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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 target 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, aloxia, 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**

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

**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).

References
References are available from the author upon request.