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 copy number variants 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 copy number variants, 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. We 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 copy number variants in psychiatric populations in clinical practice, and how to manage the attendant ethical challenges.

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Correction

After the April issue went to press, a small error and omission was noted in the article "Topiramate Treatment for Heavy Drinkers: Moderation by a GRIK1 Polymorphism" by Henry R. Kranzler, M.D., et al. (Am J Psychiatry 2014; 171:445-452). In the 4th paragraph of the introduction, the sentence should read "Topiramate's effects on glutamate receptors are most potent and selective for those containing the GluK1 and GluK2 (formerly referred to as GluR5 and GluR6) subunits (encoded by GRIK1 and GRIK2, respectively)." This information was updated for the online edition of the article and for the accompanying PDF.