

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

In adults with psychosis, which is the most effective group intervention in improving patient outcomes?

Clarification of question using *PICO* structure

Patients: Adults with psychosis

Intervention: Group interventions

Comparator: Any other group interventions

Outcome: Patient outcomes

Plain language summary

Research suggests that group psychotherapeutic interventions, such as cognitive behavioural therapy, may be beneficial in reducing symptoms of psychosis. However, there is limited high quality evidence in this area. Further trials are required in order to adequately compare the effectiveness of group therapies.

Clinical and research implications

There is some, limited, poor quality evidence to suggest that group cognitive behavioural therapy and other group interventions (e.g. psychoeducational and skills training programmes) may have a small beneficial effect on symptoms for people with schizophrenia and other psychotic disorders. However, there is no evidence of differential effects between group interventions and we were unable to identify any studies that compared group interventions to interventions in this population. Further research is needed to compare the effectiveness of different interventions for people with psychosis.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified two systematic reviews^{1,2} and two additional randomised controlled trials (RCTs),^{3,4} not included in either systematic review, which were considered partially relevant to this evidence summary. All studies evaluated one or more group interventions for people with psychosis. All 32 studies included in the first systematic review were comparisons between group psychotherapeutic treatments and a control group (sham therapy or treatment as usual (TAU)).¹ The second systematic review included only five studies, four of which compared group cognitive behavioural therapy (CBT) to TAU or a waiting list control and one compared group CBT to a group psychoeducational intervention.² The two additional RCTs both compared group CBT to an alternative group intervention (a group psychoeducational programme³ and a group social skills training programme⁴). The second RCT also included a control group.⁴ Both systematic reviews included only studies conducted in people with schizophrenia or schizoaffective disorders.^{1,2} One RCT was conducted in inpatients with acute schizophrenia.³ The second RCT included both people with schizophrenia and people with mood disorders with a psychotic element; this trial was conducted in an out-patient setting and participants were considered stable by their psychiatrist.⁴

Main findings

The results of meta-analyses from the first systematic review indicated that group psychotherapeutic interventions were associated with a small overall reduction in negative symptoms on the positive and negative symptom scale (PANSS) compared to TAU or a sham intervention.¹ However, the effect was small and no significant effect on positive symptoms was observed.¹ In addition, this review provided no indication of the comparative effectiveness of different specific group interventions. The second review reported some evidence (from 2 studies) to indicate that group CBT may be associated with reductions in social anxiety compared to control conditions.² A third study included in this review found that both group CBT and a group psychoeducational intervention improved symptoms at six month follow-up.² One RCT found that both group CBT and a group psychoeducational intervention were associated with very small pre- to post-treatment improvements in quality of life,³ and one RCT reported that both group CBT and a group social skills training programme were associated with improvements in symptoms at 3 to 6 months follow-up;⁴ there were no significant differences between the interventions in either study.

Authors conclusions

Orfanos 2015 – The authors concluded that group psychotherapeutic treatments can improve negative symptoms in the treatment of schizophrenia. The effect occurs across different treatments and appears to be non-specific.

Lawrence 2006 – The authors stated that, although positive findings for CBGT have been reported, these are not consistent between studies and the methodological weaknesses of the studies compromise these findings.

Bechdolf 2010 – The authors concluded that both brief group CBT and group PE improve subjective QoL in patients with schizophrenia.

Lecomte 2008 – The authors concluded that both group CBT and group social skills training can offer significant improvements in symptoms, compared to usual care, for people with recent onset psychosis.

Reliability of conclusions/Strength of evidence

Two systematic reviews and two small randomised controlled trials, all with significant methodological flaws, provide some information on the effectiveness of group CBT and some other group interventions for people with psychosis. The majority of the evidence in this summary is derived from studies conducted in people with schizophrenia. We did not identify any studies that compared group interventions to interventions in this population.

What do guidelines say?

NICE guidelines for psychosis and schizophrenia in adults (CG178, 2014) does not comment on the use of group interventions but makes the following recommendations regarding individual interventions;

If a person is considered to be at increased risk of developing psychosis... offer individual cognitive behavioural therapy (CBT) with or without family intervention. (pp.15)

For people with first episode psychosis offer oral antipsychotic medication in conjunction with psychological interventions (family intervention and individual CBT) (pp.18)

Date question received: 08/02/2016

Date searches conducted: 16/02/2016

Date answer completed: 18/04/2016

References

Systematic reviews

1. Orfanos, S., Banks, C., & Priebe, S. (2015). Are Group Psychotherapeutic Treatments Effective for Patients with Schizophrenia? A Systematic Review and Meta-Analysis. *Psychotherapy and psychosomatics*, 84(4), 241-249.

2. Lawrence, R., Bradshae, T., & Mairs, H. (2006). Group cognitive behavioural therapy for schizophrenia: a systematic review of the literature. *Journal of Psychiatric and mental health nursing*, 13, 673-681.

Randomised controlled trials

3. Bechdolf, A., Knost, B., Nelson, B., Schneider, N., Veith, V., Yung, A. R., & Pukrop, R. (2010). Randomized comparison of group cognitive behaviour therapy and group psychoeducation in acute patients with schizophrenia: effects on subjective quality of life. *Australian and New Zealand Journal of Psychiatry*, 44(2), 144-150.
4. Lecomte, T., Leclerc, C., Corbiere, M., Wykes, T., Wallace, C. J., & Spidel, A. (2008). Group Cognitive Behavior Therapy or Social Skills Training for Individuals With a Recent Onset of Psychosis?: Results of a Randomized Controlled Trial. *The Journal of nervous and mental disease*, 196(12), 866-875.

Guidelines

National Institute for Health and Care Excellence. (2014) Psychosis and schizophrenia in adults: prevention and management CG178. NICE: London.

<https://www.nice.org.uk/guidance/cg178/resources/psychosis-and-schizophrenia-in-adults-prevention-and-management-35109758952133>

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Orfanos et al. (2015)	March 2014	<p>Participants: Adults, aged over 16 years, with a diagnosis of schizophrenia and related diagnosis (at least 85% of study participants were required to have a diagnosis of schizophrenia, schizotypal, schizoaffective and/or other non-affective psychotic disorders), according to DSM or ICD classification.</p> <p>Intervention: Group psychotherapeutic treatments</p> <p>Comparator: Active sham group (i.e. active discussion group, support group, counselling group, occupational therapy group or problem-solving discussion group), treatment as usual (TAU) or waitlist control.</p> <p>Outcome: Symptomology (PANSS) measured at the end of treatment; included studies were also required to have measured baseline symptoms.</p> <p>Study design: Randomised controlled trials.</p>	32 studies (n=2,634 participants)	<p>This systematic review aimed to estimate the effect of different group psychotherapeutic treatments for schizophrenia and to explore factors which may mediate any overall 'group effect'.</p> <p>The mean age of study participants was 39 years (range 17 to 78 years) and four studies did not report age data. Baseline symptoms were not reported for all studies.</p> <p>Thirteen of the studies included in the review compared a group psychotherapeutic treatment to an active sham group and 19 studies compared a group psychotherapeutic treatment to TAU. The interventions assessed in the included studies were broadly classified as cognitive behavioural therapy (CBT) approaches (31%), non-verbal arts therapies (19%), others (e.g. cognitive remediation therapy, psycho-education and integrated</p>	<p>The objective of the review was clearly stated and appropriate inclusion criteria were defined.</p> <p>Literature searches included a range of bibliographic databases and were supplemented by hand searching. However, studies published in languages not based on the Latin alphabet were excluded.</p>

			<p>approaches (50%); the intensity of treatment varied widely (total hours 7 to 96). The majority of studies (71%) were conducted in outpatient settings and the most commonly used symptom measure was PANSS.</p> <p>Group psychotherapeutic treatment was associated with a reduction in endpoint negative symptoms compared to TAU (-0.37 (95% CI: $-0.60, -0.14$), 15 studies) and this effect was maintained when studies at high risk of bias and those with baseline imbalance were excluded from the analysis -0.40 (95% CI: $-0.67, -0.13$), 12 studies). Regression analysis indicated that effect size was moderated by treatment intensity (number of sessions). There was no difference in effect between group psychotherapeutic intervention and sham intervention.</p> <p>There were no differences in endpoint positive symptoms between group psychotherapeutic treatment and TAU, or between group psychotherapeutic treatment and sham intervention.</p> <p>Group psychotherapeutic treatment was associated with a reduction in endpoint general symptoms and total symptoms,</p>	<p>The data extraction process included measures to minimise error and bias, however, study selection was undertaken by one reviewer, with only a sample of articles checked at the full paper screening stage.</p> <p>The methodological quality of included studies was assessed using a modified version of the Cochrane risk of bias tool.</p> <p>Calculation of summary effect estimates from studies assessing a wide variety of interventions of different durations</p>
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				<p>compared to TAU but not to sham intervention. When studies at high risk of bias and those with baseline imbalance were excluded from the analyses, these effects became non-significant.</p>	<p>is of questionable value. In addition, the review reported only post-treatment outcomes and no baseline data were provided for most studies. It is also unclear whether any observed effect would be maintained beyond the end of treatment.</p>
Lawrence et al. (2006)	Unknown	<p>Participants: Adults (aged 16 years and over) with a diagnosis of schizophrenia or schizoaffective disorder.</p> <p>Intervention: Group based CBT.</p> <p>Comparator: TAU or any active intervention.</p> <p>Outcome: Outcomes measured using a standardised, validated method</p> <p>Study design: Controlled trials, using measures before and after the intervention.</p>	5 studies (n=255 participants)	<p>This systematic review aimed to assess the effectiveness of group CBT compared to TAU or alternative active treatments for individuals with a diagnosis of schizophrenia.</p> <p>Three of the included studies were randomised controlled trials and two were repeated measures studies.</p> <p>Where reported, the mean age of study participants ranged from 31.8 to 40 years, and between 46.5% and 81.3% were male. Detailed participant characteristics were</p>	<p>The objective of the review was clearly stated and appropriate inclusion criteria were defined.</p> <p>Literature searches included a range of bibliographic databases and were supplemented by</p>

				<p>poorly reported by the included studies, making comparisons between study populations difficult. Three studies were conducted on outpatient settings and one was conducted in an acute inpatient unit.</p> <p>The duration of interventions varied from 6 sessions in 6 weeks to 16 sessions in 8 weeks, and session duration varied from between 1 and 2 hours. One study targeted general psychopathology and the remaining three targeted specific symptoms. Included studies used a total of 20 different outcome measures and results were not reported for all outcomes listed.</p> <p>Drop-outs: Attrition rates ranged from 9.4 to 31.8%</p> <p>Social anxiety: Two studies assessed measures of social anxiety (Brief Social Phobia Scale (BSPS), Social Interaction Anxiety Scale (SIAS) and Brief Fear of Negative Evaluation Scale (BFNE). All three studies found that group CBT was associated with positive effects compared to the control group.</p>	<p>reference screening and contact with experts in the field.</p> <p>All stages of the review process included methods to minimise error and bias.</p> <p>The methodological quality of included studies was assessed using appropriate criteria and the results of the assessment were reported in full.</p> <p>The use of a narrative synthesis was appropriate given the apparent clinical and statistical heterogeneity. However,</p>
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				<p>Auditory hallucinations: Two studies assessed auditory hallucinations using PSYRATS. These studies reported contradictory findings, with one study finding that treatment was associated with a significant reduction in symptoms, which was maintained at three months follow-up, and the other study finding no treatment effect.</p> <p>Relapse and re-hospitalisation: One study, which compared group CBT and a group psychoeducational intervention, found no significant difference in relapse or re-admission rates.</p> <p>Symptoms: Both groups in the study comparing group CBT and a group psychoeducational intervention showed significant improvements on the positive, negative and general psychopathology syndrome scale which were maintained at six month follow-up. However, there were no significant differences between the groups.</p>	<p>numerical study results for individual studies were not reported adequately.</p>
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Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Bechdolf et al. (2010)	<p>Participants: Working age adults (18-64 years) with a diagnosis of schizophrenia, schizoaffective or other psychotic disorder according to ICD-10 and were recommended antipsychotic medication. Patients with a primary diagnosis of drug or alcohol dependence, organic brain disease, learning disability or hearing impairment were excluded.</p> <p>Intervention: Group CBT, 16 sessions, over 8 weeks. Focused on the treatment of auditory hallucinations and delusions, associated symptoms and problems, relapse prevention and enhancing medication compliance. Sessions were led by two therapists, a CBT-trained psychiatrist and a clinical psychologist.</p> <p>Comparator: Group psychoeducation, 8 sessions over 8 weeks. Topics covered symptoms of psychosis, models of psychosis, effects and side-effects of medication, maintenance medication, early symptoms of relapse and relapse prevention. Sessions were led by two therapists, a CBT-trained psychiatrist and a clinical psychologist.</p>	n=88 (GCBT n=40, psychoeducation n=48)	<p>This study aimed to compare the effects on quality of life of a brief group CBT intervention and a group psychoeducational programme, in acute patients with schizophrenia.</p> <p>The mean number of previous admissions for psychosis, in the study population, was approximately 2.5 and the mean time since diagnosis was approximately 53 months. There were no significant baseline differences between the treatment groups with respect to age, gender, time since diagnosis or number of admissions.</p> <p>Drop-outs: One patient from the group CBT group and two from the psychoeducational intervention group did not attend any sessions. Twenty percent of the group CBT group and 27% of the psychoeducation group completed all sessions. Twenty three percent of the group CBT group and 17% of the psychoeducation group were lost to follow-up at six months.</p> <p>Quality of life (QoL): Within group improvements were reported for both interventions. The pre- to post-treatment effect size (ES) was very small for both group CBT (ES = 0.06) and for the psychoeducational intervention (ES = 0.07). Within group pre-treatment to follow-up effect sizes remained small; CBT (ES = 0.25) and psychoeducational intervention (ES = 0.29).</p>	<p>Randomization was conducted by computer-generated random numbers for blocks of eight participants. The results were placed in sealed envelopes and opened at the time of treatment allocation.</p> <p>The nature of the interventions precluded blinding of participants and study personnel and it was not</p>

	Outcome: Quality of life (Modular System for Quality of Life)		No significant differences between the treatments were found at pre-treatment or post-treatment assessments, or at 6 month follow-up.	clear whether outcomes were assessed blind to treatment allocation. Only participants completing MSQoL assessments at the various time points were included in the analyses. Results were reported for all specified outcomes.
Lecomte et al. (2008)	Participants: Adults (18-35 years) receiving services from Early Psychosis Intervention service currently presenting with persistent or fluctuating psychotic symptoms; first consultation for psychosis in the previous 2 years; receiving	n=129 (number in each group unclear)	This study aimed to compare the effectiveness of group CBT to that of social skills training, for people with recent onset psychosis. The mean age of study participants was 24±5.2 years, 73% were male and 97% were single. The mean time since	Details of the method of randomisation and allocation concealment were not

	<p>antipsychotic medication; discharged from hospital and considered stabilised by their psychiatrist.</p> <p>Intervention: Group CBT, which integrates the principles and philosophy of individual CBT for psychosis but adapted to a group format and tailored to first episode. Treatment consisted of 24 sessions delivered twice a week over 3 months. All therapists had previous experience in working with people with psychosis and received two days of intensive training in the intervention, prior to the study; therapists had no prior experience with CBT.</p> <p>Comparator: Group social skills training for symptom management. Treatment consisted of 24 sessions delivered twice a week over 3 months. All therapists had previous experience in working with people with psychosis and received two days of intensive training in the intervention, prior to the study.</p> <p>Wait-list control</p> <p>Outcome: Symptomology, coping and insight. Outcomes were measured pre-treatment and at 3 and 9 months.</p>		<p>diagnosis was 1.2 ± 0.44 years. 75% Of study participants had a primary diagnosis in the schizophrenia spectrum and the remaining 25% had a mood disorder with psychotic features. With the exception of racial distribution, there were no significant differences in demographic, socioeconomic or disease characteristics between the groups at baseline.</p> <p>Participants in both the group CBT and group skills training groups showed improvements in symptoms (BPRS) compared to the control group; effect sizes were small to medium (0.25 to 0.54). The authors also reported that both treatments were associated with post-treatment improvements in self-esteem and active coping skills, relative to the control group; no effect sizes were reported. No significant differences were found between the treatment groups for any of the outcome measures at any of the assessment times.</p>	<p>reported.</p> <p>The nature of the interventions precluded blinding of participants and study personnel, however, outcome assessments were conducted blind to group allocation.</p> <p>Intention-to-treat analyses were performed.</p> <p>Outcome measures were not clearly specified and</p>
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				between group effect estimates were not always reported.
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Risk of bias

Systematic reviews

Author (year)	RISK OF BIAS				
	Inclusion criteria	Searches	Review process	Quality assessment	Synthesis
Orfanos et al. (2015)					
Lawrence et al. (2006)					

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Bechdorf et al. (2010)						
Lecomte et al. (2008)						

 Low risk

 High risk

 Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>Guidelines</i>			
NICE	Psychosis	21	1
<i>Systematic Reviews</i>			
MEDLINE	<ol style="list-style-type: none"> 1 Psychotherapy, Group/ (12565) 2 (group adj2 therap\$).ab,ti. (15803) 3 (group adj2 intervention\$).ab,ti. (22031) 4 1 or 2 or 3 (46175) 5 Psychotic Disorders/ (38725) 6 Schizophrenia/ (87078) 7 (psychosis\$ or psychotic\$).ab,ti. (46464) 8 schizophren\$.ab,ti. (98599) 9 5 or 6 or 7 or 8 (161565) 10 4 and 9 (1494) 11 (systematic\$ review\$ or meta-analytic\$ or metanalysis or metaanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (129321) 12 ((synthes\$ adj3 (literature or evidence)) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic 	108	

	<p>overview\$ or evidence based review or comprehensive review or critical review or quantitative review or structured review or realist review or realist synthesis).ab,ti. (49788)</p> <p>13 exp Meta-Analysis/ (61543)</p> <p>14 meta-analysis.ab,ti,pt. (91081)</p> <p>15 11 or 12 or 13 or 14 (184045)</p> <p>16 (medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info).ab. (113345)</p> <p>17 ((literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$) or included studies or (inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria).ab. (133783)</p> <p>18 ((assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted) or (data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or Jadad or coding).ab. (814362)</p> <p>19 16 or 17 or 18 (936414)</p> <p>20 review.pt. (2064794)</p> <p>21 19 and 20 (144577)</p> <p>22 19 and 20 (144577)</p> <p>23 (review\$ adj4 (papers or trials or studies or evidence or intervention\$ or evaluation\$)).ab,ti. (120826)</p> <p>24 15 or 19 or 21 or 22 (1014826)</p> <p>25 (letter or editorial or comment).pt. (1455023)</p>		
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	<p>26 24 not 25 (1007020)</p> <p>27 Animals/ (5766662)</p> <p>28 Humans/ (15660680)</p> <p>29 27 not 28 (4154861)</p> <p>30 26 not 29 (917746)</p> <p>31 10 and 30 (108)</p>		
EMBASE	<p>1 (psychosis\$ or psychotic\$).ti,ab. (70218)</p> <p>2 *psychosis/th [Therapy] (3570)</p> <p>3 *schizophrenia/th [Therapy] (6816)</p> <p>4 1 or 2 or 3 (77247)</p> <p>5 (group adj2 therap\$).ti,ab. (23553)</p> <p>6 (group adj2 intervention\$).ti,ab. (30729)</p> <p>7 group therapy/ (19004)</p> <p>8 5 or 6 or 7 (66654)</p> <p>9 4 and 8 (1330)</p> <p>10 (systematic\$ review\$ or systematic\$ literature review\$ or meta-analytic\$ or meta?analysis or metanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (169674)</p> <p>11 ((synthes\$ adj3 literature) or (synthes\$ adj3 evidence) or (synthes\$ adj2 qualitative) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic overview\$).ab,ti. (32037)</p> <p>12 ((systematic adj2 search\$) or systematic\$ literature research\$ or (review adj3 scientific literature) or</p>	73	

	<p>(literature review adj2 side effect\$) or (literature review adj2 adverse effect\$) or (literature review adj2 adverse event\$) or (evidence-based adj2 review) or (evidence-based adj2 review)).ab,ti. (19053)</p> <p>13 (comprehensive review or critical review or critical analysis or quantitative review or structured review or realist review or realist synthesis or (pooled adj2 analysis) or (pooled data adj6 (studies or trials)) or (medline and (inclusion adj3 criteria)) or (search adj (strateg\$ or term\$))).ab,ti. (77271)</p> <p>14 exp "systematic review"/ (101545)</p> <p>15 meta analysis/ (104164)</p> <p>16 (Medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info or lilacs or (literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$)).ab. (193458)</p> <p>17 ((inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria or (assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted)).ab. (234850)</p> <p>18 ((data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or (Jadad or coding) or evidence-based).ab. (968943)</p> <p>19 10 or 11 or 12 or 13 or 14 or 15 (300086)</p> <p>20 16 or 17 or 18 (1254289)</p> <p>21 review.pt. (2128381)</p> <p>22 20 and 21 (152661)</p> <p>23 review.ti. (359123)</p>		
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	<p>24 20 and 23 (79964)</p> <p>25 (review\$ adj10 (papers or trials or trial data or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (353753)</p> <p>26 (retriev\$ adj10 (papers or trials or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (17614)</p> <p>27 19 or 22 or 24 or 25 or 26 (638800)</p> <p>28 (letter or editorial).pt. (1423975)</p> <p>29 27 not 28 (630531)</p> <p>30 exp animal/ (21123553)</p> <p>31 nonhuman/ (4685261)</p> <p>32 30 or 31 (22463965)</p> <p>33 human/ (16585198)</p> <p>34 32 not 33 (5878767)</p> <p>35 29 not 34 (602835)</p> <p>36 ("cochrane database of systematic reviews\$" or "the cochrane database of systematic reviews").jn. (12505)</p> <p>37 35 not 36 (591452)</p> <p>38 conference abstract.pt. (2145768)</p> <p>39 37 not 38 (515155)</p> <p>40 9 and 39 (73)</p>		
PsycINFO/CINAHL	1 exp Group Psychotherapy/ (20705)	32	

	<p>2 exp Group Intervention/ (1396)</p> <p>3 (group adj2 therap\$.ab,ti. (14485)</p> <p>4 (group adj2 intervention\$.ab,ti. (11227)</p> <p>5 1 or 2 or 3 or 4 (36972)</p> <p>6 *Psychosis/ (18475)</p> <p>7 (psychosis\$ or psychotic\$.ab,ti. (58490)</p> <p>8 6 or 7 (60190)</p> <p>9 5 and 8 (1003)</p> <p>10 (Cochrane\$ or review or overview or (review adj2 literature) or (synthes\$ adj3 (literature\$ or research or studies or data))).ti. (134815)</p> <p>11 (meta analysis or literature review or systematic review).md. (128660)</p> <p>12 (pooled analys\$ or ((data adj2 pool\$) and studies) or ((hand or manual\$ or database\$ or computer\$ or electronic\$) adj2 search\$) or ((electronic\$ or bibliographic\$) adj2 (database\$ or data base\$))).ab,ti. (9552)</p> <p>13 exp Meta Analysis/ (3781)</p> <p>14 10 or 11 or 12 or 13 (233322)</p> <p>15 (comment reply or editorial or letter or review book or review media).dt. (279749)</p> <p>16 (electronic collection or dissertation abstract or encyclopedia).pt. (450395)</p> <p>17 (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep).ab,sh,ti. (284297)</p> <p>18 15 or 16 or 17 (949015)</p> <p>19 14 not 18 (140797)</p>		
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	20	9 and 19 (32)		
<i>Primary Studies</i>				
MEDLINE	1	Psychotherapy, Group/ (12565)	344	
	2	(group adj2 therap\$.ab,ti. (15803)		
	3	(group adj2 intervention\$.ab,ti. (22031)		
	4	1 or 2 or 3 (46175)		
	5	Psychotic Disorders/ (38725)		
	6	Schizophrenia/ (87078)		
	7	(psychosis\$ or psychotic\$.ab,ti. (46464)		
	8	schizophren\$.ab,ti. (98599)		
	9	5 or 6 or 7 or 8 (161565)		
	10	4 and 9 (1494)		
	11	"randomized controlled trial".pt. (406964)		
	12	(random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$.ti,ab. (889522)		
	13	(retraction of publication or retracted publication).pt. (8520)		
	14	11 or 12 or 13 (983010)		
	15	(animals not humans).sh. (4154861)		
	16	((comment or editorial or meta-analysis or practice-guideline or review or letter or journal correspondence) not "randomized controlled trial").pt. (3531362)		
	17	(random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not "randomized controlled trial".pt. (56432)		

	18 14 not (15 or 16 or 17) (729430)		
	19 10 and 18 (344)		
EMBASE	<p>1 (group adj2 therap\$.ti,ab. (23553)</p> <p>2 (group adj2 intervention\$.ti,ab. (30729)</p> <p>3 group therapy/ (19004)</p> <p>4 1 or 2 or 3 (66654)</p> <p>5 (psychosis\$ or psychotic\$.ti,ab. (70218)</p> <p>6 *psychosis/th [Therapy] (3570)</p> <p>7 *schizophrenia/th [Therapy] (6816)</p> <p>8 5 or 6 or 7 (77247)</p> <p>9 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$.ti,ab. (1166780)</p> <p>10 RETRACTED ARTICLE/ (7912)</p> <p>11 9 or 10 (1174495)</p> <p>12 (animal\$ not human\$.sh,hw. (3981623)</p> <p>13 (book or conference paper or editorial or letter or review).pt. not exp randomized controlled trial/ (4308067)</p> <p>14 (random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not exp randomized controlled trial/ (69329)</p> <p>15 11 not (12 or 13 or 14) (905365)</p> <p>16 4 and 8 (1330)</p> <p>17 15 and 16 (307)</p>	307	

PsycINFO/CINAHL	<p>1 exp Group Psychotherapy/ (20705)</p> <p>2 exp Group Intervention/ (1396)</p> <p>3 (group adj2 therap\$).ab,ti. (14485)</p> <p>4 (group adj2 intervention\$).ab,ti. (11227)</p> <p>5 1 or 2 or 3 or 4 (36972)</p> <p>6 *Psychosis/ (18475)</p> <p>7 (psychosis\$ or psychotic\$).ab,ti. (58490)</p> <p>8 6 or 7 (60190)</p> <p>9 5 and 8 (1003)</p> <p>10 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$).ti,ab. (173018)</p> <p>11 (animals not humans).sh. (6268)</p> <p>12 exp Clinical Trials/ (9354)</p> <p>13 random*.mp. (151622)</p> <p>14 12 not 13 (4019)</p> <p>15 10 not (11 or 14) (172407)</p> <p>16 9 and 15 (124)</p>	124	
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