<table>
<thead>
<tr>
<th>Challenge</th>
<th>Possible Considerations</th>
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| Not confident/comfortable with knowledge about specific psychoeducation content | --Practice really does help; audio record yourself and/or role-play with a peer.  
--Okay to use notes or whiteboard; handouts are also helpful.  
--Educate yourself more by reading relevant additional material; the more you know the content, the more “automatic” it will be. |
| Too scripted; not engaging                                                | --Avoid trying to memorize specific lines of dialogue.  
--Focus on remembering key themes (i.e., bullet points) – this will assure you remember key points, but you will be more natural in your explanation.  
--Increase pauses by asking clients if they understand or have any questions – your response will most likely be more natural, as it was not prepared for in advance. |
| Client struggles understanding cognitive model                           | --Keep it simple; may have provided too much information at once.  
--At the very least, provide the basics – will at least need to know relationship between events, thoughts, emotions, and behaviors.  
--Integrate visual aids through handouts and using a whiteboard.  
--Be patient – not everything has to be learned in the first session; much of the content can be frequently reviewed in future sessions.  
--Accept that some clients will not understand the model as well as others.  
--It is helpful to know if a client struggles now rather than later; can take into consideration when developing interventions for treatment goals. |
| Client struggles accepting diagnosis                                      | --Clarify that it does not define the client but rather is something the client has.  
--While still validating the individuality of the client, provide some normalization and basic facts about the diagnosis.  
--Frame within the context that it does not have to be used as a label, but it at least helps provide clarity and informs treatment goals and interventions.  
--Ultimately, do not focus on the diagnosis; rather, focus on the symptoms and distress. |
| Client struggles learning particular CBT skills                          | --Be sure your psychoeducation was clear and understood; ask for feedback.  
--Is the client therapeutically ready to learn the skill (i.e., moving too fast)?  
--Is this skill too complicated for the client? If so, consider ways to modify skill implementation. |