Psychoeducation in Quebec: A Psychoeducational Intervention Method

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Abstract
This article is the second of three written on the topic of Quebec psychoeducation. The first article introduces the historical and theoretical foundations of psychoeducation, while the purpose of this second article is to present the models and methodology behind psychoeducational practice. Psychoeducative care and treatment as a specialized form of intervention which, in order to help a person struggling with social adjustment disorders. To reach such goals, the psychoeducator adopts the principles of the Psychoeducational Intervention Method to create a reeducation program. The Psychoeducational Intervention Method is comprised of eight Professional Processes adopted by all psychoeducators and used in conjunction with the Structural Psychoeducative Model. The eight processes and model shall later be described in detail and illustrated by means of a concrete example that shows how psychoeducative intervention is programmed.

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

1

Psicoeducazione in Quebec: un metodo di intervento psicoeducativo
Questo articolo è il secondo di tre scritti sul tema della psicoeducazione in Quebec. Il primo articolo introduce i fondamenti storici e teorici della psicoeducazione, lo scopo di questo secondo articolo è di presentare i modelli e la metodologia di intervento che stanno alla base della pratica psicoeducativa. Cura e trattamento psicoeducativo sono qui intesi come una forma specializzata di intervento che ha lo scopo di aiutare una persona alle prese con disturbi di adattamento sociale. Per raggiungere tale obiettivo, lo psicoeducatore adotta i principi del Metodo di Intervento Psicoeducativo in base a cui definisce un programma di rieducazione. Il Metodo di Intervento Psicoeducativo è composto da otto processi professionali adottati da tutti gli psicoeducatori e utilizzati in combinazione con il modello strutturale psicoeducativo. Gli otto processi e il modello sono qui descritti in dettaglio e illustrati mediante un esempio concreto che dimostra come viene programmato l'intervento psicoeducativo.

Key words: psychoeducation, intervention method, professional processes, structural psychoeducative model.

Parole chiave: psicoeducazione, metodo di intervento, processi professionali, modello strutturale psicoeducativo.

Introduction

Gilles Gendreau was one of Quebec's psychoeducation pioneers, as stated in the first of this trilogy of articles. Without a doubt, one of his greatest contributions to the field was his Structural Psychoeducative Model (Gendreau, 1978, 2001). In fact, his work influenced, shaped and defined the very nature of psychoeducation in Quebec, establishing a process for its clinical practice. Initially, Gendreau designed a model to define psychoeducator know-how, showing a sequence of processes, a process now inherent to today's clinical practice and known as the Psychoeducational Intervention Method[1]. This method includes a sequence of eight professional processes[2] (observe, pre-assess, plan, organize, run treatment activities, utilize, post-assess and communicate) and is applied in combination with the Structural Psychoeducative Model[3]. The professional processes are adopted by the psychoeducator, while working with a person in need and within various contexts of Shared Educational Experience[4] (Gendreau, 2001). Psychoeducator know-how is centred on the organization of psychoeducative care and treatment as a structured and all-encompassing concept. In practical terms, the dynamic interaction between the structural model's thirteen components (the subject; peer groups; the psychoeducator; parental figures; other professionals; treatment objectives; pro-

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

2

gram content; time; space; the code of conduct and procedures; roles and responsibilities; means of generating interaction; measurement, evaluation and recognition) all assist in activating the individual's journey towards adaptation.

This article aims at clearly outlining each of the structural model's thirteen components and at defining the eight professional processes that comprise the psychoeducative intervention method as a whole.

1. The Model

1.1 The Model's Origins

Gendreau's (1978) Structural Psychoeducative Model took shape in 1968. It is important to note that psychoeducation emerged in Quebec during the 1960s as a socio-judicial alternative to youth imprisonment. Within the framework of live-in rehabilitation centres, Quebec Psychoeducation assumed responsibility for juvenile delinquents, and for troubled or maladjusted youth, suffering from socio-affective disorders. (Renou, 1989). Live-in rehabilitation centres were then defined as social environments in which the youth who inhabit them continually interact with their surroundings. In this context, the desired adaptive development (on both the psychological and social fronts) for the interned individuals hinged upon the capacity of the re-educational setting to provide suitable interactive experiences. With this in mind, Gendreau expanded his intervention model, mainly by seeking inspiration from Piaget's work, and then intertwining Piaget's theories on adaptation and Bertalanffy's (1968) general systemic theories. Therefore, Gendreau's model stemmed from educative models rooted in cognitive development, coupled with ecosystemic perspectives on intervention. The formal organization of the psychoeducative intervention setting was born out of an amalgamation of practice and theory; today named the Structural Psychoeducative Model. The nature of the interventions delivered, the practitioners' clinical abilities, and the planning and proper organization of the assigned activities[5] within the treatment setting, ensure the model's smooth delivery (Gendreau, 1978).

Due to collaborative relationships between Gendreau and various other authors in the field, the model has been enhanced over time. The 2001 model currently presides as the optimal definition and professional guideline for the psychoeducative approach (Renou, 2005) and it is this model that will be elaborated upon within this article.

1.2 Psychoeducative Intervention Methodology

As shown in Figure 1, psychoeducational intervention methodology is comprised of two key sub-divisions that constantly interact with each other throughout the psychoeducative intervention process. The first of the two sub-divisions, being the

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

3

Structural Psychoeducative Model and its 13 components, covers the basic elements to be taken into consideration when planning out the re-education activity and organizing intervention settings. Each of the thirteen components is outlined in further detail in the upcoming paragraphs of the article. The second subdivision, being the eight Professional Processes, is the embodiment of a psychoeducator's professional know-how and expertise. The eight professional processes shall also be discussed in further detail in a subsequent section of the article.
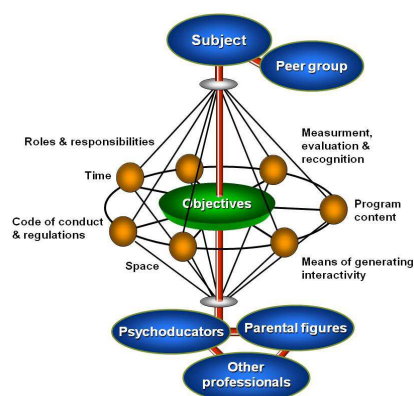
Figure 1. Flow chart illustrating interactions within the Psychoeducational Intervention Method
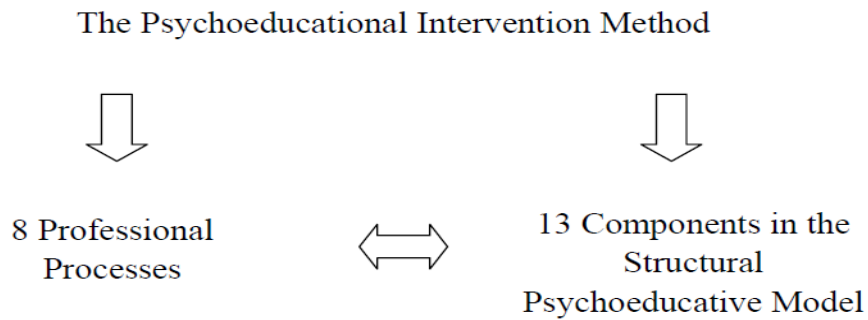
1.3 Components within the Structural Psychoeducative Model
On the premise that all forms of psychoeducative intervention are carried out within an individual's everyday life setting and within a pre-determined context, the psychoeducator is expected to structure and bring that setting to life in such a way that each and every aspect within (or surrounding) a treatment context serves a purpose in the re-education process and contributes directly or indirectly to a successful outcome. The everyday life setting should hence be viewed as a global and dynamic system whose various elements exercise influence over each other, feed off each other and concurrently, feed the intervention process. The everyday life setting emerges as an integral part of any psychoeducative act in the sense that its components can be used and modulated to provide a working framework, to support and engender positive action for the maladjusted individual. In short, the everyday life setting is an organized entity whose dynamic is the result of continual interactivity between the various components of the global structure shown here in Figure 2 (Gendreau, 2001). The structural model boasts two prominent features; the vertical axis and the surrounding structural components.

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

4

Figure 2. The Structural Psychoeducative Model

1.4 The Human Component along the Vertical Axis

The Subject. The «Subject[6]» component is the focal point of any re-educative action, being the purpose for which a treatment program is designed. A subject should be viewed as a unique and global individual, in his or her entirety. Uniqueness is interpreted through each individual having his or her own unique needs, a unique history, a unique perception of reality and the world around us, his or her very own source of potential, influenced by specific strengths and weaknesses, and lastly, a unique desire for change. The subject is also a whole individual, growing and developing in the context of him or herself, in the context of others, and in the context of his or her abilities in a real life situation. Lastly, the subject is seen as possessing a certain potential for adaptation (PAP)[7] and as a global being whose bio-psycho-social facets and operational dynamic need to be taken into account.

The Peer Group. The subject may belong to a «peer group» who can exercise a decisive influence over a number of behaviours. Although re-education treatment programs are geared predominantly towards the individual[8], the practitioner should never underestimate the influence of a social peer group. The mutually-influential dynamic between a subject and his or her peers is taken into account when planning intervention.

The Psychoeducator. It is important to consider the «psychoeducator» as a strongly human component of intervention, as much as the «subject» itself, and with his or her own personal history, strengths and weaknesses. The practitioner is the one who sets the intervention process in motion by using a personal set of knowledge, skills and attitudes (Renou, 2005). As such, the practitioner establishes

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

5

a meaningful relationship with the « subject » in order to reach intended treatment objectives (Prince & Lamoureux, 2006).

The Parental Figures. The « parental figures » component may refer as much to biological and adoptive parents, as to any person who acts as a parental role model or who adopts the parental role for the subject[9]. Parental figures are generally viewed as partners in the process. They become involved in defining and pursuing treatment goals. Parental figures play a key role in the structural model as, in most cases, upon completion of the re-educative treatment program, they will take over where the psycho-educator left off, providing support and guidance in putting what has been learned into practice. In order to do so, a cooperative relationship must be established between a psychoeducator and parental figures (Prince & Lamoureux, 2006).

Other Professionals. The « other professionals » component encompasses a range of professionals (teacher, psychologist, social worker, nurse, and so on) who interact with and develop relationships with people involved in the process (practitioner, parental figures and subject). It hence remains crucial at all times that treatment be a concerted, coherent and consistent effort. Dialogue between the various people involved is of the utmost importance in ensuring coherence and consistency in the re-educative process (Prince & Lamoureux, 2006). Furthermore, this component makes direct reference and applies to professionals in the immediate team providing and running treatment activities, as well as any other working partnerships of any kind that may be established.

1.5 The Surrounding Structural Components of the Intervention

Objectives. The « objectives» component speaks of the ends and goals sought through psychoeducative action. Treatment objectives are the basis of the strategic alliances formed between the subject, the psychoeducator and all other people involved. All those involved must rally together around a common goal which is drawn up into objectives. Psychoeducative intervention accords great importance to the defining of objectives. As stated by Renou (2005), objectives form one of the three main pillars around which the structural psychoeducative model revolves. In fact, all the remaining structural components (program content, means of generating interaction, time, space, code of conduct and procedures, roles and responsibilities, measurement, evaluation and recognition) come to be defined through the interactive relationships they entertain with the subject, psychoeducator, other people involved and the objectives. Psychoeducative intervention objectives are subject to certain widely-accepted characteristics. For instance, objectives must target a «desired result». It must hence be known of each and every case or context, what are the desired outcomes for the subject, and what level of importance and/or urgency would be attributed to each of those outcomes. For objec-

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

6

tives to be desirable, they must be desired as much by the subject as by the intervening personnel's mandated course of action. Additionally, desirable objectives must be mutually agreed-upon, meaning all those involved must perceive them in the same light. Subsequently, objectives must be operationalized in order to be measurable, hence facilitating an assessment as to whether or not they have in fact been accomplished. Keeping objectives realistic and achievable is another necessity. A subject needs to feel that objectives are attainable and, ideally, be able to reach them with a sense of success and accomplishment.

Broader objectives may be broken down into more specific objectives where a more concrete means of reaching them can be established. A highly effective way of having objectives appear stimulating and achievable for the subject, is to involve the subject in their elaboration (Prince & Lamoureux, 2006; Renou, 2005). *Pedagogical objectives* are linked to program content, and refer to the knowledge behind the learning process and skill acquisition. *Psychoeducational objectives* refer to changes that one may wish to engender in the subject, in the form of the behavior and adjustment modifications (Renou, 2005).

Program and Program Content. The « program and program content » component refers to the systemizing of re-education program and content, or, in other words, arranging the body of activities which shall be conducive to achieving the treatment goals (Gendreau, 2001). This is where an educator identifies the aim and purpose behind a programmed event or activity (an educational activity, a day-to-day routine, a sports event, relaxation time, cooking or woodworking, and so on.) This component might be conceived as the framework for taking psychoeducative action and delivering psychoeducative treatment. It encompasses all activities and educational content found within the program, as well as any challenges encountered whilst running such activities. It could be described as the setting of a situational context through which the subject's goals are achieved.

Means of Generating Interaction. The « means of generating interaction » component aims to have maladapted individuals interact with real-life settings, with the program goals and with themselves. It encompasses any means or method the psychoeducator may make use of to generate such interaction in a subject whilst running activities. In more practical terms, in order to achieve this, the psychoeducator may adopt behavioural management techniques, leadership or counselling methods, teaching styles, and post-situational intervention methods. In addition to this, the tools and equipment (course materials, art supplies, sporting goods) used during activities shall also foster interactivity between the subject, the overall treatment goals and the specific skills learned. This component seeks to achieve one central goal: enabling the subject to benefit from a psychoeducative experience while drawing links and seeing relationships between his or her own behav-

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

7

iour and the interactive circumstances in which he or she is involved. (Gendreau, 2001).

Code of Conduct and Procedures. The first aspect herein, being the « code of conduct », is defined as the establishment of fundamental rules aimed at ensuring norms and standards are respected. These norms and standards stem from the values or intervention philosophies within specific treatment environments (Renou, 2005). One must think of the code of conduct not as a self-contained structure, but as more of a support structure enabling the achievement of goals. The « procedures » are the second aspect within the component and refer to the practical application of the code, such as approaches, steps or actions taken to make the code of conduct functional and operational. It is, in short, the optimal way of implementing the code of conduct. The procedures must flow within a process, be circumstantially adaptive and contextually multi-functional in order to fit within the context of a given treatment program (Gendreau, 2001).

Roles and Responsibilities. The « roles and responsibilities » component pertains to the tasks, roles, and responsibilities that must be taken on by those involved in the intervention process in order to ensure that the treatment plan unfolds seamlessly. Whether directly involved in re-educational activities or participating from afar, there is a formalization of each person's role and function (such as the subject, parental figures, peer groups, psychoeducators, other practitioners, centre managers, etc.) with respect to the structural psychoeducative model and the running of psychoeducational treatment activities (Renou, 2005). The roles assumed by the various individuals involved correspond to anticipated behaviours and paths of action in accordance with their position and function within the structural model and within the planned psychoeducative activities. A task is the operational embodiment of a required action that is to be carried out at a certain time and within a certain context over the course of an activity or event. Above all, tasks must be deemed to be useful and/or necessary by those involved, in order to truly contribute to the activity's purpose. Ultimately, the « roles and responsibilities » component supports the subject's participation in psychoeducative activities or events, as well as providing support for the entourage who act as the surrounding framework.

Space. The « space » component is comprised of both objective and subjective dimensions. Objective space relates to what the environment's physical configuration offers those involved in terms of successfully running an activity (distances, travel between different rooms, on-site tools, furnishings, the atmosphere, the positioning of people within a space, etc.). In order to create an environment conducive to the achievement of objectives, the physical space should be put to optimal use. The subjective space relates to the meaning a space may take on for an indi-

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

8

vidual, dependent upon historical circumstances and personal vulnerabilities. (Prince & Lamoureux, 2006).

Time. Similarly to « space », « time » as a component, also holds objective and subjective properties. Its objective dimension covers any measurable and observable units of time (seconds, minutes, hours, days, months, etc.). In practical terms, objective time governs and sets a pace for life experiences within the activities. Subjective time refers to the subject's individual experience of time and what it means to them. Subjective time is distinguished by a person's history, personal pace, interest and motivation. (Renou, 2005). The objective and subjective aspects of time and space are equally as important for the person in re-educational treatment program as they are for the practitioners or others involved.

Measurement, Evaluation and Recognition. According to Renou (2005), measurement and evaluation includes all methods used in treatment environments to assess whether or not previously defined goals have been achieved. There are four types of evaluation (summative, formative, norm-referenced and criterion-based), along with two methods of evaluation (formal and informal). Summative evaluation refers to a final assessment, generally made at the conclusion of a learning activity. It aims to determine the learner's level of acquisition and mastery of a given concept. Formative evaluation takes place during the learning process, and allows for adjustments to be carried out mid-process. Norm-referenced evaluation places and assesses the learner with respect to their specific community or peer group. An example that clearly illustrates this kind of evaluation is the notion of competition in which the learner is compared to their peers. Lastly, criterion-based evaluation is used when the learner is not compared to others. The criteria that must be fulfilled by the learner is established in advance (Renou, 2005). The first evaluation method (formal evaluation) is based on a system of pre-determined norms and criteria which are established beforehand by the treatment environment or by the practitioner. Assessment topics are multiple and can touch upon some or all of a subject's desired behaviours. This kind of evaluation can therefore be criterion-based and/or norm-referenced. In opposition, an informal evaluation would be centred on an experience which occurs in the present moment whilst running an activity. It is based on an immediate field assessment within current circumstances. It proves useful in making suitable decisions which cater to the subject's needs and which promote individual development in a fair and just manner (Renou, 2005).

According to Gendreau (2001), a system of « recognition » includes any means or methods used to convey approval or disapproval directly to the subject, as a result of assessments carried out by the educator or treatment centre. « Recognition » is intended to point out, give meaning to, or to show approval for behaviour adopted by subjects, with the aim of engendering self-awareness with respect to their

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

9

own role in interactions, and to hence assist them in building a more accurate perception of reality (Gendreau, 2001; Prince & Lamoureux, 2006). Recognition is *explicit* when the approval is externalized or takes the form of a tangible or usable reward (points, salary, trophies/medals, privileges, and so on). Recognition is *implicit* when the results of an assessment are communicated without taking on physical form, which can be manifested in praise, positive testimonials, or signs of affection, and so on (Gendreau, 2001).

2. The Professional Processes : A Psychoeducator's Know-How

The psychoeducator's professional know-how is exemplified in the skills and ability to efficiently resolve problems, by putting scientific, methodological and experiential knowledge to good use, thereby facilitating the re-educational plan. This "know-how", in psychoeducation, is expressed via eight professional processes as part of the methodology associated with a sense of thoroughness in clinical practice. The processes are clinical tasks performed within psychoeducative treatment contexts *for* and *with* at-risk people and people with social adjustment difficulties. As Figure 3 illustrates, the professional processes occur in a flowing figure-of-eight motion. In clinical practice, the psychoeducator moves (if necessary back-and-forth) from one process to another, guided by how the interactive experience unfolds and by the subject's needs in the *here and now*. Similar to the intervention itself, the professional practice of psychoeducation is also a fluid and dynamic operation (Gendreau, 2001).

2.1 Observation (Observe)

Observation is where the whole process commences, and is the launching of the operational sequence shown in Figure 3. Psychoeducative observation targets three inextricably-linked elements: a subject, its environment and the interactive dynamic between them. More specifically, by observing a psychoeducator seeks to identify the subject's Personal Adaptative Potential (PAP) and Experiential Learning Potential (ELP)[10] provided by the given setting. Only by witnessing the dynamic "exchange" between a subject and its environment can a professional assess and judge the appropriateness[11] of the "exchange". Assessing the level of appropriateness necessarily involves taking motivational factors (extrinsic through intrinsic) and individual learning styles into account.

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

Figure 3. Flow chart of professional processes adopted in psychoeducative intervention methodology
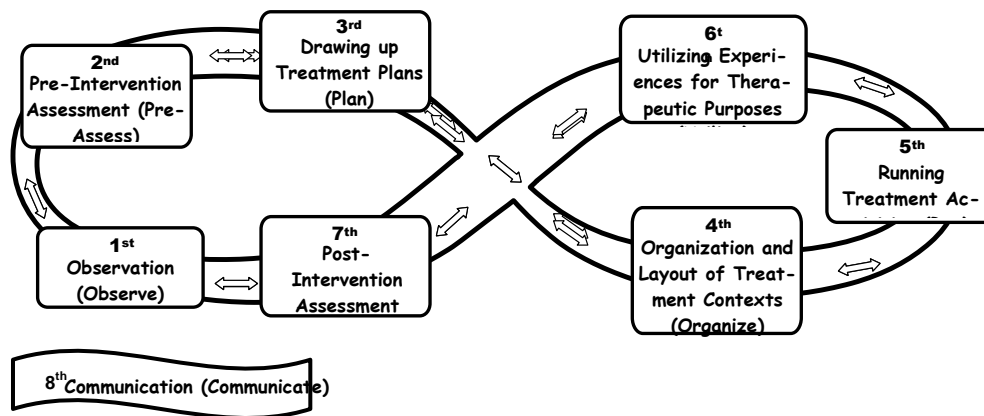
Through participative observation, the psychoeducator gathers facts and data, whether aided or not by complementary observation tools (such as observation grids, questionnaires, and so on), that may prove useful in identifying factors behind and inherent to a person's adjustment challenges, to be able to then guide the next steps in the process (Gendreau, 2001). As interactions and exchanges take place, the psychoeducator shall centre his or her attention on noteworthy attitudes and behaviours, with great objectivity, taking care not to allow emotions and/or preconceived ideas to interfere with the factual observations. It is important to note that, at this stage, the psychoeducator has not yet embarked upon the analytical process, and is simply in the process of collecting raw and unbiased data (Gendreau, 2001). Hence, the describing of any observations, both qualitatively and quantitatively, is necessary in retaining the utmost possible objectivity in the transmission of collected data to other professionals involved in the treatment process.

2.2 The Pre-Intervention Assessment (Pre-Assess)
If the observation stage allows the practitioner a chance to gather information, the pre-intervention assessment then provides an opportunity to analyze it. It can be described as a process wherein a psychoeducator gives « meaning » to previously-observed behaviours in reference to a theoretical framework. In concrete terms, when at the pre-intervention assessment stage, a psychoeducator attempts to understand by establishing meaning, interpret by offering an explanation and put

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

11

forth a clinical hypothesis by drawing likely links between the observation data and the theoretical framework within which he or she chooses to operate. In short, observation and pre-intervention assessment are two processes that shall later guide psychoeducative action (Gendreau 2001).

2.3 The Drawing up of Treatment Plans (Plan)

Drawing up a treatment plan consists of assembling and ordering a sequence of events or actions in order to reach a single goal (or set of goals), being both general and specific in nature. When first setting any objectives, diverse criteria must be taken into consideration, starting out by identifying realistic and meaningful expectations for the person with the adjustment challenges, while simultaneously accounting for developmental stages, strengths, skill and ability level, vulnerabilities, treatment contexts, parental figures and others involved in the process. Subsequently, a psychoeducator proceeds with envisaging a means of reaching the desired objectives, by designing program content and activities, outlining a system of roles and responsibilities, determining space and time factors, and coming up with a code of conduct, procedures and recognition methods. Adjunctly, a psychoeducator must consider the available physical and human resources, as well as logistical considerations. Lastly, measurement and evaluation procedures must be established in order to judge whether or not the desired objectives have been reached. For this purpose, it is important to determine operational assessment criteria and a means of substantiating the fulfillment of objectives (Prince & Lamoureux, 2006).

2.4 The Organization and Layout of Treatment Contexts (Organize)

Having planned out the sequence of events and actions to be taken, and knowing which resources or tools shall best support the process, the educator's next task is to align "the plan" with "resources" to reach the desired goals. It is clear that the "planning" of treatment and the "organization" of treatment contexts are closely intertwined. "Organization of a context" is the setting of optimal conditions which are expected to favour successful outcomes, given the realities of the specific setting (having studied its strengths and limitations). In more concrete terms, this means the psychoeducator builds and fits up the environment and lays out situational contexts to go hand in hand with the planned treatment program, allowing a maladapted individual to develop the required skills and abilities to move towards his or her desired goals. The organization and layout of treatment contexts acts as a bridge between the phases of « planning » (drawing up a program) and « doing » (running a program).

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

12

2.5 The Running of Treatment Activities (Run Treatment Activities)

Having previously set "an operational framework" during the planning and organization phases, running a treatment activity involves breathing life into all those plans. As part of this process, a suitably challenging state of disequilibrium is introduced by the psychoeducator to allow the individual undergoing treatment a chance to practice and develop the chosen skills. After planning and contextually organizing activities, a practitioner may run activities as much in group as in individual learning contexts (Gendreau, 2001). According to Renou (2005), leading a treatment activity allows for fresh observations and assessments to take place, and for the establishment of a relationship, through a shared educational experience, that provides a platform for the ensuing "utilizing" process.

2.6 The Utilizing of Experiences for Therapeutic Purposes (Utilize)[12]

"Utilizing", in the sense intended in psychoeducative intervention, takes the form of a retroactive educational opportunity, led by a psychoeducator, wherein a person with adjustment difficulties is instructed through a perspective on a past event, possibly stemming from an educational activity, a daily routine, a conflict of sorts, or perhaps a meaningful or significant situation that occurred. Essentially, it is the art of drawing connections between a specific context (whether spontaneous or planned), a behaviour (whether appropriate or inappropriate), other people's reactions and the ensuing consequences (whether positive or negative) (Prince & Lamoureux, 2006). A psychoeducator aims to make use of the experiential content of an event or activity to increase its significance and meaning for the individual in question. By the same token, the practitioner also aims to engender a heightened awareness within the individual with respect to the experiential content in question, whether that may be on a physical, cognitive, socio-affective, emotional, behavioural or moral level (Gendreau, 2001). In order for this to happen, a psychoeducator must first pinpoint events that may be considered meaningful, that were experienced during a monitored activity, making an attempt to analyze such an event together with the individual in question, and doing so in easily comprehensible terms (Prince & Lamoureux, 2006). The aim would be to have a maladjusted person enhance his or her capacity to size up what is happening in the surrounding environment with respect to day-to-day interactions, becoming progressively more aware of his or her own behaviour and role, and to subsequently be better positioned to select more appropriate forms of interaction within similar contexts (Gendreau, 2001).

2.7 The Post-Intervention Assessment (Post-Assess)

Post-intervention assessment refers to a process of reporting on re-educational activities and intervention, and of assessing their impact. The process consists of a

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

13

psychoeducator reviewing and examining all processes carried out thus far (observe, pre-assess, plan, organize, utilize). Post-intervention assessment is the time to make informed decisions as to whether the re-education process as a whole should be pursued, modified, interrupted or brought to an end. It is worth noting that this process, although clearly used as a final step or as a means of closing off the entire operation, also occurs during and throughout its course. It should hence be viewed as a continual systematic assessment process carried out at regular intervals (Prince & Lamoureux, 2006).

2.8 Communication (Communicate)

As seen in Figure 3, communication is shown as an outlying process situated outside of the main sequence. This is due to it being omnipresent throughout the operating process. Communication is described by some authors as simply being any and all forms of interaction between any and all living organisms (Houdé, 1998). Communication consists of sharing information that is brought forth within a global intervention and assessment process. Gendreau (2001) sets apart two subdivisions within communication, being formative and functional communication. Formative communication serves to communicate with the person experiencing adjustment difficulties. It aims to have an impact on the person during the course of a re-educative activity. It may take the form of encouraging gestures, posture or stance, respectful and empathetic words or, conversely, to express disagreement or in reiterating forbidden behaviours. Functional communication serves in the proper dissemination and sharing of information with others involved, directly or indirectly, in the treatment process. Whether verbal or in written form, psychoeducators share information on their practice, their findings and their results to acquaint any potential collaborators with the maladapted individual's journey and hence ensure cohesion among the various treating professionals.

3. The Psychoeducative Act and System Dynamics

Examining the methodology behind psychoeducative intervention, it is now apparent to our readers that the Method itself covers the Structural Model's 13 components as well as the Eight Professional Processes. The psychoeducative act functions within a methodical system, brought to life by means of the relationship established between a psychoeducator and his or her subject. By applying the Professional Processes, whilst simultaneously interacting with the subject in the context of a Shared Educational Experience, a psychoeducator generates a "dynamic" and brings the Structural Model to life. The various structural and relational components then take form through these multiple interactions.

Of course, as a whole, these notions may appear heavy and complex, particularly as a newcomer to the field of psychoeducation. For this very reason, the ensuing

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

14

paragraph aims to consolidate the whole process into a brief overview using explicit terms. For this purpose, the chronological sequence of the professional processes is recounted below, and put into perspective in combination with the Structural Model's thirteen components.

At the outset, a psychoeducator first attempts to comprehend the situation by identifying the strengths and limitations of both the subject and the environment (Caron, 2005). Using the subject's inherent characteristics as a starting point (biological, cognitive, emotional, social, socio-economic, etc.), a psychoeducator determines objectives that will allow the subject's adaptive abilities to develop. Objectives are formulated with both psychoeducational and pedagogical content in mind. The intervention depends heavily on factors such as layout, planning and treatment delivery and how they are used and applied within the given setting as a means of structuring psychoeducative activities. As a means of approaching such content, a psychoeducator selects a particular means of generating interactivity, allowing the subject to interact with his or her objectives and with personal experiences. Re-educational activity programs are run within given temporal and spatial parameters and supported by a code of conduct and procedures, as well as by a system of roles and responsibilities, which serve the subject and the professional in their ability to appropriate the treatment context. Lastly, a system of measurement, evaluation and recognition exists to assess and acknowledge the subject's accomplishments, with respect to acquired skills and having reached objectives. Coordinating a psychoeducative act involves proper logistical planning of both the actions and the treatment setting. It also necessitates a certain amount of organizational considerations with respect to the Structural Model's components, along with a thorough understanding of how they may interact with one another.

4. Outline of a planned intervention activity based on the Structural Psychoeducative Model

To properly illustrate how the Psychoeducative Model and its 13 components operate in real settings, a concrete example is provided of re-education activities aimed at a group of young adolescents with adjustment disorders in a psychiatric hospital setting.

4.1 Psychoeducational Activity: Wood Painting

4.1.1 The « Program and Program Content » Component

The Wood Painting activity requires subjects to put various skills to use, including : social skills, concentration, emotional self-control, behavioural control and fine motor skills. Depending on the level of difficulty, the age of the participants and their skill level, this activity is run as several consecutive steps and spread out

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

15

over 3 to 4 periods. While working through the steps, the subject is confronted with issues inherent to their own pathology, presenting challenges to their skill levels and their personality. Program content and participant skills are shaped and developed through this specific treatment context.

Detailed breakdown of steps:

- Select a template (design) from the binder
- Sand the plank (in the direction of the grain)
- Stick the carbon paper and the design template to all 4 corners of the plank, ensuring that it can be peeled off to see progress while tracing
- Lift paper as needed to check on progress
- Use water-based paint to colour in the drawing on the plank
- Paint the outline in black with a fine-point brush
- Once the paint has dried, apply the fixative
- Once the fixative is dry, apply varnish with a brush

4.1.2 The « Subject » Component

Groups of 4 to 6 children between the ages of 6 and 12, diagnosed with a mental health disorder, wherein psychoeducators will have already observed and assessed each participant's strengths and weaknesses. It will therefore be possible to keep track of every child's Adaptive Potential (PAP) throughout the activity.

4.1.3 The « Peer Group » Component

For group activities such as this, psychoeducators must contend with group dynamics, attempting to ascertain the ways in which the youth specifically influence one another, whilst running the activity. The subject's way of participating in the group could naturally vary as a result of such influences. Having been trained in group intervention, psychoeducators can capitalize on these inter-relations and even use them to benefit the treatment.

4.1.4 The « Psychoeducator » Component

A male and female psychoeducator, each with ten years of experience in the field of child psychiatry. The complementary nature of their own personal strengths and weaknesses will become a tool in running the activity.

4.1.5 The « Parental Figures » Component

The subject's parental figures are indirectly involved in this particular activity. They shall be provided with an activity outline sheet, describing the activity and its intended goals. In addition to this, the same sheet shall illustrate examples of how to capitalize on potential learning opportunities that generally support the skills

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

16

learned during the activity. Parental figures are also invited to a presentation of artworks upon their completion, in order to support and recognize their child's accomplishments.

4.1.6 The « Other Professionals » Component
Other health professionals involved in the youth's treatment process (doctors, nurses, social workers, psychologists, etc.) shall be informed of the activity content, but predominantly of the intended treatment goals. This enables everyone to ensure delivery of a coherent treatment plan, from a collaborative perspective. Health professionals are also invited to the final artwork display.

4.1.7 The « Objectives » Component

General Goals	Specific Goals	Means
Commit to a short-term personal project (3 to 4 weeks)	Produce an item of one's own creation	-Execute each step in the creation process as an ordered sequence -Try out and practice techniques that the psycheducator suggested during the pause
Develop concentration skills	Maintain concentration whilst performing the task	-Alternate between periods of work (15 mins), rest (5 mins) and exercise segments (5 mins)
Develop self-control	Develop the ability to tolerate reasonable wait times (5-10 minutes depending on age)	-Respect time-frames with the help of a stopwatch that has been provided to participants -Respect talking & listening time during feedback (3 mins per person)
Develop self-confidence and self-esteem	Share how each person experienced the activity with the group	-List strengths, areas that improved, difficulties experienced, and what was learned through feedback and exchange
Develop social skills	Share tools with peers	- Borrow, lend and share using established politeness and courtesy standards -Address people by name, make eye contact, be polite (please, thank you), and so on.

4.1.8 « Means of Generating Interactivity » Component
A psychoeducator has a variety of intervention tools at his or her disposal to lead the young participants and foster the desired amount of participation in the activ-

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

17

ity being run. These could, although this is by no means an exhaustive list, take the form of :

- a demonstration before the participants, showing exactly how to execute each step along the way to producing their own work of art
- known intervention techniques such as deliberate ignoring, signal intervention, proximity control, decontamination through humour, reformulation, and so on…
- conducting « on-the-spot » interviews in the case of a given behaviour requiring immediate intervention
- facilitating transitions between the various steps and activity segments
- group feedback
- halt the activity in the case of persistent disruptive behaviour
- positive reinforcement techniques (verbal, non-verbal, emotional or material)

Materials and equipment are also considered a means of generating interactivity.

- Water paints (range of colours, neutral base)
- Different-sized paintbrushes (small, medium, large)
- Water containers (to clean brushes)
- Lead pencils
- Carbon paper
- Masking tape (1 inch thick)
- Wooden planks 8 ½ X 11 or 8 ½ X 14
- Sandpaper
- Spray adhesive
- Water-based polyurethane varnish
- Binder with choice of design templates (according to age group)

4.1.9 The «Time» Component

Objective Time : 60 to 70 minutes
The activity is run according to the following schedule:
-Activity introduction : 5 minutes
-Activity execution : 40 minutes, alternating between work, rest and exercises
-Clearing materials/tools/equipment : 5 minutes
-Feedback: 12 -18 minutes depending on the number of participants
Subjective Time : The activity is of a short duration and has been divided in such a way that takes the subjects' individual difficulties into account, including their temporal perceptions and levels of concentration.

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

18

4.1.10 The «Space» Component

Objective Space: activity room : bright, with windows, decorated by the participants themselves, sufficient chairs, and room size large enough to accommodate the group comfortably, access to a sink area for washing up materials/tools/equipment.

Subjective Space : in order to ensure everyone is comfortable and has ample leeway to work, each participant profile is taken into account, arranging individual work stations with adequate spacing between them.

4.1.11 The «Code of Conduct and Procedures» Component

Code of Conduct
- Respect others (peers and psychoeducator) through both words and actions
- Treat the equipment/materials/tools with respect
- Actively participate

Procedures
- Reminders about individual objectives and adopting the code of conduct
- Follow the leader's instructions
- Look after equipment and help tidying up the materials
- Produce the required work, evolving as each period unfolds

4.1.12 The «Roles and Responsibilities» Component

	Function	Role	Task/Responsibility
Psychoeducator	Run Activity	Ensure activity progresses smoothly	Organize room and prepare work materials
			Give required instructions to facilitate project execution
			Support participants in working through the various steps
			Situate participants with respect to time
			Facilitate & lead feedback process
Subject	Participate in Activity	Execute project	Follow steps within the procedure
		Contribute to the creation of a pleasant work environment	Respect code of conduct

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

4.1.13 «Measurement, Evaluation and Recognition» Component
Measurement and Evaluation
- Feedback is reserved as part of the process for evaluating whether or not individual and group goals were met.
- Centrational observation serves as an indicator at the post-intervention stage to judge whether successful results were achieved and whether goals were met.

Recognition
- The "artist of the day" is appointed, by both peers and psychoeducators during the feedback process, based on the level of participation.
- The children's creations are shown as part of an artwork display.
- The child keeps their work once the activity is over.

Conclusion
In this article, we have portrayed psychoeducation as it would be viewed through the experience of clinical practice methodology. The psychoeducational intervention method has been described herein as being comprised of eight Professional Processes and of the Structural Model, itself in turn, made up of 13 components, which collectively constitute the very distinctive and original nature of the practice (Renou, 2005). Although this methodology may not exclusively be reserved for licensed psychoeducators, it still stands as their distinguishing professional specificity and remains the method that best serves them in utilizing their theoretical knowledge, practical know-how and valuable savoir-faire in human relational contexts.

Conscious of the fact that the considerable collection of concepts and definitions presented thus far may render the understanding of psychoeducation in Quebec a rather heavy and complex task, our series shall conclude with a third article to consolidate and unify such matters. This third article shall cover the relational attitudes that inform the psychoeducator's skills, allowing a therapeutic alliance to form in the context of a shared educational experience. The final article also covers the subject's adaptive process through the process of learning and change, allowing readers the chance to assimilate and more fully grasp exactly how the various concepts presented in the preceding articles are in fact accomplished in the day-to-day reality of a psychoeducator.

Notes
[1] See page 5 for figure.
[2] The eight professional processes can be viewed on page 16.
[3] See page 6 for figure.

Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

[4] A shared educational experience is exemplified in how the activity leader and/or practitioner engage in the *here* and *now* with the person through their daily lives. (Capul & Lemay; Lemay, 1990; 1996). A shared experience becomes a shared educational experience when a structured and planned activity is used to intervene (Gendreau, 2001). This will be further explained in this trilogy's final article.

[5] The "activity" concept will be further explained in the trilogy's final article.

[6] Henceforth in the text, maladjusted individuals shall often be referred to as «subjects».

[7] The subject's *Personal Adaptive Potential* (*PAP*) is judged according to developmental levels and in considering the means at his or her disposal to fulfill his or her *own* needs and those of society. The *PAP* also takes account of the subject's capacity to «learn how to learn», in other words, to generate the means to adapt. *PAP*, at least partially, stems from the subject's prior life experiences (Renou, 2005). This topic shall be further explored in the final of the three articles in this series on Quebec psychoeducation.

[8] Group treatment programs also constitute a valued form of psychoeducative intervention.

[9] A component that holds greater relevance with, and is more specifically applicable to, younger subjects.

[10] Experiential Learning Potential (ELP) refers to the opportunities for learning, evolving and transformation that the subject's entourage and environment provide (Renou, 2005). This concept shall be further developed in the final of the three articles on Quebec psychoeducation.

[11] Level of appropriateness refers to a measuring of the gap perceived between the *PAP* and the *ELP* and which likely leads to the subject's state of equilibrium or, conversely, disequilibrium. A desirable gap would engender a stimulating level of challenge and give rise to a desired action, whereas too wide or too narrow a gap would engender a drop in subject motivation levels, leading potentially to failure, or inhibiting the taking of action in the learning and behaviour modification process. This concept shall be further developed in the final of the three articles on Quebec psychoeducation.

[12] The « utilize » concept will be further explored in the final of the three articles in this series on Quebec psychoeducation.

Acknowledgment

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Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

21

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Psychoeducation in Quebec: A Psychoeducational Intervention Method – C. Arseneault, J. Bégin, J. Bluteau, J. Pronovost

22