

Intro SST 3 Transcript

BELLACK: There's a really important teaching principle called "shaping." And what shaping is is gradually increasing the difficulty of a task or gradually increasing what you expect people to do.

BECKY: So if you want, Phil, for this last role-play that you have to do, if you want to do that, sort of, be more of like -- provide that eye contact, but break away every once in a while, you could do that.

CINDY: Yeah. Whatever feels comfortable.

BELLACK: So that the first time they try it, they could do very poorly. The second time they try it, you want them to do just a little bit better. If you focus on the end goal -- the perfect performance -- at the beginning, all you're going to do is make sure that they feel like they're continuing to fail. So keep in mind that teaching is a process of gradually increasing skill set or skill level and that your job is to be positively reinforcing as people develop improved skills.

And what we do is we break the skills down into very simple steps or elements, again, with the emphasis being trying to ensure that they can be successful.

One of the nice things about skills training is that, to some extent, it's like doing individual teaching in a group.

BECKY: So while Phil's doing that, okay, Colin, I want you to look for step one, making sure that he follows step one. Albert, step two. Garry, step three. And, Kate, step four.

BELLACK: So we do role-play rehearsal. That's our approach to doing practice. We do simulated conversations.

When you're working with an individual consumer, you can tailor the role-play and tailor your feedback to that person's level of competence. So that, within the same group, you could be working with somebody that barely knows how to say hello and introduce themselves, as well as somebody who can do those basic skills but has more difficulty, for example, being assertive and expressing their interests when they're frustrated. Or somebody who has a special need. They want to be able to negotiate with their physician about medication or they want to be able to talk to their physician about medication side effects.

So in the individual role-play or practice, you can tailor the intervention to the level of skill and the goals or interests of the particular person. But at the same time, the group overall can be focused on a general theme, like conversation skills, and the group members are usually very, very accommodating in congratulating one another at whatever their skill sets are.

Skills training is not a memory test. You don't want to give them instructions and expect that they have to memorize the instructions as well as struggle to do the skill right. So we make lots of use of visual supports. We give them handouts. We have flip charts. If they lose the handout, we have more handouts to replace them. Anything we can do to help them be successful. And you'll see the clinicians in this group making it very, very easy for people to do well.

BECKY: So, Garry, we're going to go over these steps of the skill, and I'm going to write down your statements that you're going to ask your supervisor. Okay.

BELLACK: The more they can do well, the more they'll have a sense of confidence in their own ability to be successful in the community.

I think the common pitfalls are: forgetting to be positive. You know, focusing too much on what people didn't do. Another pitfall is forgetting that this is a way to teach a motor skill, not verbal therapy. And many new clinicians are very used to talking about things,

about getting an idea about how people think about things or what they feel. That's appropriate for other groups, but it's just a distraction in skills training. The time that you have available to spend with the consumers really should be concentrating on teaching them skills, not talking about skills or about other issues in the community.