

Social Skills Training Group Conducted on an Inpatient Unit

A How-To Guide

VA Social Skills Training Program

June 17, 2013

Presenters and Expert Panelists

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Introduction

- SST groups provide benefits for individuals with serious mental illness whether in an out-patient or in-patient setting.
- There are some notable differences in group preparation and leadership between the two settings.
- The following presentation contains some helpful hints for an in-patient setting based on the experiences of other SST group leaders, trainers, and consultants.

Overview

- Factors to consider
- Addressing challenges
- Selecting group members
- Individual sessions
- Selecting curriculum
- Maximizing benefits of intervention
- Successes and challenges of implementing SST in inpatient unit

Factors to Take into Account

1. Possible effects of acute psychiatric symptoms on group participation:
 - a. Positive symptoms
 - b. Negative symptoms
 - c. Adjusting to new medications
 - d. Manic symptoms
 - e. Cognitive problems

Additional Factors

2. The importance of cooperation/active assistance from in-patient staff.
3. A space for group that will provide an opportunity for learning and actively practicing skills without a lot of distraction.
4. A greater likelihood of interruptions on an inpatient ward.
5. Short stays on acute units.

Addressing Challenges

- Promoting SST buy-in from the staff on the unit
 - Staff buy-in is the biggest challenge on inpatient units.
 - Staff spend 24/7 with the Veterans on the unit. They know who would benefit from group, when the group can be scheduled, and skills that might be helpful.
 - Meet with the nurse manager, who is involved with unit programming and scheduling.
 - Present SST in such a way to emphasize its potential to improve day-to-day atmosphere on the unit.

Addressing Challenges

- Promoting SST buy-in from the staff on the unit
 - If the group leader does not work on the unit, try to recruit someone from the unit to co-lead. If one person is not always available, it may be possible for this to be done with staff rotating through the group.
 - One panelist utilized a nursing assistant to be a co-facilitator.
 - Great way to blend inpatient staff into the group.
 - Above all, you have to find your “in” whether it is a nurse, psychiatrist, psychologist, nursing assistant, etc.

Addressing Challenges

- Promoting SST buy-in from the staff on the unit
 - Helpful to educate staff on inpatient units about SST , especially when you are an “outsider” coming on to the unit.
 - If possible, it is helpful to sit down with individual staff members and explain the group/get buy-in/get input on what skills might be helpful/find out who might best benefit.
 - Important to attend unit meetings to do some SST cheerleading.

Addressing Challenges

- Keep staff aware of skills being taught and how Veterans are responding.
- Staff can be very helpful with homework assignments. Examples: Making a request at the nursing station or giving positive feedback about something that was done for them.
- Use the environment where the Veterans are living to obtain scenarios! Make it relevant to their present day-to-day life.

Selecting Group Members

- It is helpful to find a “point person” on the unit who will select 5-6 Veterans with SMI to participate.
- Criteria might include the ability to:
 1. interact in a small group
 2. communicate in simple sentences
 3. focus attention for a few minutes without interrupting
 4. follow simple directions and respond to limits set

Selecting Group Members

- Some panelists indicated that they made the group available to all individuals and would let people self-select.
- Avoid having disruptive patients.

Individual Session

1. Talk to group members prior to actual group to orient to the format and the purpose of the group which is to improve communication skills.
2. MODIFY individual session; keep it simple and short.
3. Discuss goals that they might want to address such as improving communication with family, providers, and others in the community.

Individual Session

- If you can conduct individual sessions, be up front about the focus on role plays in SST group.
- Panelists said that realistically, you have to forego the individual sessions on inpatient units, especially acute units.
- In these instances the facilitator would make the effort to attend inpatient unit's case review meetings and also review charts to get a sense of what goals may be for each Veteran.

Individual Session

- If there is not an opportunity to do any type of individual session, tell participants at the beginning of the group that there is going to be role playing.
 - Frame it in a positive manner such as “We are going to do some fun role plays.” No surprises!
 - Participants may leave if they are not interested.

Selecting Curriculum

- Many of the Veterans on the unit may only be able to attend 1-2 groups prior to being discharged if unit is acute.
- It is probably best to focus on the four basic skills with some other skills in the mix. Some examples that are relevant to in-patient setting: Health Maintenance skills, Conversation skills, and Assertiveness skills.
- Most panelists would recycle the same 5-6 skills due to quick turnover.

Selecting Curriculum

- Always difficult to know the clientele from week to week, especially on acute units; in these instances, facilitators would find/focus on relevant materials and skills that would help patients while they were on the unit (e.g. only focus on one skill, like Making Requests).
- If the stay is longer, other skills (e.g., Communal Living skills) could be attempted.
- For group members that were there on longer stays, the facilitator would make sure to refine their role plays to be more challenging/specific on their 2nd/3rd role plays.

Selecting Curriculum

- Where there is a mix of acute/non-acute patients, facilitators use a set of Basic Communication Skills and continue to recycle the same list of skills.
- As previously mentioned, the staff can be a source of ideas on skills that might benefit group. Ask staff.
- Make sure to stay away from “hot button” or highly emotional role plays; that never plays out well.

Maximizing the Benefit of the Intervention

- May need to shorten group to 30-40 minutes if more suitable to your population.
 - Consensus from panelists was that 30-45 minutes on both acute/non-acute units was suitable.
- Have a small group (4 to 5 members), not a community meeting type group.
 - Avoid having no more than 10 people; although most successful groups were 5-6 patients.
- If possible, doing the group twice a week, at least, to increase the opportunities for practice.

Maximizing the Benefit of the Intervention

- Finding a room in a low traffic area to create a comfortable atmosphere for role playing.
- When making group available to all Veterans, you get a heterogeneous group, so you must modify the skills' difficulty to meet each individual's needs.

Maximizing the Benefit of the Intervention (continued)

- Emphasize role plays rather than discussion.
- Give brief, clear instruction.
- Check frequently for comprehension
- Assign active roles for Veterans who are distracted by symptoms. (reading from the board, giving feedback etc.)
- Due to psychotic symptoms, type the group structure and reference it to constantly keep participants on task; keep group task oriented.

Successes & Challenges

- Examples from clinicians in the field.
- What concerns do you have about SST in an inpatient unit?
- What are your successes & challenges of implementing SST in an inpatient unit?

Comments from the field:

- Stay away from the skill “Expressing Negative Feelings.”
- In general stay away from the more emotional skills; be cognizant of patients’ situations that may trigger emotions (e.g. if they had a bad run in with the police or a nurse on the unit, stay away from role plays that involve those situations).

Comments from the field:

- One person found it was easier working with the Veterans in the beginning by writing down exactly what they needed to say; as they went along the Veterans would “get” the role plays and wouldn’t need the written scripts.
- Don’t go into the setting with lowered expectations; the Veterans can get it.
- Start with the 4 basic skills on a rotating basis and then build on it; branch out to other skills that would be pertinent to their stay while on the unit.

Resources

- Social Skills Training for Schizophrenia: A Step-by-Step Guide (Bellack, Mueser, Gingerich, & Agresta, 2004)
 - Chapter 7 – Tailoring Skills for Individual Needs
 - Chapter 8 – Troubleshooting: Common Problems & Challenging Clients
 - Chapter 10 – Reducing Relapse by Creating a Supportive Environment