Psychoeducation: The Forgotten Intervention

by Joseph H. Obegi, PsyD
2-27-2012

Frequently as psychologists we are so focused on executing one or another intervention—interpreting conflict here, identifyingautomatic thoughts there—that we forget one of our basic roles: to educate patients. Psychoeducation, as we call it has enormous practical significance and resources are close at hand.

What is Psychoeducation?
Psychoeducation is a didactic intervention intended to inform patients (or family members) about a mental illness or problem and its treatment. It can involve sharing basic facts about an illness or instructing patients about coping strategies.

Why Bother with Psychoeducation?
Psychoeducation is based on a simple premise: the more knowledgeable patients are about their problems, the more likely they are to benefit from treatment. Mundane as that may sound to us, psychoeducation is a life preserver to a patient in acute distress. Naming the problem can clear up a patient's confusion, helping to make sense of seemingly unconnected symptoms, and this in turn can reduce distress. Education about treatment instills hope and reassures. Knowing about the illness and its treatment also empowers and motivates: patients are more likely to adhere to treatment when they can connect what you're doing together with how it will benefit them. Psychoeducation also enhances your credibility as an empathic expert.

But is there Research on Psychoeducation's Effectiveness?
Yes. Most evidence to date is for schizophrenia and medical illnesses such as cancer. (Incidentally, psychoeducation originated in the treatment of schizophrenia.) However, research examining the effect of psychoeducation on other disorders—like depression, bipolar disorder, and ADHD—is gradually accumulating. A recent review of the literature suggested that psychoeducation appears to have similar effects for other disorders as it does for schizophrenia and cancer, namely symptom reduction, longer periods of remission, increased adherence to and satisfaction with treatment, and increased self-esteem and quality of life.

Some Tips on Providing Psychoeducation
Educate patients about their diagnosis. To quickly bring a patient up to speed, first assess their knowledge level with open-ended questions ("What do you know about depression?") then fill in the gaps and translate difficult to understand concepts. (If you're worried about the stigma of diagnosis, get over it. Ignorance and the inaction and helplessness it breeds is worse than stigma.) Distribute copies of widely available informational pamphlets. The National Institute of Mental Health (nimh.nih.gov) has free patient-friendly pamphlets on every major mental illness, and many of the pamphlets are available in Spanish. Numerous organizations specializing in other mental illnesses also provide patient-centered information on their websites. In addition, consider administering simple self-report instruments, designed for the identified problem, and share the results with the patient. Giving the same instruments later in treatment has the added benefit of affirming patients' sense of progress.
Educate patients about treatment. For example, I tell every new patient: "Treatment has three parts. First, we need to know what problem we're dealing with and what its symptoms are. This allows us to do the second part of treatment: monitoring the symptoms so we know whether what we're doing is making a difference. Finally, we'll learn the skills necessary to manage and address the problem." Additionally, take time to socialize patients into the specific treatment you'll be using. If you can't get buy-in now, you'll be spinning your wheels later.
Guide learning outside of sessions. Face it: most of us see our patients for one hour each week. Why not supercharge your work together with bibliotherapy? Keep a list of at least one self-help book for every major disorder or problem that you treat. Every new patient is an opportunity to research more quality self-help books and handouts. Not sure where to start? Look over the list of books that have earned ABCT's Seal of Merit (abct.org), consult the list of suggested self-help books and websites at the end of every chapter in Fisher and O'Donohue's (2006) "Practitioner's Guide to Evidence-Based Psychotherapy", read Redding et al.'s (2004) excellent review of popular self-help books, or ask colleagues about self-help books in their area of expertise.
Be artful in your education. As with any aspect of treatment pacing is critical. Watch for signs of information overload and withdrawal. Moreover, customize your educative efforts based on patients' characteristics (Does the patient avoid personal responsibility for managing the problem?), learning style (use a small whiteboard for visual learners), and cultural profile (e.g., discussing gender specific manifestations of depression).

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Finally, take responsibility for the material you present or recommend to your patients. Regardless of the source, review the material for accessibility, scientific basis, and the degree to which it matches your patients' cultural background.

About the Author
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Suggested Reading
Bäuml, J., Froböse, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: A basic psychotherapeutic intervention for patients with schizophrenia and their families. Schizophrenia Bulletin, 32 Suppl 1, S1-9.

Fisher, J. E., & O'Donohue, W. T. (2006). Practitioner's guide to evidence based psychotherapy. New York: Springer.

Redding, R. E., Herbert, J. D., Forman, E. M., & Gaudiano, B. A. (2008). Popular self-help books for anxiety, depression, and trauma: How scientifically grounded and useful are they? Professional Psychology: Research and Practice, 39, 537-545.

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