PERSPECTIVES in genetic counseling
Volume 18 Number 4 Winter 1996/1997

From the Annual Education Conference...

"I've never seen a group that works so hard!" confided one veteran exhibitor to another. "Their meetings start at 6:30 am... and people are actually there. The sessions are standing room only. These people are really dedicated!"

He was referring to genetic counselors, of course. Nearly 800 attended NSGC's 15th Annual Education Conference in San Francisco, for three packed days of education, networking and productivity. This issue of *Perspectives* helps recreate some highlights: below, "the buzz" about the meeting's hot topic, nondirectiveness; inside, awards and honors *(page 7)*, reports from meetings of NSGC's Committees and Board of Directors *(pages 4-5)*, a guide to the road ahead from President Ann Boldt *(page 2)*. Here's your chance to relive the meetings... or get up to speed.

Nondirectiveness: Redefining Our Goals and Methods

by Linda Whipperman Bendor, MS, Stanford CA

It's time to end our preoccupation with nondirectiveness, Seymour Kessler told a packed house at the Annual Education Conference. His presentation created quite a stir—all three plenary sessions on nondirectiveness sparked dialogue about our counseling goals and how well we achieve them.

Seymour's objections? We use the term "nondirectiveness" inaccurately and see it as an end in itself when it should be considered a means to an end. Moreover, while focusing on nondirectiveness we neglect other critical issues, such as improving our counseling skills and charting our profession's future path. Will we emphasize the educational/ biomedical or the psychological aspects of genetic counseling? Seymour argues that the latter path would better serve our profession's growth and clients' needs.

Seymour, Sonia Suter and Mary Terrell White, each in their own way, emphasized promoting client autonomy as well as recognizing and responding to clients' differences. *(For key points of the talks, see box on page 9.)* Seymour's use of case dialogues was enlightening and compelling to many attendees; his interventions surprising yet effective.

STIMULATING DIALOGUE ABOUT NONDIRECTIVENESS

And what did attendees think of these sessions? "Challenging!" "We need to continue discussing this." Some senior members' reactions:

"Encouraging. It showed how far we've come"—we have autonomy in counseling sessions to make ongoing decisions which promote the client's best interests. This empowers us to take responsibility for both the philosophy and practice of counseling. (Audrey Heimler)

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national society of genetic counselors, inc.

nsgc

The leading voice, authority and advocate for the genetic counseling profession.

ON THE INSIDE

NSGC acknowledges Women's Health Care Services for a grant to support this newsletter.

Presidential Address

Our Goal: Build Bridges, Demonstrate our Worth

At our 15th Annual Education Conference, we reflected on our profession's enormous growth and diversity. In the future, I envision genetic counselors will have more autonomy and respect from the medical community, more opportunity for advancement and professional growth, greater job security and earning potential than we can imagine today.

With strong roots in the genetics community, we've begun branching out into other disciplines. Our message is clear: genetic testing will continue to explode; our colleagues must prepare for this continuing trend. Allied health care professionals and third party payors are particularly important targets—we need to increase our access and visibility in these markets.

Marketing Ourselves

We market ourselves in each and every professional interaction. Yet the marketing concept is new for our society and our profession.

We must define our target audiences—our research shows that primary care physicians have little or no exposure to genetic counselors; managed care organizations and other insurers are not sure what we do. Health care professionals and third party payers must learn who we are, what we do *and* understand our value.

We must learn about our target populations: study their languages, understand and respond to their needs and priorities. A collegial and cooperative manner will help us be viewed as complementors, not competitors. Bridges of trust and credibility—based on repeated interactions—take time to develop.

Building on Our Strength

How do we market ourselves? We start with one of our greatest strengths—as educators. The 1996 Professional Status Survey results boast of our wide-ranging activities as educators and leaders. We must increase these activities by at least 10%, focusing energies on our new target audiences.

Our message needs to be consistent, simple and targeted: the services we provide; our credentials; our quality, efficiency and cost-effectiveness.

Providing Tools

Let's support the ongoing work of the Genetic Services Committee to establish practice guidelines—easing incorporation of genetic counseling services into health care plans and differentiating the genetic counselor's role from potential substitutes.

Keep up research and publishing efforts. Cost benefit and cost effectiveness analysis for genetic counseling services must be supported by outcome studies and peer reviewed literature.

Every genetic counselor must be involved. Here's an opportunity for each of us to shape our future and define our marketplace. Let's prove we are worth our weight in gold!

Ann Boldt, MS
President

Perspectives in Genetic Counseling is published quarterly by the National Society of Genetic Counselors, Inc. Editorial Staff:

- *Editor-in-Chief* • Liz Stierman
  California Birth Defects Monitoring Program,
  3780 Wilshire Blvd #410, Los Angeles CA
  90010; 213-380-5362; FAX 213-380-7344;
  LStierman@aol.com
- *Resources Editor* • Karen Copeland, Central Texas Genetics, Austin TX
- *Student Page* • Richard Dineen, University of Illinois College of Medicine, Peoria IL
- Kathryn Steinhaus, University of California Irvine Medical Center, Orange CA
- *Executive Director* • Bea Leopold
  NSGC Executive Office,
  233 Canterbury Dr, Wallingford PA 19086
  610-872-7608; FAX 610-872-1192;
  NSGC@aol.com

Send articles, reviews, correspondence to the Editor-in-Chief; address changes, subscription inquiries, advertisements and classifieds to the Executive Director. Contact any Editorial Board member with ideas or suggestions.

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Celebrate Ourselves!

■ Ohio joins the ranks of only a few other states that have obtained Medicaid reimbursement for genetic services, thanks to efforts of **Dena Ferner**, **Judy Betts** and others who developed the successful billing codes.

■ As newly elected member of the Association for Molecular Pathology's Training & Education Committee, **Vickie Matthias Hagen** will have the opportunity to impact training guideline for pathology residents/fellows.

■ Busy **Dale Lea** addressed the American Nurses Association national conference, belongs to a task force creating a core genetics curriculum for nurses' continuing education and is chair of the evaluation team for clinical guidelines in Medical Genetics, co-funded by New York State and the ACMG.

■ Panelist **June Peters** was one of the two Masters level speakers at November's symposium on Genetic Testing for Breast Cancer Susceptibility sponsored by the International Association of Bioethics.

■ Genetic counselors were well-represented at the 5th International Fragile X Conference in Portland, Oregon—with presentations and workshops by **Amy Cronister, Louise Staley-Gane** and **Allyn McConkie-Rosell.**

Marketing Update

Marketing Focus Groups Convene to Explore the Issues

How do we create new genetic counseling jobs? Dispel myths and misconceptions about our profession? Introduce the genetic counseling profession to 265 million Americans? By marketing ourselves!

NSGC's Marketing Task Force has worked diligently, supervised by our marketing consultant from the Center for Applied Research. Preliminary research was done through literature searches and interviews. Before writing a marketing plan, however, we needed membership feedback.

FOCUS GROUPS GIVE INPUT

Focus groups at the 1996 Annual Education Conference provided an excellent forum for member input. Around 50 people attended three focus groups facilitated by members of the task force. Five questions posed to the groups provoked thoughtful and productive discussions. Some consistent messages emerged.

We need to be proactive to increase our recognition, respect and reputation. To achieve this, genetic counselors must:

- Become more business savvy
- Expand to nontraditional roles
- Publish more
- Develop billing codes and pursue licensure
- Become more politically involved; lobby.

Myths and misconceptions abound—among those noted:

- Anyone can do genetic counseling
- Genetic counselors are pro-abortion; pro-eugenics
- We're called "geriatic" or "generic" counselors.

MARKETING STRATEGIES

Suggestions given for creating awareness among primary care providers included:

- Present at grand rounds and other meetings
- Create screening tools, checklists, practice guidelines
- Work with managed care organizations
- Conduct needs assessments and cost/benefit analyses
- Increase public awareness
- Market ourselves as "solutions" to physicians' problems, e.g., liability, time constraints.

Most participants believed the Internet will play an important role in marketing our profession:

- Providing information about who we are
- Creating links with other health care providers/organizations
- Aiding individuals looking for local genetic services.

Ann Boldt, MS
President

☛ To join the marketing effort, contact newly appointed co-chairs Beth Balkite, 800-848-4436, or Edward Kloza, 207-883-4131, ekloza@fbr.org

Why Do We Need Marketing?

"Managed care is not a storm that will blow over. It's a climactic change. You adapt...or die."

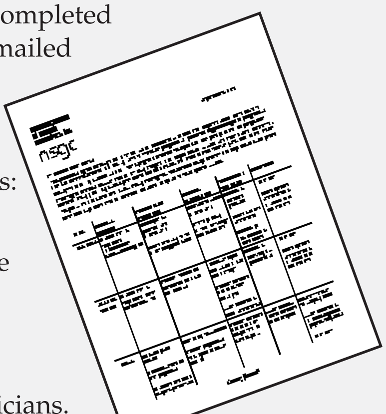
—Edward Kloza, MS

"Many genetic counselors don't know what we're up against. They think we just need to explain what we currently do and that will take care of it. It won't."

—Nancy Adams, MS

Survey Provides Input Too

Thanks to the 140 members who completed the Marketing Strategy Survey mailed to each of you this fall, we will be able to integrate membership attitudes and interests into the evolving marketing plan. Your views:



- The most effective strategies? Develop screening tools, influence genetic counselor coverage by changing insurance regulations.
- Our targets? Managed care organizations, primary care physicians.
- Preferred methods? National marketing strategies over either regional or local efforts.

Edward Kloza, MS
NSGC Task Force on Marketing

Committee Activities

NSGC Notes

■ The **Social Issues Committee** reports that no petitions were submitted to amend the Prenatal and Childhood Testing Resolution by the August 1 deadline.

■ The **Professional Issues Committee** has a number of projects supporting NSGC's marketing activities. Committee members representing all regions are reviewing Total Quality Management literature and developing baseline data on quality assurance efforts in genetic counseling or genetics clinic.

The *Billing, Licensure and Reimbursement Subcommittee* has compiled results from state surveys about licensure and Medicaid issues—for a copy of results, contact LuAnn Weik, 414-266-2031, or Angela Musial, 510-937-5213.

■ The **Genetics Issues Committee** seeks volunteers, especially those with expertise in a specialized area, to help develop practice guidelines used for professional training, quality assurance, patient education and reimbursement. Contact Clinical Services/Practice Guidelines Subcommittee Chair, Becky Anderson, 402-354-3282.

■ Interested in instructing genetic counselors about research methods? Surveying training programs about how they teach this subject? Contact **Education Committee** Chair Jill Fischer, 616-456-2700, jfischer@bw.brhn.org.

And congratulations to the *Computer Users Subcommittee,* whose persistent efforts are coming to fruition. NSGC's Web site is now online *(see next page)* and a Listserv for members begins in January *(see page 12).*

Professional Issues Committee

Conflict of Interest Statement

In the last issue, we erroneously reported that the Conflict of Interest Statement would not apply to the Board of Directors. It will. Here's more:

Those who call upon the expertise of NSGC leadership—elected officials, committee chairs, liaisons to other organizations—should have confidence in their unwavering integrity. Even the appearance of conflict of interest should be avoided. To this end, the *Code of Ethics Subcommittee* has created a disclosure statement for all NSGC officers and agents to affirm that:

- Decision making will not be influenced by desire for personal gain for their employers, themselves or immediate family members.
- They will clearly differentiate between public statements made on behalf of NSGC and personal views.
- Corporate funding of NSGC activities will be strictly reviewed and controlled.
- They will disclose any potential conflicts of interest.

If a potential conflict is discovered, the individual will be excluded from duties and decisions relating to the relevant issue.

Congratulations to Sandra Peacock and the entire Ethics Subcommittee for their timely development of this articulate and workable policy. For a complete copy of the statement, contact Debra Lochner Doyle, 206-464-7752, dld2303@hub.doh.wa.gov.

Membership Committee

Mentoring Program Links Experienced and Novice Counselors

To promote the transition from student to professional, NSGC's Mentor Program will again connect practicing professionals with students and recent graduates. The first match last year linked more than 60 students with mentors—a positive experience for most mentors and students alike.

Participants in the program are asked to make contact once every 4-6 weeks over six months. The program is flexible and content depends largely on individual personalities and interests—ranging from common personal background to recent topics in genetics. Mentors can help make contacts within the field, provide insight into different employment situations and offer support and guidance in the job search process. Students can request a mentor from a particular specialty, geographic or other demographic characteristic.

To be part of NSGC's Mentor Program, return the postcard included in this issue by **January 27**. A short questionnaire will be sent to respondents to assist in making the best possible match. Those who took part in the first match will not be automatically re-enrolled, so complete the postcard to continue participating.

Troy Becker, MS
Omaha NE

Board of Directors Meeting Highlights

Strategic Planning Guides Growth & Decision Making

In front of each of the 21 members of the Board of Directors, a placard displays NSGC's vision and mission statements: *to be the leading voice, authority and advocate for the genetic counseling profession.* These words structure our decision making and inspire planning for our future.

STRATEGIC PLAN UPDATE

The vision and mission statements were the product of NSGC's 1993 strategic plan. While our vision has not changed since then, many internal and external issues have. Planning for our future once again, the Board of Directors will assess the existing strategic plan at their next two meetings.

The voices of all NSGC members are critical for successfully designing and implementing a strategic plan. In the coming year, plan to share your thoughts and ideas through surveys, focus groups and discussion with your Board members.

LOOK OUT WORLD (WIDE WEB), HERE WE COME...

The visibility of the genetic counseling profession and NSGC is about to increase. Thanks to the diligence of the Computer Users Subcommittee, an NSGC web site and member Listserv have been created. The Board voted unanimously to support their implementation *(see below and page 12)*.

MARKETING

The ad hoc Marketing Task Force also worked hard to solicit member input in planning marketing efforts *(see page 3)*. The profession's visibility is further enhanced by our involvement with other organizations through liaisons. A working group has been established to examine the effectiveness of the liaisons currently in place and to identify new opportunities.

CONTINUING EDUCATION UNITS

CEUs will be available for the first time at the upcoming Neurogenetics Short Course and at the 1997 Annual Education Conference! A standing subcommittee of the Education Committee has been established to manage the CEU protocol for NSGC members. The ABGC has not yet determined whether CEUs will be used for recertification *(see page 14)*.

TWO NEW POLICIES IN PLACE

A policy for using Professional Status Survey data has been adopted, providing guidelines for accessing previously unpublished data collected from the survey and reporting information. The procedures outlined in the policy ensure confidentiality of NSGC members and consistent processing of requests for additional analyses.

A Conflict of Interest Policy and Disclosure Form for Officers and Agents of the NSGC has also been adopted *(see page 4)*. This policy, developed by the Ethics Subcommittee, is for NSGC members in leadership positions, such as Board members, committee chairs and liaisons.

Elaine Sugarman, MS
Secretary

NSGC is on the Web!

The NSGC World Wide Web site is up and running—check it out at **http://members.aol.com/nsgcweb/nsgchome.htm**. For those interested in a genetic counseling career, it answers questions about training/qualifications and profiles professional status. There is information about NSGC—our position statements, resolutions, Code of Ethics and upcoming conferences—plus links to other genetics home pages. The site is under development; contact Jeff Shaw, **dnacutter@aol.com**, with comments.

Nominating Committee

Recipe for Success: The Qualities of Leadership

"A leader is one who serves," wrote ancient Chinese philosopher Lao Tzu. But this is not enough—here are other key traits of good leaders.

NSGC is almost 1500 counselors strong, and the seven member Nominating Committee cannot know everyone. Your input—not only of names, but of attributes—is essential. We may know *of* your choices, but may often not know *about* them.

WHO SHOULD I NOMINATE?

Some positions, such as treasurer, require particular experience. On the other hand, all Board members, both elected and appointed, should demonstrate core leadership qualities. So as you offer suggestions on the Call for Nominations form you receive in the winter membership mailing, what qualities should you consider?

■ **Leaders have vision.** Like a chess player considering the whole board and the impact of the current move on the conclusion of the game, good leaders understand the ramifications of short term activities on long term strategic plans.

■ **Leaders communicate.** They are able to specifically and succinctly articulate their vision in written and oral formats.

■ **Leaders implement their vision with an energized team.** This goes beyond enthusiasm. They make a difference in the lives of others by encouraging, supporting and mentoring them to achieve. They work together—listening and directing—with membership, other NSGC leaders and our Executive Director to create and accomplish both personal and organizational goals. They share success and credit with all those who contributed.

■ **Leaders have organizational skills.** When nominating a candidate (since elected) for Regional Rep, one member wrote, "She could organize the world!" Although this is not a specific requirement for a Board position, look for individuals able to set and meet deadlines, complete (or see that others complete) tasks on time, anticipate problems and create alternate plans—people who can coordinate several essential tasks simultaneously without loosing their cool.

■ **Leaders establish sincere relationships with a variety of people.** Since NSGC leaders spend so much energy interacting with members and individuals from other medical/professional organizations, networking is a key trait. Leaders rely on others. Knowing who to call—for help, expertise and advice—during the many steps between inspiration and celebration is essential.

This is just a short list. Many other qualities are helpful—initiative, cooperation and imagination to name a few.

HOW SHOULD I MAKE A NOMINATION?

Rather than a list of activities or roles (works in private practice, served as Region Rep, chaired local conference), supply examples of qualities and experience demonstrating leadership skills (conceived a project at a regional meeting then spearheaded it to completion; rose from volunteer to committee chair, where she diplomatically handled disagreements between members; employs a style of consensus rather than confrontation, but asserts herself when necessary). You don't need to know the nominee well as long as you've seen evidence of leadership.

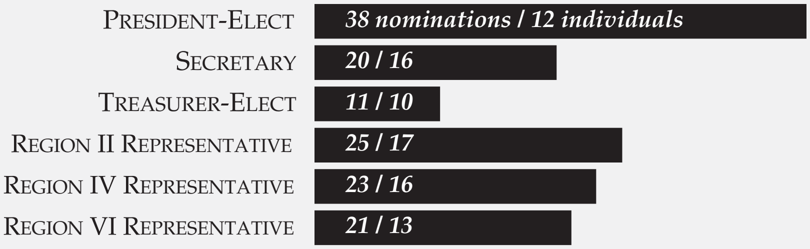
The nomination process is a partnership. Provide us with names *and* key qualities—and we will present you with a strong slate of candidates to take NSGC into the next century.

The Nominating Committee
Vickie Venne, MS, Chair
Gretchen Schneider, MS, Region I
Mimi Rietsch, MS, Region II
Lisa Rimer, MS, Region III
Kevin Josephson, MS, Region IV
Becky Althaus, RN, MS, Region V
Helen Hixon, MS, Region VI

NSGC by Numbers

Identifying Tomorrow's Leaders

The Nominating Committee is looking for qualified individuals to help shape NSGC's present and future. Know someone with leadership ability? Complete the Call for Nominations form coming to your mailbox soon. Last year, 138 nominations were made by 38 members—84 possible candidates for 12 slots on the ballot.



Leadership in Action: Profiles of Award Winners

We asked this year's award winners about their experiences in NSGC and beyond. How did they get started? What kept them motivated? What accomplishment has meant the most? Their responses will appear in this issue and the next.

And the Winners Are...

Jane Engelberg Memorial Fellowship	Allyn McConkie-Rosell
Natalie Weissberger Paul National Achievement Award	Deborah L. Eunpu
Region 1 Volunteer Recognition Award	Miriam DeMaio
Region 2 Volunteer Recognition Award	Lorraine Suslak
Region 3 Volunteer Recognition Award	Shane Palmer
Region 4 Volunteer Recognition Award	Wendy Uhlmann
Region 5 Volunteer Recognition Award	Bonnie Jeanne Baty
Region 6 Volunteer Recognition Award	Bill Herbert
Special Projects Fund	Jennifer Fitzpatrick & Marlene Huggins "The Duty to Recontact: A Survey of Genetics Service Providers"

The Jane Engelberg Memorial Fellowship

One day in 1992, genetic counselor **Allyn McConkie-Rosell** faced one of the most difficult counseling situations of her 16-year career—regarding fragile X syndrome. Molecular testing was newly available; the father knew he was a transmitting male. The family asked Allyn to tell their 12- and 16-year-old daughters about their inevitable fragile X carrier status. The younger daughter was fascinated with what she heard; the 16-year-old listened carefully, then announced, "No one will ever love me now." Her father turned away, tears streaming down his face.

This was a turning point for Allyn. Struck by the impact of fragile X syndrome on this family, she turned to the literature for help. Should these girls, just embarking on adolescence, have been told? Why or why not? She found nothing useful, just a few statements about testing at age 18 or later. This "one size fits all" approach did not seem right for the fragile X families she knew.

THE QUEST BEGINS

Allyn set out to find answers. She talked to fragile X families and obligate carriers. One mother, Deby Burgess, offered invaluable insight into the issues facing families. She sought help and advice from her mentors, Dr. Ave Lachiewicz, Dr. Gail Spiridigliozzi and genetic counselor Amy Cronister. With their support, she designed a research study to examine the impact of fragile X carrier testing on young women.

Allyn then sought funding for her project. Over the past few years, she submitted six different versions of her study to various granting sources. "Getting all those pink rejection slips back was very discouraging," she admits.

Her passion to answer the question helped her regard the dreaded pink slips as constructive criticism. With input from colleagues, Allyn fine-tuned her hypothesis and strengthened her application. She bolstered her background in statistics with a basic statistics course. She learned that social science oriented grants were more likely funding sources.

Most importantly, Allyn did not allow the lack of funds to derail the project. Many people volunteered time, energy and resources to the project. Greenwood Genetic Center provided some services; the Civitan organization donated some funds for cases without insurance coverage. The resulting pilot data improved the odds of subsequent grant applications.

PERSISTENCE PAYS OFF

With the loving support of her husband and two sons, Allyn McConkie-Rosell has finally succeeded in her funding quest—the 1997 Jane Engelberg Memorial Fellowship for her project, Effects of Carrier Testing in Women at Risk for Fragile X. "Never, ever give up," advises Allyn. "Find new ways of looking at things, and you will succeed."

by Trisha Peters-Brown, MS
Research Triangle Park, NC

The Natalie Weissberger Paul National Achievement Award

The recipient of this award—for an NSGC member whose wide-reaching volunteer efforts have well served the genetic counseling profession—is **Deborah L. Eunpu.**

Debbie has indeed volunteered untold hours to NSGC in a variety of roles. Citing her long list of

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Deborah Eunpu

activities and achievements, one of those nominating her inquired, "What *else* do you have to do to win this award?"

STARTING AT SQUARE ONE

Debbie first became active in 1977 when she petitioned all the training programs for a list of their graduates and current students. She contacted the individuals on the list to inquire about interest in forming a national group... which became the NSGC.

She was the first editor of *Perspectives*. She helped launch *Journal of Genetic Counseling*, serving five years as its first editor. She was awarded the 1994 Jane Engelberg Memorial Fellowship.

Currently, Debbie is Director of the Beaver College Genetic Counselor Training Program. She helped start the program two years ago; its first class of genetic counselors will graduate this spring.

When asked about her biggest achievement, she is unable to name just one. She says she never sought big accomplishments—things just occurred as part of a process. As much as she has given to NSGC, she feels she has received much more in return.

Apart from NSGC, raising her daughter has been her most rewarding experience.

Debbie's advice as we face new challenges is to take responsibility for our destiny. In a large way, we have control over our professional lives. When we become discouraged (and who hasn't?), view it as a challenge. Be creative. Through creativity we can change and grow.

Karen Potter, MS
Ann Arbor MI

A Son's Tribute

About Natalie Weissberger Paul

Three years ago when NSGC established this award, my mother was chacteristically modest about her work and deeply honored by your generous recognition. Many of you knew Mom as editor of professional publications at the National Foundation–March of Dimes. My mother and father were familiar fixtures at your annual meetings, and she was proud to be treated as a colleague.

You knew Mom as a tough, hard-working and precise editor. Words were the currency of her life. Her genius for crosswords and her passion for editing sprung from the same source. She carried a red pencil through life, deleting our excesses, correcting our punctuation and turning fragments into poetry.

What you probably did not know about Mom is that she joined the fight for the health of women and children late in life only after confronting her own mortality. In 1968, my mother was diagnosed with breast cancer. The prognosis was not good. Her double radical mastectomy left one arm permanently and painfully swollen.

With only a hope of survival, at age 53 Mom chose to start a new life, first as a volunteer with Reach For Recovery and then as a paid professional with the March of Dimes. She rose swiftly from secretary to editor-in-chief of professional publications. Over the next 25 years, Mom edited more than 150 publications. She helped win the March of Dimes support for genetic counseling and NSGC's early conferences. She retired only two years ago, shortly before her 80th birthday.

My mother's strength expressed itself in many ways. She knew what she believed and kept her faith against every adversity. In the struggle for civil rights, my mother was a quiet foot soldier.

In 1964, Jayne Hutchinson came to live with us. I was only eight, and Mom explained only that Miss Hutchinson was a friend of hers. Years later, I learned the whole story. Miss Hutchinson was the first African-American hired by our school system. In 1964, she could not find housing near our all-white middle class community because of her skin color. Mom and Dad welcomed her into our home until she found a home of her own. My parents were not afraid of public censure. Miss Hutchinson helped integrate my local school, where she continues to teach today.

That quiet act of moral courage teaches us there are many ways to struggle for social justice, and small gestures of kindness by ordinary people in common circumstances can have extraordinary consequences.

In January, 28 years after her initial diagnosis, mother succumbed to breast cancer. In the quarter century between her diagnosis and her passing, Mom proudly shared with you the extraordinary adventure of understanding the human genome.

Her real achievement was not her publications. Rather, it was her extraordinary capacity to hope in the face of despair. Her gift was her ferocious grace. I hope her courage, as well as the volumes of words she edited, will guide and inspire you in the struggle to improve the health of women, children and families everywhere.

Joel Paul

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Nondirectiveness

"Freeing from a rigid standard... it shows an evolution, a maturity of our field." As for the "What would you do?" question, this is natural in the evolving relationship between counselor and patient; it's an affirmation. (Diane Baker)

"Exciting." Seymour was "saying a truth we hadn't been able to speak; people resonated with it." Perhaps "working alliance" should replace nondirectiveness. We're different from genetic educators—we create working bonds to help clients engage in a genetics process and progress through it. People don't want risk figures so much as an empathic experience. (Luba Djurdjinovic)

"Wonderful! We need to continue this dialogue." But the current pressure is to see more patients in less time; we want to truly counsel patients, which takes time. We need some support for that. (Lucille Poskanzer)

And you? Our field is maturing, the medical environment changing—meaning now is a time to discuss and reexamine our counseling goals. Then we can decide how best to achieve and convey them.

E-mail/FAX Poll

Nondirectiveness Where Do You Stand?

How would you describe your counseling objectives? Nondirective? Promoting autonomy? Working alliance? Personal decision making?

☛ Contact Liz Stierman
FAX 213- 380-7344
LStierman@aol.com

Nondirectiveness: Three Viewpoints

Here are some key points made by the speakers at the conference and in subsequent interviews; all intend to publish papers on the subject soon.

Seymour Kessler, professor and longtime clinical psychologist specializing in genetic counseling, defines nondirectiveness as "procedures aimed at promoting the autonomy and self-directedness of the client." It is attainable if and only if one truly uses solid counseling skills. As in other counseling fields, honing skills through resources like coursework or paid clinical supervision is essential. Without such mastery, our profession's obsession with nondirectiveness is like seeing one tree but missing the surrounding forest.

Clients often get too little air time. Genetic counselors may concentrate on scientific information to fulfill their own need to be seen as authorities. He advises using other media so routine information-giving can be limited to 10-15% of the session, freeing up time for addressing clients' concerns and illuminating their strengths.

Sonia Suter, a genetic counselor turned law professor, believes the our literature confuses the goal of nondirectiveness with nondirective process. The primary goal is "to enable clients to make decisions most consistent with their personal values and circumstances."

Some "nondirective" approaches may undermine that goal. Extreme neutrality, paradoxically, can be directive—withholding certain information imposes a specific mode of thinking. "What would you do?" may be a client's way to try to benefit from the counselor's experience; to clarify her own values by contrasting them with others'. Uniformly presenting information may appear nondirective, but doesn't allow for clients' diversity in processing information or making decisions.

Nondirectiveness is not consistent with beneficence when medical treatment is advisable. And when a test is requested for non-medical reasons (e.g. sex selection), Sonia suggests initiating a moral dialogue, discussing implications and their meaning with clients. After all, client autonomy implies moral responsibility as well as freedom to act.

Medical ethics professor **Mary Terrell White** believes the central problem with nondirective counseling is that it is based on an interpretation of autonomy as a negative right—to noninterference in decision making—rather than a positive right—to a maximally enhanced decision making capacity.

Genetic counselors may remain silent during client decision-making to be "nondirective." Yet such a stance may fail to meet the needs of clients who are confused, uncertain or lack relevant reasoning skills.

She proposes a counseling approach that focuses on the deliberative process and takes the form of dialogue. The counselor would remain nonprescriptive but could intervene to ensure that decisions are based on thorough understanding and sound reasoning. Considerations of personal authenticity and moral reflection should be included in the dialogue, a "good decision" being one consistent with the client's values, beliefs and goals.

Bulletin Board

MARKETING PLAN RELEASED

After more than a year of concentrated effort—research, brainstorming, member input—the Marketing Task Force met its goal: to have a marketing plan by December 31. Look for an overview of the plan in the winter membership mailing. Overseeing the plan's operation, Edward Kloza and Beth Balkite will appoint Project Teams targeting managed care organizations, primary care physicians and medical schools at national, state/regional and local levels.

☛ To participate in the marketing effort, contact Beth Balkite, 800-848-4436, or Edward Kloza, 207-883-4131, ekloza@fbr.org.

CALL FOR ABSTRACTS

Look for the "Call for Abstracts" for the 1997 Annual Education Conference in the winter membership mailing as well. The meeting's topic is "DNA: The New Frontier."

☛ Abstract submissions must be postmarked by **May 9, 1997**.

YO SOY CONSEJERA GENÉTICA

A Spanish version of NSGC's brochure "Valuable Information for You and Your Family" is now available.

☛ Cost is 35¢ each or 25¢ for orders ≥100. Contact 610-872-7608, Mailbox 8, nsgc@aol.com.

Upcoming Meetings

Feb 14-17	8th Annual International Conference on Jewish Medical Ethics, San Francisco CA. Contact: 800-258-4427, www.hia.com/medethic
Feb 28-Mar 2	4th Annual Joint Clinical Genetics Meeting, cosponsored by the March of Dimes and the American College of Medical Genetics, Ft. Lauderdale FL. Contact: ACMG, 301-530-7127, mgross@genetics.faseb.org
Mar 2-3	NSGC Neurogenetics Short Course, Ft. Lauderdale FL. Contact: 610-872-7608, Mailbox 6, NSGC@aol.com
Mar 3	ACMG Billing & Reimbursement Workshop, Ft. Lauderdale FL. Contact: ACMG, 301-530-7127, mgross@genetics.faseb.org
April 2-3	"Genes and the Environment in Complex Disease: A Focus on Alcoholism," sponsored by the National Institute on Alcohol Abuse and Alcoholism, Bethesda MD
April 4-6	Great Lakes Regional Genetics Group Annual Meeting, Cleveland OH. Contact: 608-265-2907
April 13-15	Human Teratogens course offered by the Massachusetts General Hospital, Boston MA. Contact: 617-432-1525, http://www.harvard.edu/conted/
April 18-19	"The New Genetics in Primary Care," sponsored by the University of Chicago, Chicago Il. Contact: 773-702-1056
May 18-20	29th Annual Meeting of the European Society of Human Genetics, Genoa Italy. Contact: 39-10-5704092, htttp://www.unige.it/ESHG97

SLIDE SWAP SERVICE & RESOURCE CENTER

The Resource Room Committee for the 1997 Annual Education Conference is considering eliminating or restructuring the slide swap service. This service may be limited to alternate years or eliminated completely. Do you have any ideas or suggestions?

☛ Please contact Rhonda Schonberg, MS, Medical Genetics, Children's National Medical Center, 11 Michigan Avenue, NW, Washington DC 20010-2970, 202-884-4166.

NEUROGENETICS SHORT COURSE REOFFERED

If you couldn't attend the sold-out short course offered last fall, here's your second chance. The highly praised Neurogenetics Short Course will be presented again March 2-3 in Ft. Lauderdale in conjunction with the March of Dimes/American College of Medical Genetics 4th Joint Clinical Symposium.

☛Call 610-872-7608, Mailbox 6, for more information. Register without financial penalty by **January 27.**

CONNECTING LINKS

Marketing and Adult Disorders are two new Connecting Links options—special interests and/or expertise listed in the membership database and directory. Links are useful for directing media calls or assisting members to identify experts.

☛To update your member profile or request Connecting Links information, call 610-872-7608, Mailbox 3, FAX 610-872-1192, NSGC@aol.com.

Bulletin Board

CANCERNET™

You can rely on cutting-edge, peer-reviewed information on cancer genetics from the National Cancer Institute's International Cancer Information Center. Information is available at the CancerNet web site, via email or through a fax-on-demand service and includes:

- Fact sheets on research developments and genetic testing
- Prepackaged literature searches on topics in cancer research, updated monthly; genetic-specific searches coming soon
- Access to PDQ, the world's most comprehensive database on cancer. A directory of cancer genetic counselors and testing centers is being developed.

☛ Visit the CancerNet web site at http://cancernet.nci.nih.gov or send an email to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message. Get faxed information through CancerFax, 301-402-5874. Call 800-345-3300 for PDQ searches.

☛ For more information about any of these services, call the Information Associates Program, 800-624-7890.

WANTED: WORKFORCE IDEAS

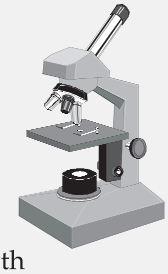
Do you have thoughts or experience about genetics and the workforce?

Leaders from NSGC and other genetics membership organizations are planning to meet to discuss this topic—funding for the proposed conference, "Assessing the Changing Requirements of Genetics in the Workforce in the US," is still tentative.

☛Contact Ann Boldt with input, 317-338-3600, ajboldt@aol.com

Research Network

CVS BIRTH DEFECTS REGISTRY



Are there distinctive birth defects in children exposed to chorionic villus sampling? A new registry is tackling this question. Funded by a grant from the National Institute of Child Health and Human Development, the Chorionic Villus Sampling Birth Defects Registry is gathering information about CVS-exposed children with birth defects or hemangiomas. Parents or medical professionals can enroll CVS-exposed children with structural malformations or hemangiomas. All information will remain confidential.

☛ For more information or referrals, contact Caroline McGuirk, MPH, Massachusetts General Hospital, Genetics and Teratology Unit, Warren 801, 55 Fruit Street, Boston MA 02114-2696; toll free 888-287-0738; FAX 617-724-1911; mcguirk.caroline@mgh.harvard.edu

Special Interest Groups

Looking for Kindred Spirits?

NSGC now boasts 17 Special Interest Groups. Do your interests match one of them? To find out more about a particular SIG, contact the members listed below.

Cancer: Rob Pilarski & Cate Walsh Vockley

Clinical Supervision: Liz Stierman

Connective Tissue Disorders: Leah Hoechstetter

DNA Diagnostic Labs and Testing: Barb Pettersen & Amy Cronister

Down Syndrome: Cam Knutson Brasington

Gay, Lesbian and Friends: Bruce Haas & Karol Rubin

Infertility/Assisted Reproductive Technology: Jill Fischer

Legal Issues: Rebecca Rae Anderson & Susan Schmerler

Men in Genetic Counseling: Walter Kruckeberg

Neurogenetics: Deborah deLeon

Pediatrics: Jane Schuette

Prenatal Diagnosis: Beth Buehler & Libby Blaise

Private Practice: Steven Keiles

Psychotherapy & Expanded Counseling Skills: Luba Djurdjinovic

Public Health: Debra Lochner Doyle & Sylvia Au

Research Issues: Kim Wentzlaff

Training Program Directors: Judith Tsipis & Aïda Metzenberg

Membership is $20 per SIG—join when you renew your annual dues. Two SIGs (Down syndrome and Infertility/ART) were inadvertently omitted from the dues invoice—to join either group, specify your choice on your dues invoice.

CYBERGENES

The ListServ is Here! The Listserv is Here!

Ladies and gentlemen, counselors of all ages, your attention please! Announcing the arrival of a new membership benefit: the one, the only, the NSGC Listserv! Coming to a computer near you January 1, 1997!

The Listserv's purpose is to enhance professional communication among members. It acts as a mail reflector. Messages sent to the Listserv address are forwarded to list subscribers, enabling you to communicate with hundreds of other members by sending a single message. (This replaces our old method of electronic communication—having Jeff Shaw forward e-mail to all counselors on his list.)

SIGN ME UP!

The Listserv is being graciously hosted at St. John's University at no charge. NSGC members with e-mail addresses on record will be automatically included on the initial list.

Upon joining, you will receive a welcome message to notify you that you are officially on the Listserv. Please ***save*** this welcome message, as it will contain useful information about unsubscribing, sending messages and receiving each day's messages as a single e-mail in "digest" form. If your address is incorrect or changes, you will need to subscribe.

To subscribe to the group, send a message to listserv@sjuvm.stjohns.edu. Leave the subject line blank. In the body of the message type: *subscribe nsgclist firstname lastname.* To remove yourself from the mail list, send the message as above but type: *unsubscribe nsgclist firstname lastname.*

LISTSERV ETIQUETTE

Address messages to the group to: nsgclist@sjuvm.stjohns.edu. Fill in the subject line, type your message and send it off. When replying to Listserv messages, be sure to specify whether to reply to just the sender or to the entire group. Both options are available on most e-mail software.

Concise, descriptive titles in the posting's subject line let recipients judge which postings are relevant to them. Posted messages should be of a professional nature, on topics of interest to the majority of the group. The Listserv will have no official monitor screening messages for content; however, a subscriber can be removed from the list for inappropriate or unprofessional use of the Listserv.

Remember, since every message will be received by *all* subscribers, no message is private. Confidentiality is therefore essential, especially when asking for support on behalf of patients.

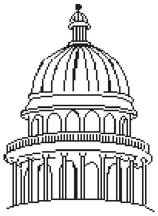
NSGC services such as the job postings should continue to be processed through the Executive Office and not posted through the Listserv. Only a fraction of NSGC's membership has access to e-mail, so information best shared with *everyone* should use other channels (such as this newsletter).

If there are questions or problems with *any* aspect of the Listserv, contact group administrator Kate Dietrich, dietrick@ohsu.edu or 503-494-2774.

Welcome to the Listserv! And please note my new e-mail address.

Steve Keiles, MS
steven.b.keiles@kp.org

Legislative Update



The 105th Congress will be sworn in this January. One issue expected to be introduced early in the legislative year is genetic nondiscrimination. Work on this issue began shortly after the fall elections, building on legislation considered in the 104th Congress.

Senator Pete Domenici of New Mexico is re-drafting the Genetic Confidentiality and Nondiscrimination Act of 1996 for resubmission this January.

Stating, "Your input is vital to our crafting balanced legislation that will both protect the rights of individuals and serve the professional genetics community," Domenici requested NSGC's input on several points: how DNA samples should be viewed legally, whether genetic information can reasonably be maintained separately from medical records and issues of informed consent. A formal response was submitted by NSGC President Ann Boldt.

OVERSIGHT OF GENE THERAPY TO SHIFT

The NIH will be revamping the Recombinant DNA Advisory Committee (RAC), removing RAC control over approval of gene therapy experiments but retaining and expanding their responsibility for public hearings related to gene therapy issues. Approval for clinical gene therapy will now be handled by the FDA.

Lee Fallon, MS
Legislative Monitor

Resources

■ Book ■

HUMAN GENETICS: CONCEPTS AND APPLICATIONS, 2ND ED.

by Ricki Lewis, PhD

Wm. C. Brown Publishers,
Dubuque IA, 1997, 427 pages, $56.55

The second edition of Dr. Ricki Lewis's genetic textbook aims to foster development of "genetically informed citizens." It is clearly written, beautifully illustrated and avoids technical jargon. It is easy to read with its newspaper format of three-column pages and style, complete with smudged newsprint font in chapter titles and section headings.

REAL-LIFE STORIES INTEREST THE GENERAL READER

The author brilliantly interweaves genetic concepts with real-life vignettes about people coping with genetic disease, such as a family of sisters considering BRCAl gene testing and Katie, who can't go outside because she has xeroderma pigmentosum.

She keeps the reader's interest high by describing remarkable conditions such as the Jumping Frenchmen of Maine syndrome in which the major symptom is an exaggerated startle reflex. Another chapter describes the use of DNA evidence in the OJ Simpson trial and in identifying the bones of Tsar Nicholas II's family.

WELL-SUITED FOR HIGH SCHOOL USE

As a teacher of genetics at the high school and college level for many years, I feel the book has significant merit as a teaching aid for high school students. Basic genetic concepts are clearly described and supported with beautiful illustrations, special interest readings and photographs. Pedigree diagrams are included both in questions and in the real-life vignettes.

Every chapter ends with a glossary, a summary, 10-15 review questions, ten questions to test critical thinking and journal references for further reading—excellent features for teaching and learning in the classroom.

This book is not appropriate for use as a primary college genetics textbook because it lacks significant details of many basic genetic concepts, such as control of eukaryotic gene expression.

PRACTICAL APPLICATIONS

The last 100 pages feature genetic technologies such as agricultural and environmental biotechnology, gene therapy, reproductive technologies and the human genome project. Detailed diagrams and photographs accompany the descriptions, which are adequate. This section would be improved by describing gel electrophoresis in greater detail and including a diagram of the apparatus used.

Most stories are told in a sensitive manner but there are notable exceptions: reference to nail-patella syndrome as "funny kneecaps" and a picture of a six-year old boy with generalized hypertrichosis next to the heading "A werewolf or a genetic variant?"

I recommend this well-written book to anyone wanting to become a "genetically informed citizen."

Julie F. Westerlund, PhD
University of Texas at Austin

■ Online Support ■

The World Wide Web has become an important source of information and support for many clients. We will provide ongoing reviews of relevant sites here and in future issues.

The Internet offers a wealth of facts, support, and friendship opportunities for those dealing with disability in the family—information is available for almost every genetic disorder. Web sites maintained by national organizations or public sources tend to be more factual and current. Contents can be printed for patients when standard brochures are not available. Many organizations sponsor free online mailing lists, open to anyone.

A useful starting point is the search engine called HotBot at http://www.hotbot.com. Type in the disorder of interest and you are sure to generate multiple listings.

For parents whose baby has been recently diagnosed with Down syndrome or patients continuing affected pregnancies, a web site called Welcoming Babies with Down Syndrome, http://nas.com/downsyn/welcome.htm, sensitively provides much useful information as well as numerous links to other support resources.

One highlight of the Chromosome 18 Registry & Research Society, http://mars.uthscsa.edu/Society/, is a group photo of many cherished affected children with trisomy 18 or other 18-related defects. It links to related sites, plus a bulletin board allows interested parties to read and post notes to each other.

Angela Grace, MS
Hazlet NJ

HGP Update

Genetics in Court

In July, the Ethical, Legal and Social Issues component of the DOE Human Genome Project sponsored a meeting in Cape Cod, Massachusetts, to educate courts about the changing body of scientific evidence. Judges and scientific advisors focused on DNA testing and the massive impact it soon will have in courtrooms across the nation—in criminal and civil cases.

Judge Pauline Newman says the problem is one of growing urgency. "We are reaching a critical threshold. If we understand the fundamentals of this new and powerful science, we can better weigh what the experts tell us in a partisan setting. It's our responsibility to become educated enough to decide the issues correctly—and wisely." Newman chairs the judicial advisory and review committee for the Genetic Adjudication Resource Project.

The hoped for bottom line? "We want an informed group of people in the courts who can recognize a bill of goods," says Daniel Drell, director of the DOE ELSI program.

JoAnn Inserra, MS
Norwalk CT

A Hot Career!

Genetic counseling is among *Working Women* magazine's "25 Hottest Careers." The article in the July/August issue states, "Women make up 94% of the field.... But unlike other disciplines dominated by women, this one hasn't been ghettoized. Because of the profession's link with cutting-edge research, it has status." Genetic counseling is listed as one of the top 5 jobs for flexibility: "Odd hours, off hours, set your own hours."

ABGC Update

Annual Meeting Highlights

Results of the 1996 Certification Examination were reviewed at the American Board of Genetic Counseling's Annual Business Meeting in San Francisco. We welcomed the 258 genetic counselors who achieved certification as ABGC diplomates; their names are listed in December's *Journal of Genetic Counseling*.

RECERTIFICATION COMMITTEE APPOINTED

Nancy Callanan was appointed Chair of a new *ad hoc* committee on recertification, which also includes Nancy Steinberg Warren, Elinor Langfelder and Lisa Hillmann. The committee will research recertification models used by other professional organizations. Their findings will be central to the ABGC Board of Directors' deliberations on establishing a recertification mechanism.

SPECIAL CONSIDERATION CATEGORY

The Board of Directors has decided that the 1999 examination will be the last opportunity for individuals to apply as "Special Consideration" candidates. Thereafter, those wishing to sit for the examination must be graduates of Master's level genetic counseling training programs.

CALL FOR NOMINATIONS

Nominations for the ABGC Board of Directors are being sought for two five-year terms to begin on January 1, 1998. The Board of Directors is responsible for accrediting Master's level genetic counseling training programs, preparing the certification examination, reviewing credentials of exam applicants and establishing recertification requirements. Nominees must be ABGC diplomates and should be senior members of the profession with a breadth of experience. Leadership experience in other organizations (e.g. NSGC, ASHG, CORN) is also desirable.

Names of potential candidates and an explanation of their qualifications should be sent to the ABGC Administrative Office by **February 14, 1997.** Nominees will be asked to submit a CV for review by the Nominating Committee. Elections will occur in the summer.

Virginia Corson, MS
President

Helen Travers, MS
Accreditation Chair

Judith Benkendorf, MS
Secretary

☛Send nominations to Sharon Robinson, American Board of Genetic Counseling, 9650 Rockville Pike, Bethesda MD 20814-3998;
FAX 301-571-1895; srobinson@abgc.faseb.org

Student Corner

UC Irvine Thesis Projects

Frances E. Roche: Primary care physicians' utilization of genetic services.

Jeanne Homer: The inheritance of bipolar disorder.

Melinda Duryea: Transient bradycardia in rats: A risk gene for hypertension?

Whitney Neufeld-Kaiser: Stigma perceived by parents of a child with a genetic disorder.

■ EMPLOYMENT OPPORTUNITIES ■

■ *These classified listings represent the most recent additions to the NSGC JobConnection service. Members and students interested in complete or regional information may receive a computerized printout, at no charge, by calling 610-872-7608, Mailbox 2. Printouts are mailed on the first and third Monday of each month. This service is strictly confidential.*

Northridge CA: Immediate opening for part-time BC Genetic Counselor. Min 2 yrs exp req.
Responsibilities: Assist director, GC training program: s'vise students; develop & maintain clinical training sites; develop tchg & eval tools.
Contact: Human Resources Dept, Cal State Northridge, 18111 Nordhoff St, Northridge CA 91330-8229; 818-677-2101. Submit cover ltr, CV, 5-yr salary history, 3 prof references by Jan 16. EOE/AA/Title IX, Sections 503 & 504 employer.

Oakland CA: Immediate opening for BC/BE Genetic Counselor.
Responsibilities: Join multidisc dept incl 12 GCs & 2 geneticists to coord region-wide ExAFP Scrng Prog for large HMO w/ 33 OB clins. Verify & rept results, coord follow-up, educ pts & providers. Oppty for rsrch and statistical analysis.
Contact: Susan Dewey, RN, Kaiser Permanente, 280 W MacArthur Blvd, Oakland CA 94611; 510-596-6779.

San Juan Capistrano CA: Immediate opening for BC Genetic Counselor w/ 3-5 yrs exp, pref in strong academic setting using state-of-the-art lab svcs as priority.
Responsibilities: Central role in programs providing quality tstg and consultation w/ signif effort devoted to coun, case mngmt, promotional activ. Report to Scientific Director, Molec Biology w/ dotted line respon to cyto & biochem depts.
Contact: Debbie Conry, Manager, Human Resources, Corning Nichols Institute, 33608 Ortega Hwy, San Juan Capistrano CA 92690; 714-728-4431; FAX 714-728-4901. EOE/AA.

Colorado Springs CO: Immediate opening for BC/BE Genetic Counselor. Clinical exp req; independent personality w/ abil to lead genetic program.
Responsibilities: All aspects of PN coun in perinatal ctr; develop & coun in newly-estab cancer genetics prog.
Contact: Susan Flannery-Davis, Human Resources Dept, Penrose-St Francis Health Services, 2215 N Cascade Ave, PO Box 7021, Colorado Springs CO 80933; 719-776-3193; FAX 719-776-2489. EOE/AA.

Hartford CT: Immediate opening for BC/BE Genetic Counselor. Faculty Position avail.
Responsibilities: PN Svc (65%) @ Farmington campus; genrl genetics Svc (35%) @ Farmington & Hartford campuses. Range of respon incl s'vising fellows, residents, med students; partic in educ, tchg, rsrch.
Contact: Robert M. Greenstein, MD, Div. Human Genetics, U Connecticut, 282 Washington St, Hartford CT 06106; 860-545-9580. EOE/AA.

Decatur GA: Immediate opening for Masters level BC Genetic Counselor. 2-3 yrs exp in PN GC req; fluency in Spanish desired.
Responsibilities: Join team of 10 GCs in acad environ to provide PN GC in Atlanta and regl/outrch Emory affil & priv practice perinatal ctrs. Handle follow-up, phone coverage, back-up for other Emory counselors.
Contact: Cathy Wuchenich, MS, [Ref: Job #330-11048LJ], 2711 Irvine Way, Ste 111, Decatur GA 30030; 800-366-1502; FAX 404-297-1512. EOE/AA.

Worcester MA: Immediate opening for 1/2 time, BC/BE Genetic Counselor. Exp pref.
Responsibilities: All aspects of PN, genrl GC & case mngmt. Liaison between PNDx lab, pts & physicians; some peds; oppty for educ & development of new programs. Close s'vision by geneticists.
Contact: Laurie Demmer, MD, Clinical Director, U Massachusetts Medical Ctr, 55 Lake Ave North, Worcester MA 01655; 508-856-3949; FAX 508-856-4287. EOE/AA.

Baltimore MD: Immediate opening for BC Genetic Counselor. 2 yrs exp req; min 1 yr. cancer coun pref.
Responsibilities: Support activities of rapidly growing BrCa prog in large modern suburban commun hosp. Activities assoc w/ newly estab Ctr for Human Genetics answering practice needs of med commun & pt populations served by The Greater Baltimore Med Ctr.
Contact: Dr. Maimon M. Cohen, Div Human Genetics, U Maryland Hospital, 655 W Baltimore St, Rm 11-037, Baltimore MD 21201; 410-706-3480; FAX 410-706-6105; Maimon@genetics.ab.umd.edu. EOE/AA.

Grand Rapids MI: Winter '96 opening for BC/BE Genetic Counselor in expanding hereditary colorectal cancer prevention prog. Exp in cancer genetics pref.
Responsibilities: Join multidisc team to develop genetic tstg prog for hereditary colorectal cancer prevention prog in Western Mich. Assist in developing educ/info resources; work closely w/Rsrch & Molec Biology Depts & med community. Potential expansion to other hereditary cancers.
Contact: Laurie DeDecker, RN, Program Coordinator, Ferguson-Blodgett Digestive Disease Institute, 72 Sheldon Blvd SE, Grand Rapids MI 49503; 616-356-4054; FAX 616-356-4040. EOE/AA.

Rochester MN: Spring '97 opening for clinical genetics laboratory liaison BC/BE Genetic Counselor w/ lab exp pref; abil to work independently, excellent org & i'personal skills req.
Responsibilities: Provide genrl, pre & post tstg support for genetic studies for lrg reference lab. Consult to Mayo and non-Mayo MDs, GCs & other providers re: highly specialized tstg & follow up. Partic in internal/external educ efforts of lab div.
Contact: Stephen Thibodeau, PhD, 970 Hilton, Mayo Clinic, 200 1st St SW, Rochester MN 55905; 507-284-9185; EM: sthibodeau@mayo.edu. EOE/AA.

Omaha NE: Immediate opening for BC/BE Genetic Counselor. Excellent clinical and interpersonal skills req.
Responsibilities: Join progressive team in multidisciplinary institute; diverse clin oppty: genrl genetics, satellite & specialty clins; partic in spec projects; tchg & rsrch; excellent oppty for growth & educ development.
Contact: Beth Conover, MS, Meyer Rehabilitation Institute,

See next page…

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of genetic
counselors, inc.

nsgc

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■ EMPLOYMENT OPPORTUNITIES ■

…from previous page

Univ Nebraska Medical Center, 600 S 42nd St, Omaha NE 68198-5440; 402-559-6395; bconover@unmc.edu. EOE/AA.

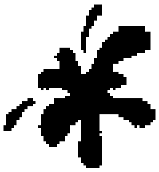
ALBANY NY: June ’97 opening for BC Genetic Counselor. Min 3 yrs exp req.
RESPONSIBILITIES: Join GC, MD geneticist on multidisc team in tchg hosp setting: variety of GC oppty in PN, ped & adult w/ specialty (SB, Hemophilia, NF, HD, CF, CL/P) & satellite clinics.
CONTACT: Ref Ad# 4837, Employment Center, A-56, Albany Medical Ctr, 43 New Scotland Ave, Albany NY 12208. EOE/AA.

BUFFALO NY: Immediate opening for part-time w/ potential for full-time (60-100%) BC/BE Genetic Counselor or similarly qualified advanced practice nurse w/ genetics expertise. Exp in cancer and genetics areas pref.
RESPONSIBILITIES: Join nurse practitioner/GC and GC on multidisc team to provide clin, educ and rsrch svcs at comprehensive cancer ctr. Develop & implement multifaceted project in cancer genetics educ for prof & public; DNA sequencing efforts; oppty for publications.
CONTACT: Carolyn Farrell, MS, CNP, Dept Surgical Oncology, Roswell Park Cancer Institute, Elm & Carlton Sts, Buffalo,NY,14263; 716-845-8400 or 716-845-7747; Fax: 716-845-4556. EOE/AA.

PHILADELPHIA PA: Immediate opening for BC/BE Genetic Counselor. CV & 3 letters recommendation required.
RESPONSIBILITIES: Coun for wide variety of genetic conditions, incl cancer in newly-developed adult medical genetics clinic. Spec clins: hemochromatosis, connective tissue disorders, Gauchers. Assist w/ appropriate triage of all genetics pts; partic in marketing activ to expand program.
CONTACT: Jill Stopfer, MS, University of Pennsylvania,1008 Stellar Chance, 422 Curie Blvd, Philadelphia PA 19104; 215-349-8143; Fax: 215-662-7617. EOE/AA.

CORRECTION!

The Professional Issues Survey Report, *Perspectives* 18(3) Supplement, contained errors in the graphs on page 7. Use the label included in this issue to replace Figures 9, 10 and 11.



TIMELY REMINDERS

- ■ To participate in the Mentor Program, return the enclosed postcard by **January 27.**
- ■ Register without penalty for the Neurogenetics Short Course by **January 27.**
- ■ NSGC Board nominations are due by **Friday, April 4.**