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# **VA Social Skills Training (VA-SST) for Serious Mental Illness**

***An overview for VA Trainee Programs***

# Overview

- This slide set was developed by the VA-SST program with hopes that it can be used by Directors of various VA Trainee programs
- Goal is to give trainees an understanding of:
  1. Social Skills Training
  2. The VA-SST national training rollout program
  3. Considerations & Resources for implementing SST
- For more information & resources, please visit:  
[http://www.mirecc.va.gov/visn5/training/social\\_skills.asp](http://www.mirecc.va.gov/visn5/training/social_skills.asp)

# VA Social Skills Training (VA-SST) for Serious Mental Illness

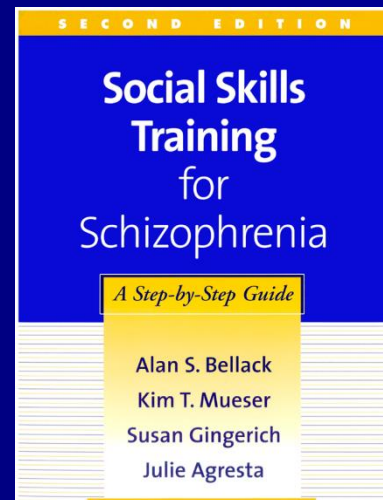
- Program funded and supported by OMHS at VACO
- Part of effort to increase availability of psychosocial EBP to Veterans
- Provides training, support, consultation to VA practitioners and MH leaders working with Vets with Serious Mental Illness (SMI)
- Training in 2-day workshop and 24 weeks of consultation
- Also includes a train-the-trainer component
- Current focus on Social Skills Training (SST) for Veterans with SMI

# Background of Social Skills Training (SST)

- Identified as an evidenced-based practice for persons with serious mental illness
- Currently used in multiple research projects:
  - Vocational social skills
  - Reduction of Substance Abuse
  - Improvement of health behaviors
  - Increasing leisure and recreation activities
- Currently used in multiple VA treatment settings, with Veterans of different functioning levels

# Several Models of SST

Model used in the VA:



Social Skills Training for Schizophrenia: A Step by Step Guide, 2<sup>nd</sup> edition. Bellack, A., Mueser, K., Gingerich, S., & Agresta, J.

# Why is SST required?

- Poor social role functioning is a key issue in the development and maintenance of chronic disability
- SST is an evidence-based practice to improve social role functioning
- SST is consistent with a recovery approach to care

# What is Recovery?

## Consumer/Survivor Perspective

- Recovery is a ***process***, rather than an end state or outcome.
- Recovery is strengths-based, rather than symptom-based, and involves:  
hope, respect, and empowerment.
- Recovery is a *model* that involves the nature of treatment, as well as a person variable

# What are the Implications of the *Recovery Model* for Treatment Services?

(President's New Freedom Commission, 2003)

- *First, services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers...*
- *Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just managing symptoms*



# Recovery Attributes of SST

- Focuses on behavior rather than symptoms
- Teaches skills needed to increase independence
- Provides choice
- Fosters hope: assumes change is possible
- Fosters self-efficacy
- Based on respect: assumes failures result from skill deficits and/or the environment, not personal faults (e.g., low motivation)

# So, what are social skills?

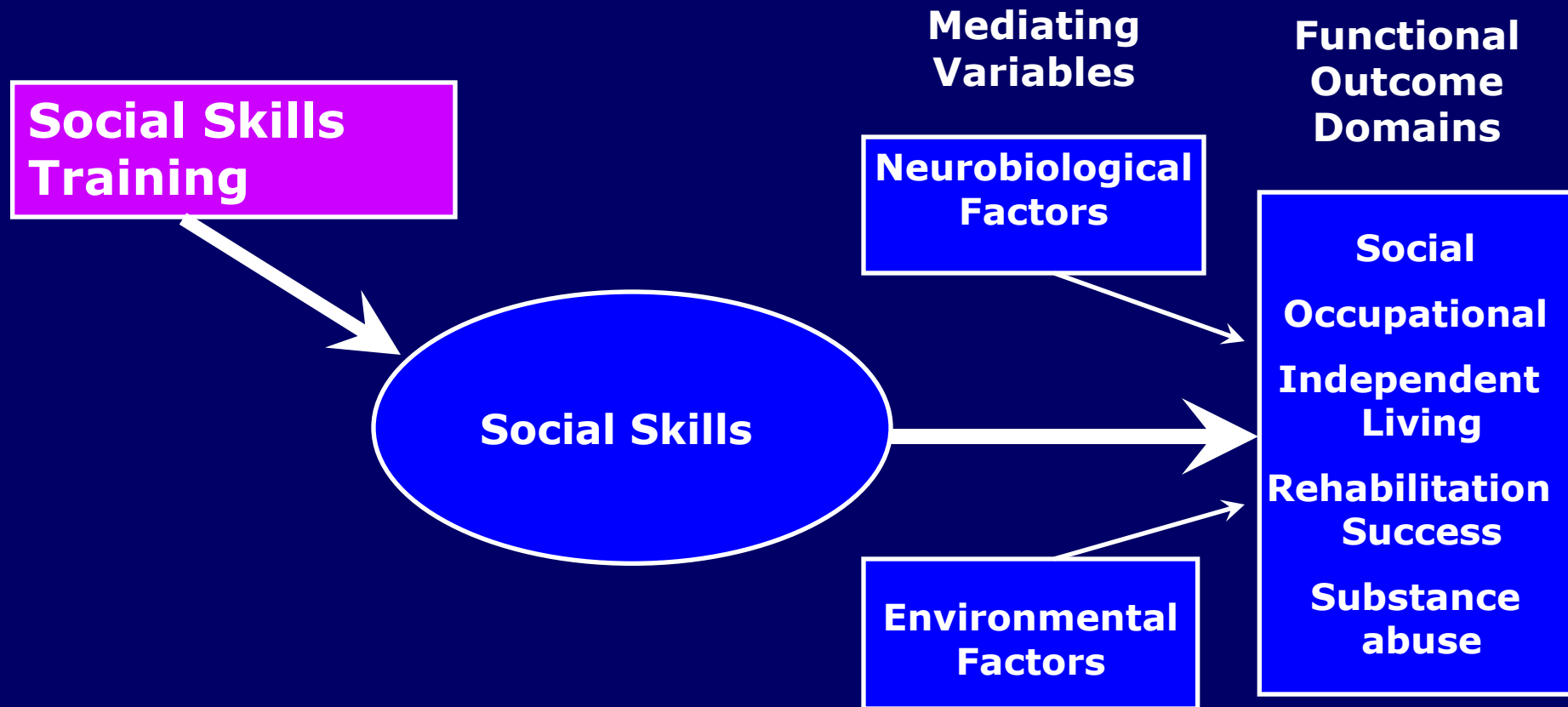
“Social skills are interpersonal behaviors that are normative and/or socially sanctioned. They include such things as dress and behavior codes, rules about what to say and not to say, and stylistic guidelines about the expression of affect, social reinforcement, interpersonal distance, and so forth.”

**Bellack et al, 2004, Page 3**

# Factors Contributing to Poor Social Role Functioning in the Community

- Diminished motivation
  - Negative symptoms/deficit state
  - History of failure / low self-efficacy
- Lack of opportunity
- Lack of positive social pressure
- Societal stigma
- Cognitive impairments
  - Executive functions
  - Attention and memory deficits
- Functional Impairments
  - social skills deficits

# Model of Social Skills, SST, Mediators and Functional Outcome



# Social Skills Model

*Social skill* is a hypothetical construct conceptualized as comprising three interrelated functions:

1. *Social perception*  
ability to accurately perceive social cues
2. *Social problem solving*  
ability to correctly analyze the social situation and identify an effective response
3. *Behavioral competence*  
ability to effectively implement the response

# Behavioral Components of Social Skill

- Speech Content
- Paralinguistic Features
  - voice volume
  - pace
  - pitch
  - tone
- Nonverbal Behavior
  - proxemics
  - kinesics
  - gaze
  - facial expression

# Evidence for SST: Literature Reviews

■ Narrative	Period	# studies
Halford & Hayes, 1991	1984-1990	5
Bellack & Mueser, 1993	1983-1992	6
Scott & Dixon, 1995	1993-1996	7
Penn & Mueser, 1996	1984-1995	6
Smith et al., 1996	1983-1985	9
Heinssen et al., 2000	1994-1999	27
Huxley et al., 2000	1980-1999	13
Bustillo et al., 2001	1996-2000	5
■ Meta-analyses		
Benton & Schroeder, 1990	1972-1988	27
Corrigan, 1991	1970-1988	17
Dilk & Bond, 1996	1970-1992	68
Pilling et al., 2002	1980-1999	9
Pfammatter et al.,	1990-2005	19
Kurtz & Mueser, 2008	1887-2007	23

# Areas of Effectiveness

## Outcome Domain

## Effects

Symptoms	No
Relapse	No
Behavioral skills	Yes
Social role function	Yes
Specialized skill	Yes
Self-efficacy	Yes



# Training Procedure

- ***Instructions:***      what to do and why
  - keep it simple
  - keep it relevant
- ***Modeling:***      illustrate how to do it
  - keep it simple
  - keep it relevant
- ***Role Play:***      rehearsal
  - keep it brief
  - make it successful
- ***Positive Feedback and Shaping***
  - keep it positive
- ***Repeat Role Plays:***      repeated practice

# Logistical Considerations

- Small groups (6-10 max)
- Predefined curricula (content and goals)
- 2-3 sessions per week @ 45-90 minutes
- Co-therapists preferred by not required
- Group duration varies with content
- Emphasis on behavioral rehearsal
- Level of training geared to Veterans
- Closed groups preferred but not required

# Important Characteristics of SST Groups, slide 1

- Structured format in every session
- Abstractions are minimized
- Emphasis on role playing and practice
- Focus on one skill at a time
- Curriculum is planned

# Important Characteristics of SST Groups, slide 2

- Role plays and home assignments are tailored to each member
- Group demands geared to members' abilities
- Communications are always positive
- Explicit and frequent reinforcement

# Who Should Deliver Services?

## ■ Training Audience

- MA level (or higher) clinicians, select BA level
- Appropriate Disciplines include: psychology, social work, rehab counseling, nursing, occupational therapy, mental health peer providers, and more...

## ■ Requirements for Attendance

- Experience with SMI population
- Comfortable with a structured, teaching approach
- Reinforcing interpersonal style

# Key Points

- SST is *teaching*, not verbal group therapy  
SST is *highly structured*
- SST therapists must do *their* homework
- SST therapists must be consistently  
*positive and encouraging*
- Keys to effective teaching include:  
*shaping*  
*behavior rehearsal*

# Social Skills Curricula

- Conversational skills
- Assertiveness (assertion) training
- Dating skills
- Prevocational skills
- Workplace skills
- HIV prevention skills
- Medication management skills
- Substance abuse skills
- Skills for living with others
- Skills for improving family interactions

# Session Sequence

1. Give a rationale for the skill
2. Briefly have members share a relevant experience or rationale
3. Explain the steps of the skill
4. Model the skill
5. Have a group member role play
6. Give feedback
7. Have the member role play again
8. Solicit feedback from the group
9. Repeat role play again and provide feedback
10. Repeat Steps 5-9 with each other group member
11. Give out homework



# Issues to be Addressed in Providing SST

- **What are reasonable goals for SST?**
  - Controlling illness?
  - Restoration of premorbid social role function?
  - Establishing new social roles (e.g., worker)?
  - Enhancing quality of life?
  - Training critical behaviors (e.g., safe sex)?
- **When should SST be initiated?**
  - Whenever services are available?
  - When there will be (or has been) a relevant change in the environment?
  - When there has been a relevant change in patient functioning or motivation?

# Two Key Components of SST

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

# Individual Goal Setting Session

## ■ Benefits

- Helps with engagement, building rapport
- Prepares Veterans for what to expect in a skills training group
- Links SST to recovery
- Identifying Vet's goals important for selecting curriculum, setting up meaningful role plays, developing home assignments

# Examples of Common Goals

- Making friends
- Developing leisure activities to do with others
- Getting a job
- Keeping a job
- Getting along with roommates
- Reducing substance use
- Being a better parent
- Dating
- Dealing more effectively with angry feelings

# Group Session Treatment Format

- Small groups (6-10 max)
- Predefined curricula (content and goals)
- 2-3 sessions per week @ 45-90 min
- Co-therapists preferred but not required
- Group duration varies with content
- Emphasis on behavioral rehearsal
- Level of training geared to participants
- Closed groups preferred but not required

# Training Methods Used

- Modeling
- Role playing
- Reinforcement
- Feedback
- Taking a shaping approach
- Overlearning
- Generalization of learning

# Modeling

- Leaders set up a role play to demonstrate how they would use the steps of the skill in a situation that group members might have experience with
- Group members are asked to observe the leaders and to discuss how they followed the steps

# Role Plays

- Set up role plays to be realistic and lively!
  - Individualize scene
  - Choose appropriate level of complexity
  - Review steps prior to role play to make sure group member understands what is expected
- Aim for 3 role plays for each group member in each session: “Third time is the charm!”



# Feedback

- Emphasis on positive feedback; always start with positive
- Feedback should be specific, and related to steps of the skill
- Leaders:
  - Provide feedback
  - Routinely elicit feedback from group members
- Corrective feedback:
  - One or two suggestion for improvement at a time
  - Can be integrated into second and third role plays (“One thing that might make your role play even more effective. . . .”)

# Supplemental Training Strategies

- Supplementary Modeling: taking the role of the veteran
- Discrimination Modeling: showing difference between good and poor examples
- Coaching: giving verbal prompts
- Prompting: giving nonverbal signals

# SST Curriculum

1. Basic skills
2. Conversation
3. Assertiveness
4. Conflict management
5. Communal living
6. Friendship and dating
7. Health maintenance/Communicating with providers
8. Vocational/Work
9. Coping skills for drug and alcohol use

# Basic Skills

- Listening to Others
- Making Requests
- Expressing Positive Feelings
- Expressing Unpleasant Feelings

# Maintaining Conversations

1. Make eye contact and say *Hello*
2. Ask a general question
3. Make small talk by asking questions
4. Give a reason and say *Good-bye*

# General Questions

- What's up?
- How are you doing?
- How have you been?
- What do you think of this weather?
- What's new?
- Are you new here?

# Reasons to Say Goodbye

- Well, I have an appointment. I have to go.
- I have to catch a bus. See you later.
- I have to meet a friend. It was good to see you.
- Group is about to start. I'll talk to you later.

# Making a Request

1. Look at the person
2. Say exactly what you would like the person to do.
3. Tell the person how it would make you feel if they did what you requested.

In making your request, try using phrases such as

"I would like you to. . ."

"I would really appreciate it if you would. . ."

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



# Homework Sheet for “Making A Request”

Name: \_\_\_\_\_

Practice making a request using the steps below:

1. Look at the person.
2. Say exactly what you would like the person to do.
3. Tell the person how it would make you feel if he or she did what you requested.

In making your request, try using phrases such as

“I would really appreciate if if you would. . . ”

“I would like you to . . . ”

“It’s important to me that you help me with. . . .”

Date: \_\_\_\_\_ Who did you make a request to? \_\_\_\_\_

# Points to Remember

- Skills training is teaching, not traditional group psychotherapy
- Keep sessions lively and interactive
- Use flip charts, white boards, handouts
- Prepare for sessions
- Stay with the structure
- Do not work in isolation
- Do not passively expect participation
- Be patient: learning skills will benefit group members, but it takes time and repetition

# Challenges for Clinicians Learning SST

- Allow too much time for discussion/processing
- Hesitant to take role of “being in charge”
- Quickly accept when veterans do not want to role-play
- Models scenarios or develops role play scenarios that are complicated and not relevant
- Insufficient amount of positive reinforcement
- Provides/allows vague, non-behavioral feedback
- Does not engage or encourage group members to be actively involved in group
- Experiencing practical/systems issues in starting SST group

# Fidelity Resources

- Social Skills Group Format (Bellack et al., 2004)
- Social Skills Observation Checklist (Bellack et al., 2004)
  - Clinician rated
  - Other rated
- Two primary sections
  - General structuring/positive engagement
  - Steps of SST