VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION

Providing SST 1 on 1

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Agenda

- Review previous research on social skills training implemented in-person, 1 on 1

- Discuss ideas about how best to implement the Bellack et al. SST model in in-person individual sessions

- Who on the call has implemented SST in-person 1 on 1?
- We have discussion time at the end to hear how your experiences relate to the information we present.

Evidence Base

- There is limited research on social skills training approaches implemented with people with serious mental illness on a 1 on 1 basis. It is not currently considered an EBP. However, the research that has been completed provides support that this type of intervention is likely helpful for people with schizophrenia.

- There are 2 studies (Hogarty, et. al, 1986 and 1991; Pratt, et al, 2017) that examined social skills training delivered in an individual session. Results were positive; they reported lower relapse rates than control group (Hogarty studies) and improved psychosocial functioning (Pratt study).

- These studies do not solely focus on SST delivered 1 on 1

- In these studies, individually delivered social skills training (not exactly the Bellack et al. model but similar teaching strategies) was delivered in combination with other interventions.

- These studies provide some indirect support for the idea that individualized social skills training can be beneficial for people with schizophrenia

- Analysis of the positive outcomes (including relapse rates) of the combined interventions suggest that individualized social skills training can be a valuable component of a comprehensive treatment plan for schizophrenia.

HOPES-I

- Helping Older People Experience Success – Individually Tailored (HOPES-I) intervention
- Results: "Participants with baseline impairments in overall functioning and in each of the skill areas targeted by the program demonstrated significant improvements on related outcome measures."
- No control group in study
- Intervention similar in some ways to SST but in a 1:1 format:
  – At least 1 recovery-oriented goal is set
  – Focus is on skill-building and role play practice
  – Curriculum of skills selected relevant to needs of client
- Additional element is assisting the client with generalizing skills in the community, "direct facilitation and support of goals and objectives (e.g., going to a fitness center with a participant to encourage independent access of this resource)" (p. 382)

VA EBPs and Older Veterans

- Older Veterans are significantly under-represented as EBP training cases

- Many older adults prefer psychotherapy to medication (e.g., Luck-Sikorski et al., 2017; Mohlman, 2012)

- Social Skills Training (SST; Bellack et al., 2004) is an important intervention to consider for older adults (i.e., ages 50 and older) with serious mental illness (SMI) given the evidence that social skill informed interventions demonstrate improved social and overall functioning in older adults with SMI (Jeste and Maglione, 2013).

- Consider offering 1 on 1 SST to an older Veteran

IVAST

- In Vivo Amplified Skills Training (IVAST) (Glynn, et al., 2002; Liberman, et al., 2002)

- Clients participate both in a social skills training group (UCLA Social and independent Living Skills Program) and also have a case manager who helps them implement social skills in the community.

- Mean age of the Veterans in this study was approximately 43 years old.

- The case managers help the clients adapt the social skills to their environments.

- The case manager offers encouragement and reinforcement for successful generalization of skills to the community.

- An evaluation of IVAST (Glynn, et al., 2002) reports that compared to participants attending SST groups alone, participants in IVAST condition over a 60 week period had:

  - higher levels of interpersonal problem-solving skills
  - greater social adjustment
  - better quality of life

SST & Individual Coaching

- Pilot study: Social skills training group (Bellack et al., 1997 model) with supplementary individual coaching in a rural community mental health center over 8-months (Gottlieb, et al., 2005)

- "Skills coaches" provided extra skill practice in community settings; weekly 30-40 minute sessions

- Compared social skills group with supplementary coaching to social skills group without additional coaching

- Assessments at baseline, 4 months, and 8 months

- Group 1 (no skills coach)
  - Therapist ratings: no improvement in skills, attentiveness, & cooperation at 4- and 8-months
  - Social functioning: improvement at 4 months, decreased at 8 months
- Group 2 (skills coach)
  - Therapist ratings: improvement in skills, attentiveness, & cooperation
  - Social functioning: improvements at 4 months and continued at 8 months
  - Skills coaching ratings: skill performance improved at 4- and 8-months

- Individual social skills training "Can be used either to supplement group-based training or alone" (Bellack et al., p. 75)

- Single-case-study using multiple-baseline design demonstrate improvement in social skills (Bellack et al., pgs. 19-20)

- Bellack, A.S., Mueser, K.T., Gingerich, S., & Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide.* New York: Guilford Press.

Why Do Individual SST?

- Useful for
  - 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 (e.g., reluctant to be in a group setting after the pandemic)
  - People who may have specific cognitive, functional, and/or sensory limitations who may benefit from an individualized approach
  - People who can't make the SST group time
  - People who want to do intensive work on a specific social skills domain
  - Tackling personalized situations in order to increase generalization of skills to the community
  - Creating more opportunity to support the generalization of skills in the community situations in which they will be used
  - The maintenance of skills following SST group participation
  - Enhancing other types of psychotherapy (e.g., CBT, Interpersonal Therapy)

Format of Individual SST

- 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 3-5 meetings and then reevaluate based on progress the frequency and duration of planned sessions. Individuals can return for boosters or 5-session blocks as situations in their lives evolve.

What's Done in Individual SST

- Content depends on purpose
- Can focus on gearing up to integrate with an existing SST group
  - If group is ongoing, make sure the client in the individual sessions receives training on the same skills that are taking place in the group so he/she will be up to speed when rejoining.
- Can focus on specialized skills based on an individual's needs and preferences
- Can focus on modifying the steps of the skill so that it fits the social, cultural, and linguistic context of the situation.
- Can work through a hierarchy of social skills and role plays, gradually progressing from simple skills to more complex skills and role plays
- Can consider doing more generalization work (i.e., coaching clients to practice their skills in real-life settings in their community)
- May be more practical to involve the family and others in the client's environment when SST is done 1 on 1. May want to educate the family and encourage family support and participation in supporting the client's use of SST skills with the consent of the client.

Welcome and set agenda

1. Review outside practice assignments (for sessions other than the first session)

2. Establish a rationale for the skill

3. Briefly have ~~members~~ the client share a relevant experience or rationale

4. Explain the steps of the skill

5. Model the skill; review with ~~members~~ the client

6. Have ~~a group member~~ the client role play

7. Elicit and provide positive, then constructive feedback

8. Have the ~~member~~ the client role play again

9. Elicit and provide positive, then constructive feedback

10. Repeat role play again and elicit/provide positive feedback

11. Repeat Steps 6-10 with ~~each group member~~ the client. *The individual client can do more than one set of role plays in a 50 minute session.

12. Develop outside practice assignments

- Individual wants to be more assertive with their live-in significant other
  - Work on refusing requests, expressing angry feelings, compromise and negotiation
- Individual has symptoms of depression and feelings of worthlessness that kept them from participating in SST groups
  - Work on skills for starting and maintaining conversations, connected social skills with improved mood
- Young adult, wants to get a job
  - Work on vocational/work skills

- Suggested enhancements
  - To avoid repetition, invite others to serve as the role play buddy in role plays
  - Practice skills in the community
  - Add content as needed to put SST in the context of the client's life experience. Can include psychoeducation, stress management, methods for coping with persisting sx., etc. and how SST helps with all of these.
- SST can either be the main intervention or one of the strategies a provider employs in individual work.

- "While cognitive behavior therapy also has become an evidence-based treatment for residual psychotic symptoms, few clinicians or investigators have recognized the importance of social skills in this modality's reliance on behavioral assignments and "experiments." Social skills training is implicitly involved in instigating favorable outcomes in both cognitive behavior therapy and interpersonal therapy, but more explicit integration and adaptation of skills training methods in these therapies holds promise for improving their impact in schizophrenia"

- From Kopelowicz, A., Liberman, R.P., & Zarate, R. (2006). Recent Advances in Social Skills Training for Schizophrenia. *Schizophrenia Bulletin, 32(S1),* S12–S23, p S21.

Q & A and Discussion

Reach out

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