



Encyclopedia of Trauma: An Interdisciplinary Guide

Counseling and Education about Trauma

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Trauma counseling, or psychoeducation, is usually provided to individuals or groups after a traumatic event such as a natural disaster or serious traffic accident. Such counseling is an educational intervention and an important aspect of trauma therapy. It primarily describes the information provided by clinicians during the ongoing process of psychotherapy and can be offered either verbally or through written material. In the digital age, it has become common for clients to use the Internet to seek information concerning their problems. Many websites offer valuable information in a self-help format that is informative and helpful. Information gained in this manner can be viewed as psychoeducation.

When used in psychotherapy, psychoeducation is presented relatively early in treatment although it can be helpful throughout the therapy process. For example, as the client addresses traumatic material later in treatment, he or she may benefit from additional information that normalizes reactions and that provides informational understanding. Psychoeducation can be used in both individual treatment and group formats with a small number of people with similar trauma histories who can benefit from factual information about a traumatic event. Psychoeducation must always be individualized for a particular individual or group.

The educational process is always embedded in the therapeutic context, but it is more easily integrated into a client's understanding when it is directly relevant to the client's experience. When psycho-education is provided in this manner, the therapist is better able to monitor the client's responses to the material and to clear up any misunderstandings that might arise. Psychoeducation does not replace psychotherapy, but competent psychotherapists are able to maintain a correct balance of content and process. They use psychoeducation as an integral part of the therapeutic process but are attuned to the client's clinical issues.

In psychoeducation with trauma victims, the therapist provides information through verbal discussions, handouts, or books. The information provided through psychoeducation tools prepares clients for symptoms that arise in the future; it is an important empowering component of recovery from trauma. Psychoeducation about the long-term effects of traumatic experience empowers trauma survivors by making their symptoms comprehensible and manageable; it validates their experience and explains uncontrollable responses, while at the same time providing coping skills to effectively manage distress. Psychoeducation allows the unbearable to become bearable by assisting survivors in developing self-compassion, self-understanding, and emotional self-mastery of the traumatic event. Through psychoeducation, clients often learn about symptoms before they occur. Clinicians who predict trauma reactions and prepare clients to expect them can significantly reduce posttrauma anxiety among trauma survivors. Additionally, successfully predicting potential traumatic symptoms enhances the overall credibility of the therapist, especially when symptoms are presented as a normal reaction to stress and trauma. It is important to provide clients with a nonpathologizing analysis of symptoms and what they mean and/or do not mean. Awareness and understanding of trauma reactions is an important first step toward coping and recovery.

Counseling and education about the physical reactions to a traumatic event, such as mood instability, flashbacks, memory problems, and depression, allows clients to view their symptoms not as personal weaknesses or failures but normal reactions to stressful events. Trauma survivors are best served when they understand that symptoms such as dissociation or aggression developed in the context of a traumatic event may have been initially adaptive in a traumatic situation; it allows them to better accept their reactions and to view their behaviors as changeable. While general information on trauma and violence may reduce a client's sense of victimization, it may also overestimate the danger in the environment and could lead to an increase in fear.

Psychoeducation is crucial in the initial safety and stabilization stage of trauma recovery because it is at this stage, when problems related to the traumatic event are identified, expectations for future treatment are defined, and coping skills necessary for dealing with painful memories or changing risky behavior are taught. Psychoeducation serves as an invaluable support during subsequent intensive trauma treatment. Teaching and coaching clients in the use of effective coping strategies is important before memories of a traumatic event can be properly accessed. For clients with complex and repeated trauma exposure, psychoeducation must involve attention to the immediate needs of personal safety and self-care. Clients can and should be educated concerning how previous abuse increases the risk for revictimization, as well as the importance of safety planning as a first step to trauma recovery. Clients also need to learn, through psychoeducation, self-

monitoring, and alternative coping strategies for dealing with high-risk behaviors such as disordered eating, substance abuse, or self-mutilation. A client who develops an awareness of how trauma reminders can trigger self-destructive behaviors and who practices adaptive coping strategies is better able to establish stability in their life before moving to the next stage of intense trauma therapy.

The value of psychoeducation is that it can be administered by people who may not be specifically trained to conduct psychotherapy. Based on limited research evidence, psychoeducation has shown to be an effective, practical, and cost-effective method of intervention. For example, in the aftermath of a major disaster when client needs surpass counseling resources, disaster responders who may not have a mental health background can still intervene appropriately by using psychoeducation materials. Nurses and physicians often engage in psychoeducation when they give patients symptom-related material and other resources and help patients access these resources appropriately. They may also counsel parents of children who have experienced traumatic events. The goals of psychoeducation in these situations are to help people understand the range of normal responses to such events, to use effective coping strategies, and to identify responses that warrant more intensive intervention.

Since trauma-related symptoms are likely to lead to self-care deficits, skills to promote healthy behaviors, manage overwhelming distress, and to increase safety must be taught in conjunction with didactic information about trauma. The needs of the individual or affected population influence how these content areas are prioritized. However, most survivors of extreme traumatic stress need to develop skills in emotion regulation through distress tolerance skills such as distraction and grounding. These skills are particularly relevant for clients who may have a substance abuse history; such coping skills can help decrease a client's desire to use drugs when he or she feels overwhelmed with unpleasant emotions.

Although psychoeducation is often used directly with clients, it can also be used with family members, friends, and other significant people in a client's life. Family involvement and support from others is crucial in a trauma survivor's recovery. By including family in a client's treatment, there is a reduction in focus on the individual; this approach also serves to include rather than alienate family members. Research has shown that patients' outcomes improve dramatically when family members are provided with information, clinical guidance, and support. A review of the literature regarding family psychoeducation and schizophrenia suggests that family psychoeducation is more effective in patient relapse prevention and improvement in patient quality of life than medication management and individual treatment. The social support, education, and coping skills provided to family members accounted for significant patient improvement.

Handouts

Whether used in individual therapy or support groups, handouts are complementary tools in the psychoeducation process, not stand-alone sources of information. The public health literature shows that didactic material when used alone is not effective in changing the emotional and behavioral health of victimized individuals. Handouts typically present information on topics such as the prevalence and reactions to trauma and violence, common myths about victimization, and social resources available in the survivor's geographic area. Handouts should be written at a level that is easy to understand, especially by someone whose attention and ability to focus may be hindered by reactions to a traumatic event. Materials should be written in the primary language of the recipient, and information or depictions should be culturally appropriate—for example, visual depictions should be reflective of figures and symbols commonly found in the recipient's life. The content of materials should be meaningful and directly related to a client's situation. Merely offering educational materials is not the same as providing effective psychoeducation; materials are distributed with sufficient discussion or application to the client's own history or current situation.

Psychoeducational material such as brochures and written information offering guidelines for recovery is especially useful in the aftermath of a major crisis and disaster. Many people may never seek counseling, and the handout they receive may serve as their only form of intervention. It is therefore critical to include in such documents as much helpful information as possible; the handouts should be constructed as a form of self-help intervention. With technological advances, it has become popular to offer psychoeducational material on the Internet through dedicated websites. It is especially common after a disaster for various service organizations (e.g., American Psychological Association) to provide an overview of expectable trauma reactions and to offer

guidelines to promote coping. As media personnel have become more familiar with the field of trauma, news reports and documentaries have also included psychoeducational material. Information offered through these modalities reach a greater number of people; in addition, people can access websites at any time of day or night. Information delivered and received via the Internet can be subsequently downloaded and printed out for those who may otherwise not have access. Client-oriented brochures and informational material can be obtained from a number of mental health organizations, either via the World Wide Web or by requesting materials by telephone or through the mail.

Web sites that include useful information after traumatic events include

International Society for Traumatic Stress Studies at <http://www.istss.org/resources/index.htm>

Office for Victims of Crime (U.S. Department of Justice) at <http://www.ojp.usdoj.gov/ovc/help/welcome.html>

Books

Many books are now available on trauma and violence. However, clinicians recommending books should make sure that the information is not emotionally activating for survivors with unresolved posttraumatic difficulties, and for those individuals who are early in their recovery or treatment process. It is therefore imperative that therapists read trauma-related literature before recommending a particular book or books to their clients and ensure that the literature appropriately meets their client's needs, is factually accurate, and does not carry the potential to activate posttraumatic distress.

- psychoeducation
- trauma
- clients
- survivors
- recovery
- coping
- major disasters

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See Also

- [Early Interventions](#)
- [Trauma Education](#)

Further Readings

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