Psychoeducation

**What:** Give children and parents/caregivers information about the child’s primary problem, its context, and what is involved in the treatment program, and likelihood of treatment working.

**Why:** Children and caregivers are more likely to understand WHY the problem is happening and how to make it better if there is a clear explanation. Accurate information lowers distress, promotes engagement in the treatment process, and instills hope that the child’s problem can get better and interfere less with life.

**How to do it...**

**Tell about it:** Explain that there is information available that will be helpful, that you have some and that they can find out more from other sources such as the library or the internet (give links/resources when possible).

**Describe/show treatment, as actively as possible: For the Child and Caregiver...** Give and discuss the psychoed handout for child’s primary problem. Look up an internet site describing the condition and its treatment (AACAP, NCTSN, AAP). Give a treatment “preview”: Do a CBT Triangle work sheet.

**Describe treatment expectations:** 8-20 sessions, meet with child and with caregiver. Consistent meetings needed, enough to make a difference (medicine analogy). Ongoing assessment. Problem could get worse before better. SAY we often ask caregivers to practice things too, to help children. Practice IN session, Practice at home in between session.

**Discuss and Assign Weekly Practice.** What topic can you read about or learn about this week? When would be a good time to try doing it? What might get in the way (problem solve!) Describe what you learned and bring your questions back.

**Points to Remember:**

-Psychoed is not information for information sake; it needs to be relevant to the client’s situation and connected specifically to the treatment target of lowering distress or enhancing competence and optimism.
- Make sure that information about systems and what to expect that is accurate and helpful. Legal, medical, educational systems can be complex and often have local practices and customs. If you do not know what happens, find out or refer the client to someone who knows.
- Information that clients may have already acquired may not be accurate or helpful. People often turn to family, friends and the Internet before professionals. Be prepared to discuss, clarify and correct if the information/learned recommendations are therapy-interfering.
- Do not overload with information. Too much can increase distress rather than lower it.
- REPEAT a lot of this information in the next session. Can take time to take in....

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