

VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION

Social Skills Training for Serious Mental Illness Telehealth to Home (SST-TH)*

~~February 14, 2022~~

*** Note, this is the 7/14/23 update of the 2/14/22 SST-TH Webinar to reflect updates to VA Video Connect, VA Telehealth Guidance, include the 2nd SST-TH Program Evaluation results and Protocol Updates**

**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**



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This is the 7/14/23 updated PowerPoint version of the originally recorded Social Skills Training for Serious Mental Illness Telehealth to Home (SST-TH) webinar (dated 2/14/22). This presentation reflects updates to VA Video Connect and VA Telehealth Guidance and includes the second SST-TH Program Evaluation results, as well as additions to the protocol based on the SST Training Program's continued evaluation of SST-TH. SST-TH adaptations and considerations related to COVID are also deleted. The updates are highlighted in the subsequent slides of the current slide deck.

****VVC and Telehealth Guidance is constantly evolving, so please check with your local leadership and telehealth coordinator for the most current telehealth documents and policies.****



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This Training is for Previously Trained SST Providers

- The intended audience for this training is VA providers who have previously successfully completed the 6-month VA SST Training Program.
- The intended audience also includes VA providers who previously completed comprehensive SST training outside of the VA SST Training Program and successfully applied and met criteria for equivalency with the VA SST Training Program.



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Thank You

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Agenda

- SST-TH and the COVID-19 Pandemic
- 2 Caveats
- Previous Research
- SST-TH Protocol Development Process
- Internal Program Evaluation of 2 SST-TH Groups
- Current SST-TH Protocol
 - Setting up an SST-TH group
 - Group Logistics
 - VA Video Connect (VVC) Features
 - Key Components of SST
 - Individual Sessions
 - Group sessions
 - Sociocultural and Linguistic Factors
 - Troubleshooting
- Video of a simulated SST-TH group
- SST CPRS Templates and Individual SST-TH
- SST-Telehealth Community and VA Telehealth Resources
- Reminder to Reach Out
- References



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SST-TH and the COVID-19 Pandemic

- We will use the acronym SST-TH to refer to the Social Skills Training for Serious Mental Illness Telehealth intervention for video to home.
- During the pandemic, some in-person SST groups were transitioned for safety reasons to SST-TH groups conducted mainly in VA Video Connect (VVC).
- SST-TH was thought to be a helpful intervention to enhance individuals' skills to cope with the crisis and reduce feelings of isolation during the pandemic.
- Post-pandemic, SST-TH may be a helpful intervention for Veterans who are not able to access in-person SST services.



Caveat #1: SST-TH is not yet an Evidence Based Practice (EBP)

- There is a large research base to support SST Groups conducted in person.
- There is no controlled research on SST conducted via telehealth.
- We have completed a preliminary investigation of 2 SST-TH groups, which had promising results.
- We will discuss the development process of the SST-TH protocol and that investigation in a moment.



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Caveat #2: This is not a Technical TMH Presentation

- This is not an in-depth presentation on how to use VA Video Connect (VVC) or other videoconference technology to provide mental health care. However, we will discuss a few technical issues regarding how to set up and run SST-TH groups.
- We also provide an SST-TH VVC Guide which gives an overview of how to use some key VVC features that are useful for SST.
- SST providers considering providing an SST-TH group should complete all required VA trainings to become a telehealth provider and discuss with their supervisors and treatment team their plans to start an SST telehealth group.



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Caveat #2: This is not a Technical TMH Presentation (continued)

- Please follow national and local VA guidelines regarding:
 - Required training and procedures for providing mental health care using videoconference technology
 - Encounter coding procedures
 - Emergency procedures
- Resource for up-to-date information on COVID-19 Telehealth and Technology resource:
<https://vaww.telehealth.va.gov/current/covid19.asp>
- Updates to VA Video Connect and VA Telehealth guidance happen frequently and please look out for communication from your local telehealth coordinators.



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Previous Research

- Prior research regarding helping people with schizophrenia and other people with serious mental illness with a telehealth intervention is limited and was almost exclusively focused on 1:1 interventions. However, these studies suggest that use of telehealth technology to help this population is feasible and the intervention is acceptable to the participants (Santesteban-Echarri, et al., 2020).
- Prior research on group mental health interventions delivered via telehealth that were for non-SMI diagnoses suggest that they are feasible, have high participant satisfaction, and produce outcomes similar to in-person groups (Gentry et al., 2019).
- A promising recent case study of adapting a Cognitive Behavioral Social Skills Therapy group, a similar intervention to SST, to be delivered via a videoconference format (Joseph et al., 2021) suggests that providing social skills training to people with psychosis and other types of serious mental illness via telehealth is a viable option.



SST-TH Protocol Development Process

- By necessity, SST **was** conducted via telehealth during the pandemic, and the SST Training Program has focused on gathering best practices for this intervention. Those best practices gathered through discussion with SST-TH providers helped us to develop an initial SST-TH protocol.
- To refine this protocol, we regularly met with SST-TH providers in a community of practice to discuss procedures and best practices. We then reviewed this protocol and obtained feedback from SST subject matter experts to improve it further.
- This refined protocol was then used in an initial evaluation of **2 3-month, closed SST-TH groups** held via VA Video Connect (VVC) in a PRRC at the VA Maryland HCS.
- The latest version of the protocol that we **will discuss in this training was then further developed based on the experience in these groups as well as with feedback from the SST-T Community of Practice, which we will discuss later.** The protocol has had only very minor modifications based on the program evaluation results. Please note that the SST-TH protocol (i.e., guidance on how to start and facilitate an SST-TH group) is this current webinar (there is no separate SST-TH protocol document).



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Internal Program Evaluation of SST-TH



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SST-TH Internal Program Evaluation

- The VA SST Training Program conducted an evaluation of 2 3-month, closed SST-TH groups. One of the groups was conducted in 2021 and the other in 2022. SST-TH group sessions were 75 minutes long, 1x/week.
- Facilitators of the group were 2 psychologists who were VA SST National Trainer/Consultants (Dr. Clare Gibson and Dr. Rick Martin).
- SST-TH groups were held via VA Video Connect (VVC) at the VA Maryland Healthcare System (VAMHCS). Group members attended group from their personal residences.
 - First evaluation occurred in 2021 at a PRRC
 - Second evaluation occurred in 2022 at the VAMHCS Recovery Center (a group-based outpatient mental health program).



SST-TH Internal Program Evaluation Plan

Evaluating SST-TH protocol:

- Feedback from SST Facilitators after each SST-TH group session
 - Completed a structured tracking log that documented activities (e.g., Veteran attendance, number of role plays per Veteran, adaptation considerations to SST-TH protocol, technical issues, etc.)
 - Tracked role facilitation and satisfaction levels for each SST-TH group session
 - Discussed documented activities with the evaluation team on a weekly basis
- Feedback from group members at the end of SST-TH curriculum
 - Completed a brief feedback survey
 - Participated in a focus group
 - For group members that completed SST-TH group early, they were contacted to complete a brief feedback survey and participate in a focus group



SST-TH Internal Program Evaluation Plan

Fidelity to the SST model:

- Evaluated SST-TH group sessions using the Social Skills Group Observation Checklist
- Used same standard as the VA SST Training Program
- 80% of the items rated “Fully” performed and no items rated “Not at all” performed on three group sessions for each primary facilitator



First SST-TH Program Evaluation Results (2021)

- Total of 15 SST-TH group sessions were conducted
- Group member attendance:
 - 6 group members started the SST-TH group
 - 2 group members left the group early after attending 4 and 7 group sessions, respectively
 - 4 remaining group members that continued with the SST-TH group attended at least 12 (80%) of the 15 group sessions
- Group member demographics (n = 4):
 - Male with a mean age of 64
 - Majority were white, single, retired, and completed some college
 - Half of the Veterans were diagnosed with bipolar disorder and the other half were diagnosed with treatment resistant major depressive disorder with social skills as an identified area of growth



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First SST-TH Program Evaluation Results (2021)

- 12 out of 15 sessions were led by both SST group facilitators
- Average number of 2 group members completed 3 role plays per SST-TH group session
- Minimal group management challenges in delivering SST-TH protocol. Some examples:
 - Group member answered a phone call during group
 - Group members not muting audio in VVC
 - 1-2 group members turning off camera during two separate group sessions



First SST-TH Program Evaluation Results (2021)

SST group facilitator feedback:

- They reported being, on average, “very satisfied” when leading or co-leading each SST-TH group session.
- Documented that group members consistently completed outside practice assignments (a standard part of SST).
- Identified additional adaptations to SST-TH Protocol and skill being taught; see following slides.

Fidelity to the SST model:

- Seven SST-TH group sessions were evaluated by RMP
- All 7 sessions met fidelity to the SST model based on a SSGOC fidelity standard of 80% of the items rated “Fully” performed and no items rated “Not at all” performed on three group sessions for each primary facilitator



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First SST-TH Program Evaluation Results (2021)

- Group member feedback survey (n=4). They reported median scores of 5 out of 5 in the following areas:
 - Satisfaction level in participating in the SST-TH group (“very satisfied”)
 - Group facilitators creating an atmosphere that helped them learn (“a great deal”)
 - Quality of the audio and video connection in SST-TH group sessions (“excellent”)
 - SST-TH group helping them make progress towards their SST goal (“extremely helpful”)
 - Interest in participating in another SST-TH group addressing a different topic (“extremely interested”)
 - Recommending the SST-TH group to other Veterans (“definitely would”)
- They also reported a median score of 4.5 out of 5 with improving their social skills as a result of their participation in the SST-TH group.



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First SST-TH Program Evaluation Results (2021)

- Group member interview (n=4). They reported the following:
 - Liking the opportunity to practice skills during group session
 - One group member noted that it was harder to do role plays in-person than in telehealth
 - Reported that the SST-TH group was more interactive and engaging than other telehealth groups they've attended
 - Some group members stated that they prefer keeping the sessions at current length (75 mins) while others preferred shortening sessions to an hour.
 - Some group members preferred keeping the same number of group sessions while others preferred more group sessions.
 - Everyone noted that it was easy to connect and use the technology to attend the SST-TH group sessions.



First SST-TH Program Evaluation Results (2021)

Technology:

- Group facilitators and Veterans all joined VVC on their own computers or VA-issued tablets from their respective homes.
- Main devices used by group members to connect to SST-TH group sessions were an iPad (n=2) and laptop (n=2).
- Some technology issues (e.g., pixelated video, audio feedback and delay) but they minimally impacted group sessions.



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First SST-TH Program Evaluation Results (2021)

- Additional adaptations to SST-TH protocol and skill taught were identified:
 - Skill of the day taught. Examples:
 - Noting differences in eye contact and verbal cues when talking with someone in-person or in a videoconference.
 - Verbally expressing how you feel is especially important when wearing a mask as it is difficult to discern some non-verbal behaviors.
 - SST-TH protocol. Examples:
 - Adding a “housekeeping” section to the agenda prior to starting SST-TH group session. This section included reminders about skill and outside practice handouts, emergency contact information, and checking location of Veteran.
 - Adding info about the first SST-TH group session such as displaying PDFs in VVC and reviewing the group expectations, the SST Group Session Sequence, and VA SST Training Program Videoconference Etiquette Tips.
 - Spotlight feature during modeling of the skill and group member’s skill practice.



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First SST-TH Program Evaluation Results (2021) Summary and Next Steps

- Overall, results of the first program evaluation supported the feasibility of delivering SST to Veterans employing the VVC platform and the acceptability of the intervention to the Veterans who participated.
- The VA SST Training Program further developed the SST-TH protocol based on the results of this program evaluation effort.
- In collaboration with Kim Mueser and Susan Gingerich [co-authors of the Bellack et al., (2004) book] and Richard Goldberg (Director, VA Psychosocial Rehabilitation Training Program), they provided guidance to conduct a second program evaluation of an SST-TH group with 50% of group members diagnosed with schizophrenia.



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Second SST-TH Program Evaluation Results (2022)

- Total of 16 SST-TH group sessions were scheduled; 2 sessions were cancelled due to group members not attending the session. Therefore, 14 SST-TH group sessions were conducted.
- Group member attendance:
 - 4 group members started the SST-TH group; 3 group members left the group early (2 group members left after 3 group sessions and 1 left after 2 sessions). Reasons for early termination: 1 person experienced medication side effects that impacted participation in group, 1 person felt uncomfortable with small group size, and 1 person experienced health concerns and was hospitalized. The group continued with one group member as the expectation was that other group members would return.
 - The 1 remaining group member that continued with the SST-TH group attended at least 13 (93%) of the 14 group sessions
- Group member demographics (n = 4):
 - 3 males and 1 female; mean age of 42.
 - 2 Veterans identified as white, 1 Veteran identified as African American, and 1 Veteran identified as Latina
 - Majority were single/divorced; at minimum, all completed high school
 - 2 Veterans were disabled, 1 Veteran was a student, and 1 Veteran was employed part-time
 - Half of the Veterans were diagnosed with a primary diagnosis of schizophrenia, 1 Veteran was diagnosed with a primary diagnosis of schizoaffective disorder, and 1 Veteran was diagnosed with a primary diagnosis of bipolar disorder



Second SST-TH Program Evaluation Results (2022)

- 11 out of 14 sessions were led by both SST group facilitators
- Group members consistently completed outside practice assignments and at least 3 role plays per group member were completed in each session.
- Minimal group management challenges in delivering SST-TH protocol. Some examples:
 - group member seemed to be talking to someone in their room
 - not responding to facilitator's questions (unclear if group member was distracted or sound was muted)
- All 4 group members were provided the feedback survey to complete but only one group member returned the feedback survey. Results are not reported because $n = 1$.



Second SST-TH Program Evaluation Results (2022)

Group member interview ($n=3$). They reported the following:

- Liking the skill sheets, being able to attend group from home, and found the group helpful.
- Group facilitators provided them lots of support and encouragement.
- SST-TH helped them gain confidence in speaking with others and interacting with people in their life.
- They were mixed about the length of each SST-TH group sessions, which were 75 minutes long. Some group members stated that they prefer keeping the sessions at current length while others preferred shortening the length of the sessions.
- Group members preferred more group sessions to provide more opportunities for skill practice.

Technology:

- Group facilitators joined VVC on their VA computers from their respective homes.
- Main devices used by group members (only those that were interviewed) to connect to SST-TH group sessions were an iPad ($n=2$) and iPhone ($n=1$).
- While one Veteran noted that it was easy to connect and use the technology to attend the SST-TH group sessions, the other two group members reported difficulty with VVC not functioning and inconsistent home internet connection.
- There were technology issues (e.g., inconsistent internet connection; frozen videos; lag between when document was shared and when it became visible to the group; difficulty connecting to VVC) that impacted some group sessions.



Second SST-TH Program Evaluation Results (2022)

SST group facilitator feedback:

- They reported being, on average, “moderately satisfied” when leading or co-leading each SST-T group session.
- Documented that group members consistently completed outside practice assignments (a standard part of SST).

Fidelity to the SST model:

- 10 SST-TH group sessions were evaluated (9 sessions by RMP and 1 session by EG)
- First SST-TH group session didn't meet fidelity to the SST model due to delayed start of session as a result of connection issues experienced by group members and facilitators.
- Six (6) sessions with co-facilitators and 3 sessions with sole facilitator met fidelity to the SST model based on a SSGOC fidelity standard of 80% of the items rated “Fully” performed and no items rated “Not at all” performed on three group sessions for each primary facilitator.



Second SST-TH Program Evaluation Results (2022)

- Additional SST-TH Group considerations and protocol adaptations identified:
 - Include considerations specific to communication in virtual environments when teaching skills; Examples:
 - Discuss the use of eye contact and picking up on social cues in virtual environments (e.g., more of a reliance at times on verbal cues).
 - Acknowledge that it may be hard to listen over videoconference for various reasons (lots of stimuli, volume low on computer/device, etc) and how to adjust (e.g., increase volume when speaking, ask others to speak louder and/or slower).
 - Make reminder calls to group members prior to session to increase attendance
 - When co-facilitating a session, address how to proceed when one facilitator's video is frozen
 - Address how long to wait to start group when group members or facilitators are having difficulty connecting via VVC
 - Offer individual SST-TH sessions to review skills taught in group when group members miss sessions, especially because of technology/internet issues.
 - Include considerations for the Final SST-TH Group in a curriculum (e.g., mailing completion certificates to group members)



Second SST-TH Program Evaluation Results (2022) Summary and Next Steps

- While the 2nd SST-TH group had lower number of group members in attendance and numerous technical issues, the program evaluation found that group members benefited from the sessions they attended and that the group sessions were delivered with fidelity to the SST model.
- Overall, results from both internal program evaluations support the feasibility of delivering SST-TH with fidelity to the SST model when Veteran group members are using the VVC platform. The acceptability of the intervention to the Veterans who participated is also supported.



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SST-T Community of Practice

- The SST-T Community of Practice (COP) was a monthly (and now quarterly) virtual meeting started in June 2020 designed to serve as a forum for information sharing among SST providers delivering or planning to deliver SST-TH groups.
- The feedback provided about the SST-TH protocol in these meetings also informed the content of the current SST-TH protocol described in this presentation.
- Thanks to all the providers who attended the SST-T COP meetings and contributed to the development of this protocol.
- If you would like to join the SST-T COP please reach out to Lache Wilkins lache.wilkins@va.gov to be added to the SST-T email group and the SST-T quarterly meeting invite.



How to Conduct SST-TH



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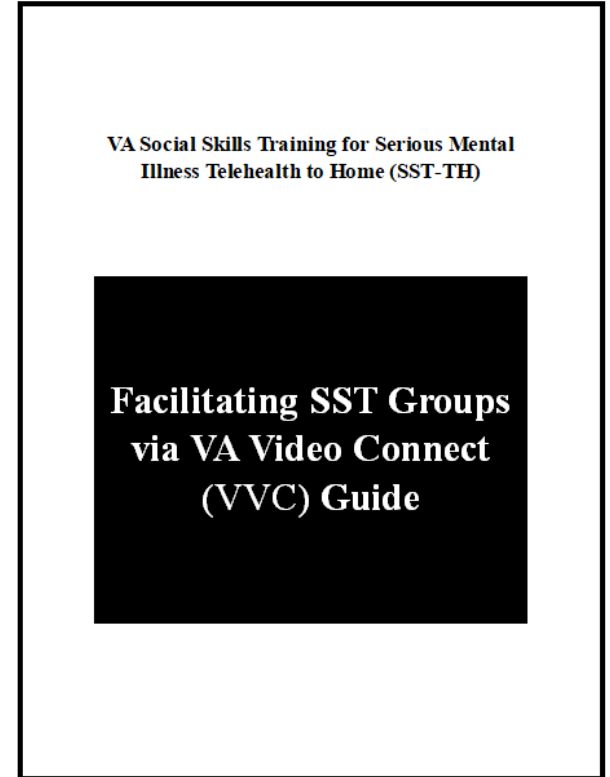
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Facilitating SST Groups via VA Video Connect (VVC) Guide

- Facilitating SST Groups via VA Video Connect (VVC) Guide
- This guide serves as a helpful resource for SST-TH providers' use of VVC.



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SST VVC Guide

- Overview of SST for Telehealth via VVC
 - Getting Started
 - Group Logistics
- VVC Features to Highlight in an SST-TH Group
 - Welcome to VA Video Connect: Your Name and Rename Participants
 - Display Names
 - Layout
 - Events Tab
 - Lock Meeting
 - Share My Screen & Present Files
 - Spotlight Feature
- Following the SST Group Session Sequence in VVC
- Appendix A. SST Group Session Sequence
- Appendix B. Sample SST-TH Group Expectations
- Appendix C. Videoconference Etiquette Tips



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Setting up

- VA Video Connect (VVC) platform is preferred by VA leadership. Please refer to the following link to learn more around approved platforms for the provision of VA telehealth: <https://vaww.telehealth.va.gov/technology/alt/post-pandemic.asp>
- NOTE: Audio only and hybrid groups (i.e., some group members are attending the SST group in person in the VA clinic and others are attending the group via VVC from their personal devices at another location) are strongly discouraged.
- There are TMS trainings that providers are required to complete before providing telehealth services. Please check with your supervisor/facility regarding current requirements for VA Telehealth Providers.



Setting up: SST-TH Group Composition

- Veterans who have the following primary diagnoses may benefit from SST-TH groups: schizophrenia, schizoaffective disorder, bipolar disorder, and treatment refractory depression (with social skill development as an area of growth).
- SST-TH groups of smaller size (e.g., 4-6) seem to work better.
- SST-TH Group may be particularly suitable for Veterans who were previously in an SST group and are familiar with SST format.
- SST-TH Group can also be started with Veterans who are new to SST.
- Veterans need to have access to a device with internet and webcam for participation in VVC



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Setting up: Open vs. Closed SST Groups

- Closed groups are highly recommended. It may be challenging to have an open SST-TH group, particularly when there are Veterans new to the group.
- Open enrollment groups where Veterans are admitted to the group on a rolling basis but then are expected to regularly attend group sessions are preferable to open groups where it is often not known in advance who will be attending a particular group session and there's no expectation of regular attendance.
- When possible, complete an individual goal setting session with each Veteran prior to their attending either an open or a closed SST-TH group.



Setting up: SST-TH Group Facilitators

Very helpful to run the SST-TH group with another colleague.

- Secondary facilitator or role play buddy can share screen with steps of the skill.
- The secondary facilitator can also follow-up with Veterans who may be having technical issues to try to get them reconnected to the group.
- Important that both facilitators are familiar with how to use VVC features such as sharing documents in VVC.



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Setting up: Length of the Group

- SST-TH providers indicate that it takes longer to complete all the SST group procedures in a telehealth environment compared to when SST groups are conducted in person. This may be due to tech issues, groups starting a little later due to difficulties with logging in, communication challenges in a virtual environment and related issues.
- For this reason, planning for a longer group is good practice. In SST-TH groups that are briefer than 60 minutes, it may be difficult to complete many Veteran role plays. A group length of 75 or more minutes is recommended. However, with a longer group, you may wish to consider asking group members to stand up and stretch as a short “break” at a convenient time mid-group.



Setting up: Getting Veterans Connected

- You may order tablets for Veterans in your group so they can access VVC. Tablets (rather than smart phones) are recommended for videoconferences.
- Information about how to order devices for Veterans can be found on the Telehealth Technology Device Page [here](#).
- [Here](#) is information about resources that group members receive when they initiate telehealth care. This includes information such as how Veterans can get started using their tablets, the National Telehealth Technology Help Desk number, and how to return their devices.



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Setting up: Getting Veterans Connected

- Some Veterans may struggle with using technology. There are different options to consider when faced with this predicament.
 - Figure out a way each for each group member to practice the technology ahead of the initial SST-TH group time to save time during group. This can be incorporated into the initial individual goal setting session.
 - Help the Veteran individually if you have the expertise and time in your workday.
 - Direct the Veteran to the help desk or do a warm handoff to another VA staff member to help the Veteran with technology issues.
 - Refer the Veteran to other resources (found at the end of this presentation).



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Do not give up on VVC

- Despite the continued technology issues during the SST-TH groups that were part of both program evaluations, Veterans still found it worthwhile and helpful.
- Do not give up!
- Start the group with a plan to address technology issues.



Setting up: VVC Tips for SST-TH

- Have a back-up plan in case your internet connection goes down or you are unable to generate VVC link (e.g., try VVC again, give the group members a call via telephone, plan for one facilitator to lead the group solo if technical issues arise for the other facilitator, etc.) and communicate this plan to the group members at the start of group (as part of the agenda setting).
- Also, in first and subsequent sessions, if group facilitators are having technical difficulty connecting with the group, request that the group members stay in VVC for at least several minutes so as not to further delay progressing through the SST Group Session Sequence.
- Larger screens are better (e.g., a screen bigger than a laptop screen) so the SST-TH provider can more easily see the streaming webcam feed of SST group members.
- It is helpful to have two monitors when facilitating a group. Some facilitators like to have one screen showing the view of the webcam video of the group members and the other screen showing the steps of the skill of the day. Also, if needed, you can separately access a chart and place it on the 2nd monitor.
- Can be tiring to do groups via VVC because of all the information flooding in; if possible, schedule a break after the SST-TH group session.



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Group Telehealth Agreement & OMHSP Behavioral Guidelines

- Two documents for telehealth providers to be aware of:
 - **Group Telehealth Agreement**
 - This is a consent to group telehealth services. Make sure that the completed agreement for group visits is in group member's medical record and be sure to follow national and local VA policy regarding collecting consents from Veterans. Written consent is required for telehealth interventions. Depending on local policy, additional informed consent for the SST Telehealth group may be written or verbal.
 - Here is a link to the [VA Video Connect Group Terms of Agreement \(Group Telehealth Agreement\)](#)
 - **Behavioral Guidelines in VVC**
 - There is a link to the Behavioral Guidelines in the VVC invitation to group members. You may also review it here: [Review Your Care Team's Guidance for a Successful VVC Visit](#)
 - It is recommended that you review guidelines, line-by-line
 - Follow local program procedures for when to review the guidelines with Veterans



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Setting up: Emergency plans

- It is important to review and be familiar with the VVC VA Emergency Plans.
- [Here](#) is a link to information and resources on telehealth emergencies and includes a link to the Standard Telehealth Emergency Handoff Procedures.
- At each telehealth session, you should ensure you have the following information:
 - Address/location where the Veteran is attending the session
 - Current phone number of the Veteran
 - Emergency contact information for the Veteran
 - Make sure that group member addresses are entered in the e911 (Emergency #) feature in VVC for each group member.
- Become aware of any other local VA guidance regarding addressing emergencies during telehealth services.



Transmitting Information when Using TMH with EBPs

- **Secure Messaging** is the preferred method for securely sending consents to/from Veterans (visit [here](#) for information about how to get Veterans connected to MyHealthVet/Secure Messaging and for instructions regarding how to send attachments via Secure Messaging). You may also use fillable pdf forms via Secure Messaging if applicable.
- **U.S. Mail** is an acceptable means of transmitting consents and other information but may take several days for the materials to arrive.



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SETTING UP

- Best practices: Mail a physical copy of the following documents (ideally in a binder or 3-pronged folder to help organize materials) prior to the start of an SST-TH group:
 - [SST Brochure](#) (for Veterans new to SST groups)
 - Goal Setting Sheet (from the Initial Individual Goal Setting Session Manual)
 - Skill sheets and Outside Practice Sheets for skills that are part of the SST- TH group curriculum. These skill sheets can be found on the VISN 5- MIRECC SST website [VISN 5 MIRECC - VA Social Skills Training for Serious Mental Illness \(SST\) Training Program - MIRECC / CoE](#)
 - SST Group Session Sequence
 - SST-TH Group Expectations
 - Videoconference Etiquette [Tips](#)
 - **Veteran Facing Evidence Based Therapy Website Address, which includes SST Information for Veterans, SST Group Session Sequence, Videoconference Etiquette Tips, SST Group Expectations, SST Skill Sheets and Outside Practice Records (English and Spanish versions):** [VISN 5 MIRECC- Supporting Veterans in Evidence Based Therapy - MIRECC / CoE \(va.gov\)](#)
 - [VA Video Connect Group Terms of Agreement](#) (Group Telehealth Agreement)
 - [Review Your Care Team’s Guidance for a Successful VVC Visit](#)



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SETTING UP

- Please ensure you are prepared to share all of the materials that are mailed to group members on VVC.
- You can share the SST materials in VVC using a web browser. You may have the skill sheet open from the [SST Website](#) and then “Share my screen” in VVC (using the web browser option).
- You can also use the “Present Files” option in VVC but all documents have to be saved as PDFs to use this option.
- More information about how to present documents in the SST-TH group can be found later in this presentation and in the SST-TH VVC Provider Guide.
- Another option is to recommend that group members reference the hardcopy of the skills sheets during the SST-TH group rather than view the steps of the skill that are shared in VVC if they are having difficulty navigating between the camera views and screen with the skill steps or cannot simultaneously view the steps of the skill and camera views (especially if attending the group session on a cellular device with a smaller screen).



GROUP LOGISTICS

- All group members and facilitators are encouraged to have their cameras on throughout the group.
- The steps of the skills are shared in VVC.
- It may be helpful to provide reminder calls the day before group to increase attendance and ensure group members have the group materials.



Logistics: Communication Between Co-Facilitators

- Review the roles of the Primary and Secondary SST facilitators listed in the SST Quick Guide.
- Similar to SST in-person groups, discuss the model before group and review the skill rationale and special considerations.
- Discuss who will display group materials in VVC (e.g., outside practice and skill sheets), send SST-TH Welcome Packets (if relevant), and communicate with group members about group-related issues (e.g., following up with group members who leave the group early or who appear to need further assessment or follow-up).
- Sometimes the secondary facilitator may be the one to address **group member** tech issues during group (e.g., during a program evaluation group, the secondary once called a Veteran to help with a tech issue while the primary continued the group).



Logistics: Communication Between Co-Facilitators

- Develop a plan for how the SST co-facilitators will communicate with each other during emergencies (e.g., MS teams, text).
 - May help for secondary facilitators to address group issues, group member concerns and emergencies (e.g., leave the group and call a Veteran).
 - Regardless of who the primary or secondary facilitators are, clinical issues and emergencies must be addressed by an LIP.
- During the group it can be difficult for secondary facilitator to jump in without seeming as they are interrupting. May help for secondary facilitator to say their name before providing a comment.



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Logistics: Communication Between Co-Facilitators

- In the event that the primary facilitator's camera freezes, then they can try logging out of VVC and returning. If their camera continues to freeze and they can still see the group members, they may opt to keep their camera turned off but remain in the primary facilitator role with audio.
- If the secondary/role play buddy's camera freezes, the facilitators may want to switch roles (i.e., primary facilitator becomes the role play buddy) as it is not ideal for group members to role play without the role play buddy's camera on/without non-verbal cues.
- Both facilitators should be prepared to sole facilitate in the event technology issues significantly interfere for one of the facilitators (e.g., cannot access VVC; no audio or camera).



Logistics: Sole Facilitation in SST-TH

- If your secondary facilitator is not available and another SST Trained provider is not available, you may consider a role play buddy (e.g., another staff member, **or a mental health trainee like a psychology intern**).
 - Review the [Role Play Buddy Guide](#).
 - Ensure your role play buddy is familiar with Telehealth and the SST Telehealth group expectations and recommendations.
 - You may send the role play buddy a link to the VVC meeting.
- While it is highly encouraged to have a co-facilitator, you may still lead a group alone if your co-facilitator or a role play buddy is not available.
 - Identify a Veteran to model the skill before the group starts. You might call a Veteran to ask them to model the skill before group starts or identify a Veteran as the group starts.
 - Similar to in-person SST groups, the sole facilitator would role play with the Veterans during group.



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Using Cameras in SST Telehealth Groups

- Veterans are encouraged to have their cameras on in VVC.
 - Camera use can facilitate identifying and practicing non-verbal social skills.
 - Helps build rapport with group facilitators and fosters group cohesion and comradery.
 - Can be challenging and confusing to lead a group if some Veterans are on camera and others are off camera.
- In the SST-TH groups that were evaluated, all Veterans and the SST group facilitators had their cameras on for the duration of the SST-TH group.



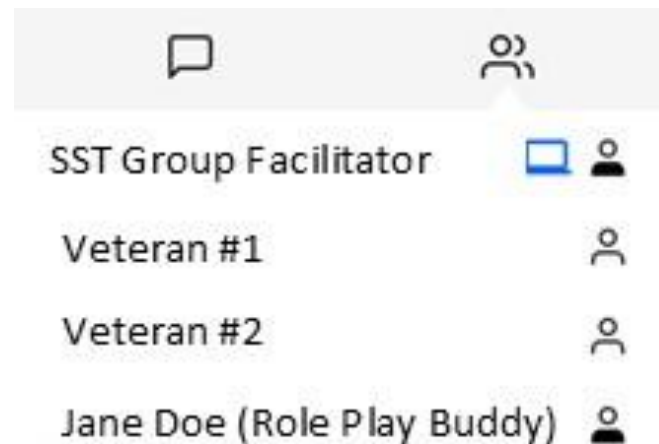
VVC FEATURES

- **Facilitating SST Groups via VA Video Connect (VVC) Provider Guide** gives an overview of using VVC for SST-TH groups. This document has several sections and includes several appendices:
- Refer to the **Video Connect Web Provider Guide** for detailed guidance on how to use all VVC features.



VVC Features: Adding Your Name and Rename Participants

- You can add “Role Play Buddy” next to the name of the co-facilitator who is in the role of role play buddy when entering your name in the “Welcome VA Video Connect” box when first logging into the VVC session.
- For example, when entering the name, you may type “Jane Doe (Role Play Buddy)”:



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VVC Features: Your Name and Rename Participants

- You can also add the “Role Play Buddy” title and edit names in VVC under the “Participant List.” In the “Participant List,” find the name(s) of the person whose name will be edited (e.g., “Role Play Buddy”) then click on their name and select “Rename Participant” and edit the name accordingly (name sure to click “save” after you have edited the name).
- You may also want to use the “Rename Participant” option to add the name of an attendee who is using their phone for audio. Their name, rather than the number, will then be visible in the VVC participant list. Please ensure you click “Display Names” in VVC, so that names and the “Role Play Buddy” title are visible in the camera frames to all attendees (as detailed in the following section entitled “Display Names”).
- Another use of the “Rename Participant” option could be to include pronouns (e.g., Pat they/them).



VVC Features: Display Names

Display Names

- When you enter into VVC, you can choose the “Display Names” icon under the Control Menu Bar. The facilitator names, including the “Role Play Buddy” title, and the names of the group members will appear in their camera frames. You may suggest group members only type their first names when they enter VVC (or the name they prefer to be called and viewed by others in group), so that only the name they want seen is visible when you display names in VVC.
- Note, you can also edit names using the “Rename Participants” feature in the virtual group room as just described on the previous slide, if a group member typed their full name when they first logged into the session and would prefer another name be displayed.



VVC Features: Layout

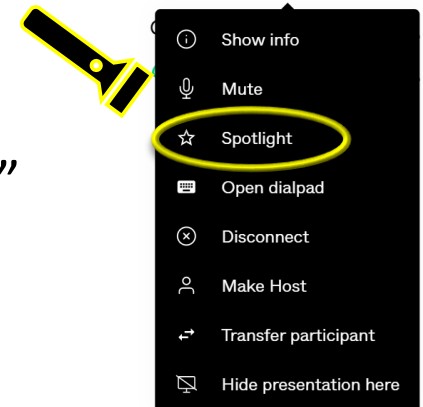
- Group facilitators can change the layout in which web cameras are shown in VVC for the whole group. The following are recommended layouts in SST-TH Groups:
 - “Equally focused layouts” when starting group and from Steps 1 (*Review outside practice*)-4 (*Explain the steps of the skill*) and Step 12 (*Develop outside practice assignments*) of the SST Group Session Sequence.
 - Transition to the “Speaker focused layouts,” 2:21 layout, during Steps 5 (*Model the skill; review with members*)-11 (*Repeat Steps 6-10 with each group member*). This way it is obvious who is modeling and role playing the skill. Ensure you use the “Spotlight” feature for the individuals who are role playing (information about how to spotlight is found on the next slide).



VVC Features: Spotlight

Spotlight Feature

- The spotlight feature locks the spotlighted participants to the primary positions in the stage layout regardless who is speaking. This is a helpful feature to use during the model and role plays to indicate who is role playing (e.g., group member and the role play buddy). This feature is intended to simulate the experience of having the two chairs in the front of the group room in an in-person SST Group. To “Spotlight” a group member, facilitator, or role play buddy, please go to the Participant list. Click on the individual’s name and select “Spotlight.” You will have to remove the spotlight when you spotlight another group member for another role play.
- To remove the spotlight feature, right click on the individual’s name again and select “Remove Spotlight” so that this individual is no longer spotlighted.



VVC Features: Events Tab

Events Tab

The Events Tab can be found on the left hand side of the screen (to the left of the Participant List). This section tracks when group members join and leave a session and when documents are shared in VVC. It is helpful to ensure group members are able to view the Events Tab when content is shared in that section. The Events Tab looks similar to a chat box and can be used similar to a chat box in other platforms.

Possible uses for the Events Tab: SST-TH group

- Share Help Desk and Veteran's Crisis Line numbers
- Write/share content that would be written on a white board or flip chart in in-person SST groups (e.g., for the skill of Expressing Positive Feelings, you can write examples of feeling words, or for the skill of Finding Common Interests, you might generate and type examples of activities/hobbies).
- Share phrases group members can use during a role play



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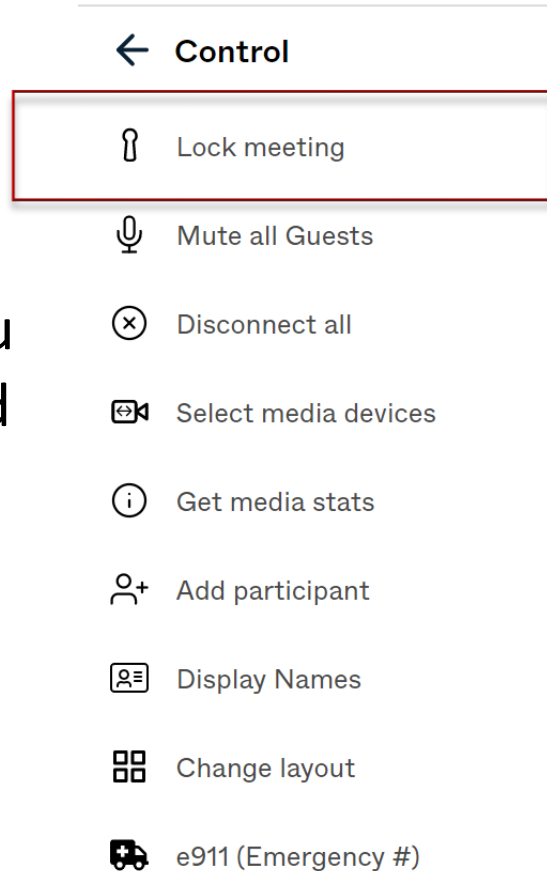


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VVC Features: Lock Meeting

Lock Meeting

It may help to minimize disruptions if the VVC Group room is locked after a certain time point (e.g., after a max of 10 minutes). The “Lock Meeting” option is on the top of the Control Menu Bar. The lock icon will then show on the right-hand side of the screen to confirm the room is locked. You may need to unlock if a group member leaves the VVC session (e.g., due to technology issues) and then has to rejoin. You will receive a notice that someone is trying to enter the VVC session if the room is still locked.



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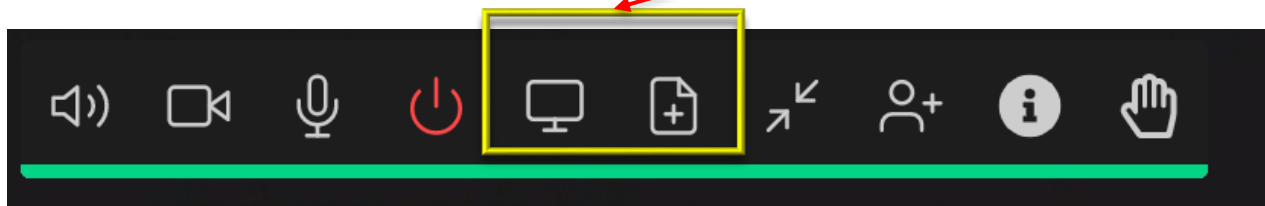


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VVC Features: Share My Screen & Present Files

Share My Screen & Present Files

- In the Icon Menu Bar at the bottom of the screen, you will find the “Share my screen” and “Present Files” options (the names of these options will appear when you hover the cursor over the computer and document icons). These options can be used to share documents during the SST-TH Group. When using the “Share my screen” option in the icon menu bar you may share the Steps of the Skill from the SST website. You can share your entire screen, window, or **Browser Tab (e.g., Microsoft Edge or Chrome)**. When presenting documents in VVC, you may need to inform and remind group members that they can double click on the presentation window where the steps of the skill are displayed to make it easier to read and then double click the video of group members and co-facilitators again to better see the camera of others in the group. Be careful not to share your desktop to avoid inadvertent disclosure of PII (sharing as a **browser tab** can help to avoid this issue).



VVC Features: Share My Screen & Present Files

Share My Screen & Present Files

- When using the “Present Files” option, you may share a PDF of the steps of the skill, as well as other documents saved as PDFs (e.g., Videoconference Etiquette Guide). Note that documents must be shared as PDFs in order to share them using the “Present Files” option.
- Co-facilitators should discuss in advance of the group who will take the role of sharing the steps of the skill and other group related documents in VVC. It may be helpful for the secondary facilitator to share documents in VVC while the primary facilitator is leading the group.



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VVC Features: Group Members' View

- Alternately, the group member can enlarge the steps of the SST social skill to make it prominent on the screen. The web camera live streams in this view are located above the skill.

The screenshot displays a VA Video Connect interface. On the left is a chat window for group 'VAC0105d567' with messages from Lache, Becky, and Clare Gibson. The main area shows a presentation slide titled 'Making Requests' with three steps: 1. Look at the person, 2. Say exactly what you would like the person to do, and 3. Tell the person how it would make you feel. Below the steps are example phrases for making requests. At the top, a 'View of SST group' video feed shows two participants. On the right, a 'Self-view' video feed shows a participant. The bottom control bar includes icons for audio, video, chat, and other functions.

View of SST group

VAC0105d567

12:09 ● Lache (Group Member) joined

12:09 ● Becky (Group Member) joined

12:14 ● Clare Gibson (Primar... joined

12:16 ● Clare Gibson (Primar...
Welcome back to the SST-Telehealth Group!

12:17 ● Clare Gibson (Primar...
If you have any technical issues, you may call the Office of Connected Care Help Desk: (Toll-free) 866-651-3180 (24 hours a day, 7 days a week)

12:18 | Rick Martin (Role Pl... started presentation

Write a message

VA Video Connect

3 / 59 | 100%

Making Requests

Step 1. Look at the person.

Step 2. Say exactly what you would like the person to do.

Step 3. Tell the person how it would make you feel.

In making your request, use phrases like:

"I would like you to _____"

"I would really appreciate it if you would do ____"

"It's very important to me that you help me with _____"

Self-view



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Delivering SST-TH



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Key Components of SST

1. Individual session for engagement, orientation, goal setting
2. Group sessions for teaching specific skills



Individual Goal Setting Session in SST-TH: Content

- Obtain consent (verbal or written depending on local guidelines) for the Veteran to participate in the individual goal setting session and in the later SST groups.
- Review behavioral guidelines for telehealth visits (i.e., “Review Your Care Team’s Guidance for a Successful VVC Visit”).
- Provide Overview of SST Groups
- Review SST-TH Group Guidelines
- Review recovery concepts and relation to SST
- Together, identify a long-term goal and an SST goal and complete the Goal Setting Sheet
- Address any concerns about participating in a telehealth group.



Individual Goal Setting Sessions, Part 1

- The Social Skills Training Initial Individual Session Guide has been emailed to all SST providers and includes the Goal Setting Sheet
- For VVC groups, use VVC for the individual session so you can verify that each Veteran knows how to access VVC.
- Prior to scheduling, reach out to the Veteran to assess whether they will be able to access the VVC meeting for the individual goal setting session and if not, get them the appropriate assistance (e.g., VA telehealth helpdesk or other resource).
- Just like for in-person SST group sessions, an individual goal setting session with each Veteran attending the group is recommended.



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Individual Goal Setting Sessions, Part 2

- Because many Veterans do not have access to a printer, mailing a Goal Setting Sheet to each Veteran in advance of the individual meetings is good practice. When scheduling the appointment, remind the Veteran to have a pen or pencil available for filling out forms.
- The SST facilitator and the Veteran should both use their webcam during the session to familiarize the Veteran with their use prior to the SST group sessions
- You may also screenshare components of the individual session in VVC such as the group guidelines, Quality of Life Domains, etc.



4 Telehealth Documents for Group Members

- 4 Documents that provide helpful information about effective and appropriate communication in SST-TH and videoconferences in general:
 - **Group Telehealth Agreement**
 - Behavioral Guidelines for VVC; “Review your care team’s guidance for a successful VVC visit”
 - SST Telehealth Group Expectations
 - Videoconference Etiquette Tips



Behavioral Guidelines for VVC

“Review your care team’s guidance for a successful VVC visit”

Preparing for the Video Visit

- Instructions for how to maximize technical success of the Visit.

Setting up the Environment

- Instructions on how to have an appropriate environment for the Visit

Joining the Visit

- Instructions to log on early and the information to have available

During the Visit

- Instructions to have a good self-view and sound, resource for troubleshooting

Options for Care

- Availability of telehealth and other types of care

Other Important Information

- Confidentiality
- Consideration, respect, and safety
- Emergency Contacts



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SST Telehealth Group Expectations

- **Be on time for the group and have your SST packet and a pen or pencil with you to take notes.**
- **Please keep your webcam on during the group.**
- **Please stay on the group topic.** (“Staying on the group topic will help make sure we have time for everyone to practice.”)
- **Only one person may speak at a time.** (“Only one person speaking at a time promotes respect for what everyone has to say.”)
- **No name-calling or cursing.** (“No name-calling or cursing. Let’s work together to make sure that Social Skills Training group is a positive experience for everyone.”)
- **No criticizing or making fun of each other.** (“No criticizing or making fun of each other. It’s important to remember that feedback in SST focuses on what people do well.”)
- **Respect group members’ social and cultural differences.** (“Listen when others share their cultural backgrounds, and do not judge or be critical of differences. Social skills may vary based on your background and the social situation. Also, no use of discriminatory language. We want everyone to be safe and valued in the group.”)
- **No using substances before or during the group.**
- **No eating during group.** (“Please no eating during group. We have found that eating in group can distract from practice and people giving meaningful feedback.”)



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Videoconference Etiquette Tips

- The VA SST Training Program has developed a “Videoconference Etiquette Tips ”
- This handout may be useful both when discussing etiquette for the SST-TH group and when discussing etiquette for group members’ social interactions that involve videoconferences in their daily lives.
- There is some overlap with the Behavioral Guidelines for VVC



Videoconference Etiquette Tips

- The Videoconference Etiquette Tips covers useful guidelines for participating in a videoconference such as the following:
 - If possible, use a tablet or computer rather than a cell phone so that you can see the individual(s) with whom you are speaking more clearly.
 - Attend the videoconference in a private, quiet, and appropriate place (e.g., not a bathroom).
 - Ensure that the room you are in for the videoconference is well lit so others can see you clearly.
 - Make sure that the camera is framed directly on your face and ideally at eye level (you can usually check this by looking at the self-view) and you can ask others if they can see you well.
 - Be properly dressed (e.g., in clothes you would wear if visiting a friend or going to a doctor's visit).
 - When talking, look at the camera on your computer as this gives the impression of talking to the group directly.



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SST Curriculum

- As with in-person SST groups, 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.~~
- Consider having Veterans practice role plays that are directly linked to videoconferencing. Since using videoconferencing for education, jobs, social connection is the new normal, learning to communicate effectively in videoconferencing is an important life skill.
- The Videoconferencing Etiquette handout can be used as a teaching tool prior to Veteran practice of role play involving a videoconference scenario.



SST Group Session Sequence

Welcome and set agenda/Review group rules if needed

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



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First SST-TH Group in a Series

- Go over the “housekeeping” protocol that will happen at the beginning of each group, that includes verifying emergency contact information.
- Introductions
- Review of group purpose and structure
- Discuss how sociocultural factors will be integrated in group
- Discuss group expectations
- Review the materials (Welcome packet) that were mailed to the group members
- May also want to review the Videoconference Etiquette Tips
- May want to normalize that it can be challenging to listen or hear in telehealth sessions because of logistical reasons (e.g., volume is low so helps to increase volume on the device being used or use headphones or ask others to speak louder and slower) and/or because there is more stimuli at one time
- Provide opportunity for group members to share individual goals
- If have time, can go through most of the steps of the group session sequence with a basic skill. You may not get to many role plays due to the other tasks in the first group.
- Note: you will not review outside practice in the very first group as the group members will not yet have been assigned practice prior to starting the group



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SST-TH Group Recommendations

- Orient Veterans during the first session (and then briefly in each subsequent session) to the group procedures, including group expectations. This is particularly important in an open group.
- It may help to minimize disruptions if the VVC Group room is locked after a certain time point (e.g., after a max of 10 minutes).
- Also, in first and subsequent sessions, if group facilitators are having technical difficulty connecting with the group, request that the group members stay in VVC for at least several minutes so as not to further delay progressing through the SST Group Session Sequence.
- Be very clear with announcing when moving from one step of the group session sequence to the next.



Housekeeping

- At the beginning of every SST-TH group generally there are more “housekeeping” tasks than in in-person SST groups.
- Housekeeping may include:
 - emergency checks
 - technology checks
 - review of videoconference tips including especially muting when not speaking
 - verifying group members have group materials, etc.



SST Telehealth Group Reminders

- Remember a positive atmosphere and lots of positive feedback are hallmarks of SST. Focus on the positives and, when appropriate, make it fun!
- Remember to keep high level of positive feedback for each Veteran's participation in terms of their comments and role plays. Use clapping, thumbs ups, and encourage other group members to exclaim positive phrases like "good job," "well done," as well as more specific positive feedback like "great eye contact," etc.
- Engage group members. Directly encourage input and feedback, when appropriate, from group members. Ask them by name to give input regarding the steps or rationale or feedback on the model or group member role plays.



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How to Encourage Group Cohesiveness and Engagement

- Icebreakers/sharing SMART goals
- Consider starting VVC group with Veterans who are already more comfortable with the technology
- Positive feedback from providers is helpful in encouraging engagement
- All group participants have cameras on.
- Consider checking in with group members prior to the meeting/can help with engagement
- Can be particularly helpful to assign roles if Veterans are not volunteering (e.g., John, please watch for what Jane does well in step 1. Bob, please watch for what Jane does well in Step 2.) and to ask for participation by inviting Veterans by name.
- Clapping can feel awkward at first but still works in VVC groups!
- Sometimes props are helpful (e.g., using cellphones as props, if role play involves making a phone call).



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Adapting SST Group to Telehealth: Session Sequence

- **Welcome/Set Agenda:** May also want to make note of procedures for technical assistance and ensure everyone's audio and cameras are operating. The co-facilitator may want to ensure they have "Role Play Buddy" title next to their name (entered this next to their name in the "Welcome to VA Video Connect" box when entering the session or clicking on "Rename Participant" under the Participant List once in VVC). The "Display Names" option should be clicked to view this title and group member names.
- **Reviewing "Outside" Practice:** Reminder to develop and review practice assignments for outside group that are feasible and safe and goal-related, when possible. Reinforce all efforts at practicing skills outside of the group. Facilitators will share the steps of the skill in VVC and also reference the hardcopy that was mailed to group members.
- **Develop a rationale for the skill:** The steps of the skill of the day will now be displayed in VVC. Discuss the use of the skill in different relevant contexts (e.g., although currently in a videoconference, skill can be used in person or over the phone) including the pandemic context (e.g., how skill might be useful in time of COVID-19, how to safely use the skill [e.g., over the phone]).



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Adapting SST Group to Telehealth: Session Sequence

- **Explain the Steps of the Skill:**

- Modify steps, as needed, according to method of telehealth delivery (e.g., “Although step 1 of the skill is ‘Look at the Person,’ we obviously can’t practice that today in VVC. However, if you were meeting in-person with someone, you would want to have good eye contact when listening. Here we will pretend we are looking at the person by looking frequently directly into the webcam. However, you should also look at their face and notice their nonverbal reactions in the monitor as these can help you guide the conversation”).
- Have a brief discussion about the modified steps (e.g., “How would you know someone is looking at you?”).
- ~~Discuss relevant pandemic social norms in in-person social interactions around keeping safe (e.g., 6 feet+ distance and mask wearing recommended by health authorities. ‘So you would want to wear a mask and be at least 6 feet away from the person you are talking with. A good rule of thumb for 6 feet is that it is at least 2 arms’ lengths.’). Also, you may discuss how in-person interactions with people outside one’s own family or living situation are generally very brief for safety reasons.~~



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Adapting SST Group to Telehealth: Session Sequence

- **Model the Skill; Review with Members:**

- May now adjust layout to the “**Speaker focused layouts,**” 2:21 option. In VVC, the primary facilitator can still model the skill either with a secondary facilitator or role play buddy or, if you are sole facilitating, with a group member acting as a role play buddy.
- Announce clearly that you are going to demonstrate the skill and explain the model scenario. Choose a model that is simple and relevant to the group members’ lives. Consider using for the scenario one of the “Scenes to Use in Role Plays” from the relevant curricular skill sheet in the Bellack et al. book.
- Use the Spotlight feature in VVC to highlight who is doing the model.
- Prior to doing the model, you may want to explain, if relevant, what good eye contact, body posture, etc. would look like for the skill if it were done in person.
- Ask group members to watch while you do the steps of the skill. Model the skill, briefly discuss your performance, and ask what the group members liked/noticed about how you did each step.



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Adapting SST Group to Telehealth: Session Sequence

- **Group Member Role Plays (Steps 6-11): Role Play Set Up**

- Be careful in developing with the group member a scenario to role play that is straightforward, BRIEF, relevant to the Veteran's goal(s) and helpful to the group member. Consider the constraints of the pandemic when setting up Veteran role play scenarios.
- If Veterans have difficulty identifying a scenario, consider if a scenario listed as one of the “Scenes to use in role plays” in the Bellack et al. book curricular skill sheet might be useful to adapt for the Veteran to practice. Continue to refer to SST goals, when relevant, when developing role play scenarios.
- ~~Consider doing role plays for in-person scenarios using masks to mirror real life interactions during the pandemic.~~
- It is especially helpful in SST-TH to assign roles to keep group members engaged (e.g., “Mary, can you pay attention to if John does step 1?”).
- The Spotlight feature is useful during the role plays. Facilitators may use this feature to spotlight the group member doing the role play and spotlight the role play buddy.



Adapting SST Group to Telehealth: Session Sequence

- **Group Member Role Plays (Steps 6-11): Reminders about Feedback**
 - Remind group members participating in the role play that they will receive both a lot of positive feedback plus possibly 1-2 suggestions about how to make the role play “even better.”
 - Also remind them that they may receive the feedback either during the role play or after the role play, and that they are expected to incorporate the feedback into the role play.



Adapting SST Group to Telehealth: Session Sequence

- **Group Member Role Plays (Steps 6-11): Coaching and Prompting**
 - In SST-TH, it is often useful to keep the coaching and prompting during a role play to a minimum and keep it simple and brief. Too much feedback can be overwhelming and interfere with completing the role play.
 - An example of a way to prompt during the role play is "*I just want to pause briefly, Jane. Remember to do Step 2.*"
 - In general, coaching and prompting during role plays is used sparingly in SST-TH groups, especially compared to in person SST groups. However, trainers can provide more or less active coaching and prompting during the role plays based on group members' preferences and what is most effective for their learning.
 - Because of the platform, verbal coaching is more common than nonverbal prompting.
 - You may use the "Events Tab" in VVC as you would a white board in an in-person SST Group to write key phrases or scripts for group members



Adapting SST Group to Telehealth: Session Sequence

- **Group member Role Plays (Steps 6-11): Role Play Feedback**
 - Use the Spotlight feature in VVC to highlight who is doing the role plays.
 - Give and elicit from group members a lot of positive general and specific feedback. Clapping is still encouraged as well as general praise such as “good job,” etc.
 - In SST-TH, it is common to have to prompt group members by name to provide feedback if group feedback is limited.
 - Be mindful of the amount of constructive feedback provided after the first 2 role plays (no more than 1-2 areas). Use brief, specific behavioral feedback regarding how to make the role play “even better.”
 - Check in with the group member to make sure they understand how they can make the next role play “even better” before they engage in the next role play.



Adapting SST Group to Telehealth: Session Sequence

- **Develop Outside Practice Assignments:**

- You may opt to change the layout back to the “Equally focused layouts” when assigning outside practice assignments.
- As noted above regarding reviewing outside practice, it’s important to formulate a plan consistent with their current environment and, when possible, their goals.
- Remember to develop practice assignments for outside group that are feasible and safe (e.g., ~~during the pandemic may involve calling someone on the phone vs. visiting someone in person~~).
- Remember to collaborate with the group member regarding deciding on the assignment and encourage them to write it down.



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Role playing phone calls and videoconferences in SST-TH

- Emphasize importance of verbal reflections to show listening when role plays include a simulated videoconference or a phone call.
- Also indicate that sometimes clarifying questions can be helpful in both types of social interactions.
- In general, emphasize how you may need to use verbal communication (rather than non-verbal communication) in videoconferences and phone calls to get your point across.
- For videoconferences, remind participants to **regularly look** at the camera on their tablet or computer to simulate eye contact (**in addition to attending to the streaming video of group members**).
- For role plays that involve a scenario where the conversation will be over the phone, can consider **using props of cell phones** or having the role play buddy turn off their camera (as an option). You would want to be clear about reason for turning camera off.



Final SST-TH Group and Planning for Future Groups

- For the last SST-TH Group in a curriculum, you might consider the following:
 - Adding a special note in the Events Tab, such as “Congrats on Finishing the SST-TH Group!”
 - Mail group members certificates of completion
 - Remember to still assign outside practice even in the last group
- It is ideal to meet with group members individually after the final group to:
 - Review progress on SST-TH goals
 - Explore SST options that may be available, if the group member wants to continue working on their SST goal or a new goal (e.g., SST-TH vs. in-person SST)
 - If in-person SST is available and the group member prefers SST-TH, explore reasons that telehealth is preferred to ensure the decision to continue SST-TH is in the group member’s best interest and is consistent with their recovery goals.



Sociocultural and Linguistic Factors in SST



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Importance of Sociocultural Factors in SST

From Bellack et al. (2004):

- “A major error that leaders can make when conducting social skills groups is to operate under the assumption that different cultural groups employ the same verbal and nonverbal patterns of communication.” (p. 99)
- “Clients who learn from models that are out of touch with the nuances of their particular sociocultural group or who are reinforced for behaviors that are maladaptive are unlikely to develop the social skills that are necessary for effective living within their community.” (p. 99)
- “Leaders need to be sensitive to the sociocultural factors relevant to the clients with whom they are working and must be able to modify the skills taught so that they accommodate the differences in lifestyles, values, norms, and preferences.” (p. 99)



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Importance of Sociocultural Factors in Telehealth

From Mental Health Technology Transfer Center Network (2020):

“This [telehealth] method of service delivery comes with unique opportunities, considerations, and challenges, especially as telehealth providers attempt to engage culturally diverse communities in which socioeconomic variables — such as access to technology, limited English proficiency, communication needs, health literacy, cultural beliefs, level of comfort with technology, and others — can impact the delivery of appropriate and respectful care.”



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Sociocultural Awareness for SST-TH Group Facilitators

- Be aware of your cultural identity, power, privilege, and your own values and beliefs that will impact delivery of SST-TH. Also, be aware of and sensitive to history of oppression against certain groups of people.
- Recognize and value the impact of sociocultural factors in Veterans' experiences in SST-TH.
- Access to/comfort with technology: may vary to some degree based on socioeconomic considerations, age, geographical location, etc.
- Be mindful of your language and use inclusive language where possible (e.g., partner or spouse rather than girlfriend/husband).
- Educate yourself and allow Veterans to educate you about the varied norms for social skills among different communities.



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Sociocultural Factors: Before the First Group Session

- Discuss sociocultural factors and considerations during the Individual Goal Setting Session.
 - Review how social and cultural background may impact how we communicate and how the SST Group will address this (e.g., consider group members' cultural and social background when setting up role plays in group and when developing outside practice).
 - Inquire about culture and diversity in process of goal setting.
 - May ask about setting a social justice related goal.
 - Ask about pronouns (and can inform group members they may choose to have their pronouns visible next to their names in VVC).
 - If a group member has hearing loss, closed captioning is an option in VVC (see the VA Video Connect Web Provider Guide for instructions on captioned telephone services using VVC Audio Dial-in).
- Review the chart to review any sociocultural considerations that may be documented.



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Sociocultural Factors: First SST Group Session

- **Group purpose and structure:** After discussing the SST Group purpose and structure, group facilitators can introduce how sociocultural factors may be approached in the SST group. A sample script is on the next slide.
- **Group Expectations:** Discuss the group expectation that addresses sociocultural factors and discriminatory language:
 - **Respect group members’ social and cultural differences.** (“Listen when others share their cultural backgrounds, and do not judge or be critical of differences. Social skills may vary based on your background and the social situation. Also, no use of discriminatory language. We want everyone to be safe and valued in the group.”)



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Sociocultural Factors: First SST Group Session

- **Sample script to introduce sociocultural factors after reviewing the SST group purpose and structure:**

“We have different backgrounds and cultures which may impact how we communicate with others in person and when using videoconference. Our various values and norms may mean that the way that one person interacts looks somewhat different from another person; for example, one person’s culture may emphasize the importance of eye contact whereas another culture may consider too much eye contact to be rude when talking to certain people. We think a strength of this group is that you all come with different backgrounds and we hope that we can honor those differences, and also make sure to consider them when we are practicing using these new skills in your lives during group and outside of group. The content of the role plays you choose to do in group and in your outside practice may vary based on your goals and your culture. We want to be mindful that different cultures have unique ways of communicating. In SST we encourage you to bring up how practicing these skills may look different for you based on your background and the setting so we can make this group as useful to you as possible.”



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Sociocultural Factors: Beyond the First Group

- Provide opportunities for group members to integrate sociocultural factors throughout group, especially in their skill practice and outside practice assignments.
 - Integrating sociocultural factors will increase the likelihood that they will be effective within their sociocultural community.
 - Elicit information about sociocultural values and norms from group members when discussing the rationale of the skill and/or steps of the skill, if applicable.
 - Routinely ask group member for feedback when setting up role plays. For example, if the group member's sociocultural group norm is to use hand movements while in conversation, the group facilitator integrates body language and hand movements in conversations.
- Continue to acknowledge and validate different group norms for social skills in different communities (e.g., person's family or home culture, work, social groups, etc.). Educate yourself and allow group members to educate you about the varied norms for social skills among different communities.
- Continue to be mindful of your language and use inclusive language where possible (e.g., partner or spouse rather than girlfriend/husband).



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EBPs with Older Veterans: Resources

- EBP with Older Adults: FAQs ([EBPs with older Veterans FAQs 5.10.22.pdf](#))
 - Addresses frequently asked questions and dispels common myths about the use of EBPs with older adults
 - Where possible, techniques and suggestions for modifying interventions as well as references for further review are included
 - Common barriers such as socializing older adults to psychotherapy and addressing ageism are covered
- For questions/consultation: VHADUREBPswithOlderVeterans@va.gov
 - Clinicians can ask questions of VA geropsychologists trained in EBPs about the FAQ and/or providing mental health services to older Veterans
- Enduring Webinar – **Utilizing Evidence Based Psychotherapies with Older Veterans**
 - **Direct TMS Link:** [Utilizing Evidence Based Psychotherapies with Older Veterans \(Enduring\)](#)
 - **Direct TMS ID:** 131003927



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Other Sociocultural Resources & Literature

- SST Manual (Bellack, et al, 2004)
 - Chapter 6 – Using Curricula for SST Groups
 - Chapter 7 – Tailoring Skills for Individual Needs
- SST Forms & Handouts in Spanish
 - VISN 5 MIRECC Website - VA Social Skills Training Program
http://www.mirecc.va.gov/visn5/training/social_skills.asp
- [TMS Trainings](#) on diversity and inclusion.
- [Cultural and Linguistic Responsiveness in Telehealth](#)



Sociocultural Resources & Literature

Social Skills Training for Schizophrenia: A Step-by-Step Guide
(Bellack, Mueser, Gingerich, & Agresta, 2004)

Translated:

- Italian – 1st edition
- Korean – 1st edition
- Chinese – 2nd edition
- Japanese – 2nd edition
- Swedish – 2nd edition
- Turkish – 2nd edition



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TROUBLESHOOTING



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Troubleshooting

- **The primary SST facilitator is having technical issues and difficulty getting into the videoconference.**
 - If there is a secondary facilitator, they need to be ready to lead the group as a solo facilitator.
 - This means that both facilitators should be familiar with how to share documents in VVC and use the VCC features that optimize the delivery of SST-TH as was discussed in this presentation and in Facilitating SST Groups via VA Video Connect (VVC) Guide
 - Be mindful of time and continuing with group so that technical issues do not interfere with group members role playing.



Troubleshooting

- **Reluctance of Veteran to Participate in VVC Groups:**
 - If **due to technology**: Reach out to Veterans individually about use of technology and make them aware of resources. The time spent on front end may be helpful in keeping rapport going and minimizing technology issues.
 - If **due to client disengagement with treatment services**: Consider reaching out to Veteran and to treatment team to figure out strategies to reengage the Veteran/build an alliance with the Veteran when reengagement could be helpful to the Veteran.



Troubleshooting

- **Veteran does not want to use their webcam**
 - Reinforce that it is an expectation of group.
 - Provide rationale for camera use. You may discuss how camera use helps Veterans practice non-verbal skills and allows for other group members to observe their non-verbal communication.
 - Consider talking with a Veteran in an individual session to work through the obstacles to their using the webcam. Working through obstacles such as lack of knowledge about webcams, embarrassment/discomfort about their living conditions, or defeatist beliefs (i.e., expecting to fail) regarding the use of technology, can be handled in individual sessions. Discuss webcam concerns with program staff so they can brainstorm ideas and provide additional support.
 - Please note that paranoia regarding webcams is VERY RARE but possible. Typically, concerns about webcam use can be worked through.



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Troubleshooting

- **Veteran does not want to use their webcam (cont.)**
 - If reluctance to use a webcam is linked to their not wanting others to see where they live or similar, work with the Veteran to identify a location they would be comfortable having as a background. Note, there is a blur background option in VVC which may also be explored, if the group member has concerns about others seeing their living conditions. This conversation can occur in the individual goal setting session or at a later point.
 - Link using a webcam to their goal. Using the webcam can help them improve their social skills related to their goal more rapidly because group facilitators and members are better able to give feedback on their use of social skills.
 - Frame using a webcam/doing videoconferencing as a life skill. “Videoconferencing is now common at workplaces, schools, for dating, social connection etc., particularly in the context of the pandemic, so it’s useful in general to get good at it.”
 - Consider taking a shaping approach and focus on engaging the Veteran in group (e.g., attend two groups with no camera and then put camera on for Steps 1-2 of group, start with individual SST sessions, etc.).



Troubleshooting

- **One group member is disrupting the group session by discussing outside topics and is difficult to redirect back to the group topic, despite repeated attempts.**
 - Possibly arrange for the co-facilitator or another staff member to separately call the Veteran during the group time to give individual personal attention (the group member would be informed of this plan and be asked to leave the videoconference to receive the call).
 - If having a colleague call is not an option, figure out if they would be willing to instead do an individual call after group.
- **Veterans are reluctant to role play:**
 - Acknowledge shy feelings. Also remind Veterans of the value of role plays for their progress.
 - As in an in-person SST group, you can decrease the level of challenge of the role play suggested, such as decreasing the number of steps they are requested to perform in their role play initially.



Troubleshooting

- **Veterans coming late to group (part 1):**
 - If just a few minutes late, briefly acknowledge each group member as they join.
 - Discuss the importance of being on time, which allows for any tech issues to be addressed, ensures sharing how their practice went, and the opportunity to discuss and learn the rationale for learning new skill.
 - Consider calling or emailing each Veteran prior to group as a reminder or arranging for another treatment team member (such as a Medical Support Assistant or a Peer Support Specialist) to do this. Reminding Veterans of the group time on the day before, or the day of, group may reduce tardiness.
 - Inform group members in advance that the videoconference will be “locked” at a certain point during groups. 10 minutes after the start of group is a good rule. This can be shared as a group expectation.



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Troubleshooting

- **Veterans coming late to group (part 2):**
 - If possible, instruct group members to come 5 minutes early to the Videoconference each week
 - Consider meeting individually with Veterans who are frequently late to identify and problem solve how to overcome obstacles to being punctual
 - Consider reaching out to the Veteran's care team to help find out more information to help resolve the issue
 - If a common group issue, consider having a discussion/brainstorm at the end of group on strategies to increase likelihood group members will come on time for next group (e.g., setting reminders in your cell phone, putting up a post-it note reminder, etc.)



Troubleshooting

- **Veterans seem disengaged/not attending/distracted:**
 - Assign roles such as reading the steps of the group or ask them directly to notice if a step of the skill was done.
- **Veterans are sleeping or drowsy:**
 - Ask them to stand up and walk around and possibly get a glass of water.
 - Try actively engaging them by assigning a role in group (e.g., keeping track of whether a step is completed).
 - If drowsiness is an ongoing issue, you may set up an individual meeting to further troubleshoot how to manage drowsiness in group and communicate the importance of staying awake and alert during group. It is helpful to set up a plan if the group member falls asleep during the SST-TH session and you cannot wake them up. You should be clear that you may decide to call their emergency contact or 911 as you want to ensure that the group member is safe since they are not responding to the facilitators.
 - You can remind the group member that they may leave group early because they are too drowsy to participate in group that day (this is preferred over falling asleep in group).



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Troubleshooting

- **Veterans consistently calling with background noise:**
 - Ask to mute phone, refer to group guidelines, may help as a facilitator to understand possible reason for noise such as a way to cope with voices.
 - May have to spend some time addressing background noise individually.
 - Facilitators may decide to mute particular group members if noise is impacting the experience of other group members and other attempts to have the group member mute themselves have not been effective.
- **Related to COVID: Difficulty setting up outside practice because of limited social engagement:**
 - Encourage role-playing with a therapist/recovery coach/case manager.
 - Briefly brainstorm any **safe** way to practice (e.g., via videoconference).



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Troubleshooting

- **Veterans talking at same time in SST group:**
 - Give each person time to speak by specifically saying you would like people to speak one by one and then say who goes first, etc.
 - Sociocultural consideration – in some cultures it may be culturally appropriate for this to occur in group for a few moments and then one person will eventually speak at one time.



Troubleshooting

- **Veteran expresses paranoia related to telehealth privacy and security**
 - Briefly explore and validate concerns
 - Longer conversations around concerns related to telehealth privacy and security may occur in an individual session
 - May provide education related to telehealth privacy at VA and helpful to review the Group Telehealth Agreement which outlines telehealth risks and consequences
- It may be worth taking note about whether this concern is a warning sign related to mental health relapse and consider coordinating care and consulting with the group member's treatment team.



Troubleshooting

- **Group member repeatedly misses SST-TH due to technology issues**
 - It is helpful to assist group member with technology issues and connect them to the Office of Connected Care Help Desk: [866-651-3180](tel:866-651-3180)
 - You may also consider scheduling adjunctive individual SST-TH sessions to review the skill(s) that were taught during the SST-TH groups missed. You can refer to the PDF of the PowerPoint slides of [The Providing SST 1 on 1 Webinar](#) as a reference on conducting SST on an individual basis. *Note*, you would not use the SST Templates for these optional adjunctive individual SST-TH sessions.



Social Skills Group Observation Checklist

- To maintain your fidelity to the SST model, consider rating your performance in an SST-TH group (or having your secondary facilitator rate you) on the Social Skills Group Observation Checklist (SSGOC). See pages 285-286 of the SST book (Bellack et al., 2004) for the SSGOC.
- The criteria for adequate fidelity is at least 80% of items rated at “fully” (14 out of 17 items) and no items rated at “not at all.”
- You will notice that the same facilitator behaviors that are expected in SST groups conducted in person are also expected for SST-TH groups.



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Social Skills Group Observation Checklist

SOCIAL SKILLS GROUP OBSERVATION CHECKLIST (page 1 of 2)

Group Leader: _____ Date: _____

Consultant: _____

Instructions: Complete this checklist after observing the group leader conduct a session. For each item, check off whether the group leader performed this skill "not at all", "partially", or "fully."

General structuring and positive engagement skills	Not at all	Partially	Fully
Created a warm, welcoming atmosphere.			✓
Spoke clearly, using a voice neither overloud nor oversoft.			✓
Established an agenda and maintained the structure of the session.			✓
Provided ample positive feedback for participation.			✓
Redirected group members who interrupted or strayed from the topic, using a kind but firm voice.			✓
Asked group members for examples of personal experiences in which skills could be or were used.			✓
Used a shaping approach to help members gradually learn new social skills by reinforcing small steps toward the targeted skill.			✓
Encouraged group members to be actively involved in the session. (Members can be active in different ways, such as reading the steps of the skill out loud, providing a rationale, providing feedback for role plays, participating in role plays, contributing examples of personal experience.)			✓

(continued)

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Social Skills Group Observation Checklist

SOCIAL SKILLS GROUP OBSERVATION CHECKLIST (page 2 of 2)

Steps of social skills training	Not at all	Partially	Fully
Reviewed homework from the previous group session.			✓
Established a rationale for using the skill.			✓
Discussed the steps of the skill with group members.			✓
Modeled the skill in a role-play.			✓
Reviewed the model with the group members.			✓
Engaged all group members in a role-play of the skill.			✓
Provided or elicited behaviorally specific positive feedback for each group member's role-play.			✓
Provided or elicited behaviorally specific suggestions for improvement for each group member's role-play.			✓
Assigned specific homework to practice the skill outside the group.			✓

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Video Clips of a Simulated SST-TH Group in VVC



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SST CPRS Templates

- SST group templates in the Computerized Patient Record System (CPRS) can be used for SST-TH Groups ~~conducted during the COVID-19 pandemic. Not clear if this will be the case post-pandemic.~~
- For the individual SST goal setting session implemented to help Veterans set goal(s) for the SST group, use the CPRS template “SST 1 Individual.” If the session is done over the phone or via telehealth, this template can also be used.
- Do not use any of the templates for SST sessions that are conducted 1 on 1 utilizing the SST group session sequence unless the session was conducted 1 on 1 because only a single group member showed up to the SST group.
- Refer to VA guidelines and your local VA facilities regarding telehealth documentation requirements and refer to [the VA Video Connect Groups Workflow](#) document for more information related to VVC group documentation, as well as scheduling telehealth group sessions.



Individual SST-TH

- PowerPoint on SST website provides suggestions about how to provide [individual SST-TH](#).
- Promising evidence in person, not evaluated in telehealth environment.
- May be 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
 - People who can't make the SST group time
 - Addressing 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)
 - Review skills missed by group members (e.g., missed SST-TH group due to technology issues)



SST-T Community and VA Telehealth Resources



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Resources: SST-T Community of Practice & Mailgroup

- SST-T Community of Practice Meeting typically **meets quarterly at 3pm EST on a Wednesday.**
- VA SST-T mailgroup
- Please email Laché Wilkins, SST Program Coordinator, if you would like to join either or both:
lache.wilkins@va.gov



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Resources for VA Telehealth Providers

- VA FUNdamental Link (many great resources)
[VA Video Connect | VHA Telehealth Services Intranet](#)
- [Office of Mental Health and Suicide Prevention \(11MHSP\) - VVC Groups - All Documents \(sharepoint.com\)](#)
- The [VHA Telemental Health Site](#) is specifically for mental health providers and includes information such as an overview of telemental (TMH) health services, helpful contacts and more.
- Visit [VHA Telehealth Services](#) for more information about telehealth scheduling.
- It may be helpful to bookmark these sites in your internet browser for quick and easy access.



Resources for Veterans

VA Video Connect Video Instructions for Veterans:

<https://youtu.be/HqhVlt4az-Q>

Setting up VVC, including a link to the VA Video Connect Test Site:

[VA Video Connect | VA Mobile](#)

VVC Guides and iPad/iPhone Brochures to download:

<https://mobile.va.gov/app/va-video-connect#AppTrainingMaterials>



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Other Helpful Resources

- [SST Website](#) includes skill sheets, outside practice sheets, Veteran brochures, Clinician Quick Guide, and Advanced Tutorials. Presentations on sociocultural considerations and SST via telehealth are also listed.
- [Veteran Facing Evidence Based Therapy Website](#), which includes SST Information for Veterans, SST Group Session Sequence, Videoconference Etiquette Tips, SST Group Expectations, SST Skill Sheets and Outside Practice Records (English and Spanish versions): [VISN 5 MIRECC- Supporting Veterans in Evidence Based Therapy - MIRECC / CoE \(va.gov\)](#)
- [Mental Health Technology Transfer Center Network](#), including a document on [Cultural and Linguistic Responsiveness in Telehealth](#).
- SAMHSA's [Telehealth for Treatment of Serious Mental Illness and Substance Use Disorders Evidence-Based Resource Guide Series](#)



Questions

- If there is time, we will respond to questions in the chat box.



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- Elizabeth Gilbert, Ph.D., Program Manager of VA SST Training Program. Email: elizabeth.gilbert@va.gov

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