

**ST1-GEN-EPA6 – Providing psychoeducation**

|   |  |                           |                             |      |
|---|--|---------------------------|-----------------------------|------|
| <b>Area of practice</b>   | Adult psychiatry   | <b>EPA identification</b> | ST1-GEN-EPA6                |      |
| <b>Stage of training</b>  | Stage 1 – Basic  | <b>Version</b>            | v0.2 (EC-approved 14/03/14) |      |
| The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner. |  |                           |                             |      |
| <b>Title</b>  | <b>Providing psychoeducation to a patient and their family and/or carers about a major mental illness.</b>   |                           |                             |      |
| <b>Description</b><br>Maximum 150 words   | The trainee can provide evidence-based, understandable and relevant information on the nature of a condition, its treatment(s), rehabilitation and recovery that addresses the needs of the patient and their family and/or carers. They are able to establish rapport, listen to and deal empathically with concerns and misconceptions. The trainee can be tactful, sensitive to the possible impact of what they say, and understand the impact of stress or illness on the ability to take in information. They are aware of the phases of grief and coping strategies. The trainee is able to handle the ethical and legal issues around consent, patient autonomy and confidentiality and they have a respectful and professional approach to the patient and their family/carers. |                           |                             |      |
| <b>Fellowship competencies</b>  | <b>ME</b>  | 1, 3, 5                   | <b>HA</b>                   | 1    |
|   | <b>COM</b>   | 1, 2                      | <b>SCH</b>                  | 2    |
|   | <b>COL</b>   | 1, 2                      | <b>PROF</b>                 | 1, 2 |
|   | <b>MAN</b>   |                           |                             |      |
| <b>Knowledge, skills and attitude required</b><br>The following lists are neither exhaustive nor prescriptive.  | Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.<br><b>Ability to apply an adequate knowledge base</b> <ul style="list-style-type: none"> <li>• The principles and aims of psychoeducation.</li> <li>• Diagnosis, treatment and course of major mental illness, including individual variability and uncertainty.</li> <li>• Coping strategies, phases of grief and adjustment.</li> <li>• The benefit of information in improving compliance and engagement, coping, empowering patients, supporting patients and carers, normalising where appropriate and reducing stigma.</li> <li>• Principles of recovery-oriented practice.</li> <li>• Local resources for the patient and family/carers.</li> </ul> |                           |                             |      |

|   |   |
|---|---|
|   | <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Tailors information to the needs and capacity of the patient and family/carers.</li> <li>• Ability to deal with individuals under stress.</li> <li>• Bolsters coping strategies that reduce the risk of relapse and recurrence.</li> <li>• Documents important information clearly with tact and respect.</li> <li>• Appropriately negotiates relevant ethical and legal issues including patient autonomy, consent, privacy and confidentiality.</li> <li>• Ability to balance the needs of family and carers.</li> <li>• Willingness to advise caregivers of where they may seek further support or help if required, tactful awareness of boundary issues involved.</li> <li>• Wherever possible, instils hope and a sense of being supported.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Respectful and non-judgemental; empowering patients, their families or caregivers.</li> <li>• Supports shared decision-making, respecting the patient's own lived experience and choice.</li> <li>• Committed to reducing stigma.</li> </ul> |
| <b>Assessment method</b>  | Progressively assessed during individual and clinical supervision, including three appropriate WBAs.  |
| <b>Suggested assessment method details</b>  | <ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>   |
| <p><b>References</b></p> <p>BÄUML J, FROBÖSE T, KRAEMER S et al. Psychoeducation: a basic psychotherapeutic intervention for patients with schizophrenia and their families. <i>Schizophr Bull</i> 2006; 32 (Suppl. 1): S1–9.</p> <p>COLOM F. Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders. <i>Br J Psychiatry</i> 2011; 198: 338–40.</p> <p>RUMMEL-KLUGE C &amp; KISSLING W. Psychoeducation in schizophrenia: new developments and approaches in the field. <i>Curr Opin Psychiatry</i> 2008; 21:168–72.</p> |   |

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar