

# VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION

## **Social Skills Training Group Conducted on Inpatient and Other Short-term Treatment Settings: A How-To Guide**

Prepared by the  
VA Psychosocial Rehabilitation Training Program  
VISN 5 Mental Illness Research Education and Clinical Center (MIRECC)  
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# Acknowledgements

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- providers who shared experiences implementing SST on a residential unit to inform the current presentation:
  - Brittany Toro, LMHC, NCC
  - Shelby Stewart, PhD



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# Introduction

- SST groups provide benefits for individuals with serious mental illness across the continuum of care.
- There are some notable differences in group preparation and leadership in outpatient vs. inpatient and other short-term treatment settings.
- The following presentation contains some helpful hints for inpatient and other short-term treatment settings based on the experiences of SST group facilitators, trainers, and consultants.



# Overview

- Research supporting SST as an evidence-based practice
- Rationale for SST on inpatient and other short-term settings
- Factors to consider
- Promoting SST Group
- Selecting group members
- Individual sessions
- Selecting curriculum
- Maximizing the benefits of SST
- Successes and challenges of implementing SST in inpatient and other short-term treatment settings



# Research: Social Skills Training for Individuals with Serious Mental Illness

## **Meta-analysis of Controlled Research on SST (Kurtz & Mueser, 2008)**

- Significant improvement in behavioral measures of social skills
- Moderate but significant improvement in social functioning
- Inpatient SST groups (compared with outpatient) had a trend toward producing larger effects on performance-based measures of social and every day living skills compared to a nonactive control condition.

**Identified as an Evidence-Based Practice (Dixon, et. al, 2010) and included in Clinical Practice Guidelines (e.g., American Psychiatric Association, 2020)**



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# SST in the VA

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- Veterans are required to have access to evidence based psychosocial interventions like SST (Department of Veterans Affairs, 2023; Department of Veterans Affairs, 2021) and this policy has been in place for many years (Department of Veterans Affairs, 2015).
- VHA policy also requires SST to be delivered as a core service in every VA Psychosocial Rehabilitation and Recovery Center (Department of Veterans Affairs, 2019).



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# Rationale for SST on Inpatient and Short-Term Treatment Settings

- Access to evidence-based practice for Veterans with SMI across the continuum of care
- SST is:
  - recovery-oriented
  - goal focused
  - structured
  - skills-based
- SST includes lots of positive reinforcement
- Benefits of being in a group intervention include increased sense of connectedness and mutual support



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# Rationale for SST on Inpatient and Short-Term Treatment Settings

- Staff across disciplines (e.g., nursing, OT, social work, psychology, psychiatry, peer support) in inpatient and other short-term treatment settings may receive training in SST and deliver the intervention.
- Help Veterans better get their needs met through improved communication while in the treatment setting
- Possible bridge group to PRRC or other mental health outpatient services
- Encourages individuals to take active role in their recovery



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# Factors to Consider

- Possible effects of acute psychiatric symptoms and other mental health symptoms on group participation:
  - Positive symptoms
  - Negative symptoms
  - Adjusting to new medications
  - Manic symptoms
  - Cognitive problems
  - Substance use withdrawal
- Group members potentially have complex psychosocial stressors while receiving services (e.g., homelessness)



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# Factors to Consider

- The importance of assistance from inpatient and short-term treatment staff
- A space for group that will provide an opportunity for learning and actively practicing skills without a lot of distraction
- May be a greater likelihood of interruptions in some settings
- Shorter stays on inpatient and short-term treatment settings and unexpected discharges in these settings
- Participating in a group while living with fellow group members



# Promoting SST Group

- Promoting SST buy-in from the staff on the unit
  - Staff buy-in may be a challenge in some settings
  - 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 or whomever is involved with unit programming and scheduling
  - Present SST in such a way to emphasize its potential to improve day-to-day atmosphere in the current treatment setting



# Promoting SST Group

- Promoting SST buy-in from the staff on the unit
  - If the group facilitator does not work on the unit, try to recruit someone from the unit to be a role-play buddy. If one person is not always available, it may be possible for this to be done with staff rotating through the group.
  - Can be helpful to have a nursing assistant to be a role-play buddy
    - Great way to blend unit staff into the group.
    - Above all, helpful to find a “champion” whether it is a nurse, psychiatrist, psychologist, nursing assistant, etc.



# Promoting SST Group

- Promoting SST buy-in from the staff on the unit
  - Helpful to educate staff on units about SST, especially when you are a staff member from another clinic facilitating the group (e.g., PRRC staff facilitating an SST group on an inpatient 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.
  - Attend staff meetings to continue to educate staff about SST and listen to hear who may benefit from group (e.g., based on mental health treatment plans)
  - Perhaps do a sample role play with skills from group with staff members
  - Share the SST Brochure for providers:  
[SST Factsheet for Clinicians CRA.pdf \(va.gov\)](#)



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# Promoting SST Group

- Keep staff aware of skills being taught and how Veterans are responding
- Staff can be very helpful with outside practice assignments. Examples: Making a request at the nursing station or giving positive feedback about something that was done for them





# 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 with others
  3. focus attention for a few minutes without interrupting
  4. follow simple directions and respond to limits set
  5. may attend PRRC after discharge



# Selecting Group Members

- Some panelists indicated that they made the group available to all individuals and would let people self-select.
- Include group members who are interested in participating in a group and may contribute to the learning of group.
- Group members who present with disruptive behaviors may interfere with the skill practice and learning of others in group.
- Consider **all** Veterans on the unit who meet diagnostic criteria for SST when selecting group members.



# VA EBPs and Older Veterans

- Older Veterans are significantly under-represented as EBP training cases
- Many older adults prefer psychotherapy to medication (e.g., Luck-Sikorski et al., 2017; Mohlman, 2012)
- Social Skills Training (SST; Bellack et al., 2004) is an important intervention to consider for older adults (i.e., ages 50 and older) with serious mental illness (SMI) given the evidence that social skill informed interventions demonstrate improved social and overall functioning in older adults with SMI (Jeste and Maglione, 2013).
- Consider recruiting older Veterans in inpatient and short-term treatment settings for SST groups.



# Initial Individual Goal Setting Session

- Use the Initial Individual Goal Setting Session Manual with group members
  - There are special notes regarding conducting the session in an inpatient and short-term treatment setting in the manual.
  - Examples of goals relevant to group members in short-term settings are also included in the manual.
- Modify the individual session as needed; it may be helpful to keep it simple and short (e.g., may be abbreviated to two shorter sessions).
- Be thoughtful about timing of when staff may conduct the initial individual goal setting session and who will conduct the session



# Initial Individual Goal Setting Session

- Facilitators may attend treatment planning review meetings and review charts to get a sense of what goals may be for each SST group member.
- The individual goal setting session can be a unique and valuable experience for group members that may not have many individual sessions while in an inpatient and short-term treatment setting.
- Goals may be related to what they can accomplish while participating in the treatment program.



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# Example SST Goals

The following section is found in the Goal Setting section of the SST Initial Individual Goal Setting Session Manual:

“Here are examples of “end of group” goals for SST groups conducted in short-term treatment settings like inpatient units.

- Call my boss and explain that I need to be on sick leave for the next 2 weeks and let them know when I might be back at work.
- Reach out to my sponsor by phone 2X this week.
- Politely but directly request a new housing placement after my discharge when I meet with my treatment providers 3X this week.
- Ask using a friendly voice another person on the inpatient unit who seems nice to play a board game 2X this week.
- Ask my sister and mom to come visit me this week and explain to them the best times.
- Ask a nurse about the rules and schedule about TV use and going outside.”



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# Initial Individual Goal Setting Session

- If there is not an opportunity to do any type of individual session prior to the group:
  - Ensure you address the notes about the very first SST Group during the beginning of group (found on front of the SST Quick Guide)
  - Inform group members that role plays in group will be ideally connected to a social goal. They may be given the opportunity to share what that goal may be.
  - Frame the feedback in a positive manner such as “We are going to do some fun role plays.”
  - Participants may leave if they are not interested.



# SST Quick Guide: Note about the Very First SST Group

## Social Skills Training for Serious Mental Illness (SST) Quick Guide

### Preparing for SST Group Sessions

- ✓ Review SST Group Session Sequence (in this guide)
- ✓ Review the Social Skills Group Observation Checklist (SSGOC) or the SSGOC Detailed Anchor Points Version
- ✓ Review skill in SST book (starting p. 193; including reading rationale, becoming familiar with steps, reading sample role play scenarios, and special considerations)
- ✓ Copy handouts with skill title and steps only from SST website (see last page for link)
- ✓ Prepare and copy outside practice sheets
- ✓ When applicable, prepare and copy measurement based care measures for group members to complete prior to group session starting
- ✓ Have a list of group members' SST Goals
- ✓ Assign leaders to primary and secondary (if have two leaders); discuss tasks and roles related to primary and secondary group leaders and plan the model scenario
- ✓ Prepare room (e.g., chairs in semi-circle facing board, prop flip chart/dry erase board)
- ✓ Check audio recorder settings and conduct a test

### SST and Recovery Goal for SST

Always keep in mind that Social Skills Training is a Recovery-Oriented Treatment. Therefore, in every session you should encourage and empower the group member to move forward with their recovery and the goal identified for SST. The Substance Abuse and Mental Health Services Administration website states that "Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." Goal setting is an important part of the recovery process and is a core part of SST. Remember that tracking goals is an important part of SST. Refer to your training materials on how to track group member's progress on their goals.

### Sociocultural & Linguistic Factors in SST

"Social skills are the interpersonal behaviors that are socially sanctioned in a given community, and are therefore influenced by the specific sociocultural features of that community" (p. 98, Bellack et. al, 2004). Effectiveness of SST is related to social, cultural, and linguistic factors. These factors can be integrated throughout the group session sequence (e.g., establishing rationale, setup role plays, etc.).

### Note About the Very First SST Group:

- want to add to beginning of the agenda:
1. **Introductions** of group leaders and group members
  2. Review of **group purpose and structure** (You may need to repeat this in subsequent groups as well)
  3. Discuss how **sociocultural factors** will be integrated in group
  4. Discuss **group expectations**
  5. Provide the opportunity for group members to **share individual goals** with the group
  6. 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.

### Sample Group Expectations

- (with recovery-oriented sample presentation)
- **Stay on the group topic.** ("Staying on the group topic will help make sure we have time for everyone to practice.")
  - **Respect individual differences and differences of opinion; 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, cultural, and linguistic differences.** ("Listen when others share their cultural backgrounds. 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.")
  - **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 SST group is a positive experience for everyone.")
  - **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.")
  - **Please turn cell phones off or onto silent during group.** ("Turning off cell phones helps show respect for each other's time and efforts in the group.")



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# Selecting Curriculum

- Many of the Veterans on the unit may only be able to attend 1-2 groups prior to being discharged in some settings.
- Difficult to know the clientele from week to week, especially on acute units; in these instances, facilitators often find/focus on relevant materials and skills that would help patients while they were on the unit (e.g., making requests)
- It is probably best to focus on the four basic skills with some other skills in the mix. Some examples that are relevant: Health Maintenance skills, Conversation skills, and Assertiveness skills.
- Can be helpful to recycle the same 5-6 skills due to quick turnover. If the stay is longer, other skills (e.g., Communal Living skills) could be attempted.



# Selecting Curriculum

- As previously mentioned, the staff can be a source of ideas on skills that might benefit group. A facilitator may present staff with a list of the skills from Bellack et al. (2004)
- Make sure to stay away from “hot button” or highly emotional role plays.
  - It is critical to set-up role plays in SST particularly to listen for whether the scenario is highly emotionally charged and/or it may be counterproductive to role-play the scenario (e.g., involves a situation on the unit that is controversial, involves other group members in the group, etc.).
  - The SST facilitator may note *“We want to make sure you can learn the steps of the skill and some scenarios may bring up strong emotions and get in the way of learning the skill during this group.”*



# 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; most successful groups were 5-6 Veterans.
- If possible, doing the group twice a week, at least, to increase the opportunities for practice. SST may even be offered daily in some settings where the length of stay is less than 7 days.



# Maximizing the Benefit of the Intervention

- Find a room in a low traffic area to create a comfortable atmosphere for role playing (i.e., not ideal for the group to be in a common area).
- When making group available to all Veterans, you get a heterogeneous group, so you may modify the skills' difficulty to meet each individual's needs.
- It is useful to have an SST binder with skills taught each group session especially if different facilitators are leading the group on different days.



# 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 (e.g., reading from the board, giving feedback etc.)
- It is useful to have the SST Group Session Sequence visible in the group room to reference and keep group members on task.



# Maximizing the Benefit of the Intervention (continued)

- Use the environment where the Veterans are living to obtain scenarios!
  - Make it relevant to their present day-to-day life
  - Be respectful of those Veterans that group members are role playing with (e.g., may use a different name to keep as anonymous as possible)
  - Reinforce group expectations about confidentiality (“what happens in the room, stays in the room”)
  - Do not role play scenarios that involve others in the group room
- Ensure you are addressing the group members’ social, cultural, and linguistic backgrounds when teaching skills and setting up role-plays. The SST Quick Guide provides sample scripts you may use in the Detailed SST Group Session Sequence.



# Successes & Challenges

- What concerns do you have about SST in an inpatient or other short-term treatment setting?
- What are your successes & challenges of implementing SST in inpatient and short-term treatment settings?



# Comments from the field:

- It is important to be flexible when conducting the group in short-term settings. There is an “ebb and flow” to the group since some group members are discharged sooner than expected.
- It is especially critical to create a group atmosphere where group members feel safe since they are temporarily living with the other group members.



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# 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.



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# 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
- Initial Individual Goal Setting Session
- SST Quick Guide



# Resources

- [What is Social Skills Training for Serious Mental Illness \(SST\)? An Overview and Refresher](#) (TMS ID: 37842) 1.5 CE are available
- [Sociocultural and Linguistic Factors in Implementing Social Skills Groups \(Enduring\)](#) (TMS ID: 131003157) 1.5 CE are available
- Quarterly SST Office Hours (email sent to SST Trained Providers with a calendar invite)

# Resources

- Visit the SST MIRECC website:  
[https://www.mirecc.va.gov/visn5/training/social\\_skills.asp](https://www.mirecc.va.gov/visn5/training/social_skills.asp)
  - Includes a link to article on implementing SST on an inpatient unit
- Contact the SST Training Program Staff-we are available!



# Presentation Citations and Websites

- American Psychiatric Association (2020). Practice Guideline for the Treatment of Patients with Schizophrenia (3<sup>rd</sup> Ed.)
- Department of Veterans Affairs, Veterans Health Administration (2023). Uniform mental health services in VHA medical points of service (VHA Handbook 1160.01).
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- Kurtz, M.M., & Mueser, K.T. (2008). A meta-analysis of controlled research on social skills training for schizophrenia, *Journal of Consulting and Clinical Psychology*, 76(3), 491-504.
- VISN 5 MIRECC: [www.mirecc.va.gov/visn5/training/social\\_skills.asp](http://www.mirecc.va.gov/visn5/training/social_skills.asp)



## Questions???

If you have questions about SST, we encourage you to reach out anytime:

- Elizabeth Gilbert, Ph.D., Program Manager VA SST Training Program [elizabeth.gilbert@va.gov](mailto:elizabeth.gilbert@va.gov)
- Clare Gibson, Ph.D., National Trainer and Consultant, VA SST Training Program [clare.gibson@va.gov](mailto:clare.gibson@va.gov)



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# Thank You

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