

Overcoming Barriers to Starting and Restarting Social Skills Training (SST) Groups: A Review and Problem-Solving Session*

*Originally presented in March, 2016 on an SST Quarterly Call ;
Updated in April 2017 with final sustainability data

Elizabeth Gilbert, Ph.D., SST Program Manager

Rebecca Pasillas, Ph.D., SST Program Coordinator

Michael Drexler, Ph.D., SST Trainer/Consultant

Sustainability of SST Groups

- Sent survey to VA-SST Program alumni to gather information on current implementation of SST groups.
- Preliminary results:
 - 122 number of respondents
 - 67% (n=82) currently conducting or plan to start SST group within the next 60 days
 - Common reasons that helped continuation of conducting SST groups:
 - 78% (n=64) reported receiving support from their supervisor
 - 74% (n=61) reported receiving support from their facility
 - 62% (n=51) have SST as part of their program's curriculum

Sustainability of SST Groups

- Additional reasons that helped continuation of conducting SST groups:
 - Enjoy doing the group and member[s] get great benefit from the group skill development and social support from members.
 - I have seen significant improvements in functioning for the veterans who have participated in SST which is a primary reason I continue to offer this protocol.
 - Being able to educate other providers about benefits of SST and receive referral's through BHIP from providers has been helpful.
 - Veterans requested to continue SST as a regular offering.
 - The material is very applicable to my work on the Mental Health Acute Care Unit. Veterans regularly ask to learn these skills and the group helps with this treatment need.
 - Veteran who have participated have demonstrated good outcomes and recommend groups to his or her peers.
 - Veterans request and participation
 - Positive response from Veterans
 - Requested by Veterans and referrals from SMI programs
 - Persistence in advocating for continued groups, and pointing to the requirement in the UMHS
 - Supervision following training and support during supervision period
 - I really enjoy providing SST to the Veterans!

Sustainability of SST Groups

- 33% (n=40) not conducting SST groups
 - Common barriers/obstacles to continue conducting SST groups:
 - 48% (n=19) changed work roles and no longer able to provide group interventions for people with SMI as part of my role
 - 28% (n=11) had difficulty recruiting adequate numbers of Veterans to participate in the group
 - 10% (n=4) reported staff shortages at facility
 - 8% (n=3) no longer have time to do SST groups
 - 5% (n=2) were not able to secure a group room to regularly do groups
 - 3% (n=1) not valued at my facility
 - 3% (n=1) other interventions more effective

Sustainability of SST Groups

- Additional barriers/obstacles to continue conducting SST groups:
 - It is hard to gather enough patients for the SST group in general MH. Hard to get referrals from providers.
 - Many of our veterans live a good distance from the clinic, often in a rural area, and they have declined to make the trip to the clinic twice weekly for the duration of the SST group. The seriously mentally ill clients coming to our clinic are already a small percentage of our clientele, and they tend to isolate.
 - We have had major changes in our clinic including it's design as well as turnover of staff (and still haven't filled all positions). Therefore, the clinic had to shift priorities of group topics to address what was believed to be of most need for the majority of veterans. During that time, SST was felt to be less of a need or priority for the majority of veterans in the clinic and it was canceled. I believe that it's been close to two years since we've been able to offer this group in our clinic. We are trying to re-instate it in the near future but as of yet don't have sufficient referrals of veterans to start the group.
 - I am leaving the facility
 - I work in a PRRC where there are 2 trained SST facilitators....I am a back up provider.
 - Not only SST but other groups are challenged to get enough Veterans to sustain a group. We are hoping to start another group this summer
 - Changed roles
 - Since the VA has discontinued all transportation for veterans, it is difficult to find enough veterans in MHICM that can drive themselves to a weekly group.
 - Too many trained providers in one building
 - I changed role to MH supervisor...and we have two different groups for SMI using this model.

How can VA-SST Program Assist?

- How can VA-SST program assist with continuing or restarting SST groups? Common responses:
 - 25% (n=30) provide additional SST group materials/supplies
 - 23% (n=28) offer brief review SST sessions
 - 8% (n=10) send reminders to supervisors
- Additional ideas provided by SST alumni:
 - A national VA group or Listserv that supported SST , but also SMI treatment in general.
 - Access to social skills beyond those included in the Bellack book
 - “Booster trainings”
 - Address access barriers for people with SMI
 - Train more SST group leaders and master trainers,
 - Convince VA to pay for Veteran transportation
 - Spread the word to MH leadership regarding how “effective and important this intervention is”
 - Allow for continued elective small consultation groups after the formal consultation process has ended.

What might help to sustain/start groups?

- Seek support from leadership: supervisor, EBP coordinator, LRC, other leaders.
- Advocate for SST to be embedded in your program's curriculum
- If you can't find a co-leader, do the group alone.
- Educate other providers about SST to help with referrals and support for the program
- Once the groups are started, success of the Veterans and the fun of the group can help sustain it.

What might help to sustain/start groups?

- If it doesn't work in one venue try another. (e.g., if not in general mental health clinic perhaps at a PRRC or MHICM program?)
- Be thoughtful in scheduling the time of the group. Consider polling potential group members to find a day and time that would work best.
- If holding a group 2 or more times a week won't work, try 1X a week.

Barriers to Overcome

- Ways to increase referrals:
 - Reach out to LRC, EBP Coordinator
 - Educate at leadership meetings, through email: website resources
- If still can't get enough referrals, consider providing SST individually
- Transportation issues:
 - Consider holding the group closer to Veterans' homes
 - Consider scheduling the group on a day when many Veterans are at the VA (e.g., on a med clinic day)

Barriers to Overcome

- Local leadership does not see it as a priority
 - Provide information that national leadership does see SST as a priority.
 - For example, SST is required to be offered at very PRRC, VA Medical Center and large CBOC by the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook (2008)

How SST Program can help now

- Resources on the SST website
http://www.mirecc.va.gov/visn5/training/social_skills.asp
- Quarterly Call “Office Hours”
- Contact Rebecca Pasillas, Ph.D., Program Coordinator
RebeccaMelissa.Pasillas@va.gov , or Elizabeth Gilbert, Ph.D.,
Elizabeth.Gilbert@va.gov ,Program Manager for direct assistance in brainstorming overcoming local barriers.

How the SST Program may help in the future

- Provide more information about advanced social skills
- Create a Listserv for SST providers
- Train even more SST providers and SST master trainers to be available to collaborate

Discussion

- What other challenges have you overcome in starting/restarting groups? How did you overcome them?
- Other ideas about how the SST Program can help group leaders overcome challenges to starting/restarting SST groups?
- If you are currently facing a challenge in starting/restarting a group, what is it? Let's brainstorm how to overcome the challenge.