In J. Bigby (Ed.) Cross-cultural Medicine. Philadelphia, PA: American College of Physicians.

Commonwealth Fund. (2001). Health Care Quality Survey conducted by Princeton Survey Research Associates.
Retrieved August 31, 2009 from http://www.commonwealthfund.org/Content/Surveys/2001/2001-Health-Care-Quality-Survey.aspx.

Dyer, W.J. (1975). Creating Closer Families. Provo, UT: Brigham Press.

Gettig E. (2007). Book Review: Are you really listening? Keys to successful communication. *J Genet Counsel, 16:* 385-386.

Hampel, H. et al. (2009). Genetic Counseling Practice Analysis. *Journal of Genetic Counseling, 18:* 205-216.

Hofstede, G. (1991). Organizations and cultures: Software of the mind. New York, NY: McGraw-Hill.

Hofstede, G. & Bond, M. (1984). Hofstede's culture dimensions: an independent validation using Rokeach's value survey. *Journal of Cross-Cultural Psychology*, 15: 417-433.

Huang, W. (2005). An Asian perspective on relationship and marriage education. *Family Process*, 44 (2), 161-173.

Hunt, L.M., de Voogd, K.B., Castaneda, H. (2005). The routine and the traumatic in prenatal genetic diagnosis: does clinical information inform patient decision making? *Patient Education and Counseling* 256; 302-312.

Jewell, E.J., & Abate, F. (2001). The New Oxford American Dictionary. Oxford, UK: Oxford University Press.

Jung, J.H. Traditional Chinese Culture. (1996). Fisher NL (ed): *Cultural and Ethnic Diversity. A Guide for Genetic Professionals.* Johns Hopkins Press, Baltimore: 86-97.

Kaiser Permanente. (1999 and 2003). A Provider's Handbook on Culturally Competent Care: Asian and Pacific Islander Population. Oakland, CA: Kaiser Permanente National Diversity Council.

Kavanagh, K., Absalom, K., Beil, J.W., Schliessmann, L. (1999). Connecting and Becoming Culturally Competent: A Lakota Example. *Advances in Nursing Science, 21*(3): 9-31.

Kessler, S. (1997). Psychological Aspects of Genetic Counseling, X. Advanced Counseling Techniques. *Journal of Genetic Counseling, 6*(4): 379-392.

Kessler, S., Kessler, H. & Ward, P. (1984). Psychological aspects of genetic counseling. III. Management of guilt and shame. *Am J Med Genet, 17,* 673-697.

Klein, D. M., & Hill, R. (1979). Determinants of family problem solving effectiveness. In W. R. Burr, R. Hill, Nye, F. I., & Reiss, I. L. (Eds.), *Contemporary Theories About the Family, Vol 1* (pp. 493-548). New York, NY: Free Press.

Kleinman, A., Eisenberg, L., Good, B. (1978). "Culture, Illness and Care: Clinical Lessons from Anthropological and Cross-Cultural Research. *Annals of Internal Medicine, 88*: 256-257.

Kuramoto, F. H. (1994). Drug abuse prevention research concerns in API populations. In: A. Cazares and L. A. Beatty (Eds.). Scientific methods for prevention intervention research. Rockville, MD: U.S. Department of Health and Human Services.

Le, T.N., & Stockdale, G. (2005). Individualism, collectivism, and delinquency in Asian American adolescents. *Journal of Clinical Child and Adolescent Psychology, 34:* 681-691.

Lee, E. (2002). Cultural Diversity Series: Meeting the Mental Health Needs of Asian and Pacific Islander Americans.
Retrieved September 8, 2009 from http://www.consumerstar.org/pubs/MeetingAsian.pdf.

Leong, F.T.L., Lee, S.H., Chang, D. (2008). Counseling Asian Americans: Client and Therapist Variables. In: Counseling Across Cultures. Pederson P, Draguns JG, Lonner WJ, Trimble, JE (eds.). Thousand Oaks, CA: SAGE Publications, Inc.

Lowenstein, A. (2001). Role play. In: A. Lowenstein & M. Bradshaw (Eds.), Role play and Fuszard's innovative teaching strategies in nursing. Gaithersburg, MD: Aspen.

Maddux, W.M., Galinsky, A.D., Cuddy, A.J.C., Polifroni, M. (2008). When being a model minority is good…and bad: Realistic threat explains negativity toward Asian Americans. *Personality and Social Psychology Bulletin, 34*: 74-89.

Mann, L., Radford, M., Kanagawa, C. (1985). Cross-cultural differences in children's use of decision rules: A comparison between Japan and Australia. *Journal of Personality and Social Psychology*, 49: 1557-1664.

McAuliffe, G. & Associates. (2008). Culturally Alert Counseling: A Comprehensive Introduction. Los Angeles, CA: Sage Publications.

Mittman, I., Crombleholme, W.R., Green, J.R., Golbus, M.S. (1998). Reproductive Genetic Counseling to Asian-Pacific and Latin American Immigrants. *Journal of Genetic Counseling, 7* (1), 49-70.

Pedersen, P.B. Righting Wrongs: Learning from Our Multi-Cultural Mistakes…
Retrieved August 31, 2009 from http://soeweb.syr.edu/chs/pedersen/report/skills.pdf.

President's Advisory Commision on Asian Americans and Pacific Islanders, Asian Americans and Pacific Islanders Addressing Health Disparities: Opportunities for Building a Healthier America. (2003). Retrieved August 31, 2009 from http://www.aapi.gov/Commission_Final_Health_Report.pdf.

Reis, L.M., Baumiller, R., Scrivener, W., Yager, G., Warren, N.S. (2007). Spiritual Assessment in Genetic Counseling. *Journal of Genetic Counseling*, 16(1): 41-52.

Resta, R.G.(2000). Psyche and helix: Psychological Aspects of Genetic Counseling-Essays by Seymour Kessler. New York, NY: Wiley-Liss. Inc.

Rodriguez, R.R. & Walls, N.E. (2000). Culturally educated questioning: Towards a skills-based approach in multicultural counselor training. *Applied and Preventive Psychology*, 9(2): 89-99.

Rolland, J.S. (1994). Families, Illness, and Disability: An Integrative Treatment Model. New York, NY: Basic Books.

Shearer, R., & Davidhizar, R. (2001). Using Role Play to Develop Cultural Competence. *Journal of Nursing Education*, 42(6): 273-276.

Smith, M., Freivogel, M.E., Parrott, S. (2008). Professional Status Survey. Wallingford, PA: National Society of Genetic Counselors, Inc.

Sommers-Flannagan, J., & Sommers-Flannagan, R. (2003). Clinical Interviewing. Hoboken, NJ: John Wiley and Sons, Inc.

St. Clair, A., & McKenry, L. (1999). Preparing Culturally Competent Practitioners. *Journal of Nursing Education, 38* (5): 228-34.

U.S. Census Bureau (2004). Retrieved May 17, 2009 from www.census.gov/prod/2007pubs/acs-05.pdf.

U.S. Department of Health and Human Services (US DHHS). (2001). Factors affecting the health of women of color: Asian Americans. In: National Women's Health Information Center. Women of color health data book. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health.

Veach, P.M., LeRoy, B.S., Bartels, D.M. (2003). Facilitating the Genetic Counseling Process: A Practice Manual. New York, NY: Springer.

Videbeck, S.L. (2007). Psychiatric Mental Health Nursing. Philadelphia, PA: Lippincott, Williams, and Wilkins.

Weil, J. (2000). Psychosocial Genetic Counseling. New York, NY: Oxford University Press.

Weil, J. (2001). Multicultural education and genetic counseling. *Clinical Genetics,* 59: 143-149.

Yee, B.W.K., Mokuau, N., Kim, S. (1999). Developing cultural competence in Asian and Pacific Islander communities: Opportunities in primary health care and substance abuse prevention. Washington, DC: U.S. Department of Health and Human Services.

Yeh, C.J., & Huang, K. (1996). The collectivist nature of ethnic identity development among Asian-American college students. *Adolescence, 31*: 645-661.

Yu, D.D. (1999). Clinician's guide to working with Asians and Pacific Islanders Living with HIV. San Francisco, CA: Asian and Pacific Islander Wellness Center.

Yu-Wai-Chiu, E., & Lee, E. (2004). Cultural Frameworks in Assessment and Psychotherapy with Asian Americans. In: C. Negy (Ed.), Cross-Cultural Psychotherapy: Toward a Critical Understanding of Diverse Clients. Reno, NV: Bent Tree Press.

Zaffar, E. (2008). Context is King: A Practical Guide to Reframing in Mediation. Retrieved September 8, 2009 from http://www.mediate.com/articles/zaffarE1.cfm.

Assessment and Evaluation Questions
Psychosocial Assessment and Support: Genetic Counseling an Asian American Couple

1. Which of the following is **not** typically an Eastern systems value?
   a. Authoritarian orientation
   b. Family/group oriented
   c. Materialism/consumerism
   d. Suppression of emotions

2. True or False
An Asian American mother is often held solely responsible for her pregnancy outcome.

3. Which of the following approaches to genetic counseling Asian Americans shows respect for their cultural values?
   a. Focus on the medical facts
   b. Reframe family history questions in multiple ways until the client answers
   c. Allow the client to be accompanied to the session by family members
   d. Always use non-directive approaches

4. Reframing can be effective when:
   a. The patient does not understand the words/phrases being used.
   b. You are trying to communicate risks.
   c. You want to help clients see problems in a new perspective.
   d. You are using pictures, graphs, and diagrams.

5. Which of the following is not an aspect of skillful intimate communication?
   a. Precision
   b. Responsibility
   c. Seriousness
   d. Create a climate of safety

6. True/False
The LEARN mnemonic can be used to facilitate decision making in genetic counseling sessions.

7. True/False
Kleinman's questions are ideally used for assessment of health beliefs in inpatients and are therefore rarely applicable to genetic counseling settings.

8. Which of the following are recovery skills?
   a. Silence
   b. Role reversal
   c. Referral
   d. All of the above

9. True/False
Berg-Cross (2000) noted that intimate conversations do not occur naturally in most couples relationships.

10. True/False
Acculturation is a predictable process that is directly related to an individual's length of stay in the U.S.

The following questions are for CEU learners only:

1. I feel I have achieved the following objective as a result of this learning activity:

   Establish rapport, identify major concerns and respond to emerging issues of a client or family in a culturally responsive manner.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

2. I feel I have achieved the following objective as a result of this learning activity:

   Elicit and interpret individual and family experiences, behaviors, emotions, perceptions, and attitudes that clarify beliefs and values.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

3. I feel I have achieved the following objective as a result of this learning activity:

   Use a range of interviewing techniques.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

4. I feel I have achieved the following objective as a result of this learning activity:

   Provide short-term, client-centered counseling and psychological support.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

5. I feel I have achieved the following objective as a result of this learning activity:

   Promote client decision making in an unbiased, non-coercive manner.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

6. Please rate the overall effectiveness of this case in promoting learning.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

7. Please rate the overall quality of this case.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

8. The content of this case was presented without bias of any commercial drug or product.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

9. The technology used was appropriate and effective.

   4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

Disclaimer

The purpose of the Genetic Counseling Cultural Competence Toolkit (GCCCT) is to improve the delivery of culturally responsive, client-centered genetic counseling to diverse populations and to reduce health disparities. The GCCCT is an educational resource; any suggestions do not define the standards of clinical or educational practice. All cases and scenarios are hypothetical. The JEMF, NSGC and Nancy Steinberg Warren, MS, CGC will not be liable for any medical or psychosocial applications connected with the use of or reliance upon any information obtained from this website or associated links and resources.

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