# VA Social Skills Training for Serious Mental Illness

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## Overview of VA Psychosocial Rehabilitation Training Program

- Current focus on Social Skills Training
- Provides training, support, and consultation to VA practitioners and MH leaders working with veterans with SMI
- Two-day workshop and 6 months of consultation
- VISN SST Master Trainers

# VA-PRT Program Staff

- **Alan S. Bellack, Ph.D., ABPP**
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- **Richard W. Goldberg, Ph.D.**
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- VA - PRT Team:
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  – Cynthia Clark
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  – Elizabeth Gilbert
  – Susan Gingerich
  – Shirley Glynn
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  – Steve Marder
  – Rick Martin
  – Kim Mueser
  – Rebecca M. Pasillas
  – Joanna Strong Kinnaman
  – Wendy N. Tenhula
  – Matthew Wiley

# Several Models of SST

Model followed for VA project:

Bellack, A., Mueser, K., Gingerich, S., and Agresta, J. (2004). *Social Social Skills Training for Schizophrenia: A Step by Step Guide, 2nd Edition.*

# 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
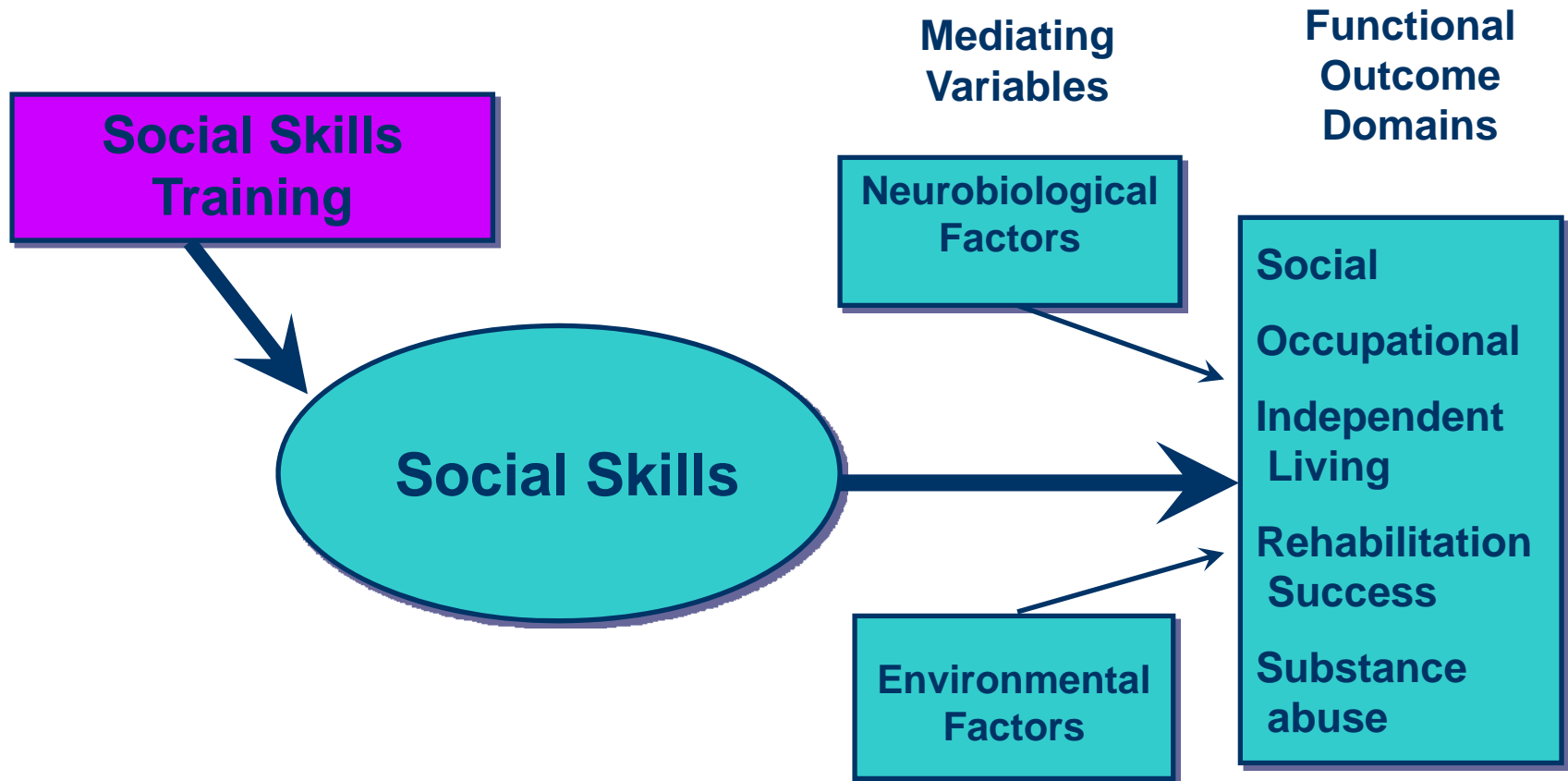
# Social Skills Model

*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

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

**Mediating Variables**

**Functional Outcome Domains**

**Social Skills Training**

**Social Skills**

**Neurobiological Factors**

**Environmental Factors**

Social

Occupational

Independent Living

Rehabilitation Success

Substance abuse

# 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)

# Two Key Components of SST

1.  Individual session for engagement, orientation, obtaining consent, 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

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# Group Session Sequence

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

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# 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

# 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

# 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*

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# 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?

# 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*

# 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? _____

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# 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

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# 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