VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION

Adapting SST in Response to the COVID-19 Pandemic

VA SST Advanced Practice Quarterly Meeting 12/08/21

VA Social Skills Training for Serious Mental Illness Training Program
VISN 5 Mental Illness Research Education and Clinical Center (MIRECC)
http://www.mirecc.va.gov/visn5/training/social_skills.asp

"SST-Telehealth to Home: Connecting to Veterans in their Homes." December 15, 2021 at 1-4 EST. 2.75 CE

Previously Presented Information

- Much of the information in this presentation has been previously presented on SST quarterly calls and in webinars regarding adapting SST during the pandemic.

- This presentation repeats and expands on this information in an attempt to capture what has been learned so far.

- We recognize that many SST providers may not have been able to attend previous training events.

- It is our hope that this presentation is engaging and interactive. Please ask questions and share your experiences in providing SST during the pandemic.

Acknowledgements

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Acknowledgements

<u>SST Accreditation Committee</u>

Armintia Alcorn, OT

Mary Brilmyer, RN

Vanessa Starkey, LCSW

Elizabeth Gilbert, Ph.D.

<u>VA Employee Education System</u>

Jennifer Horbenko, M.S. ED, CHES

Spencer Glipa

Agenda

- Safety and SST
- How SST can help Veterans during the pandemic
- Options for provision of SST during the pandemic
  - In person groups (typically with COVID-19 precautions in place)
  - Individual SST
  - SST-Telehealth to home (SST-TH)
- SST Curriculum Considerations
- SST Group Session Sequence Considerations
- Questions

Be Safe!

- IMPORTANT POINT: SST groups should be tailored based on VA leadership guidance regarding safety measures for local pandemic conditions. For example, some VAs may not allow in person groups at all and some may.

- It is critical that you check with your supervisor and local leadership before starting an SST group and make sure you implement local precautions for pandemic safety.

SST

- SST may be a helpful intervention to enhance individuals' skills to cope with the crisis and may reduce feelings of isolation during the pandemic.

- SST could be especially useful for Veterans whose social skills have been compromised because of reduced social interactions over the past year.

- SST can help group members learn how to navigate some of the challenges unique to the current climate (e.g., abbreviated interactions, communicating with masks, etc.)

- Veterans may wish to continue working on their recovery-related goals in SST during the pandemic.

- In Person Groups (with local COVID-19 precautions in place).

- Individual SST (i.e., 1:1 skills training sessions. May start off with Individual SST and work towards reengaging in SST Groups.

- SST-Telehealth to home (SST-TH)

- NOT recommended: Hybrid groups (e.g., with some group members in person and some group members meeting virtually).

In Person SST Groups

- Masked, distanced, smaller and/or outdoor groups
- Larger group rooms to ensure social distancing (be creative with where to hold your group)
- The SST group room layout may be adjusted to address the need for social distancing (e.g., chairs are further apart between group members and between the role play buddy and the group member role playing).
- With smaller groups, there may be fewer group members present to provide positive feedback and "even better" feedback. It is still important to stick to the SST Group Session Sequence.
- Also with a smaller group, may be times when only 1 person shows up for group due to no shows. The group member should still be encouraged to participate in the "group."
- There may be a need for even more coaching and prompting if group members have had limited social interactions.

Need to adapt due to COVID safety precautions

- Coaching may not involve whispering to someone nearby
- May need to keep distance that does not simulate the actual social situation being practiced in group
- When wearing masks during role plays may be harder to identify certain non-verbal cues (e.g., smiling) and more difficult to demonstrate non-verbal facial cues to the group.
- There could be more limited opportunities to practice skills during the week. Take time to consider safe and feasible outside practice assignments.

Individual SST

- PowerPoint on SST website provides suggestions about how to provide individual SST, "Implementing SST in Individual Sessions"

- Not an EBP but there is limited research to support it.

- Should be implemented when the treatment plan is for individual SST, not in cases where only 1 person shows up for a group SST session.

Individual SST

- May be useful for:
  - COVID-19 pandemic treatment provision
  - People who are reluctant to come to a group – to prepare them to join the group
  - People who have difficulty participating in a group setting
  - People who can't make the SST group time
  - People who want to practice skills for personalized situations in order to increase generalization of skills to the community
  - People who want to do intensive work on a specific social skills domain
  - Maintenance of skills
  - As a technique to enhance other types of psychotherapy (e.g., CBT, Interpersonal Therapy)

- Format may depend on whether the individual SST is a supplement to the group or alone.

- Start with an introductory meeting
  - Review rationale of individual SST
  - Review goal(s) and format of sessions

- Duration and frequency of the individual SST sessions depends on the individual's goals.

- One approach is to start with a limited number of sessions (3-5), then reevaluate the frequency and duration as progress is made. Individuals may opt for booster sessions, as needed, based on their circumstances.

- Content depends on purpose of the meeting based on the client's goals.

- Can focus on gearing up to integrate with an existing SST group
  - If group is ongoing, make sure the Veteran in the individual sessions receives training on the same skills that are taking place in the group they will be up to speed when rejoining.

- Can focus on specialized skills based on an individual's needs and preferences

- Individual SST sessions generally follow the SST Group Session Sequence, except that the client generally has the opportunity to do a series of 3 or more roleplays involving more than 1 scenario.

SST-TH

- We will use the acronym SST-TH here to refer to the Social Skills Training for Serious Mental Illness Telehealth intervention for video to home. (This is distinguished from the intervention of SST-Telehealth to Clinic (SST-TC), which is less relevant during the pandemic).

- Some face-to face SST groups have been transitioned for safety reasons to SST-TH groups during the pandemic.

- Post-pandemic, SST-TH may be a helpful intervention for Veterans who are not able to access in person SST services.

SST-TH

- There is a large research base to support SST Groups conducted face to face.

- There is no controlled research on SST conducted via telehealth.

- We have completed a preliminary investigation of an SST-TH group, which had promising results.

- To learn more about SST-TH, attend the webinar scheduled for December 15, 1-4 PM EST

- Also, there is a monthly SST-Telehealth Community of Practice Meeting on the 4th Weds of the month at 3pm EST. Email Laché Wilkins, lache.wilkins@va.gov, to request to be invited to this meeting.

SST-TH Overview: Set-up

- Ideally provided in VA Video Connect (VVC), the VA's preferred method of telehealth delivery

- There is typically a series of TMS trainings that VA providers need to complete in order to become familiar with telehealth provision. Be sure to check your local requirements.

- Start-up involves making sure Veterans have access to videoconferencing equipment (e.g., computers with webcams or iPads, cellphones are not recommended because of their small screen) and know how to use it. The VA Office of Connected Care Help Desk is available to Veterans 24/7 although we have heard many times case managers or other providers also getting involved in assisting Veterans with this technology.

- Typically, SST-TH groups work better when they are smaller, e.g., 4-6 Veterans vs. 6-10.

- Mailing or otherwise providing Veterans SST materials in advance of their VVC group (e.g., Steps of the skill, Outside Practice Sheets) helps Veterans get the most out of SST-TH groups.

- More "housekeeping" is usually necessary in an SST-TH group (e.g., gathering the required emergency contact info as part of a VVC encounter) prior to the start of the SST group session sequence.

- Otherwise, the same group session sequence is used as in in-person groups.

- Given the virtual setting, it's important to be even more direct about transitions between steps in the group session sequence and the assignment of Veteran roles.

- There are some unique modifications of the skill practice that need to be made given the virtual setting (e.g., relevant to eye contact and picking up on verbal and non-verbal cues in a videoconferencing setting)

- You can learn more about how to provide SST-TH in the webinar next week, 12/15/21 1-4 EST.

- As always, assess which skills might be most relevant for group members' current needs and goals.

- Remember in most SST curricula, the 4 Basic Skills are taught first.

- Consider adding skills related to COVID-19 pandemic to curriculum. See next slide for suggested skills.

Suggested Skills to Practice Related to COVID-19 pandemic

- Reminding Someone Not to Spread Germs
- Making a Doctor's Appointment on the Phone (e.g., for a telehealth appointment)
- Asking for Help
- Asking for Information (e.g., if wanting to order groceries for delivery but don't know how to do this; asking about COVID-19 or about how to access health services in the context of the pandemic)
- Listening to Others (e.g., how to demonstrate you are listening in phone calls or videocalls)
- Leaving Stressful Situations (e.g., if find yourself in an area where you can't maintain 6' physical distance)
- Making Requests (requesting others to stand further away at the grocery store, asking others to pull their mask over their nose)
- Refusing Requests
- Expressing Unpleasant Feelings
- Expressing Angry Feelings

SST Group Session Sequence

Welcome and Set Agenda

Step 1: Review outside practice (for sessions other than the first session)

Step 2: Establish a rationale for the skill

Step 3: Briefly have members share a relevant experience or rationale

Step 4: Explain the steps of the skill

Step 5: Model the skill, review with members

Step 6: Have a group member role play

Step 7: Elicit and provide positive, then constructive feedback

Step 8: Have the member role play again

Step 9: Elicit and provide positive, then constructive feedback

Step 10: Repeat role play again and elicit/provide positive feedback

Step 11: Repeat Steps 6-10 with each group member

Step 12: Develop outside practice assignments

- **Reviewing "Outside" Practice:** Reminder to develop and review practice assignments for outside group that are feasible and safe (e.g., involve calling someone on the phone or a videoconference vs. visiting someone in person). Query about any adaptations that were made to practicing the steps of the skill because of the pandemic. Reinforce all efforts at practicing skills outside of the group.

- **Develop a rationale for the skill:** Discuss the use of the skill in the current context (e.g., how skill might be useful in time of COVID-19, how to safely use the skill [e.g., over the phone]).

- **Explain the Steps of the Skill:** You may make mention of how some of the steps of the skill would be adapted based on the context (e.g., "Although step 1 of the skill is 'Look at the Person,' currently some of your interactions may be over the phone or via videoconference. How would you demonstrate you are looking at someone using videoconference?").

- **Have a Group Member Role play**: During the role play set up, ensure that you are clear on how steps of the skill may be adapted (e.g., "For Step 1, Look at the Person, it sounds like this interaction with your doctor is on VVC? How would you show that you are looking at your doctor?")

  - As always, consider the context when setting up the role play and practicing the skill (e.g., Is it safe and appropriate to request that a person wear a mask or is it a better idea to leave the situation? What is the relationship with the group member?)

- **Have a Group Member Role play (cont.)**:
  - Discuss how to address challenges with wearing a mask:
    - Non-verbal cues may be challenging to assess when wearing a mask (e.g., may need to rely more on verbal communication to directly communicate emotion)
    - It may also be more difficult to hear someone when wearing a mask (may need to ask someone to speak louder) and the group member may also need to increase their volume when speaking
  - Continue safe practices as the role play buddy (e.g., if the role play is to ask someone to put on a mask, inform the group that you will pretend you don't have your mask on rather than taking it off; if asking someone to stand 6 feet apart, you can remain 6 feet apart but ask the group to pretend you are standing closer)
  - Continue to coach and prompt safely. Instead of whispering, you may rely more on non-verbal prompts such as pointing to the board and writing down key phrases on the white board.

- **Have a Group Member Role play (cont.)**:
  - Remember to do your best to connect the Veteran's scenario for the role play to their individualized recovery goal(s) as well as their current circumstances. Do not require group members to do role plays specifically related to COVID (e.g., making someone do a role play asking someone to wear a mask) if this is not something that is related to their goals or coming up for them as a necessary, common skill in their daily lives.
  - Continue to consider how to make role plays realistic (e.g., for phone conversations, you might say "Ring, ring" and gesture that you are on the phone).

- **Develop Outside Practice Assignments:**
  - Formulate a plan consistent with the group member's current environmental restrictions
  - Due to social distancing requirements, many assignments may be completed over the phone or via videoconference
  - Remember to collaborate with the group member regarding deciding on the assignment and encourage them to write it down.
  - If there are limited opportunities to practice due to COVID-19 (social distancing, quarantine), you can also remind group members that they may engage in another role play practice with a family member, friend, or case manager/therapist as part of their outside practice assignment.

Questions?

VA SST Training Program Contacts

SST Program Coordinator Laché Wilkins, M.S.
lache.wilkins@va.gov

SST Program Manager Elizabeth Gilbert, Ph.D.,
elizabeth.gilbert@va.gov

"SST-Telehealth to Home: Connecting to Veterans in their Homes." December 15, 2021 at 1-4 EST. CE planned.