

Table 5.2
Common Challenges for CBT Psychoeducation

<u>Challenge</u>	<u>Possible Considerations</u>
Not confident/comfortable with knowledge about specific psychoeducation content	<ul style="list-style-type: none"> --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	<ul style="list-style-type: none"> --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	<ul style="list-style-type: none"> --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	<ul style="list-style-type: none"> --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	<ul style="list-style-type: none"> --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.