Acute Psychiatric Group Therapy for Hospitalized Individuals with Serious and Persistent Mental Illness

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Methodology

A systematic review of literature was conducted supporting evidenced-based practices on group therapy. The data was collected from journal sources that produced research on studies of therapeutic treatment of individuals with bipolar disorder, borderline personality disorder, major depressive disorder, and schizophrenia. Based on the research findings, the information was then organized into three areas of measure including skills to be addressed in group setting, effective therapy techniques, and outcomes of successful group therapy interventions.

Based on the literature review, the skill deficit areas that were noted as predominant in the diagnoses, were studied and include: major depression, schizophrenia, bipolar disorder, and borderline personality disorder.

Literature Review

Many studies have addressed the components of intervention that are most important for individuals with bipolar disorder, borderline personality disorder, major depressive disorder and schizophrenia. The literature shows that with successful intervention at a group therapeutic level, individuals will have increased success as represented in Figure 4.

Bipolar Disorder- Bipolar Disorder is a mood disorder in which approximately two million American adults live with and is characterized when the individual experiences one or more manic episodes that alternate with major depression, similar to a rollercoaster effect (APA, 2000).

Borderline Personality Disorder- According to the DSM-IV-TR (2000), borderline personality disorder is a pattern of therapy that is characterized by the individual having one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes (APA, 2000). It is a disorder that impacts 16.6 percent of individuals in the United States. The research shows that 72.1 percent of these individuals have a comorbid disorder, most commonly being anxiety.

Schizophrenia- Schizophrenia is a chronic, mental disorder that is characterized by abnormal patterns of thoughts and perception, that impacts one in one hundred people at some point in their lives (McCann & Bowers, 2005). While the specific causes of schizophrenia are unknown, the onset of schizophrenia is likely due to a mix of biological, psychological, and social influences and can often be detected premonitory in symptoms such as social withdrawal, deterioration in self-care, and other "odd" behaviors (Corcoran & Walsh, 2009).

Individuals with a diagnosis of SPMI represent six percent of the Americans, and often carry a level of skill deficit that impairs their daily relationships and functioning (NAMI, 2009). Research has shown that with successful intervention many individuals with SPMI can reduce the impact that their diagnosis has on their life. Until the 1980's, the most effective and highly used treatment of individuals with SPMI was neuroleptic medication (McCann & Bowers, 2005). Within the last couple decades, specialists have attempted to develop alternative treatment models to assist these individuals with SPMI.

While the use of medications as a primary treatment modality for SPMI will not be replaced by psychosocial intervention, recent research has shown that psychological and social interventions can reduce symptoms and relapse rates. There are many skills to address in groups and theories to practice, yet evidenced-based research has consistently shown that cognitive-behavior therapy and social skills training are successful (McCann & Bowers, 2005).

Meuser and Drake (2005) identified nine major domains of meaningful outcomes for individuals with SPMI when their areas of deficit are addressed with appropriate intervention. The major domains include: 1) reduction of symptom, 2) improvements of social and role functioning, 3) increased quality of life, 4) increased independent living skills, 5) reduction in hospitalizations, 6) securing stable and independent housing, 7) enhanced quality of life, 8) better control of substance abuse, and 9) improvements in general health. It is these domains, that motivate professionals to develop efficacious programs.

Findings

Results of the literature review indicated that the skills that should be addressed through group therapy in an acute setting include social, relationship and coping skills. Cognitive behavioral therapy (CBT) has been shown to be the most effective treatment theory utilized with patients diagnosed with SPMI in an acute treatment setting. In reference to outcomes of successful group therapy, the four diagnostic categories had many similar positive outcomes including decreased hospitalizations, increased treatment gains, and improved quality of life.

Implications and Recommendations for Use at Immanuel St Joseph's Hospital

Based on findings of this project, it is recommended that Immanuel St. Joseph's Behavioral Health Unit staff implement group therapy for patients diagnosed with SPMI utilizing cognitive-behavioral therapy with a focus on social and relationship skills such as expression of feeling, and coping skills that assist in the daily functioning with their mental illness.

References available upon request from Author