

Individual Social Skills Training for Serious Mental Illness (SST) via Telehealth during the COVID-19 Pandemic

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http://www.mirecc.va.gov/visn5/training/social_skills.asp

THANK YOU

- VA Professionals Consulted Regarding Telehealth with SST and SMI Populations:
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 - Frederick Martin, Psy.D.
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 - Laché Wilkins, B.S.

Individual SST

- “Individual social skills training can be used either to supplement group-based training or alone” Bellack et al., p. 75.

Bellack, A.S., Mueser, K.T., Gingerich, S., & Agresta, J. (2004). *Social Skills Training for Schizophrenia: A Step-by-Step Guide*. New York: Guilford Press.

- SST can either be the main intervention or one of the strategies a provider employs in individual work.
- May be useful to provide individual SST via telehealth during the current pandemic.

Individual SST is not yet an EBP

- Social Skills Training for Serious Mental Illness (SST) conducted in a group format is an evidence based practice.
- There are promising results in research in which individual SST was examined, but individual SST is not yet considered an EBP.

Not a technical presentation

- This is not a presentation on how to use videoconference or phone equipment/technology to provide mental health care.
- We will also not be providing guidance about encounter coding procedures as this may vary per profession and local rules.
- Please follow national and local VA guidelines regarding:
 - Required training and procedures for providing mental health care using videoconference and phone technology
 - Encounter coding procedures
 - Emergency situations
- Resource for up-to-date information on COVID-19 Telehealth and Technology resource:
<https://vaww.telehealth.va.gov/current/covid19.asp>

Individual SST via Telehealth: Recommendations

- Consent: Please make sure to follow national and local VA policy regarding collecting consents from Veterans.
- You may have to do more prep work such as placing reminder calls to Veterans about attending sessions, finding a way to provide handouts/outside practice sheets to Veterans, figuring out best technology to use based on Veteran access, etc.

VVC Recommendations

- Have a back-up plan, in case your internet connection goes down or if you are unable to generate VVC link (e.g. try VVC again or give the Veteran a call via telephone, etc.).
- Be consistent in sending out email to Veteran with link for VVC session so they will know when to expect it (sometimes emails are generated automatically).
- Have a white board (or paper) to draw and illustrate ideas/concepts to Veteran via VVC.
- Screenshare anything that you would point to/reference in person.

Transmitting Information when Using TMH

- **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.
- **VA Outlook email** transmission of consents is allowed (during COVID-19 crisis only), if Secure Messaging is unavailable (visit [here](#) for guidance regarding use of VA Outlook email to send information to Veterans during COVID-19). You may also use fillable pdf forms via VA Outlook email.
- **U.S. Mail** is an acceptable means of transmission, but may take several days for the materials to arrive.

Getting Materials to Veterans

- Can be useful to mail the-Veteran a workbook with SST skills to be covered and the outside practice sheets.
 - Consider using different colored paper for different handouts, highlighting the titles of sheets, including session numbers on packets.
 - Placing materials in a binder or 3-ring pocket folder can help organize.
- Send the Veteran workbook at the start of treatment or send each session's handouts weekly via Secure Messaging or VA Outlook email.

Why do Individual SST?

- 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
 - Tackle 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)

Why do Individual SST via Telehealth during COVID-19?

- May be helpful to enhance individuals' skills to cope with the crisis.
- Some Veterans may not be able to focus well in a group telehealth setting.
- May be a useful adjunct to other therapy delivered via telehealth.

Format of Individual SST Sessions

- Format may depend on whether:
 - the individual sessions are a supplement to the group or alone.
 - the Veteran was previously involved in SST.
- If individual is new to SST: Start with an introductory meeting.
 - Review rationale of using SST tools in individual sessions
 - Review goal(s) and format of sessions
- Duration and frequency of the individual sessions depends on the individual's goals and needs.
- One approach is to start with 3-5 individual sessions and then reevaluate the frequency and duration of planned sessions based on Veteran's progress.
- Veterans may return for boosters or 5-session blocks as situations in their lives evolve.

What's Done in Individual SST?

Content depends on purpose:

- If purpose is to help Veteran cope with the COVID-19 pandemic, consider teaching some of the skills listed on following slide that may be useful in the pandemic.
- If purpose is for Veteran to integrate with an existing SST group, make sure the Veteran receives training on the same skills that are taking place in the group so they will be up to speed when rejoining.
- Purpose may be to focus on specialized skills based on an individual's needs, goals, and preferences.

While focus is on behavioral practice, content may be added as needed to put SST in the context of the Veteran's life experience. This may include stress management, methods for coping with persisting symptoms, etc. and how SST helps with all of these areas.

Skills to Practice

Assess which skills might be most relevant for Veteran's current needs and goals.

- Skills related to Veteran's goals
- Suggested Skills Related to COVID-19 pandemic:
 - Reminding Someone Not to Spread Germs
 - Making a Doctor's Appointment on the Phone (e.g., for a telehealth appointment)
 - Asking for Help
 - Asking for Information (e.g., if wanting to order groceries for delivery but don't know how to do this; asking about COVID-19 or about how to access health services in the context of the pandemic)
 - Listening to Others (e.g., how to demonstrate you are listening in phone or videocalls)
 - Leaving Stressful Situations (e.g., if find yourself in an area where you can't maintain 6' physical distance)
 - Making Requests
 - Refusing Requests

Modify Curriculum Based on Individual's Goals, Needs, and Preferences

- Individual wants to be more assertive with her live-in significant other about not inviting others to their home during the COVID-19- related shelter-in-place order.
 - Suggested Social Skills: Making Requests, Refusing Requests, Expressing Angry Feelings.
- Individual feels lonely and isolated. Symptoms of depression and feelings of worthlessness prevented them from previously participating in SST groups.
 - Work on skills for starting and maintaining conversations on the phone or in videoconference; connect social skills with improved mood (perhaps as an adjunct to CBT for Depression).
- Young adult wants to get a job.
 - Work on vocational/work skills related to seeking current or future employment (e.g., role play of phone interview related skills such as Interviewing for a Job and Listening to Others).

SST Session Sequence

Welcome and set agenda/Review session expectations 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 client share a relevant experience or rationale

Step 4. Explain the steps of the skill

Step 5. Model the skill; review

Step 6. Have the client role play*

Step 7. Elicit and provide positive, then constructive feedback

Step 8. Have the client 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 different scenarios

Step 12. Develop outside practice assignments

Adapting SST to Telehealth: General Recommendations

- Orient Veteran during the first session and at the beginning of each session to the procedures.
- Be very clear with announcing when moving from one step of session sequence to the next.
- If possible, get the steps of the social skill (handout) to the client in advance so they can follow along.
 - May be able to do this via MyHealtheVet or email or regular mail.
 - May want to assemble all the skills planned for the group series and send skill handouts/outside practice sheets at once.
 - Steps of the skills may also be shared on the screen via a VVC.
 - Another resource: Skill handouts/outside practice sheets are also available at the VA SST Training Program website:
http://www.mirecc.va.gov/visn5/training/social_skills.asp

Adapting Individual SST to Telehealth: 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 the Veteran in terms of their comments and roleplays.

Adapting Individual SST to Telehealth: Veteran Expectations

Review Veteran expectations as needed. Some considerations specific to the telehealth setting that you may suggest to Veteran:

1. Have your SST skills packet with you when starting session. Also, have a pen and paper handy to write down notes and outside practice.
2. Attend session in a private, quiet place for confidentiality reasons. Be properly dressed and sitting up when participating in the call.
3. Do not use speakerphone for confidentiality and sound quality reasons.
4. May be useful to use earbuds if you have them to be able to hear better and for convenience.
5. Focus on the session during session time (e.g., no texting on the phone during session or doing chores, eating etc.).

Adapting Individual SST to Telehealth: Session Sequence

- **Reviewing “Outside” Practice:** Reminder to develop and review practice assignments for outside session that are feasible and safe (e.g., involve calling someone on the phone vs. visiting someone in person). Reinforce all efforts at practicing skills outside of the session.
- **Develop a Rationale for the Skill:** Discuss the use of the skill in the current context (e.g., how skill might be useful in time of COVID-19, how to safely use the skill [e.g., over the phone]).
- **Explain the Steps of the Skill:** Remember to modify 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 over the phone. However, if you were meeting in-person with someone, you would want to have good eye contact when listening.”).

Adapting Individual SST to Telehealth: Session Sequence

- **Model the Skill; review:**
 - On the phone or via VVC, the SST provider can still model the skill either with a colleague or with the Veteran.
 - Announce clearly that you are going to do a model of the skill, and explain the scenario in which you are modeling the skill and for them to listen (and/or watch) you do the steps of the skill.
 - Make sure that the Veteran understands how to do the skill before you move on to their roleplays.
 - When doing the model, you may want to explain – if relevant – what good eye contact, body posture, etc. would look like when you are demonstrating the skill, particularly if the model is done over the telephone.

Adapting Individual SST to Telehealth: Session Sequence

- **Roleplays (Steps 6-11):** Be careful in developing with the client Veteran a scenario to roleplay that is straightforward and helpful to the Veteran. Give and elicit a lot of positive general and specific feedback. Clapping is still encouraged as well as general praise such as “good job”, etc. Give or elicit 1-2 very direct specific suggestions for improvement after the first 2 roleplays. Make sure the Veteran understands how they make the next roleplay “even better” before they engage in the next role play. When working with an individual, you can plan to do more than one set of roleplays per sessions. Each set of roleplays can pertain to a different scenario.

Adapting Individual SST to Telehealth: Session Sequence

- **Develop Outside Practice Assignments:** Formulate a plan consistent with the Veteran's current environmental restrictions. Due to social distancing requirements, many assignments may be over the phone. Remember to collaborate with the Veteran regarding deciding on the assignment and encourage them to write it down.

SST Tools in Individual Psychotherapy

“While cognitive behavior therapy also has become an evidence-based treatment for residual psychotic symptoms, few clinicians or investigators have recognized the importance of social skills in this modality's reliance on behavioral assignments and “experiments.” Social skills training is implicitly involved in instigating favorable outcomes in both cognitive behavior therapy and interpersonal therapy, but more explicit integration and adaptation of skills training methods in these therapies holds promise for improving their impact in schizophrenia.”

From Kopelowicz, A., Liberman, R.P., & Zarate, R. (2006). Recent Advances in Social Skills Training for Schizophrenia. *Schizophrenia Bulletin*, 32(S1), S12–S23, p S21.

SST Templates

- SST group templates can be used for SST telehealth groups conducted during the COVID-19 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 (SST 2 Group Visit & SST 3 Final Visit) that are conducted 1-on-1 utilizing the SST group session sequence, except if the session was conducted 1-on-1 because only a single group member showed up to the SST group.
 - *SST conducted in a 1-on-1 format is not currently an EBP. Only SST training conducted in a group format is an EBP.*

Discussion

- Questions?

Follow-up

- Next Monday 6/22 at 1pm EST there is an optional meeting scheduled to serve as a “Community of Practice” meeting for SST via telehealth. There will be discussion with SST telehealth providers and Q & A period.
- Creating Listserv for SST via telehealth so professionals can consult with us at the VA SST Training Program and other SST Providers. Please put your name in the conversation box or email me if you are interested in being added to the listserv.
- Please reach out and let us know what is working and what is not working in your provision of SST via telehealth.
- Elizabeth Gilbert, Ph.D., Program Manager of VA SST Training Program. Email: elizabeth.gilbert@va.gov