Psychoeducation

for People with Personality Disorder

Dr Penny Banerjee, Dr Karen D'Silva, Dr Nick Huband, & Professor Conor Duggan, Professor Mary McMurran

Nottinghamshire Healthcare NHS Trust

Using this Manual

This manual has been designed to be used alongside training in the delivery of psychoeducation. It should not be used without this training.

Contents

Introduction

Psychoeducation session 1

Psychoeducation session 2

Psychoeducation session 3

References

Appendices

Appendix 1	Brief Structured Interview
Appendix 2	All About Problems and Personality information sheet
Appendix 3	Problems checklist (Client Version)
Appendix 4	Problems checklist (Clinician Version)
Appendix 5	What do I want to change about myself? worksheet
Appendix 6	Participant evaluation form
Appendix 7	Psychoeducation report pro forma

Introduction

The psychoeducation programme presented in this manual formed part of a treatment for community-dwelling men and women with personality disorders that was evaluated in a community-based randomised controlled trial (Huband, McMurran, Evans, & Duggan, 2007). In this trial, individual psycho-education sessions preceded *Stop & Think!*, a group social problem solving intervention. Those treated improved in their self-reported social functioning and reduced their anger expression scores significantly more than those who received treatment as usual. The purpose of this manual is to describe the rationale and evidence for using psychoeducation alongside social problem solving therapy for people with personality disorders, as well as to give a detailed description of how to implement the psychoeducation part of this programme.

Psychoeducation

This programme of psychoeducation for people with personality disorders developed from the observation that, among a sample of forensic inpatients with personality disorder, few people actually knew about and understood their diagnoses, and that many of those that did have information had picked this up from reports rather than having been directly informed by a clinician (D'Silva & Duggan, 2002). This shortcoming led to the development of an educational component in which personality disorder diagnosis, traits, and problems in interpersonal functioning were discussed in a collaborative dialogue between the clinician and patient (Banerjee, Duggan, Huband & Watson, 2006; D'Silva & Duggan, 2002). A study of the impact of four sessions of psychoeducation with 34 patients found not only that the patients' knowledge about their disorder improved, but also that the therapeutic alliance was enhanced by the intervention.

This psychoeducation module was included as the first part of the treatment in Huband et al.'s (2007) treatment trial for people with

personality disorder. Individual psychoeducation sessions preceded the group social problem solving sessions. The aims of psychoeducation were to provide individuals with information about their personality disorder, to discuss the problems they experienced in relation to their personality disorder, and to identify problems that could be focused upon in the problem solving group sessions that formed the next stage of treatment. Participation in the psycho-education programme was intended to build a therapeutic alliance and enhance motivation for therapy.

The International Personality Disorder Examination

The psychoeducation module was developed to follow administration of the interview version of the International Personality Disorder Examination (IPDE; Loranger, 1999). The IPDE is a structured clinical interview that assesses personality disorder, and the results of this assessment are used in the psychoeducation programme. Use of the psychoeducation module therefore requires a trained clinician to carry out this assessment. Training in the IPDE is available only to appropriately qualified mental health professionals, who will have knowledge about personality disorder and clinical experience of the diagnosis and treatment of people with personality disorder. Thus, this manual assumes a high degree of knowledge and the content does not cover basic personality disorder diagnostic issues.

Format of the psychoeducation programme

The psychoeducation programme described here makes use of the results of the IPDE assessment, which is administered prior to the programme to identify the specific difficulties each person is experiencing. Difficulties are defined as those IPDE items that have been scored as 2, i.e., at the criterion level for diagnosis. The results of the IPDE assessment will be compared with the client's own view of his or her difficulties and any differences in opinion are discussed. The main focus of the education component is to examine the individual's persistent recurring patterns of thoughts, feelings and behaviours and the interpersonal consequences of these. By the end of the psychoeducation programme, each individual should be able to identify his or her own personality difficulties and understand how they relate to his or her individual interpersonal style. Participants are also encouraged to define personal goals for change to address in the therapy that follows.

The psychoeducation module is offered in up to four individual one-hour sessions, typically once per week. Some individuals will be comfortable covering the necessary material in fewer but longer sessions, whereas others who find it more difficult to concentrate may benefit from having a greater number of shorter sessions. In our trial, the psychoeducation component was delivered in an average of three sessions (Huband et al., 2007).

Aims of the psychoeducation programme

The aims of the psychoeducation programme are as follows:

- 1. To provide a basis for establishing rapport between client and clinician, and hence a means of establishing a therapeutic alliance.
- 2. To provide the client with an understanding of his/her personality problems and how such problems relate to their style of interpersonal functioning.
- 3. To introduce the client to the concept that personality problems may be ameliorated by acquiring new skills.
- 4. To provide the client with a focus for areas of change and hence to agree treatment goals.
- 5. To promote the concept of taking responsibility for behaviour.

The psychoeducation module is presented here in three sessions that follow a structured but flexible format. The first session is used to explain what personality problems are all about, the second to assess and improve the individual's understanding of their own difficulties, and the third to identify what the client wants to change. The content of the psychoeducation sessions is provided below.

Psychoeducation Sessions

Session tasks are listed below. The materials required for each session are highlighted in bold.

Session 1

- Carry out the Brief Structured Interview
- Give client the information sheet, All About Problems and Personality.
- Talk through this material and introduce the idea of skills training.

Session 2

- Support the client in completing the **Problems Checklist (Client** Version).
- Draw attention to the interpersonal themes recorded on the list.
- Make a note of which boxes the client has ticked.
- Ask client to complete the worksheet- What do I want to change about myself? Use this to list five things he or she wishes to change.

After the session, compare the ticked items with the results of his/her IPDE assessment, focusing on those items that have been scored at the criterion level, i.e., score 2. Mark these onto the **Problems Checklist (Clinician Version)** for discussion with the client in the next session. Note that this checklist has sub-headings that relate to the various PD diagnoses.

Session 3

- Discuss the Problems Checklist (Clinician Version).
- Discuss how the client's self-assessment compares with problems identified by the IPDE assessment.
- Discuss how problems can be grouped together and described as personality traits.

- Firm up treatment goals in the list of five things the client wishes to change identified in Session 2. Ensure both parties have these written down.
- Address any anxieties about the forthcoming *"Stop & Think!"* group therapy.

After the sessions, arrange for the preparation of a personalised booklet for each client in which the information from these sessions is stored.

Psychoeducation Session 1.

What is personality and how can it lead to problems?

Session summary

- Carry out the **Brief Structured Interview** with the client.
- Give client information sheet entitled All About Problems and Personality.
- Talk through this material and introduce the idea of skills training.

Aims of the session

- 1. To assess the client's understanding of personality.
- 2. To introduce the idea that personality is the way we think feel and behave.
- 3. To start to build rapport/therapeutic alliance.
- 4. To introduce the idea that you can learn skills that will make it easier to sort out life's problems.

Assess the client's understanding of personality using the **Brief Structured Interview** (see Table 1), which consists of four questions that focus on personal difficulties and how such difficulties affect interpersonal functioning.

Table 1

Brief Structured Interview

- 1. What does the word 'personality' mean to you?
- 2. Do you think your personality causes you problems? In what way?
- 3. Do you think your personality causes problems for other people? In what way?
- 4. Would you like to change the way you handle problems?

The answers to the Brief Structured Interview questions provide a baseline for the interviewer to discuss personality disorder and its aetiology and also to check the clients understanding of their disorder.

Then give the information sheet, **All About Problems and Personality** (Appendix 2) to the client. Explain the nature of personality and personality difficulties and discuss this with the client. Introduce the concept that personality problems may be ameliorated by acquiring social problem solving skills, with reference to the forthcoming group work.

Psychoeducation Session 2

Identifying your problems

Session summary

- Support the client in completing the Problems Checklist (Client Version).
- Draw attention to the interpersonal themes recorded on the list.
- Make a note of which boxes the client has ticked.
- Ask client to complete the worksheet- What do I want to change about myself?

After the session, compare the ticked items with their IPDE results (items scored 2). Mark these onto the **Problems Checklist (Clinician Version)** for discussion with the client in the next session. Note that this checklist has sub-headings that relate to the various PD diagnoses.

Aims of the session:

- 1. To identify aspects of the clients life that cause problems
- 2. To compare the client's views of their problems with other people's views and with problem areas identified at assessment/by the IPDE.
- 3. To discuss any differences that arise and why people might see things differently.
- 4. To help the client to select five realistic difficulties to try to change.

Go through the **Problems Checklist (Client Version)** (Appendix 3) with the client. This summarises personal difficulties. The client is asked to tick which checklist items apply to him or her personally. The list can be taken home for further consideration or to ask the opinion of others. The clinician retains a copy of the checklist. A separate sheet, the **Problems Checklist** (Clinician Version) (Appendix 4) is then used to collate the client's scores into problem areas, which may be used to inform feedback. These problem areas may equate to personality traits or personality disorders.

The client is then helped to identify a maximum of five difficulties that they want to work on in the forthcoming *Stop & think*! group sessions using the worksheet, **What do I want to change about myself**? (Appendix 5). In some cases, a client may choose a problem that is not specified on the checklist. Some people, for example, may chose a long-standing interpersonal problem

that is not specified in the list (perhaps a self-defeating or a sadistic trait), or a problem that is not easily summarised by one of the DSM-derived checklist items (such as becoming more assertive when conversing with authority figures). Input from the clinician is advisable, however, to guide the participant towards selecting difficulties and goals that can be defined with reasonable clarity, which are important to tackle, and which are realistic to address in *Stop & Think!* sessions. It would, for example, be unrealistic for someone who has been cutting herself for many years to expect to suddenly stop doing so, or for someone who was chronically avoidant to have as his goal to be able to hold a successful party every weekend.

Psychoeducation Session 3

Prioritising problems for group work

Session summary

- Discuss the **Problems Checklist** (Clinician Version).
- Discuss how client's self-assessment compares with problems identified by the IPDE.
- Discuss how problems can be grouped together and described as personality traits.
- Firm up treatment goals and ensure both parties have these written down.
- Address any anxieties about the forthcoming "Stop & Think!" group.

After the session, arrange preparation of personalised booklet for the client in which the information from these sessions is stored.

Aims of the session:

- 1. To review work from the previous session.
- 2. To explain how the problems the person experiences relate to their personality traits.
- 3. To clarify what the client wishes to change.
- 4. To finalise list of five things the client would like to change.
- 5. To produce and discuss the personal booklet.

Review work from the previous session. Summarise the identified difficulties under personality traits and discuss in general terms how these might affect the individual or their behaviour. Clarify the client's views on what he or she would most like to change about him- or herself. Firm these up as treatment goals. Reinforce the concept of personality disorder as amenable to amelioration by skills acquisition. It is important that the client retains all materials from these three sessions. Each subsequently receives a booklet summarising his/her own difficulties and goals for change. Finally, address any anxiety about the forthcoming *Stop & think!* group programme.

Finally

Ask clients to provide feedback on their experience of Psychoeducation (Appendix 6).

A report on Psychoeducation may be prepared for referrers and the client's record (Appendix 7).

References

Banerjee, P., Duggan, C., Huband, N., & Watson, N. (2006). Brief psychoeducation for people with personality disorder: A pilot study. *Psychology and Psychotherapy: Theory, Research and Practice, 79,* 385-394.

D'Silva, K., & Duggan, C. (2002). The development of a psychoeducational programme for personality disordered patients. *Psychiatric Bulletin, 26*, 268-271.

Huband, N., McMurran, M., Evans, C., & Duggan, C. (2007). Social problem solving plus psychoeducation for adults with personality disorder: A pragmatic randomised controlled trial. *British Journal of Psychiatry*, 190, 307-313.

Loranger, A.W. (1999). *International Personality Disorder Examination (IPDE)*. Odessa, FL: Psychological Assessment Resources.

Appendices

Appe	ndix 1	Brief Structured Interview
Appe	ndix 2	All About Problems and Personality information sheet
Appe	ndix 3	Problems checklist (Client Version)
Appe	ndix 4	Problems checklist (Clinician Version)
Appe	ndix 5	What do I want to change about myself? worksheet
Appe	ndix 6	Participant evaluation form
Appe	ndix 7	Psychoeducation report pro forma

Brief structured interview

(given at beginning of the psychoed sessions)

Name:	 Date:

I want to ask about you and your personality. There are just six short questions.

Question 1

What does the word 'personality' mean to you?

Question 2

Do you think your personality causes you problems? In what way?

Question 3

Do you think your personality causes problems for other people? In what way?

Question 4

Would you like to change the way you handle problems?

Question 5

Some people are diagnosed as having a personality disorder. Do you know what a personality disorder is?

Question 6

Have you ever been told you might have a personality disorder?

What are personality problems?

We all have problems, and especially problems with other people. These problems crop up from time to time and we all try to deal with them.

Some people seem to find a way of dealing with each new problem they find. They have the knack of getting their problems sorted. Lucky them.

For others, it's more difficult. They try to sort their problems, but their 'personality' seems to get in the way. They find themselves doing things much the same way each time. Perhaps making the same mistakes again. It is like repeating the same patterns of behaviour again and again and their problems don't get sorted properly. They are often unhappy. Those around them are often unhappy as well. If you are one of these people, you will want something to change.

So what is my 'personality' and how does it mess things up?

Personality is just the way you usually think, feel and behave. It's just how you are.

Your personality may get in the way of getting your problems sorted. You find you think, feel and behave much the same way every time. And because of how you think, feel and behave, things continue to go wrong.

Why does this happen?

We think some people just haven't been given the **<u>skills</u>** to get things sorted. Not really their fault.

Maybe nobody gave them the right skills. Maybe they were unable to learn the skills. So their personality (their usual way of thinking, feeling and doing) takes over. And it doesn't work too well. So problems don't get sorted out. And the problems keep coming back.

This project is all about learning new skills that can help stop this happening. Breaking the cycle.

What is personality disorder?

A person is said to have a personality disorder if their personality causes distress or difficulties for themselves or others, and this happens over and over again.

A personality disorder must have the three **P**s. It must be:

Problematic	It causes distress or difficulties for the person or for other people. It can lead to problems with relationships, with employment, and with the law.
Persistent	This way of thinking, feeling and behaving is long- standing. The difficulties tend to appear in late childhood and teenage years and continue into adult life.
Pervasive	This way of thinking, feeling and behaving occurs in many situations.

What can be done to help?

You have agreed to take part in the "Stop & Think!" treatment. This can help you to change some of your ways of thinking, feeling and behaving. But only if that is what you want.

These changes can allow a person to have a better quality of life. These changes can allow them to function better with other people. At the end of the day, it's up to you.

What do I have to do to make this work?

First, you need to be clear about what bits of your thinking, feeling and behaving you really want to change. The *Stop & Think!* worker will help you decide.

In the next session, you'll look at a list of problems. You'll tick those problems that apply to you. Then you'll go away and pick the 5 you most want to change.

Once you've chosen these, you can go ahead and join the group. The *Stop & Think!* worker will explain what the group work involves. We don't pretend it'll be easy – changing and learning new things never is. But it might be worth a bit of effort.

It's all about you learning new skills to help yourself get a better quality of life.

Do you have any of these problems?

If you do, which of them would you most like to change?

(1) Problems making it hard to want any close relationships

- Finds it hard to trust people sometimes finds it hard to trust friends
- Often thinks: "that person is out to get me"
- Doesn't like confiding in others in case they can't be trusted
- Often notices other people's casual comments; thinks "they're having a go at me"
- Finds it hard to forgive people often bears a grudge
- Gets annoyed if others are critical or make comments
- Quick to be suspicious that a loved-one is not being faithful
- Believes strongly in magic and supernatural forces
- Sees and notices things that most other people don't see and notice
- □ Has very few close friends
- Gets uncomfortable with people worries that they might be a threat
- Experiences things that other people often don't seem to know about
- □ Has thoughts that other people don't seem to have
- □ Says things that other people regard as strange
- Does things that seem sensible, but which others think rather unusual
- Dresses in a way that others think is odd
- □ Is suspicious feels that others are out to get them
- Doesn't want close relationships and doesn't like them
- □ Usually prefers doing things alone
- Doesn't have much interest in sex
- Finds it hard to enjoy anything
- □ Has very few close friends
- □ Isn't impressed by other people's praise
- □ Isn't bothered by other people's critical comments
- Sometimes seen by others as rather cold and unemotional

(2) Problems making it hard to keep close relationships

- Often has a need to flirt can be seductive
- □ Worries a lot about own appearance and whether people notice
- □ Has a way of showing feelings that people say is very dramatic
- Unhappy if not the one who stands out in the crowd
- □ Has feelings that often change suddenly and unexpectedly
- Tends to talk dramatically doesn't bother with the details
- Easily influenced by people and situations
- Often feels very close to new people after spending very little time with them
- Often skipped school (before age 15)
- Ran away from home overnight more than once (before age 15)
- Often started fights (before age 15)
- Used a weapon more than once *(before age 15)*
- □ Was sometimes cruel to animals or was cruel to people (before age 15)
- Sometimes destroyed other people's property or started fires (before age 15)
- Often lied (before age 15)
- Stole from people (before age 15)
- □ Finds it hard to hold down a steady job
- □ Finds it hard to stay out of trouble
- Often gets into fights
- Not good at paying bills or debts
- Often lies or cons people
- Often takes chances does reckless things
- After breaking the law, feels there was good reason for the crime is not sorry
- Finds it hard to plan ahead
- Often uses people takes advantage of them
- Sees self as important gets annoyed when people don't respect this
- □ Has problems that are different from those other people have
- □ Thinks a lot about being famous, powerful or attractive
- Feels a real need to be treated as a special person
- Needs to be admired much happier when the centre of attention
- Finds it hard to be concerned about how other people feel
- □ Often feels jealous of others or that others are jealous
- All relationships seem to be intense lots of ups and downs
- Sometimes acts suddenly doesn't care that this might be self-damaging
- Can experience sudden mood swings these can be very powerful

- Has angry outbursts things can get smashed, sometimes people get hit
- Often behaves as if suicidal has episodes of self-harm
- Finds it hard to decide what's important in life
- Uncertain about self-image often thinks "Who am I?"
- Finds it hard to control angry outbursts
- Usually feels empty often feels bored
- □ When stressed, finds people and surroundings don't seem real anymore
- Can make frantic efforts to stop someone close from leaving
- When stressed, can feel very paranoid
- Finds it hard to plan ahead

(3) Problems making it hard to form close relationships

- Finds it hard to make decisions needs reassurance and advice from others
- Likes others to make important decisions and take responsibility
- Finds it hard to disagree with someone scared of losing their support
- Lacks self-confidence finds it difficult to do things without others helping
- Offers to do unpleasant things for other people to make sure of their support
- When alone, feels helpless and unable to care for self
- If a close relationship ends, quickly seeks another relationship for care and support
- Worries a lot about being left to manage alone
- Feels inferior to others
- Won't get involved with people unless sure of being liked
- Avoids mixing with others scared they will criticise or disapprove
- Very careful and guarded in close relationships
- Worries a lot about being rejected by others
- Doesn't function well with new people feels very inadequate
- Avoids new social situations worries about being embarrassed
- Thinks too much about rules, details and lists
- Finds being a perfectionist makes it very difficult to get things done
- Needs to concentrate on work all the time enjoys being very productive
- Has definite ideas about right and wrong feels things must always be correct
- Unable to throw away objects that others might see as useless or worthless
- Finds it hard to work with others, especially if they want to do things a different way
- Doesn't like spending money unnecessarily or wasting it on gifts
- Doesn't like change sometimes seen as inflexible and stubborn
- Sometimes does things slowly or badly on purpose
- Feels other people don't understand and don't appreciate

- Gets out of doing things by pretending to have forgotten they need doing
- Doesn't like people in authority often criticises them
- □ Often grumpy and argumentative
- $\hfill\square$ Gets annoyed and envious when others seem to get a better deal out of life
- Complains about having bad luck and often blames others for this then changes and blames self

Do you have any of these problems?

If you do, which of them would you most like to change?

Paranoid problems - make it hard to want any close relationships

- Finds it hard to trust people sometimes finds it hard to trust friends
- Often thinks: "that person is out to get me"
- Doesn't like confiding in others in case they can't be trusted
- Often notices other people's casual comments; thinks "they're having a go at me"
- □ Finds it hard to forgive people often bears a grudge
- Gets annoyed if others are critical or make comments
- Quick to be suspicious that a loved-one is not being faithful

Schizotypal problems - make it hard to want any close relationships

- Believes strongly in magic and supernatural forces
- □ Sees and notices things that most other people don't see and notice
- Has very few close friends
- Gets uncomfortable with people worries that they might be a threat
- Experiences things that other people often don't seem to know about
- Has thoughts that other people don't seem to have
- Says things that other people regard as strange
- Does things that seem sensible, but which others think rather unusual
- Dresses in a way that others think is odd
- □ Is suspicious feels that others are out to get them

Schizoid problems - make it hard to want any close relationships

- Doesn't want close relationships and doesn't like them
- Usually prefers doing things alone
- Doesn't have much interest in sex
- □ Finds it hard to enjoy anything
- □ Has very few close friends

- Isn't impressed by other people's praise
- □ Isn't bothered by other people's critical comments
- Sometimes seen by others as rather cold and unemotional

Histrionic problems - make it hard to keep close relationships

- Often has a need to flirt can be seductive
- □ Worries a lot about own appearance and whether people notice
- Has a way of showing feelings that people say is very dramatic
- Unhappy if not the one who stands out in the crowd
- Has feelings that often change suddenly and unexpectedly
- Tends to talk dramatically doesn't bother with the details
- Easily influenced by people and situations
- Often feels very close to new people after spending very little time with them

Antisocial problems (before age 15) - make it hard to keep close relationships

- Often skipped school
- □ Ran away from home overnight more than once
- Often started fights
- Used a weapon more than once
- □ Was sometimes cruel to animals or was cruel to people
- Sometimes destroyed other people's property or started fires
- Often lied
- Stole from people

Antisocial problems (since age 15) - make it hard to keep close relationships

- Finds it hard to hold down a steady job
- Finds it hard to stay out of trouble
- Often gets into fights
- Not good at paying bills or debts
- Often lies or cons people
- Often takes chances does reckless things
- After breaking the law, feels there was good reason for the crime is not sorry
- Finds it hard to plan ahead

Narcissistic problems - make it hard to keep close relationships

- Often uses people takes advantage of them
- Sees self as important gets annoyed when people don't respect this
- Has problems that are different from those other people have
- Thinks a lot about being famous, powerful or attractive
- Feels a real need to be treated as a special person
- Needs to be admired much happier when the centre of attention
- Finds it hard to be concerned about how other people feel
- Often feels jealous of others or that others are jealous

Borderline problems - make it hard to keep close relationships

- All relationships seem to be intense lots of ups and downs
- Sometimes acts suddenly doesn't care that this might be self-damaging
- Can experience sudden mood swings these can be very powerful
- Has angry outbursts things can get smashed, sometimes people get hit
- Often behaves as if suicidal has episodes of self-harm
- Finds it hard to decide what's important in life
- Uncertain about self-image often thinks "Who am I?"
- □ Finds it hard to control angry outbursts
- Usually feels empty often feels bored
- When stressed, finds people and surroundings don't seem real anymore
- Can make frantic efforts to stop someone close from leaving
- □ When stressed, can feel very paranoid
- Finds it hard to plan ahead

Dependent problems - make it hard to form close relationships

- Finds it hard to make decisions needs reassurance and advice from others
- Likes others to make important decisions and take responsibility
- Finds it hard to disagree with someone scared of losing their support
- Lacks self-confidence finds it difficult to do things without others helping
- Offers to do unpleasant things for other people to make sure of their support
- When alone, feels helpless and unable to care for self
- If a close relationship ends, quickly seeks another relationship for care and support
- □ Worries a lot about being left to manage alone

Avoidant problems - make it hard to form close relationships

- □ Feels inferior to others
- □ Won't get involved with people unless sure of being liked
- Avoids mixing with others scared they will criticise or disapprove
- □ Very careful and guarded in close relationships
- □ Worries a lot about being rejected by others
- Doesn't function well with new people feels very inadequate
- Avoids new social situations worries about being embarrassed

Obsessive-compulsive problems - make it hard to form close relationships

- □ Thinks too much about rules, details and lists
- Finds being a perfectionist makes it very difficult to get things done
- □ Needs to concentrate on work all the time enjoys being very productive
- Has definite ideas about right and wrong feels things must always be correct
- Unable to throw away objects that others might see as useless or worthless
- Finds it hard to work with others, especially if they want to do things a different way
- Doesn't like spending money unnecessarily or wasting it on gifts
- Doesn't like change sometimes seen as inflexible and stubborn

Passive-aggressive problems - make it hard to form close relationships

- □ Sometimes does things slowly or badly on purpose
- Feels other people don't understand and don't appreciate
- Gets out of doing things by pretending to have forgotten they need doing
- Doesn't like people in authority often criticises them
- □ Often grumpy and argumentative
- Gets annoyed and envious when others seem to get a better deal out of life
- Complains about having bad luck and often blames others for this then changes and blames self

What do I want to change about myself?

On the checklist, you will probably have ticked quite a few of the boxes. Have a close look at all the problems you have ticked. Which are the ones you most want to change? (pick the 5 most important and write them below)

I want to change the following things about myself:

- 1)
- 2)
- 3)
- /
- 4)
- 5)

Psychoeducation End of course feedback form

In order for us to make Psychoeducation as useful as possible to future participants we would like you to give us your opinions on your experience

 Please list the main things you have learnt: Overall how useful was Psychoeducation to you? (Please circle the most appropriate number.) 								
1 2 not at all		4	5 fair	6 ly	7	8	9	10 very
3. How interesti	3. How interesting was Psychoeducation to you?							
1 2 not at all		4	5 fair		7	8	9	10 very
4. How enjoyabl	e was Psy	choedu	cation to	o you?				
1 2 not at al	3 I	4	5 fair		7	8	9	10 very
5. What changes would make Psychoeducation better?								
6. What were th	e most us	seful bits	s?					

Thank you

Psychoeducation - end of course summary

Name	e	Date of Birth	ID no			
Start date / / end / /		Course competed Yes/No				
Therapist.		signature				
		1				
Diagr	nosis	? IPDE score ? agreed diagnosis				
	ts view of diagnosis (include a statement of agree list which aspects they do not agree with and		n the diagnosis and if they			
donior		2 vviiy)				
Aims	of Psychoeducation					
1.	1. To provide a basis for establishing rapport between client and clinician, and hence a means of establishing a therapeutic alliance.					
2.						
3.	3. To introduce the client to the concept that personality problems may be ameliorated by acquiring new skills.					
4.	4. To provide the client with a focus for areas of change and hence to agree treatment goals.					
5.	To promote the concept of taking responsibility for behaviour.					
Overview of psychoeducation (provide a brief summary of the psychoeducation sessions; you might like to relate it to the aims above.)						

3. 4.	Name	Date of Birth	ID no			
Problems the client has identified that they want to change 1. 2. 3. 4. 5.	Summary of problems (expand on the list of agreed problems taking into account the discussion you have had around the problems using examples if necessary to show the effect that the problems have on the clients					
1. 2. 3. 4. 5.	lifestyle and interpersonal functioning.)					
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
1. 2. 3. 4. 5.						
 2. 3. 4. 5. 	Problems the client has identified that they	want to change				
 3. 4. 5. 	1.					
4. 5.	2.					
5.	3.					
	4.					
Other problems the client would like to change but not included as treatment goals	5.					
	Other problems the client would like to char	ige but not included as	treatment goals			