



Empowering the Client and Clinician through Psychoeducation

Professional Experience Article

Psychoeducation is only one method of treatment, but an especially important and helpful method. Knowledge is power and by learning as much as possible about their diagnosis, individuals are able to feel more in control. Clients learn that they are not alone, as it provides those with mental health conditions material about the causes, symptoms, prognosis, and treatments of their diagnosis. Imagine a client with bipolar disorder that was not aware that they should stick to a regular schedule and avoid caffeine, alcohol, and stressful situations. Imagine that the client was never told the outcome of those that are medication compliant versus those that are not.

As a student intern, I was expected to walk into the therapeutic space being calm, confident, collected, aware, knowledgeable, and the list can go on. I also knew that no amount of confidence I had in myself, or my skill set could ensure the client finding confidence in me as their clinician. With such exacting standards set, where do we go when we are just starting out and already feel the intimidation of perfection? In that moment, I relied on the value of education, not just my own but

the importance of ensuring the client is being educated throughout the session as well. It was a reminder to me that I am capable and prepared for this next step, and a security for the client to feel that although I am a student, I am here to ensure they are being clued into the process and why interventions may help. I relied on empowerment to bring out confidence.

Later as a registered intern while working with children, I learned, psychoeducation is important to the child, but more importantly, to the parent. Parents want to know if the therapist is educated and capable of providing an effective treatment plan. They want to feel confident that the therapist can help their child. Psychoeducation lends credibility to the counselor and confidence from the parent. Most people are not deterred by student interns; however, they can be put off if the intern lacks knowledge that is applicable to the client. Most of my clients continued treatment while I was a student intern because I was able to provide them with the information regarding their symptoms, diagnosis, and treatment.

When we explain to our clients what is happening in the body and brain due to anxiety or even trauma, they feel relief and we have heard many times “so I’m not crazy.” Being able to offer that confirmation and support is invaluable to the treatment process. During intake we hear “why” often. As we normalize the symptoms and behaviors, we remove fear and doubts from the client. We make it our practice to include psychoeducation in every intake. Over a six-month period, we saw an increase of 47% in client retention compared to those that received little or no psychoeducation.

Psychoeducation is most used by mental health professionals such as counselors, psychologists, social workers, and educators. Numerous models of psychoeducation can be used in combination with psychotherapy, a cognitive-behavioral modality, and at-home materials such as readings, videos, and

homework. The models integrate informational, skill training, supportive, and comprehensive information. Each model can be used in a different way to provide psychoeducation, ranging from basic understanding, developing skills, support groups, to a combination of each to best provide for the client(s).

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Ask AMHCA

Frequently Asked Questions from [The American Mental Health Counselors Association's Code of Ethics](#)

Q When do I have the duty to warn of a threat by my client or a duty to protect against violence that may be committed by a client?

A The Tarasoff duty to warn and protect against serious threats of imminent violence by a client has been adopted in various forms in state

laws and licensing board Rules. CMHCs need to comply with their state law or licensing board Rules regarding the duty to hospitalize a client who is dangerous to others, in order to prevent threatened violence and to protect the potential victim. By doing this, you comply with Code Principle I.A.2.c which contains an exception to confidentiality “for the protection of life” and provides: “CMHCs are required to comply with state... statutes regarding mandated reporting.”

Q Part of my practice as a counselor involves providing clinical supervision to people who are seeking licensure. What should I do to protect myself from liability, in case I am sued for the actions of a supervisee? For example, how could I defend myself if a therapist that I was supervising was having a personal relationship with a client—without my knowledge?

A The best defense against any potential risk in a situation such as this is for the clinical supervisor to have a thorough Clinical Supervision

Contract or Disclosure with the supervisee in compliance with Code section III.A. (See Appendix E, Clinical Supervision Disclosure Template, in “Essentials of the Clinical Mental Health Counseling Profession” for more information). Exploitative relationships, such as an intimate relationship between the supervisee and client are “strictly prohibited” according to Code section I.A.4. Thus, the AMHCA Code of Ethics is an excellent learning device in the clinical supervision process, and the supervisee’s commitment to comply with the Code assures that the clinical supervisor is not responsible if the supervisee crosses boundaries with the client without the supervisor’s knowledge, after the supervisee has promised to comply with the Code of Ethics.

Q When I engage in couples counseling, can I share information with the husband that is confided to me by the wife in order to facilitate communication between them?

A The Code provides in section I.A.2.l: “In working with families..., the right to confidentiality of each member should be safeguarded.” When you

meet with a member of a couple individually to obtain information for purposes of couples counseling, get an agreement immediately at the end of the session regarding what information can be shared to the other member of the couple, and what information may not be shared. Note this agreement in the session note for that meeting. This practice is better than a written “No Secrets” policy, which too often can lead to misunderstandings and to an inadvertent breach of confidential information.