Seven guidelines for incorporating neuroeducation into group therapy

By Alix Jansma

The extant literature on neurocounseling has provided powerful evidence for the efficacy of incorporating neuroeducation into mental health counseling. Information on how to provide neuroeducation to individual clients is relatively accessible, whereas guidance on integrating this intervention into group therapy could use further development.

Many misconceptions may exist regarding the feasibility of mixing brain-based interventions with group therapy. For instance, readers may believe that providing neuroeducation will take more time than one group session allows, that the material is too complex to deliver to multiple individuals simultaneously, or that groups centered on neuroeducation will focus too heavily on psychoeducation and not enough on processing.

This article aims to dispel these misconceptions by offering seven actionable guidelines to incorporating neuroeducation into group therapy. I will expand upon these guidelines by highlighting one group session that I led at a partial hospital program with 12 group members, all of whom were older than 18. The group learned about mindfulness, including how it is defined and the various ways it is practiced. I presented empirical evidence regarding the effects of mindfulness on the brain, as well as one brain scan depicting the difference between a brain at rest and a brain engaged in mindfulness. Group members participated in a five-minute guided meditation and processed this experience. Throughout the session, I followed the following seven guidelines.

1) Assess group interest in neuroeducation. Every group is unique. In an inpatient setting, the span of a group is often one session, and even in settings with longer lengths of treatment, the group members, dynamics and interests will change daily. Therefore, not every group topic will or should incorporate neuroscience. How and when to incorporate neuroeducation should be based on an assessment of the group's interest in the topic.

Interest can be gauged in various ways. For example, the check-in group held at most partial hospital programs could be used to pose questions such as "How interested would you be in learning about your brain and what it's doing to make you feel the way you do?" Alternatively, group members could fill out a short questionnaire with items such as "On a scale of 1-10, how much do you know about what is happening inside your brain to make

you feel the way you do?" and "On a scale of 1-10, how interested would you be in learning about your brain?"

Whichever assessment strategy clinicians choose, it is important to construct questions that are approachable and understandable. Complex questions could turn group members off to the subject of neuroeducation for fear that they would be signing up for a science class as opposed to a therapy session.

Mindfulness case example: I chose to assess for interest in neuroeducation at the beginning of the group session. I had built flexibility into my agenda to either broach the topic or not. I asked the group, "How helpful is it when you learn about what's going on inside your brain?" This prompted an open discussion among many group members about how this information validated their experience with mental illness. With this feedback, I felt it would be beneficial to weave brain-based information into the session.

2) Provide rationale. When counselors assess for client interest in neuroeducation, the conversation may naturally flow toward the benefits of obtaining such information. Regardless of whether these benefits are elicited from the group or provided by the group leader, it is necessary to discuss them. Clients may not fully understand why the counselor is talking about the brain. For instance, group members may perceive the counselor to be showing off their expertise. Therefore, counselors are advised to discuss the rationale behind providing neuroeducation.

Mindfulness case example: In my opinion, there are at least two benefits to providing neuroeducation that the counselor should emphasize. First, learning about how the brain influences a person's emotional state can encourage clients to shift blame away from themselves. Mental health issues are highly stigmatized, and those who struggle with their mental health often receive messages such as "It's all in your head" or "Just be happy." When clients learn that their emotional state is influenced by tangible mechanisms in their brain, they start to free themselves from shame and guilt.

Second, there is a large benefit to learning about how adaptable the brain is. When clients realize their behavior can influence how their brain functions, and thereby influence how they feel, they can become motivated to take action. I collaborated with group members to make these two points explicit before providing neuroeducation. I believe this set the expectation that the group topic would be enlightening and motivating, despite the density of the material.

3) Emphasize autonomy. Regardless of the positive feedback counselors may receive about the group's willingness to learn about the brain, there may be members for whom this intervention does not resonate. This does not mean that counselors should hesitate to proceed; it means only that they should be respectful of group members

who are not benefiting from the neuroeducation aspect of group.

Being respectful of these group members can take many shapes, but emphasizing autonomy is perhaps one of the most effective approaches. Counselors can offer statements such as "I know not everyone is interested in brain science, and that's OK. My hope is to provide different types of information that resonate with different group members throughout the session."

Statements that emphasize autonomy go a long way toward encouraging group members to stick with the topic and providing each member a safe space to take what they want from group and leave what they do not. The importance and efficacy of emphasizing autonomy can be seen in many therapeutic approaches such as trauma-informed care (see Catherine Classen and Carrie Clark's article in the 2017 *APA Handbook of Trauma Psychology*) and motivational interviewing (see William Miller and Stephen Rollnick's 2002 text, *Motivational Interviewing: Preparing People for Change*). Counselors should always strive to provide choice to their clients, especially when complex information such as neuroscience is presented.

Mindfulness case example: Before I presented any information about the brain, I alerted the clients that I was about to dive deeper into the brain science of mindfulness for a moment and that it was OK if they were not interested in this information.

4) Distill information. As is so often advised when providing neuroeducation, it is essential to distill information without diluting it. Neuroscience is a vast and dense topic, but it is important to remember that group members do not need to understand every aspect of the brain to benefit from neuroeducation.

Distilling information means providing only what is relevant to the client. It also means keeping word choice to a high school reading level at most (e.g., *benefits to the brain* as opposed to *neurological benefits*). Any vocabulary that exceeds a high school reading level should be fully explained. As Dennis Tay avows in many of his works, including a 2012 article in the *Journal of Counseling & Development*, metaphor has proved an effective strategy for helping clients grasp new information in terms they already understand.

Mindfulness case example: One of the brain-based benefits of mindfulness I presented to the group was increased cognitive flexibility. Because "cognitive flexibility" is not a meaningful term to many outside the mental health field, I offered the following metaphor: "Your brain is a creature of habit. Thoughts you've had over and over again will carve themselves into your brain like a waterfall carves a ridge into the side of a mountain. We can add new paths for the waterfall to take, however, if we consistently redirect the water. Similarly, if you practice observing your thoughts, as opposed to chasing and believing every thought you have, you will create a new path for your brain to take."

5) Check for understanding. When presenting complex information such as the inner workings of the brain, consistently check for group members' understanding of what you are providing them. Questions such as "Does anyone have any questions or comments?" or "Who can summarize what we just learned?" should be posed after every new concept, rather than at the end of the session. This ensures that group members have grasped the first concept before moving on to the next one.

Although this may seem like a self-evident guideline for all therapeutic interventions, counselors are often blinded by their own expertise and can often overlook their client's position as a novice. Frequently checking for understanding not only ensures that group members are grasping the information but also creates an environment in which members are encouraged to bravely admit what they do not understand, ask questions and influence the pacing of the group.

Mindfulness case example: After the group defined mindfulness, I presented a list of empirical, positive impacts that mindfulness has on the brain (e.g., decreased rumination, cortical thickening, a boost to working memory, increased cognitive flexibility). I then asked, "Is anyone curious about how mindfulness leads to these benefits?" One client asked me to define rumination. This was a perfect example of being blinded by my own expertise because I had assumed people would know what rumination meant. Checking for understanding afforded me and the group an opportunity for deeper learning.

6) Offer an experiential component. At a partial hospital program in particular, group members are given a flood of information. Consequently, they will not remember every learning point, but they may remember how the information made them feel when it was put into practice. Therefore, it is important to offer clients an experiential component alongside neuroeducation.

Mindfulness case example: After collaborating with group members to define mindfulness and enumerate the benefits of this practice from a brain-based perspective, I invited group members to listen to a five-minute guided meditation created by Headspace.

7) Maintain a process focus. Keeping in mind the wealth of information provided to group members, it is important to encourage clients to process information and the experiences they have had in group. In their chapter within Thomas Field, Laura Jones and Lori Russell-Chapin's text *Neurocounseling: Brain-Based Clinical Approaches*, Chad Luke and Joel Diambra point out, "The development of insight is vital to transferring group learning to real-world emotional application." Processing information and experiences encourages insight. Without maintaining a process focus, it is quite possible that group members will fail to see neuroeducation's relevance to their emotional well-being.

In other words, groups with a neuroeducation component should

not be composed strictly of a litany of information from start to finish. A neuroeducation group should provide relevant information alongside experiential exercises and process-oriented questions to help clients develop insight and real-world application.

Mindfulness case example: After inviting group members to participate in the five-minute guided meditation, I simply asked, "How was that?" Group members commented that they felt relaxed by the exercise and that they would try to incorporate it into their daily routines. They also said that after experiencing mindfulness firsthand, they could reasonably see how this exercise might lead to the neurological benefits I had previously explained.

Implications for counselors

The seven guidelines presented in this article are intended to help group counselors successfully incorporate neuroeducation into group therapy. Ultimately, counselors should always assess for a group's interest in the topic while discussing the rationale behind providing neuroeducation. The autonomy of each group member should be emphasized. Group counselors should distill information so that it can be grasped by the majority of group members. Part of this process is consistently checking for understanding. It is also important to pair information with experiential exercises and a focus on processing to help group members translate learning into real-world application.

With this article, I have aimed to dispel the notions that neuroscience is too time-consuming, complex or education-oriented to be incorporated into group therapy. Indeed, many of the benefits that individual clients reap from obtaining neuroeducation can be realized in a group therapy setting. Clients who understand how their brain influences their emotional well-being may start to overcome the guilt-inducing stigma that mental health issues currently carry. Upon discovering the adaptability of the brain, clients may also become motivated to take actions that will positively affect their brain functioning and overall wellness. ❖

Alix Jansma is a second-year master's candidate in the Boston University School of Medicine's clinical mental health counseling and behavioral medicine program. Contact her at *ajansma@bu.edu*.