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Best Practices in the Provision of Group Therapy for Adult Male Clients Diagnosed with Schizophrenia at Fernbrook Family Center

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Purpose

The purpose of this project was to provide Fernbrook Family Center with evidence-based research on treatment modalities, strategies, and curricula that have been proven successful for group based therapy with adult males who are suffering from schizophrenia and other psychotic disorders. This included group screening protocol, group therapy techniques, and cohesion in the group process. The importance of group therapy was explored and why it is an appropriate treatment recommendation for adult males with Schizophrenia.

Methodology

This study involved a systematic review of current literature on Schizophrenia and other psychotic disorders.

- ❖ Step one: Databases were identified and included National Institute of Mental Health, Mayo Clinic, Maryland Medical Center, JSTOR, EBSCOhost and PsycINFO using search terms such as: “group therapy curriculum”, “group therapy effectiveness”, “group therapy and schizophrenia”, “male group therapy”, and “modalities of treatment for adults with schizophrenia in group therapy”.
- ❖ Step two: After researching the above databases, articles were read and a determination made as to which ones were appropriate for the current project. Topics were highlighted and organized by theme.
- ❖ Step three: The resulting themes were summarized and best practices were identified in areas such as selecting appropriate male group members, preparing for the group therapy, implementing effective group interventions for adult males, and evaluating group outcomes.

Literature Review

Schizophrenia and Other Psychotic Disorders

Nearly 1 percent of the worldwide population is currently diagnosed with schizophrenia. In addition to this alarming statistic, the number of people with schizophrenia, 9 out of 10 males will manifest the illness by the age of 30 (NIMH, 2008). According to the DSM-IV TR (APA, 2000), the criteria for Schizophrenia is:

- ❖ Delusions
- ❖ Hallucinations
- ❖ Disorganized Speech (e.g., frequent derailment or incoherence)
- ❖ Grossly disorganized or catatonic behavior
- ❖ Negative symptoms, i.e., affective flattening, alogia, or avolition

Evidenced-Based Treatment

- The purpose of Cognitive Behavioral Therapy (CBT) with clients who are suffering from Schizophrenia is (Smith, et al., 2003):
- ❖ Increase understanding of insight to psychotic experiences
 - ❖ Improve coping with current symptoms
 - ❖ Decrease distress
 - ❖ Reduce delusions of beliefs
 - ❖ Maintenance of gains and prevention of future relapse

Creation of Group

Table 1 (Corey, 2012) shows essential guidelines for creating a group. These aspects of groups are often overlooked. The group facilitator should have the goals identified with specific purposes of the group established ahead of time to help formulate the structure of a group setting.

Table 1

Define Population	Recruiting and Announcing Group	Screening and Selection	Size and Duration	Frequency and Time	Open or Closed	Evaluation
Age, Gender, Diagnosis, Behavior	Give clear idea of goals. Make direct contact	Needs are compatible. Well-being will not be at risk	6-12 members	8 two hour sessions every week	Consistent members or interchanging members	Questionnaires or Surveys

Corey, 2012

Evaluation

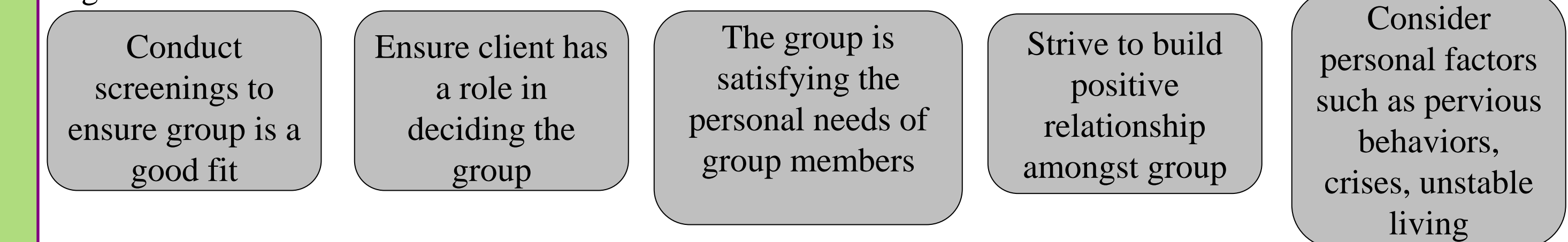
Part of an effective group process is developing and creating strategies to ensure continual assessment and implementation of services in the future. Evaluation is a realistic process to the assessment of the learning that had occurred. Evaluation should be an ongoing process that tracks the progress of the group (Corey, 2012).

Literature Review Continued

CBT has shown to be the most common form of treatment for Schizophrenia as it targets symptoms that may lead to improvements in social functioning and quality of life (Ballon, 2004). Sessions should include incorporation of Acting Events, Beliefs, Consequences (ABC) Model, Change Process Balance which looks at negative and positive aspects of change, and Stress Vulnerability Model which measures vulnerability and environmental stress. (Goldberg, et al., 2007).

Below, Figure 2 represents key considerations that should be acknowledged when choosing group members (Corey, 2012):

Figure 2



Group cohesion is another essential part of forming a group as it builds a sense of belonging, acceptance and personal commitment, and allegiance to the group and members (Burlingame, Fuhriman, & Johnson, 2001).



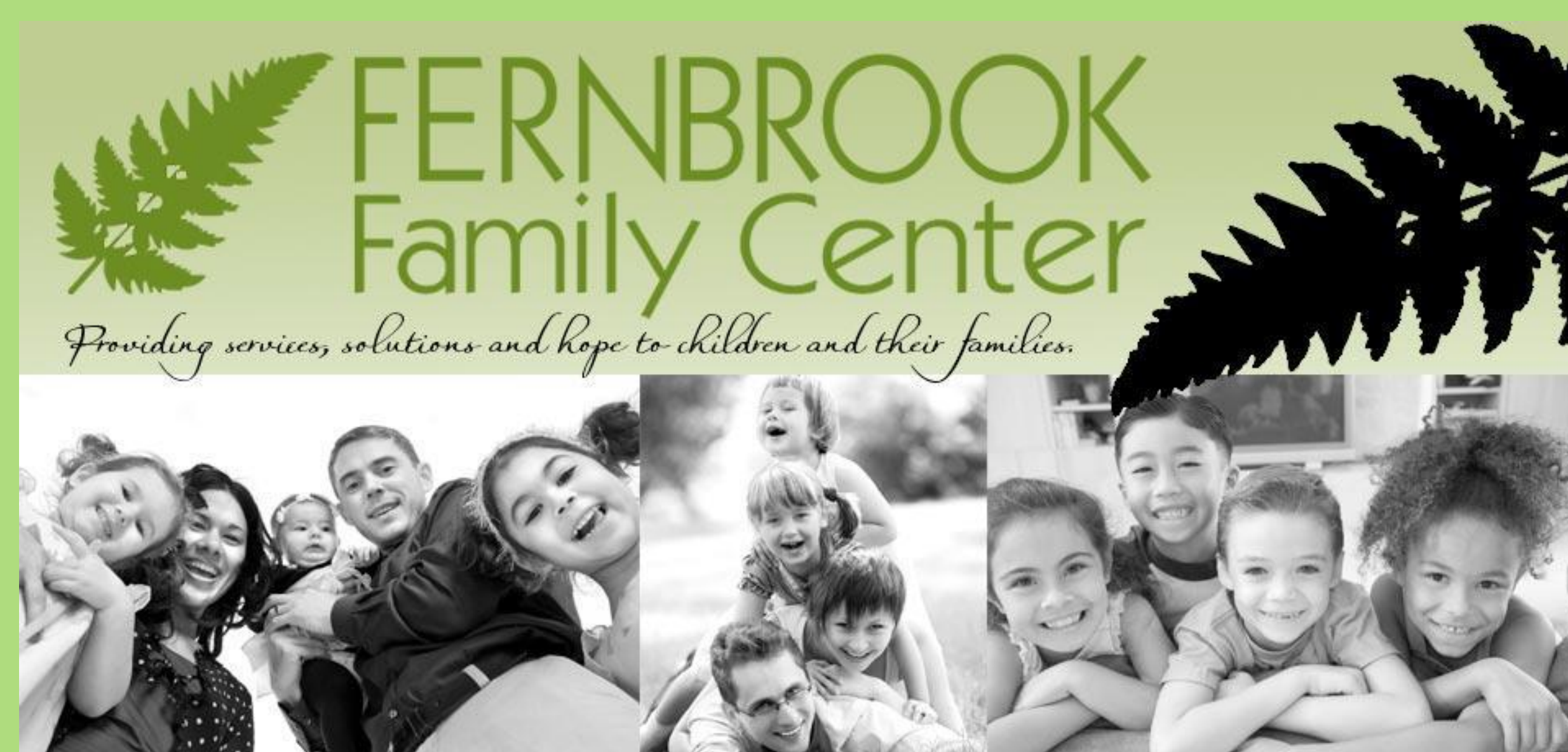
Other Effective Treatment Options:

- ❖ Social Skills
 - ❖ Targeting social and independent living skills
- ❖ Cognitive Remediation
 - ❖ Targets cognitive impairments to improve work functioning
- ❖ Social cognition training
 - ❖ Targets emotion and social perception, theory of mind and social functioning (Smith, et al., 2003)

Recommendations

It is recommended that Fernbrook:

- ❖ Offer a CBT group for 8 weeks lasting 2 hours each session
- ❖ Communicate with current clients and other community agencies about group details to recruit members
- ❖ Schedule and conduct screening interviews to determine appropriate fit for client with group
- ❖ Have group members sign participation agreement prior to first session
- ❖ Ensure no more than 12 clients participate in the group
- ❖ Utilize ABC Model, Change Process Balance, and Stress Vulnerability Model as assessment tools
- ❖ Measure group outcomes through questionnaires and surveys



References

References are available from the author upon request.