It seems that in our field, many who hear the word “psycho-education” believe they know exactly what it is. But at a recent annual American Psychiatric Association (APA) meeting when many authors featured in this month’s issue of Psychiatric Annals presented a symposium entitled, “What is psychoeducation?” it was obvious from the audience’s responses that there are many definitions of the term: People could say they understood it, but couldn’t really define this term (once only applied to services for the developmentally disabled or intellectually challenged populations) beyond using it in the context of their own area of expertise or practice.

In this issue, we are privileged to have the accumulated wisdom of many of the world’s true giants of the field. Cynthia C. Bisbee, PhD, who has published widely on destigmatization and education of patients suffering with schizophrenia, begins our line-up, coauthoring a work with me on a brief history of psychoeducation. Robert Paul Liberman, MD, who has spent his entire career in academia, publishing original and important clarifications about psychoeducation, has penned a precise account of the four phases of a successful psychoeducation program based on collaborating with patients and their families.

“As what psychoeducation?”
People could say they understood it, but couldn’t really define this term.

As a founding member of the Therapeutic Educators Association (TEA), dedicated to standardizing patient education, Karen A. Landwehr, LMHC, MC, has been the “team captain” for psychoeducators since 1993. She and Larry S. Baker, MDiv, make a lucid case for including psychoeducation as a lynchpin of an integrated health care system. For over 20 years, thanks to Ms. Landwehr’s efforts, most of the authors in this issue have presented aspects of patient education, in association with TEA, at the annual meeting of the Institute on Psychiatric Services, held each fall.

David E. Pollio, PhD and Carol S. North, MD, have published extensively on psychoeducation. In this paper, the researchers and their colleagues explain how concepts applied to treatment for schizophrenia can be translated into treatment programs for other areas of mental distress. Harriet P. Lefley, PhD, who is an active psychoeducator in Miami’s multicultural community, presents an intriguing collection of insights into how psychoeducation programs, if they are to be effective across cultures, must be tailored to a person’s social mores and family belief systems.

In this issue of Psychiatric Annals, we have the opportunity to learn from the major thought leaders in this field, from their collective experience in academic, community psychiatric, private practice, and even state institutional care settings. What has been studied, learned, and published over the last several decades is distilled into this journal.

I welcome your thoughts on this topic. Email me at: gmv7127@bjc.org.

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