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Genetic counseling for common psychiatric disorders: an opportunity for interdisciplinary collaboration

Jehannine Austin[1,2], **Angela Inglis**[1], and **George Hadjipavlou**[1]

[1]Department of Psychiatry, University of British Columbia, Vancouver, Canada

[2]Department of Medical Genetics, University of British Columbia, Vancouver, Canada

In their timely review of recent important genetic findings in psychiatric disorders—specifically, common and rare copy number variants (CNVs) in bipolar disorder, schizophrenia and autism spectrum disorders—Gershon and Alliey-Rodriguez (1) propose that these findings "must lead to profound changes" in genetic counseling and "propose that genetic counseling is more than risk prediction."

The genetic counseling profession has devoted considerable attention to the process of risk communication (2) and the conceptualization of risk as a complex construct that comprises more than probability alone—for instance, by addressing how a client's context and subjective perception of the severity of a potential outcome influences perceptions of risk (3). Within this framework, the identification of CNVs that play important roles in the etiology of psychiatric disorders represents a refinement in our ability to predict probabilities of illness, rather than a major paradigm shift in the risk communication process.

Similarly, psychological and psychotherapeutic dimensions to genetic counseling, such as attending to experiences of stigma, shame and guilt, have been explored in the genetic counseling literature for several decades (4). We fully agree with the authors that a "psychotherapeutic approach" would best serve patients and families seeking psychiatric genetic counseling for high-impact detectable genetic events such as CNVs, and we would add that such an approach ought to inform all genetic counseling encounters. This is consistent with a growing body of evidence from studies of genetic counseling practice indicating that attending to psychological dimensions of practice, such as the facilitation of understanding, empathic responses and lower levels of verbal dominance, are associated with more positive outcomes (5).

We agree with the authors that there is a need for expert counseling for families affected by psychiatric disorders, and propose that there is much to be gained by greater collaboration between the psychiatric genetics community and the genetic counseling profession, in particular with regard to exploring how best to implement testing for CNVs in psychiatric populations in clinical practice, and how to manage the attendant ethical challenges.

Correspondence should be addressed to J.A. (jehannine.austin@ubc.ca).

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