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The freeing power of Psychoeducation

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'He who opens a school door, closes a prison'
Victor Hugo

This article is based on research, conducted as part of the Masters in 'Relational Counselling and Psychotherapy' degree, undertaken by the author at Waverley Abbey College, Surrey, under the auspices of the University of Roehampton. The subject was chosen to explore the area of uncertainty concerning the methods needed to effectively and ethically integrate psychoeducation into therapeutic practice. The research method, 'Interpretative Phenomenological Analysis' (IPA), was dependant on the researcher's skill to discern the ideographic meaning of four participants, who were all educated to degree level in counselling and who worked as integrative therapists in private practice.

Introduction
In general life in the UK, psycho-education, especially in the form of self-help, is highly popularised and abounds on the shelves of retailers and social media. This all suggests that psychological insight is becoming increasingly welcomed by an intrigued public, implicated by growing awaren ess of mental health issues. Certainly, inter-disciplinary values and ethical guidelines propose an inclusive approach to education (BACP, 2018), but is this one that counsellors neglect?

A Tentative Approach
The idea of 'educating' or 'teaching' within the therapeutic frame however, seems to be a controversial idea in some counselling per suasions, and indeed may be a challenging concept for some readers of this article. However, my belief after reflecting

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on this issue, is that education or 'psycho-education' within therapy is more to do with facilitating clients than a didactic approach. Indeed, psychoeducation is about *tentatively offering information deemed beneficial for the client within the context of a therapeutic relationship.*

The counsellor's chosen approach will often influence the appropriation of education in therapy. A counsellor of a Person-Centred theoretical stance, who merits self-actualisation, is presumably more cautious, for Rogers himself dismissed the didactic style of an educator, preferring to emphasise emotional intelligence and self-revelation, 'a type of learning that cannot be taught' (1995:204). In contrast, other modalities such as Cognitive and Behavioural therapies are unapologetic about their didactic stance in the teaching of the rudiments of their methods.

A CLINICAL VIGNETTE: 'Sean's' Dissociative Response

Most counsellors are familiar with the more specifically termed 'neuro-education', describing the process of bringing together empirically verified psychological information with emerging neuro-scientific discoveries. For instance, explanations of how traumatic experience dovetails with neural mechanisms and associated physiological symptomology.

Sean was a twenty-four year old fitness teacher, who was new to counselling and very open and trusting of me. He wanted to address an unusual feeling that was bothering him:
"I don't know what's going on…I feel like I'm having these feelings, where I feel as if I'm in a dream or something, you know, like 'deja vue'." he said. "Well, that sounds very confusing and almost surreal for you"
I empathically reflected… "can you explain anymore?" "Well" he said, "it's like I'm not in my body, and I just cannot get rid of it" he said desperately, "I just want my life back, it's really getting in the way."

It occurred to me that Sean seemed to be struggling with the effects of a dissociative response, and in specifically 'derealisation' (also termed 'depersonalisation'). Surely it would help Sean if I normalised and explained the experience he found so baffling and troubling?...

…."Sean, what you are experiencing is known about, other people have had something like this too." "Oh", he said a look of relief spreading across his face, "So I'm not going mad then?" "No" I reassured, "see your brain's a very clever machine. In fact, when you are out of your comfort zone it wants to protect you or offer you a solution and a way of coping…"

I held up a simple diagram of a man that showed the physiological effects of stress and acute anxiety and used this visual to also explain the flight, fight, freeze mechanisms. Then I showed him another simplified diagram of the brain, and explained the role of the amygdala (using an analogy about sensitive smoke alarms), to explain the concept of 'perceived threat' rather than 'true threat'.

I kept my explanations as short and user-friendly as possible, adapting my language to make it as contemporary as possible, and checking all the time for non-verbal responses and his level of interest. Sean looked deeply thoughtful, and later, at the end of the session indicated that he 'felt better already'. The week after, Sean's sad story of being unloved and trapped in his room as a pre-teen unfolded, and the process of reintegrating his traumatic experience commenced.

Reflective Experience

My research was reliant on such phenomenal experience, and so it was necessary to reflect on my own experience as a counsellor. I acknowledged the feelings of apprehension I had about introducing education 'correctly', and explored the 'empathic inner tug' that led me to tentatively offer information to clients.

Secondly, I reflected on my distant memory of being 'a newbe' to counselling myself but my journal recording my experience of thirty sessions of purely Person-Centred counselling demonstrated to me that having no psychoeducation had been unhelpful. Firstly, I needed psychoeducation to understand the concepts of counselling in order to open up, and secondly, some neuro-education to explain the psycho-biological context of my symptoms, experience and battle with agoraphobia.

The Findings

But how *do counsellors transition well from a Person-Centred stance, and use of core conditions, to the role of an educator? As follows are the key findings based on four participants' and their experience of integrating psychoeducation*

into practice.

Finding 1: A strong therapeutic bond
It was no surprise that the research emphasised that the Therapeutic Relationship was essential for providing the war and trustworthy 'holding environment', necessary to establish before any teaching was offered. This also echoed an abundance of research, evidencing the curative properties in the Therapeutic Bond (e.g. Heatherington et al., 2012). In addition, those interviewed were intuitively able to sense the *implicit strength* of this relational bond, and use their '*felt-sense*' to judge when it was appropriate to proceed with education

Finding 2: The importance of immediate psycho-education
However, seemingly contradicting the aforementioned 'strong therapeutic relationship', the participants unani mously thought that psychoeducation was nece ssary in the introductory session for an understanding of boundaries, the nature of the counselling relationship, methods on offer, and specific neuro-education (see below). This concurs with professional standards e.g. 'agreeing with clients on how we will work together' and 'communicating clearly what clients have a right to expect from us' (BACP, 2018, 3C).

Client-Safety
Moreover, immediate neuro-education was also thought necessary to promote the client's safety, and stay within the 'window of tolerance' (Black, 2008). Grounding techniques e.g. sensory/ somatic awareness in the 'here and now', self-soothing interventions etc., were often introduces to help traumatised clients to contain their experience of dysregulated symptoms, both in and out of the session.

Finding 3: Fear of inappropriate education
Similar to my own experience, the majority of participants found that deviation from a traditional Rogerian, Person Centred stance felt uncomfortable, resulting in an incongruent tension between, and this, and the move into psychoeducation. Furthermore, all the participants experienced a troublesome conflict, stress, and even shame when navigating from one to 'the other. However, this discomfort was found to be largely on past 'mistakes'.
Anxiety, was derived from four different thought -strands: a dislike of a 'felt-audacity' for being perceived 'an expert', that moving into the educative role necessary may create an unnecessary sense of a power imbalance (see below), that inappropriate or mistimed delivery of psychoeducation could disrupt the therapeutic relationship, and finally, and unanimously, a fear of 'overwhelming' a client, (demonstrating their adherence to ethical codes). This suggested that an uncertain or negative perception of a client-response was a barrier to providing information. Hence, the participants erred on the side of *not taking a risk to psycho-educate, and demonstrated that any combination of their perceived 'role power', their clients' response, and their past experience could all prevent confidence and belief that education could be beneficial. However, the findings demonstrated that participants could overcome their stress by gaining specific client-permission, attending to client-cues, and most importantly engaging in 'self-censorship'.*

Finding4: Flattening the power impalance
Some, such as Proctor (2017), suggest that some power imbalance, e.g. 'role power' is realistically inevitable within the counselling frame. However, in the research interviews, participants were concerned about creating a further and unnecessary imbalance when introducing psycho-education. Thought processes demonstrated the uncertainty involved, 'will this benefit my client?' ….and 'is this the right time to do it?'

Finding 5: sensing the timing
Again, the *manner in which psychoeducation was introduced superseded the participants' feelings of 'being correct' about the timing. One participant drew from her experience to suggest that, 'you can get away with even offering it at the wrong time if you do it in the right way'. To illustrate this an insightful metaphor was construed, and this has stayed with me ever since! This was an illustration of constructing 'a bridge of trust', to demonstrate that psychoeducational interventions are more dependent on the implicit strength of the therapeutic relationship than on their timing. The illustration was that a truck cannot not be driven across a rickety bridge... but that practically anything could be driven across a substantial bridge!*

Use of the Core Conditions
The participants' experience corresponded with pan-theoretical literature, that an 'inner sense' of the Core Conditions provided a therapeutic insight to gain clients' trust. When trust was

sensed, the participants found that there was a more natural transition into psychoeducational explanation and further client-engagement was formed. Indeed, the participants felt this 'sense' viscerally, and described it as a 'skill', or 'an art-form', that they felt could only be known, by experience.

The Spontaneous Shift to Educate

The participants experienced a momentary 'cog nitive assessment', that seemed to involve a 'cost-benefit analysis'. The participants evidenced an ability to appraise and assess opportunities or threats to aid them in their decision to shift to an educative role (e.g. 'does this client need to know this now?"). The 'spontaneous urge' that enabled the shift to an educative role however, was seemingly based on the following conditions: firstly, if a psychoeducational intervention was initiated by a client's direct question, then, if specific trauma symptoms were evident, to contain strong emotion and most of all if psychoeducational objectives concurred with clients' goals.

Finding 6:Nero-education

Key findings from the field of neuroscience have developed radically over the last twenty years, and have facilitated the profession in the efficacy of neuro-psychotherapeutic interventions (Miller, 2016a). Unanimously, this type of empirically-guided education was experienced as the most prolific and beneficial type of education, and was strongly associated with the quality of the counsellor's own experience in counselling training. Indeed, all the participants demonstrated their ability to teach neural concepts and efficiently synchronise them with psychological concepts.

'Homework'

Often, participants recommended the option of psycho-educative 'homework', such as DVDs, handouts, and books. The purpose was to reinforce concepts and aid participation in the process. This concurs with the good practice guidelines in the NHS for the use of 'self-help materials' and their provision of 'readily disseminated information' (Wessely, et al., 2008, IAPT, 2010, Fruzetti et al., 2014).

Normalising Approach by Use of Neuro-Education

The most exciting finding from the research was that neuro-psychoeducational interventions were evidenced to be efficacious in distancing a client from their negative symptoms, and also to stabilise and normalise their symptoms (Fisher, 2017, Cozolino, (2016).
The typical approach was using the Core Conditions' to build the therapeutic relationship, before adopting a Psychodynamic or a Narrative approach to sensitively evoke 'the trauma story'. When the timing was felt to be right, neuro-education was introduced to validate and normalise misread symptoms.

Self-distortion

The majority of participants found that trauma clients had a distorted sense of self, and this was described as a felt-sense of being 'weird' or 'odd'. Neuro-education was a successful means of regulating emotion, and absolving a client's sense of false guilt and misconception to address any self-distortion. Neuro-education also proved effective to demonstrate that trauma is an intersubjective part of human commonality. Normalising, then served to both relieve loneliness, and allow gradual responsibility for symptoms.

Finding 7: use of visuals

See diagram 'Emotional brain reaction to trauma at the end of the article.

A Participant's Diagram Used in Practice

All the participants found it beneficial to integrate neuro-educational diagrams to explain neuro-biology and it's felt-affects (Wessely et al., 2008). Most commonly, simple illustrations of the brain were employed to explain the 'flight, fight, freeze' mechanisms, the role of the amygdala, hippocampus etc., and their relationship with the clients' felt-lack of control, or choice (Cozolino, 2017).

Finding 8: Attending to individual preferences

Learning styles

Most participants emphasised tuning into their client's different learning-styles, (such as auditory, visual and kinaesthetic), to guide them in the appropriation of psychoeducation. All found that simplified explanations (a client's fist served as an immediate visual), were efficient despite the client's level of ability. Similarly, it was necessary to work within the realms of clients' interest and therefore to provide spontaneous explanation, all recommended keeping pens /drawing materials close by.

Transference

Transference issues became evident when one participant with memories of feeling inadequate at school appeared to value

psychoeducation more than the others. On reflection, I wondered if her drive to psycho-educate could have been an enactment based on past educative experience? Therefore, it seems wise for counsellors to consider how individual clients may be implicated by psychoeducation by: attending to transferencial processes, reflexive practice and supervision.

Other notable cues…
A less frequent technique was participants' attendance to clients' non-verbal, somatic symptoms, to evoke somatic narrative or body memory (Levine, 2010; Ogden & Fisher, 2015). Most participants found attuning to the client's personality-style enabled psychoeducation to be further tailored to the client. Alternatively, one participant felt that a client's 'attachment style' was a more reliable indicator.

A PROFESSIONAL RETHINK?
Based on this research, I feel it is important that the profession has a discussion on the benefits of psychoeducation, and how it may be ethically and effectively embedded into the therapeutic frame. Maybe professional bodies could provide more specific guidelines?…. Or training institutions offer further skills, by teaching, beneficial teaching methods; or at least being aware that modelling 'sensitive teaching methods' is a necessary 'introject' that counsellors may copy. In this way counsellors can balance confidence and competence with the level of sensitivity that is so acutely necessary.

It also goes without saying that to really know your subject, is key to educating! However, most will agree that it is no use 'knowing' without communicating in an interesting, and time-efficient manner. The challenge for all counsellors who wish to psycho-educate is to be 'congruently dynamic', to simplify explanations (using colloquial terminology as necessary) and to steer away from the usual jargon!

Furthermore, since neuro-science was unanimously found to be an exceptional intervention, that facilitated immediate relief, maybe counsellors should self-assess their competency for teaching neural concepts? A final challenge is *'to be trustworthy', to make sure we have done our research by, 'borrowing' our information from a respected, reputable and reliable source, This corresponds with the BACP (2018) value of 'enhancing the quality of professional knowledge and its application'*.

CONCLUSION

The findings suggest that integrating *good quality psychoeducation is a necessary counsell ing intervention to promote engagement with the process, self-advocacy, and client-safety. This is enabled by providing emotional engagement, and a therapeutic bond that is strong enough to transition the felt-power dynamics and other barriers. When these steps are in place psychoeducation should be practiced collaborately and ethically, and most importantly with the client's wellbeing at the helm.*

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