CLINICAL CARE UPDATE: The Chronically Mentally Ill Group Treatment for Individuals with Schizophrenia

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ABSTRACT: Comprehensive treatment programs for individuals with schizophrenia usually include a variety of groups, many of which have concrete tasks as a focus: medication management, social skills training, meal preparation, etc. These groups can simultaneously serve more general rehabilitative purposes if leaders apply principles of group leadership which recognize the neuropathological substrate of schizophrenia and which take into account the specific interpersonal characteristics and needs of individuals who have the illness. This paper presents a framework for leading task-oriented groups for individuals with schizophrenia and give examples from a medication group in a psychosocial rehabilitation program.

Groups of various kinds have become a routine element of comprehensive treatment programs for individuals with schizophrenia and other psychotic disorders (Kanas, 1986). With proper structure and leadership, groups provide a setting for emotionally satisfying human contact and an opportunity for patients to learn skills necessary for rehabilitation (Kahn, 1986; Goldstein, 1987; Kanas, 1988). Groups may meet...
expressly for psychotherapy, but many groups have a concrete focus or task, such as social skills training, vocational counseling, assertiveness training, medication management, or developing daily living skills. This paper presents a framework for enhancing the rehabilitative potential of groups for individuals with schizophrenia that can be applied to groups meeting for psychoeducation, medication supervision, meal preparation, or almost any other concrete focus.

**LITERATURE REVIEW**

The literature on the use of groups with schizophrenia and other psychotic disorders is split into two rather disconnected parts. One part is concerned with verbally oriented groups which are defined as "group therapy" (O'Brien, 1975; Pines, 1979; Fleischl, 1979; Kanas, DiLella, & Jones, 1984). Even though the authors have a different focus in mind, much of this literature is directly applicable to task-oriented groups as well. The other part of the literature is directly concerned with groups that have a concrete focus (Lamb, 1982; Isenberg, Mahmke, & Shields, 1974; Olarte & Masnik, 1981). This division of the literature seems to be based more on differences in the authors' training and conceptual approach than on any true disagreement. Some authors have attempted to bridge the gap in the literature (Yalom, 1983; Pekala, Siegal, & Farrar, 1985; Beeber, 1988). In this paper, we expand our previous discussion along these lines (Wilson, Diamond, & Factor, 1985).

**OUR APPROACH**

In groups, patients demonstrate their social strengths and the types of interpersonal interactions that cause difficulty in daily life. The group provides a setting in which adaptive interpersonal styles can be developed, which can then be applied to settings and relationships outside of the group. A "here and now" approach allows the group to focus on practical aspects of interpersonal adaptation rather than upon problems outside the group or in the patients' past.

If this basic approach is to be applied successfully to groups with individuals who have schizophrenia, the cognitive and interpersonal characteristics of these individuals must be taken into account. These characteristics may result from a number of causes including underlying neuropathology, impaired information processing, the effects of