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INTEGRATING PSYCHOEDUCATION INTO MOTIVATIONAL THERAPY: A PROTOCOL FOR POSITIVE CHANGE IN DEPRESSIVE SUBJECTS

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Abstract:

The combination of psychoeducation and motivational therapy is proved to be a powerful approach to help individuals making positive changes in their lives.(Miller & Rollnick, 2013)

This scientific paper provides practitioners with information on a draft protocol for psychoeducation in motivational therapy,which is combining the two approaches to optimize the change process.

This protocol emphasizes the importance of tailoring treatment to the patient's individual needs, and reinforcing the motivation induced to promote lasting change.

The protocol begins with the establishment of a trusting relationship between therapist and patient, followed by in-depth information on the problem to be treated.

Next, sessions are organized to explore motivation, identify the advantages and disadvantages of change, set goals for change and, finally, reinforce the skills needed to achieve these goals.

In addition, relapse prevention strategies are discussed with the patient, and a long-term support plan is drawn up involving his collaboration.

This protocol offers a holistic and personalized approach to guide practitioners in the application of psychoeducation in motivational therapy, promoting positive and lasting results for people seeking change.

The scientific paper concludes by highlighting the interest of this integrated approach for a variety of issues in Depressive Subjects, while emphasizing the need for follow-up sessions to maintain progress and ongoing support.

Key Words: Psychoeducation; Motivational Therapy; Depression.

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Introduction

The WHO (World Health Organization) estimates that depression affects 3.8% of the world's population, with a higher prevalence among adults (5%) and pregnant women (over 10%). Approximately 280 million people suffer from depression, which is 50% more common in women (Key facts about depression, n.d.-a).

Depression is a prevalent mental disorder characterized by a prolonged depressed mood and a persistent loss of interest in everyday activities, which can even lead to suicidal thoughts. Depression-related suicide accounts for over 700,000 deaths a year, making it the fourth leading cause of death among young people aged 15-29 (Key facts about depression, n.d.-b).

Depression involves many effects beyond daily emotional fluctuations by significantly impacting fundamental aspects of life, including, social interactions and academic or professional performance (Woody et al., 2017).

People with depression experience cognitive difficulties such as problems organizing their thoughts, prioritizing them and concentrating. These negative symptoms can combine to cause a lack of motivation (Bortolato et al., n.d.).

Lack of motivation can have a significant impact on the prognosis of depressives, compromising adherence to treatment, prolonging the duration of the illness, reducing quality of life and increasing the risk of long-term relapse. It is therefore crucial to recognize and treat lack of motivation in people with depression in order to improve their prognosis.

The limitations of motivational therapy for depressive subjects may include its variable effectiveness in some individuals, particularly those with severe symptoms or significant comorbidities. In addition, motivational therapy may sometimes not sufficiently address the underlying cognitive and emotional aspects of depression, focusing instead on the motivation to change without fully addressing the root causes of the illness.

Integrating psychoeducation into motivational therapy can be beneficial for several reasons. Firstly, it offers patients a better understanding of their depressive disorder, including its causes, symptoms and consequences. This can help reduce stigma and boost patient motivation to engage in treatment.

In addition, psychoeducation provides practical tools and strategies for coping with the day-to-day challenges associated with depression, such as managing stress, improving communication and strengthening social skills.

By combining motivational therapy with psychoeducation, patients can develop additional skills and resources to overcome depression and improve their overall well-being.

The aim of this article is to describe the draft protocol for psychoeducation in motivational therapy with depressives, based on adapted therapeutic principles and the conduct of a pilot experiment.

Theoretical concepts:

This protocol is based on a multitude of theories: the theory of self-perception, the theory of cognitive dissonance, the theory of psychological reactance, the theory of motivation, the theory of motivational interviewing and, finally, the theory of self-determination.

Self-perception theory:

Self-perception theory, proposed by Daryl Bem in 1967, is based on the work of Fritz Heider (1958). It suggests that when we are unsure of our attitudes or emotions, we analyze our behavior and the circumstances in which it occurs to interpret them.

This process maintains cognitive consistency, as our attitudes seem to justify our behavior (Festinger, 1957). This phenomenon occurs especially when our internal thoughts are ambiguous or unclear (Steele & Liu, n. d.). As a result, we can end up believing what we say simply by listening to it, even if it goes against our values (Bem, 1967). Listening to our own words helps us learn what we believe (Swann et al., 1987).

The theory of cognitive dissonance:

When a person's cognitions don't agree, he or she will try to reduce this disagreement by modifying one of his or her cognitions. For Leon Festinger (1960), the individual is in search of a cognitive equilibrium. When this balance between attitudes and behavior is disrupted, the individual seeks to re-establish a less uncomfortable universe, and is then led to justify his behavior after the fact, most often by adjusting or "rationalizing" his attitudes or beliefs. Faced with information that contradicts what we have always done or thought, tactics are put in place to ensure mental coherence (Festinger, 1957).

The theory of cognitive dissonance considers that the individual cannot tolerate contradiction: it is therefore better to modify one's attitude and convictions, in order to remain consistent with a behavior that one "cannot" change (Vaidis-et-Halimi-Falkowicz-2007-La-théorie-de-la-dissonance-cognitive-une-théorie.pdf, n.d.).

The dissonance is all the stronger the more the individual feels committed: either by the importance of the consequences, or by the role of the entourage (Joule & Beauvois, 2012), but also by his freedom of choice (see then the link with The ethics of personal virtue).

Psychological reactance theory:

The psychological reactance theory, according to (Brehm, 1966), "explains how a person whom personal freedom is reduced or threatened tends to want to regain some leeway and to defend the harmful behavior. Paradoxically, when freedom of action and autonomy are threatened, the desirability of the harmful behavior increases for the subject. This is what is observed when confrontational intervention strategies are used. They may have a short-term effect on addictive behavior, but little long-term persistence." ((*CA_L'entrevue-motivationnelle-un-guide-de-formation-2001.pdf*, s. d.)

According to Miller and Rollnick, resistance is an observable client behavior that occurs in the therapeutic setting and represents an important signal of dissonance in the therapeutic process. Resistant responses are considered normal for some patients during intervention, especially those in compulsory care (Miller & Rollnick, 2002).

What is important in motivational interviewing is how therapist respond to this resistance, his relational style will influence the continuation of the interviews.(Carré & Fenouillet, 2019)

Motivation theory:

We process information thoroughly if we have the ability and motivation to do so. Miller and Rollnick (2002) conceptualized motivation for change in terms of readiness to change, and highlighted three main interrelated components of this form of motivation: the importance of the change, the person's confidence in his or her ability to make the change, and finally the priority of the change (Miller & Rollnick, 2002).

In addition, we pursue goals that change not only the amount of effort, but information-seeking strategies and often steer decisions in a predetermined direction (Carré & Fenouillet, 2019).

Indeed, a person may be willing to change a behavior without feeling able to do so. Ambivalence is considered by these authors as a normal fact that stands in the way of decision-making. In this case, the person is torn between the desire to change because of the negative consequences of his or her behavior and the desire to maintain the status quo because of the benefits it brings.

This ambivalence is explored by the motivational interviewer, who allows the subject to express it freely, without judgment. (Carré & Fenouillet, 2009).

Motivational interviewing theory:

Motivational Interviewing (MI) theory is a counseling approach that aims to elicit and reinforce individuals' intrinsic motivation for behavior change. It emphasizes the importance of empathy, unconditional acceptance and subject-centered communication in helping people explore their own motivations and resolve ambivalence about change (Miller & Rollnick, 2023).

Self-determination theory:

Self-determination theory is widely used in fields such as psychology, education and clinical practice to understand intrinsic motivation and human behavior. This theory postulates that individuals have an innate tendency to self-direct towards personal goals, thus promoting their autonomy and well-being, and highlights the importance of social environments supporting these needs to promote optimal individual functioning. She distinguishes three fundamental psychological needs: autonomy, competence and social relationships. (Ryan & Deci, 2000).

The problem:

Depression is a complex disorder influenced by a variety of biological, social and psychological factors. Although motivational therapy has been shown to be effective in the treatment of depression, challenges remain in maximizing its benefits.

Psychoeducation, as an educational approach aimed at informing and developing psychological skills, could complement motivational therapy by offering a more structured, targeted approach to the cognitive and emotional aspects associated with depression.

Self-determination theory and motivational interviewing are linked in several ways, as highlighted in the scientific literature:

- Complementarity of approaches: Both approaches share a humanistic perspective on change, and recognize the importance of intrinsic motivation.

- Shared vision of self-actualization: self-determination theory and motivational interviewing emphasize self-actualization and self-integration, making them compatible in their approach to behavior change. (Deci & Ryan, 2002)

- Promotion of intrinsic motivation: The strategies used in motivational interviewing are designed to reinforce the intrinsic motivation of individuals, in line with the principles of self-determination theory. (Vansteenkiste & Sheldon, 2006)

By combining these two approaches, can practitioners provide more comprehensive and effective support to help individuals develop their intrinsic motivation and achieve their behavior change goals ? To what extent does integrating psychoeducation with motivational therapy improve understanding of motivation in depressed individuals ? What are the effects of this integrated approach on the motivational behaviors of depressed individuals, compared with motivational therapy ?

Research hypotheses:

Within the framework of this protocol concerning the integration of psychoeducation into motivational therapy, the following hypotheses are formulated:

- Psychoeducation could improve treatment efficacy for patients suffering from depression.

- It could improve self-esteem for patients suffering from depression.

- It could improve motivation and boost change for patients suffering from depression.

The main objective of this protocol is to evaluate the efficacy of integrating Psychoeducation into Motivational Therapy in depressive subjects.

The specific objectives are:

- to measure behavioral changes

- assess motivational changes

- and analyze results in terms of reducing depressive symptoms.

The motivational approach:

When adapting motivational techniques to depressive subjects, it is essential to consider the persistent nature of the depression, the level of motivation and self-esteem issues.

Therapeutic goals must be realistic and progressive, taking into account the specific challenges faced by depressed individuals.

Techniques can include strategies for positive reinforcement, reducing perceived obstacles and improving self-esteem, while recognizing and respecting the limitations imposed by depression.

Motivational techniques adapted to depressive subjects

Improving mental well-being in depressed people requires tailored strategies to overcome perceived obstacles and boost self-esteem, by modifying negative thoughts and promoting recognition of personal strengths, achievements and adaptive behaviors. Indeed:

- Techniques for reducing perceived obstacles by modifying negative thoughts and limiting beliefs, as well as identifying the resources and supports available to cope with the challenges encountered.

- Techniques to improve self-esteem by recognizing strengths and achievements, setting realistic and achievable goals, practicing self-compassion, cognitive restructuring, exploring personal values and encouraging engagement in rewarding activities, and finally, self-acceptance.

- Positive reinforcement techniques through recognition of achievements, promotion of adaptive behaviors, and motivation to engage in beneficial activities.

Pilot experiment

The author conducted a pilot study to assess the relevance and adaptability of an intervention specifically designed for people with depression. He measured the impact of this intervention on depression, self-esteem and motivation to change over the following two months. The sample included ten participants with depression according to DSM-V criteria (DSM-5 - Diagnostic and Statistical Manual of Mental Disorders - 9782294743382, n.d.-a), engaged in a group psychoeducation program (group1), as well as ten control participants receiving individual sessions (group 2).

The author found that the motivational model was well suited to enabling patients to express themselves freely about their personal problems during outpatient follow-up. In addition, the cognitive deficits observed in the participants led the author to structure the intervention while maintaining a motivational framework, in particular by using PowerPoint presentations (text, image) as a temporal support during the interviews and as visual feedback for the patients in (group 1).

Session plan

The researcher proposed a two-month intervention plan, consisting of 8 weekly sessions. This protocol was tested and adapted in a pilot experiment and is currently being used in a randomized research protocol evaluating the effectiveness of a specific motivational intervention.

The psychoeducation sessions in Group 1 take place as follows: the first session covers an introduction to motivational therapy, the second is devoted to an introduction to depression, the third focuses on identifying and changing negative thought patterns in psychoeducation, and the fourth session explores motivation. The following 4 sessions include, respectively, motivation building, skill building, relapse prevention, and finally a recapitulation and future planning session.

Table Schedule of psychoeducational motivational therapy sessions for depressive subjects

Session 1 Aim: Assessing and establishing the relationship of trust by integrating psychoeducation into motivational therapy is crucial, Discussion of the person's concerns and goals Session 2 Aim: Psychoeducation on depression, its symptoms and causes. Psychoeducation on risk factors that may contribute to the development of depression, such as stress, genetics and family history... Pre-contemplation: increasing contradictions Motivational interviewing Exploring symptom links Session 3 Goal: Become aware of negative thoughts. (Self-awareness) Identify cognitive distortions Discuss strategies for changing them. Contemplation: alternatives to the problem situation. Activity checklist Other specific suggestions (relaxation, sports, showering every morning) Session 4 Aim: reinforcement sessions according to stage of change, using person-centered communication techniques to explore motivation to change. Identify personal values, beliefs and goals The decision

The eight (8) sessions are detailed as follows:

Session 1: Assessment and relationship-building

The aim of this session is to create a solid basis for exploring the subject's motivation for the therapeutic work ahead, by establishing a relationship of trust and allowing the person to express him/herself.

- Introducing the therapist and the TM:

Introduction to the therapist, his experience and his approach to motivational therapy, including psychoeducation.

Explanation of the consistency of motivational therapy and how it can benefit the process.

Explanation of the framework and confidentiality of the session.

- Establishing a relationship of trust:

Setting up a welcoming, comfortable space for the session, ensuring confidentiality.

Demonstrate empathy and active listening by listening attentively to what the person has to say.

Encourage the person to share their concerns and expectations about therapy.

- Discuss the person's concerns and goals:

Gathering the subject's concerns, motivations for therapy and areas of life of particular interest.

Exploration of personal goals and aspirations that the person would like to see happen in their life.

Use of open-ended questions to encourage the person to express him/herself fully.

This initial session, focusing on the person, their history, needs and goals, should set the tone for the personalized sessions to follow.

Session 2: Providing psychoeducation

The aim of this session is to provide psycho-education on depression, its symptoms and causes, with reference to the DSM-5 (DSM-5 - Diagnostic and Statistical Manual of Mental Disorders - 9782294743382, n.d.-b).

"**DSM-5 definition of depression:** Depression, also known as depressive disorder, is a mental disorder characterized by depressed mood and decreased interest or pleasure in almost any activity. There are several types of depression:

Symptoms: symptoms must be present for at least two weeks and represent a change from previous functioning. The DSM-5 specifies the following diagnostic criteria for a depressive episode:

- Depressed mood: Presence of a depressed mood most of the time, indicated by

feelings of sadness, emptiness or irritability.

- **Anhedonia:** Marked decrease in interest or pleasure in most activities, including those once enjoyed.

- **Somatic symptoms:** Presence of physical symptoms such as sleep disturbances, weight loss or gain, fatigue or psychomotor agitation.

- **Cognitive disorders:** Difficulty concentrating, paying attention and making decisions, often associated with feelings of worthlessness or excessive guilt.

- **Functional disturbance:** Symptoms cause significant impairment of social, occupational or other important areas of life.

- **Physical symptoms:** Possibility of physical symptoms such as body aches, headaches or other discomforts.

Risk factors (Causes of depression):

Major depression is a complex disorder resulting from a complex interaction between biological, psychological and environmental factors. Here are some of the factors contributing to depression:

- **Genetic factors:** Studies have shown that there is a genetic predisposition to depression, suggesting that family history may increase risk.

- **Neurobiological factors:** Chemical imbalances in the brain, particularly poor regulation of neurotransmitters such as serotonin, norepinephrine and dopamine, are associated with depression.

- **Psychological factors:** negative thought patterns, personality traits such as rumination, and traumatic life events can contribute to the development of depression.

- **Environmental factors:** experiences of chronic stress, social isolation, loss of a loved one or major life events can provoke or aggravate depression.

- **Hormonal factors:** Hormonal changes, such as those occurring during pregnancy, menopause or due to hormonal imbalances, can also play a role.

- **Social factors:** Relationship problems, objectionable socio-economic factors and cultural pressures can influence the development of depression."

The subject's clear understanding of the depressive disorder will provide a solid foundation for the following steps.

Session 3: recognizing and changing negative thought patterns.

The aim of this session is to help you recognize and change your negative thought patterns. The steps involved in psychoeducation are as follows:

- **Self-awareness:** encouraging the subject to become aware of their thoughts and to note the times when they feel sad, anxious or depressed can help them spot negative thought patterns.

- **Cognitive distortions:** familiarizing the subject with common types of cognitive distortions, such as over-generalization, all-or-nothing thinking, magnification or minimization, and helping them to recognize when they are using these thought patterns.

- **Questioning:** teaching the subject to ask questions in order to assess the validity of his negative thoughts.

- **Searching for evidence:** encouraging the subject to examine the evidence that provokes or contradicts his negative thoughts. This can help them objectively assess the validity of their beliefs.

- **Thought substitution:** assistance in replacing negative thoughts with more balanced, realistic ones.

- **Outside perspective:** an invitation to imagine what a caring friend would say if he were to tell him about his negative thoughts. Often, this outside perspective can offer a more realistic view.

- **Journaling:** encouragement to keep a diary of negative thoughts and associated emotions, which helps identify recurring thought patterns and work on strategies to change them.

- **Positive visualization:** assistance in visualization exercises where the subject imagines positive scenarios to counter negative thoughts, helping to cultivate a more optimistic outlook.

- **Positive reinforcement:** the importance of recognizing and celebrating successes, no matter how small, helps reinforce a positive self-image and counteract negative thoughts.

- **Social support:** encouragement to discuss negative thoughts with friends and family, as outside support can offer objective and constructive perspectives.

At the end of this session, the subject has the tools to restructure his or her thinking and encourage more adaptive, positive thinking.

Session 4: understanding of the individual's motivation for change

The aim of this session is to deepen understanding of the individual's motivation for change. Using person-centered techniques to explore motivation for change, the therapist engages in self-reflection and clarification of values, beliefs and goals.

- The session begins by recalling previous discussions, including information about the problem and the advantages/disadvantages of change.

- Use of person-centered communication techniques: active listening, reformulation and reflection, to create an environment where the person feels listened to and understood. Formulating open-ended questions to encourage the subject to explore his or her own motivation to change. For example, ask: "Can you tell me what you would consider changing?"

- Identification of the subject's personal values, beliefs and goals: Exploration of their personal values, i.e. what is important to them in life. discussion around their hopes and aspirations for the future. Help in clarifying personal goals. Discuss his beliefs about change. And finally, is he optimistic or pessimistic about his ability to change?

- Evaluation of the decisional balance (weight of the advantages of change versus the disadvantages): engaging the subject in reflection on the balance between the advantages of change and the disadvantages of change. Use of a decision scale (e.g. from 1 to 10) to help the subject assess where he or she currently stands in terms of motivation for change.

- Exploring the reasons why the person is not yet at the maximum level of motivation: identifying the causes could move them up the decision scale.

Assessing the decisional balance enables the person to become aware of their own motivations and identify the steps they need to take to move towards change. This step is essential for reinforcing the person's motivation and guiding further therapeutic work.

Session 5: transform motivation into action

This session aims to transform motivation into concrete action, by setting specific goals, developing an action plan and exploring the person's resources and skills, the therapist helps the subject to concretize motivation in practical steps as follows:

- Setting clear, concrete goals for change:

Beginning the session by recalling what has been discussed in previous sessions, including the person's values, beliefs and personal goals.

Encourage the subject to identify specific, achievable goals for change. For example, if the person is struggling with a substance dependency, a concrete goal could be to reduce consumption or abstain for a specific period of time.

- Development of an action plan to achieve these goals:

Collaboration with the subject to develop a detailed action plan that defines the steps to be taken to achieve the goals set.

Discussing strategies, possible intermediate steps, and possible obstacles that may arise.

Establishing deadlines or milestones to monitor progress.

- Exploration of the individual's resources and skills to support change:

Encourage the individual to think about their own resources and skills that can be leveraged to achieve their goals.

Consideration of social, family or professional supports that could be helpful in the change process.

Discussion of coping strategies and techniques for dealing with moments of vulnerability.

This phase is essential to help the person move from intention to real change, and to guide them in developing a solid action plan. Collaboration between therapist and person is fundamental to this stage.

Session 6: practical skills for achieving change goals

The aim of this session is to equip the subject with practical skills for achieving his or her change goals. By providing specific information and enabling the person to practice these skills in a supportive environment, the therapist strengthens the subject's ability to implement the action plan developed in the previous session.

- The subject acquires the information and specific skills needed to achieve his or her goals:

The session begins with a reminder of the goals set in the previous session and the corresponding action plan.

Provision of specific information and skills that are directly linked to the subject's objectives. For example, if the objective is to reduce stress, you could teach stress management techniques. If the objective is to improve communication, discuss effective communication skills.

- Practice acquired skills in a supportive environment:

Encourage the subject to practice newly acquired skills within the session.

Create a safe, supportive environment where the subject can experiment with these skills and receive constructive feedback.

Encouraging reflection on experiences and on how skills can be applied in everyday life.

The therapist's role is to provide information tailored to the individual's needs and level of understanding, and to guide the individual in learning these skills in order to build confidence in their ability to use them effectively.

Session 7: anticipating and preventing relapse

The aim of this session is to help the subject anticipate and prevent relapse. By identifying risk factors, developing prevention strategies, and putting in place a post-treatment support plan, the therapist builds the subject's resilience in the face of potential challenges that may arise. The key steps are as follows:

- Discussion of risk factors for falls:

Reminder of progress to date, including skills acquired and goals achieved.

Open discussion of fall risk factors specific to the subject's situation, identifying situations, emotions or triggers that could increase the likelihood of a fall.

Encourage subjects to share their own experiences and thoughts on fall risk factors.

- Identify fall prevention strategies:

Exploration with the subject of specific strategies to prevent falling. This may include stress management techniques, ways of dealing with risky situations, and methods of coping with external urges or pressures.

Encouraging open communication and the use of acquired skills to cope with challenges.

- Setting up a post-treatment support plan:

Discussion of long-term support options, including maintaining regular follow-up sessions if necessary.

Indication of external resources, such as support groups, friends or family, that can play a role in ongoing support after treatment.

Development of a crisis plan in case of need, indicating how the subject can react in the event of difficulties or urges to fall.

Fall prevention is an essential aspect of ensuring that the progress made during treatment remains stable over the long term.

Session 8: preparing for the transition to life after therapy

The aim of this final session is to take stock of the treatment and prepare the subject for the transition to life after therapy. By summarizing progress, exploring long-term goals, and discussing available support resources, the therapist helps the subject feel confident and prepared for the future. The key stages are as follows:

- Summary of progress and reminder of skills acquired:

Begin the session by recalling the subject's journey since the start of treatment, focusing on progress made and skills acquired.

Encourage the subject to reflect on the positive changes he or she has retained, the obstacles he or she has overcome, and the skills he or she has developed.

- Encourage subjects to think about their long-term goals:

Discussion of the longer-term goals the subject plans to achieve now that the initial treatment is coming to an end.

Encourage the subject to explore his aspirations, values and areas of his life he would like to improve further.

Defining realistic, achievable goals that can be sustained into the future.

- Discussion of resources and supports available after therapy ends:

Explanation of ongoing support options available after therapy ends, such as periodic follow-up sessions.

Discussion of external resources, such as support groups or professionals, to which she can turn if necessary.

Setting up a transition plan to ensure continuity of support after therapy ends.

In this session, it's essential to seize the opportunity to reinforce the person's motivation to continue on the road to change, and to support them in this transition.

Discussion and conclusion

Psychoeducation interventions are diverse and can be practiced by professionals from different disciplines or by peers, and can be carried out with people suffering from psychic disorders or their loved ones in an individual or group setting. The scope of psychoeducation varies from one author to another, and is supported by the following research:

- some authors are more restrictive, limiting it to interventions by professionals for individuals suffering from psychic disorders (Goldman, 1988)

- group practice is generally favored in systematic interventions, as it enables the sharing of experiences and the establishment of links between participants (Petitjean, 2011)

Therapeutic education has an important place to play in psychiatry, with real benefits for users and their families, but also for care practices and their costs. Indeed, a number of research studies support these findings:

- therapeutic patient education, adapted to psychic disability, can facilitate this care

more effectively by helping patients to take charge of their lives and realize their life projects (Lang et al., 2019)

- therapeutic patient education improves satisfaction with mental health services and treatment compliance in patients with schizophrenia, reduces relapse and hospital readmission rates, and improves functioning and quality of life (Herrera et al., 2023).

- Significant short-term effects of psychoeducation on self-efficacy, social support and depression indicated its potential use in clinical settings for first-time mothers. (Ong et al., 2023)

- The Psychoeducation program implemented in companies helps to improve screening and diagnosis of depression, ensure rapid access to appropriate treatment and combat stigmatization. It requires strong involvement of occupational physicians, staff representatives and management. (Willard et al., 2016). What's more, it reduces the healthcare bill for society. Indeed, economic studies have shown that the cost/benefit ratio of psychotherapy in depression for the community would amount to 1.95 USD , i.e. 1 USD invested in psychotherapy would save 1.95 D ((Dezetter et al., 2013).

- The use of psychotherapy in conjunction with pharmacotherapy is associated with a significant improvement in the quality of life of type I bipolar patients, particularly in its physical, social and, to a lesser degree, psychic dimensions (Zarrouk et al., 2015).

- The value of cognitive-behavioral therapy group management of patients with significant deficits in social skills has been demonstrated. The beneficial effect of therapy can be seen in assertiveness and optimism (O'Reilly et al., 2014).

- Empathetic discussion of one's CHR status for young people via a psychoeducational intervention such as BEGIN can enhance positive emotions, thus facilitating recovery (Herrera et al., 2023)

Psychotherapy, in its various forms and approaches, occupies a central place in the field of mental health. Numerous studies have explored the effectiveness of various therapeutic interventions in the treatment of different psychological problems.

In this discussion, the author has reviewed several research studies that highlight the effectiveness of various therapeutic approaches, including group psychotherapy, psychotherapy combined with pharmacotherapy, cognitive-behavioural therapy and psychoeducation. The author highlights the promising results of these interventions, as well as the important implications for clinical practice.

Indeed, a group psychotherapy was successfully conducted in a private practice, where participants' scores showed significant improvements after treatment, supporting the use of psychometric tools to objectively evaluate therapeutic practice (Dalix & Fix, 2006).

For bipolar patients, combining psychotherapy with pharmacotherapy led to a significant improvement in quality of life, particularly in the physical and social dimensions (Zarrouk et al., 2015).

Cognitive-behavioral group therapy has shown beneficial effects on assertiveness and optimism in patients with deficits in social skills, although the impact on optimism may require further evaluation 'Reilly et al., 2014)

Psychoeducation has demonstrated significant short-term effects on self-efficacy, social support and depression in first-time mothers. (Ong et al., 2023)

In conclusion, the results of various studies highlight the effectiveness of various therapeutic approaches in the treatment of psychological problems. Group psychotherapy, combined psychotherapy and pharmacotherapy, group cognitive-behavioural therapy and psychoeducation all demonstrated significant beneficial effects on participants.

These results underline the importance of a holistic, multidimensional approach to the management of mental disorders, combining both psychotherapeutic and pharmacological interventions where appropriate. In addition, the use of psychometric tools can be invaluable in objectively assessing patient progress and guiding clinical practice.

However, despite the promising results, further research is needed to deepen our understanding of these therapeutic interventions and to develop more effective protocols. Studies with improved designs, greater methodological consistency and longer-term evaluation are essential to better assess the efficacy and sustainability of these approaches in different populations and clinical settings.

The present protocol sets out to provide a foundation for work integrating psychoeducation with motivational therapy for depressed subjects, while offering valuable insights for mental health practitioners and researchers in their quest to improve well-being.

Conclusion and outlook

Psychoeducation is not simply a transmission of information, but also a pedagogical method adapted to disorders, with therapeutic objectives aimed at psychological aspects, changes in attitudes and behaviours, as well as an increase in social support.

Thus, taking into account socio-cultural aspects, the severity of the depressive disorder and the patient's motivation, the further development of the protocol would revolve around:

- Establishing a specialized psycho-education protocol for depressive patients,

- Setting up groups to be educated, with precise inclusion and exclusion criteria,

- Involvement of patients' family and friends,

- Evaluating the effectiveness of the above-mentioned psycho-education protocol,

In order to optimize the management of depressive patients and improve their quality of life, it would be useful to:

- Characterize the effects of such a therapeutic intervention on perceived quality of life, in particular by monitoring the degree of adaptation to change and the severity of the depressive disorder.

- Experiment with this protocol on a larger scale and finally, to promote the benefits of this protocol through training for professionals.

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