

## Psycho-education

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## What? Why?

- The aim is to help patients become **experts** in their own treatment, to empower the patient (and where necessary his or her family) in order to improve the outcome; to prevent relapses.
- To thus enhance compliance and collaboration.
- To deepen their understanding information is needed.
- Discussions, brochures, books, Internet.
- Discuss! Many information is wrong or misleading.

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## Psycho-education

- Was originally developed to fit the needs of patients with schizophrenia who were neuro-cognitively impaired.
- It is a major component of behavior therapy programs and is nowadays used with **all type** of patients.
- It can be done individually, or in groups, or with the family.
- It is not meant to rival other psychotherapies.  
**Combined.**

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### Three components of psycho-education

1. **A strong therapeutic alliance.**
2. **Clarification:**
  - i. Simplification of complex facts.
  - ii. Interpretation of scientific information.
3. **Enhancement of coping competence:**
  - i. **Focus on resources and not on deficits.**
  - ii. Optimizing utilization of medication.
  - iii. Optimizing crisis management.
  - iv. Adequate processing of grief.
  - v. Modification of life plan.

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### Topics to address

1. **Diagnosis:** Careful! Demoralization possible.
2. **Treatment options:**
  - i. Medication:
    - Different options
    - How soon to expect effects, dosages
    - Side effects, dangers and what to do then
    - How long to continue
    - Discontinuation
    - Interactions
    - Lethality and any other concerns

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### Topics to address – continued

- ii. Psychotherapy
    - Different types
    - By whom
    - What to expect
  - iii. OT
  - iv. Psychosocial aspects
3. **Crisis management:** what to do, whom to contact.
4. **Lifestyle changes**
5. **Emotional, illness related topics,** e.g. “fate”, mourning

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