

# **VA Psychosocial Rehabilitation Training Program**

## **Social Skills Training for Serious Mental Illness**

**Director: Alan S. Bellack, PhD, ABPP**  
**Co-Director: Richard W. Goldberg, PhD**

# VA Social Skills Training for Serious Mental Illness

## VA Social Skills Training for Serious Mental Illness

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# **Program and Workshop Information**

# **VA Social Skills Training for Serious Mental Illness**

## BRIEF PROGRAM DESCRIPTION

### **VA Psychosocial Rehabilitation Training Program**

#### **(a.k.a. VA Social Skills Training for Serious Mental Illness)**

Director: Alan S. Bellack, PhD, ABPP

Co-Director: Richard W. Goldberg, PhD

The VA Psychosocial Rehabilitation Training Program (VA-PRT) is funded by the Office of Mental Health Services at VA Central Office as part of an overall emphasis on increasing availability of evidence-based psychotherapy and other psychosocial treatments for Veterans. The program, based at the VA Maryland Health Care System, provides training, technical support and consultation in evidence based psychosocial interventions to VA practitioners and mental health program leaders working with seriously mentally ill veterans and their families. The program will train VA staff members in Social Skills Training, through a combination of 2-day face-to-face workshops and 24-weeks of follow-up clinical supervision and consultation. VHA staff from around the country will be trained in Maryland and California. The VA-PRT program has an evaluation plan to assess the effects of the training.

Additionally, availability of Social Skills Training is required for individuals with serious mental illness as per the Uniform Mental Health Services in VA Medical Centers and Clinics (2008). Specifically, the handbook requires that:

- Recovery and rehabilitation-oriented programs must be available for all SMI patients.
- A minimum array of services available to veterans in the program through PRRC staff needs to include Social Skills training.
- Social skills training is an evidence-based psychosocial intervention that must be available to all veterans with SMI, whether it is provided on site, by referral, or by telemental health.
- Social skills training must be provided at all medical centers.

## VA Social Skills Training for Serious Mental Illness

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# VA Social Skills Training for Serious Mental Illness

## 2-DAY WORKSHOP AGENDA

### **Day 1:**

- 8:00a.m.** Registration opens
- 8:30a.m.** Convene and Introductions
- 8:45a.m.** ***Plenary Presentation on Recovery and Introduction to VA initiative for dissemination of Evidence Based Practices***
- 9:45a.m.** ***Presentation of the Social Skills Training Model: What is the model and how do you teach it?***
- 10:30a.m.** Break
- 10:45a.m.** Video viewing of a SST group and discussion
- 11:30a.m.** ***Overview of VA-SST Project and Discussion of Consultation Model***
- 12:00p.m.** LUNCH
- 1:00p.m.** Breakout groups until 3:30p.m. (10-minute breaks at 1:50 and 2:50)
- 3:45p.m.** ***Orienting Veterans to the SST Groups***
- 4:15p.m.** Brief role-play (in dyads) of dialogue with veteran to obtain consent and discussion
- 4:25p.m.** Participants will be asked to list three challenges they expect in implementing social skills training groups at their agency.  
Participants will be asked to do this before they leave the room.
- 4:30p.m.** End of Training Day 1

## VA Social Skills Training for Serious Mental Illness

### 2-DAY WORKSHOP AGENDA (CONTINUED)

#### **Day 2:**

- 8:00a.m.** Orientation to Day 2
- 8:15a.m.** Panel discussion on strategies for common clinical challenges in conducting SST groups
- 9:00a.m.** Breakout groups until 12:00p.m. (10-minute breaks at 10 and 11)
- 12:00p.m.** LUNCH
- 1:00p.m.** ***Starting a Social Skills Training Group in the VA***
- 2:00p.m.** BREAK
- 2:15p.m.** ***Technical Aspects of the VA-SST Project***
- 3:00p.m.** Wrap-up and Evaluations
- 3:30p.m.** End of Training Day 2



**Social Skills Training  
Resources**

## VA Social Skills Training for Serious Mental Illness

### GUIDELINE FOR INDIVIDUAL SESSIONS

1. Introduction of facilitator(s)
2. Discuss purpose of group; how different from “other” groups
3. Discuss general format of groups (i.e., homework review, skill introduction, role plays, feedback, homework)
4. Discuss group expectations [NOTE: IF CLOSED GROUP MAY DO THIS AT FIRST GROUP SESSION]
5. Obtain informed consent for audio taping **[NOTE: OBTAIN CONSENT PRIOR TO AUDIO TAPING INDIVIDUAL TAPING]**
6. Goal setting
7. Give handout with facilitator names and contact info, group setting info (time, room, etc.)

## VA Social Skills Training for Serious Mental Illness

### BRIEF GOAL ASSESSMENT: SOCIAL SKILLS TRAINING INDIVIDUAL GOAL ASSESSMENT - EXAMPLE

Name: Jane Veteran  
Date: 9/15/08  
Education (highest level completed): 11<sup>th</sup>  
Current occupation: Work in linen room  
Work history: Used to clerical work (~1982-1995); U.S. Army (1979-1982)

What activities are you involved in on a daily or weekly basis? Watch t.v., go to VA to linen room and appointments, Go to coffee shop and play cards

Are there any activities that you are currently not participating in but would like to?  
Used to like to bowl, but can't anymore with back problems; like to do puzzles; Used to like photography

Who are the people you spend most of your time with? People in group home - especially Bob; People in linen room; My sister visits on some Saturdays (~2X per month)

Are there people whom you do not currently spend time with but would like to? I wouldn't mind having a boyfriend; Can't think of anyone else

Identify two goals that you would like to achieve within the next 6 months (short-term goals).

- Work 20 hours instead of 15
- Maybe get camera fixed

Identify two goals that you would like to achieve within the next year (long-term goals).

- Get a boyfriend
- 

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### SAMPLE GROUP EXPECTATIONS HANDOUT

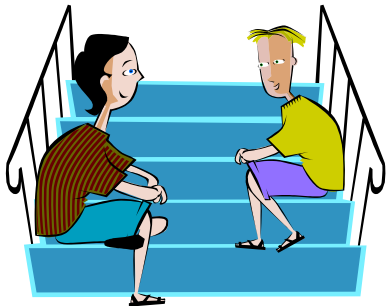
#### **Social Skills Training GROUP EXPECTATIONS**

- 1. Please stay on the group topic.**
- 2. Only one person may speak at a time.**
- 3. No name-calling or cursing.**
- 4. No criticizing or making fun of each other.**
- 5. No eating or drinking during group.**
- 6. Others?**

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EXAMPLE GROUP INFORMATION HANDOUT TO VETERANS

# WELCOME TO SOCIAL SKILLS TRAINING GROUP!!



In Social Skills Training groups, we will talk about and practice new ways of getting along with other people. In this group we will not spend a lot of time talking about problems and feelings. The main way group participants practice new skills is through role-plays (pretending to be in a particular situation and acting it out) and getting feedback from the group. The feedback is positive and the groups end up being fun.

**We look forward to you joining the group!**

Here is some important information for you about the groups:

Name of the **Group Leader(s): Dr. Gearon**

Contact **phone number: 222-5555**

**When** the groups are held: **3pm-4:30pm** (time)  
**Tuesdays & Thursdays** (days of the week)

**Where** the groups are held: **38** (building)  
**2<sup>nd</sup>** (floor)  
**213B** (room)

## VA Social Skills Training for Serious Mental Illness

### 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; review the model
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 6-10 with each other group member
12. Give out homework

## VA Social Skills Training for Serious Mental Illness

### GOALS MONITORING SHEET: SOCIAL SKILLS GOALS CLINICIAN RATING SCALE - EXAMPLE

Name: Jane Veteran

Date: 12/27/08

Clinician: Dr. White

Check Rating Period: Initial:   ; 3 months   x  ; 6 months   ; Other time period   

Clinician: Please list all goals set at initial meeting as initial goals. All goals that are modified should be listed in the lower section under "Modified/New Goals." Any goals set in subsequent meetings are also recorded in the "Modified/New Goals" section. Dates of goal outcomes should be placed in the selected boxes.

#### Initial Goals

Goals	Date set	Not achieved	Partially achieved	Fully achieved	Modified (see below)
1. Increase work hours to 20 per week	9/15/08		12/27/08		12/27/08
2. Start a conversation with a male	9/15/08			12/27/08	
3.					
4.					

#### Modified/New Goals

Goals	Modified from goal #	Date set	Not achieved	Partially achieved	Fully achieved	Modified
5. Increase work hours to 18 a week	1	12/27/08				
6.						
7.						
8.						

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PRINCIPLES, FORMAT, AND TECHNIQUES

**TABLE 8.2. Strategies for Common Problems in Social Skills Training Groups**

---

### General Principles

1. Encourage participation by each person according to his or her ability.
2. Set clear expectations.
3. Praise small steps toward improvement.

### Specific problems

### Strategies

Difficulty in following group format

At the beginning of group, remind members of format.  
As group progresses, point out each phase.  
Consistently redirect people when they go off the topic or interrupt others.  
Provide written handout or poster of format if problems persist.

Reluctance to role play

Acknowledge shy feelings.  
Engage person in observing others role play.  
Engage person in providing feedback.  
Start with a shortened version of role play.  
Gradually increase the number of steps to perform in a role play.

Providing vague or critical feedback

Consistently model appropriate feedback.  
Guide people by asking questions about specific steps.  
Stop critical comments.  
Reframe criticisms into constructive suggestions.  
Provide handout or poster about feedback if problems persist.

Difficulty in completing homework

Write down assignments.  
Start with simple tasks.  
Help plan where, when, and with whom assignments will be completed.  
Review previous assignment at beginning of each session.  
Problem solve about obstacles encountered in completing assignments.  
Consistently assign and follow up homework.  
Request assistance in completion from family or staff members.  
Tailor assignment to the individual.

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PRINCIPLES, FORMAT, AND TECHNIQUES

**TABLE 8.3. Strategies for Problems Related to Clients Who Experience Severe Symptoms**

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General Principles

1. Keep communication brief and to the point.
2. Be consistent in maintaining structure and holding group at same time and in same place.
3. Praise efforts and small steps toward improvement.
4. Teach and review basic skills frequently.

Specific problems

Strategies

Poor attendance	Build rapport by communicating warmth and enthusiasm. Set small goals. Use reinforcers such as praise, money, food, increased privileges, time with a favorite person. Enlist help of other staff members or family members. Identify obstacles to attendance. Consistently request person to attend.
Cognitive difficulties	Keep group time relatively short. Check frequently whether people are understanding. Simplify language and instructions. Allow members ample opportunity to observe and practice skills.
Responding to psychotic symptoms	For delayed response, allow extra time for people to respond or suggest that they take their turns later. Conduct shorter groups (30-40 minutes). Emphasize role plays rather than discussion. Give brief, clear instructions. Check frequently for comprehension. Assign active roles (such as role plays) to clients who are distracted by symptoms.
Distractibility	Keep other distractions to a minimum. Avoid lengthy explanations. Use examples, role plays to illustrate points. Redirect promptly to topic of group. Design engaging role plays that are relevant to real-life situations. Use a pleasant, sufficiently loud voice. Assign specific tasks to group members observing role plays.
Disruptions related to symptoms	Reassure people of safety of group. Redirect kindly and firmly to topic of group. When appropriate, link content of disruption to skill being taught. Suggest discussing person's off-topic concerns after group. Teach social skills designed to manage symptoms.
Withdrawal	Understand that withdrawal is not a criticism of leaders or group. Build rapport by communicating in a warm, low-key manner. Avoid excessive questioning. Avoid interpretations of why the person is withdrawn.

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## VA Social Skills Training for Serious Mental Illness

### TIPS FOR DEALING WITH OTHER COMMON CHALLENGES IN SST GROUPS

**Challenge:** Veteran refuses role-plays

**Potential Solution(s):**

1. Encourage the veteran to observe others role-play and provide feedback before role-playing
2. Encourage veteran to try one or two steps of the role play first
3. Allow the veteran to role-play from their seat versus coming to the center of the room

**Challenge:** Veteran is very quiet or keeps falling asleep

**Potential Solution(s):**

1. Encourage the veteran to come up and role-play next
2. **"Assign" the veteran to provide feedback on a specific step of a role-play**
3. Call on the veteran by name for feedback or input
4. Keep group sessions lively and animated

**Challenge:** Veteran dominates the group (e.g., try to answer all the questions, jump in first with feedback after role plays)

**Potential Solution(s):**

1. **"Assign" multiple veterans to provide feedback on a specific step of a role-play**
2. Call on other veterans by name for feedback or input
3. Encourage the veteran to do the next role-play
4. Kindly remind the veteran to provide his/her peers opportunities to respond, provide feedback, participate, etc.

**Challenge:** Veteran talks about outside topics

**Potential Solution(s):**

1. Kindly acknowledge what the person said and redirect back to the group
2. Use the agenda or group expectations of the group to get the person back on track (e.g., **"OK. I heard what you said about difficulties with your payee. But let's focus right now on Joe who is getting ready to do a role-play."**)
3. Kindly acknowledge what the person said and encourage the veteran to come speak with you after group
4. Kindly acknowledge what the person said and encourage the veteran to discuss the issue in another forum (e.g., individual session with case manager, another group)
5. When relevant, encourage the veteran to practice a role-play scenario related to the topic they are discussing
6. **Post "Group Expectations" in group room or provide as handouts at the beginning of group**

## VA Social Skills Training for Serious Mental Illness

### TIPS FOR DEALING WITH OTHER COMMON CHALLENGES IN SST GROUPS (CONTINUED)

**Challenge:** Veteran is a high functioning client who says how easy this is for him/her

**Potential Solution(s):**

1. Encourage the veteran to use his/her skills and provide helpful feedback to other group members
2. Ask the veteran to help you model the skill
3. Make role-play scenarios for the veteran a bit more challenging
4. **Focus on the veteran's goals when discussing the rationale for using the skill and when creating role-play scenarios**

**Challenge:** Veteran makes critical feedback about others' role-plays

**Potential Solution(s):**

1. Kindly remind the veteran to start with positive feedback after role-plays
2. When providing corrective feedback, rephrase critical comments to constructive feedback
3. Develop group expectations that group members provide positive feedback first and then corrective/constructive feedback on role-plays
4. **Post "Group Expectations" in group room or provide as handouts at the beginning of group**

**Challenge:** Veteran displays manic symptoms (may need to pace, speak rapidly, etc.)

**Potential Solution(s):**

1. Encourage the veteran to come up and role-play next
2. **"Assign" the veteran to provide feedback on a specific step of a role-play**
3. Call on the veteran by name for feedback or input
4. Encourage the veteran to take a break from the group

## **Consultation Resources**

## VA Social Skills Training for Serious Mental Illness

### CONSULTATION PLAN: TAPE REVIEWING PLAN AND COMPETENCE RATINGS

#### **Individual (goal setting) Sessions:**

- Consultants will listen to at least one full individual session of each clinician.\*
- Clinicians will be asked to report the goals of each veteran after every individual session through the web-tracking system.
- If a clinician asks for additional assistance through the web-tracking system on an individual session, the consultant will listen to that tape, or part of tape, (if available) and provide feedback regardless if it is a "required" tape to listen to.

#### **Group Sessions:**

- Consultants will initially listen to (all) full group session tapes of clinicians.
- After a clinician reaches competence, consultants will listen to every fourth tape. They will listen to full sessions of these tapes.
- If a clinician asks for additional assistance through the web-tracking system on a particular part of a session, the consultant will listen to **this part and provide feedback regardless if it is a "required" tape to listen to.**
- If a clinician starts to demonstrate difficulties in facilitating the group after they reach competence, a consultant may request that the clinician audiotape additional groups.

\*Note: The clinician will be asked to start audio-taping the individual session *after* they obtain consent. Therefore, the entire session will not be taped.

#### **Clinician Competence Plan:**

Consultants will rate clinician competence in order to inform and guide decisions about consultation. *Clinicians continue in consultation for the full consultation period (~24 weeks) regardless of competence status.*

The primary measure used to rate competence is the SOCIAL SKILLS GROUP OBSERVATION CHECKLIST (Bellack, Mueser, Gingerich, & Agresta, 2004). This measure includes two sections. The first section includes 8 items related to general group structuring and positive engagement skills; the second section includes 9 items measuring facilitation of each of the steps in social skills training. Each item is rated as "Fully", "Partially", or "Not at all" performed.

## VA Social Skills Training for Serious Mental Illness

### TIPS FOR IDENTIFYING AND USING INDIVIDUAL SST GOALS

After each clinician demonstrates competence in leading SST groups, clinicians will **be encouraged to work on developing and utilizing veterans' social skills goals.** This includes clinicians become skilled at helping veterans set appropriate social skills goals and using those goals within the social skills groups to help veterans move towards the things in their lives that are important to them and their recovery.

As defined below, consultation around SST goals will be focused on helping clinicians (1) identify appropriate SST goals; (2) identify role-play scenarios and practice assignments **related to veterans' goal(s); and (3) monitor the goal of at least one veteran during SST group participation.**

#### **I. Identifying goals**

Consultants will assist clinicians in helping at least one veteran identify an appropriate SST goal. There are three major components related to helping veterans identify appropriate goals:

(1) **Relate goal to social skills.** Although veterans may come up with a wide variety of goals or areas that they want to work on, it is important that their goal(s) focus on socially related interactions or interpersonal relationships.

(2) **Identify an objective goal.** Many veterans may describe unspecific goals such as "I want to feel better" or "I want to have higher self-esteem." The clinician should help the veteran establish a goal that is observable. Most likely the clinician will use a questioning method to help the veteran shape the goal from something subjective and vague to something that could be observed by an outsider. An example of a question that might help **develop a more objective goal is, "If you had higher self-esteem what would you be doing more often; or be doing less often? How would socially related aspects of your life be different?"** Examples of more objective goals might include: I want more friends, I want to have more conversations, I want to see my family more often. The clinician should help the veteran establish a realistic and attainable goal.

(3) **Make goal measurable.** After the veteran is able to establish their goal in objective terms, it is recommended that the clinician help the veteran make the goal measurable. A very helpful way to start this process is to ask the veteran how many conversations, for example, they currently have in a week in order to establish a baseline. The clinician can then be encouraged to follow-up with what the vet wants for their goal. To continue with the same example as above, this **might include a question such as, "How many conversations would you want to try to have with other individuals per week?"** The clinician should be encouraged to help the veteran come up with a number that is realistic and attainable.

In addition to goals being related to SST, objective, measurable, and attainable, goals should also be focused more on near-term rather than long-term goals. A veteran may establish a longer-term goal (e.g., find a girlfriend) and the clinician should be encouraged to help the veteran clarify short-term goals that are

## VA Social Skills Training for Serious Mental Illness

intermediate steps toward that longer-term goal (e.g., have a conversation with a woman).

### **II. Utilizing SST goals**

A critical component of using social skills goals is to help veterans establish opportunities to practice scenarios related to their goals. The two primary means of encouraging this type of practice is through role-play scenarios and homework assignments. Consultants will encourage clinicians to help veterans develop **role-play scenarios and homework assignments that are related to veterans' goal(s)** in at least one SST group.

Role-play scenarios. After clinicians have mastered the basic concept of the SST groups, **clinicians will be encouraged to use veterans' SST goals in the groups (if this has not yet occurred)**. When clinicians are helping veterans develop scenarios, they should ask veterans about their goals or remind them what their goals are. They should work collaboratively with the veteran to develop scenarios they can practice related to their goals.

Homework assignments. Homework is an excellent forum to facilitate opportunities for veterans to work towards their goals. Clinicians should work with veterans in a collaborative fashion to establish plans **for homework that are related to veterans' goals**. The ultimate goal for homework development that is the veteran knows who they will practice with and what they will practice prior to leaving the group; it is often helpful for veterans to know where and when they will practice (i.e., when they will see or speak with the individual again).

### **III. Monitoring goals**

Consultants will encourage clinicians to monitor how veterans are progressing toward their goals. Consultants will ask clinicians to monitor the goal of at least one veteran during SST group participation. This ongoing process is important for a variety of reasons: (1) it helps establish that the goal(s) developed are reasonable and attainable or if the goal(s) need to be revised; (2) monitors when veterans succeed in reaching goal(s) and need to develop new one(s); (3) monitors when a goal should be modified based on repeated problems reaching a goal; and (4) monitors when veterans want to change or amend their goals.

Goal monitoring can occur in several different ways. The Bellack et al., (2004) Social Skills book includes worksheets that can be used both by clinician and veterans to monitor how each veteran is doing with the goals they established (see Page 316 for the Social Skills Goals Self-Rating Scale and Page 317 for the Social Skills Goals Clinician Rating Scale). Clinicians may also choose to use the Goal Attainment Scaling system to establish and monitor goals. Clinicians may choose to monitor goals using solely verbal methods of checking in. Clinicians may find it most useful to monitor goals of veterans briefly at the beginning of group on a regular basis (e.g., monthly basis). Clinicians may also choose to have regular, brief individual sessions with the veterans to check in about how the group is going and to monitor progress toward SST goals.

## VA Social Skills Training for Serious Mental Illness

### SOCIAL SKILLS GROUP OBSERVATION CHECKLIST

Group Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Consultant: \_\_\_\_\_

Instructions: Complete this checklist after observing the group leader conduct a session. For each item, check off whether the group leader performed this skill “not at all”, “partially”, or “fully.”

<b>General structuring and positive engagement skills</b>	Not at all	Partially	Fully
Created a warm, welcoming atmosphere.			
Spoke clearly, using a voice neither overloud nor oversoft.			
Established an agenda and maintained the structure of the session.			
Provided ample positive feedback for participation.			
Redirected group members who interrupted or strayed from the topic, using a kind but firm voice.			
Asked group members for examples of personal experiences in which skills could be or were used.			
Used a shaping approach to help members gradually learn new social skills by reinforcing small steps toward the targeted skill.			
Encouraged group members to be actively involved in the session. (Members can be active in different ways, such as reading the steps of the skill out loud, providing a rationale, providing feedback for role plays, participating in role plays, contributing examples of personal experience.)			

(continued)

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## VA Social Skills Training for Serious Mental Illness

### SOCIAL SKILLS GROUP OBSERVATION CHECKLIST *(page 2 of 2)*

<b>Steps of social skills training</b>	Not at all	Partially	Fully
Reviewed homework from the previous group session.			
Established a rationale for using the skill.			
Discussed the steps of the skill with group members.			
Modeled the skill in a role-play.			
Reviewed the model with the group members.			
Engaged all group members in a role-play of the skill.			
Provided or elicited behaviorally specific positive feedback for each group member's role-play.			
Provided or elicited behaviorally specific suggestions for improvement for each group member's role-play.			
Assigned specific homework to practice the skill outside the group.			

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## VA Social Skills Training for Serious Mental Illness

### **Web-Based Consultation Tracking System**

The web-based consultation tracking system was designed to serve as an added component to the consultation experience. Accessible on the internet, the system is designed to serve as a communication platform between SST Clinicians and their assigned Consultants. After completing the workshop, you will receive an email with specific instructions on accessing the site. Below are instructions for login and use of the system.

**NOTE: You must use Internet Explorer to access this system**

**To login to the system, go to <http://cts.evicenter.com>**

- Use your email address to login
- Default password = sst
- Click the "Continue" button on the right
- You will be prompted to change your password after you login the first time. Your password can be anything you want – there are no restrictions. Remember it for next time!

Upon logging into the system, you will have the option to go into one of 2 main sections (listed in tab-form near the top of the screen):

- **Session Data**
- **Clinician Information**

Both of these sections' functions are described on the following pages. If you have any questions about the system at anytime, contact Matt Wiley, Program Coordinator:

[Matthew.Wiley@va.gov](mailto:Matthew.Wiley@va.gov)  
(410) 605-7457

## VA Social Skills Training for Serious Mental Illness

### **Session Data**

---

Session Data is the main section you will be using. This is the section in which you can add all new SST sessions, plus view any sessions which have been reviewed by your assigned consultant. The first screen you will see **after clicking on "Session Data"** is your clinician information screen (Name, site, email address, etc.). There are 3 additional tabs:

- Pending Sessions
- Reviewed Sessions
- Reviewed Sessions with Feedback

**Pending Sessions** = all new sessions that you enter will be listed here. If sessions are still pending, then your consultant has not yet reviewed them. **To add a new session, click on the "Add New" link near the top of the page in this section.**

**Reviewed Sessions** = all sessions that have been reviewed by your consultant (both "quick-review" and reviewed with feedback)

**Reviewed Sessions with Feedback** = only lists sessions reviewed by your consultant with feedback for you

### **GENERAL NOTES ABOUT SESSIONS:**

- If you have indicated that you have recorded a session you will see a "TRUE" indicator underneath the "Recording" column.
- If you have entered any comments for a session you will see a "TRUE" indicator underneath the "Comments" column.

IF YOUR SESSION IS RECORDED AND/OR YOU HAVE ENTERED COMMENTS – YOUR CONSULTANT SHOULD **REVIEW WITH FEEDBACK**. TO VIEW YOUR CONSULTANT'S FEEDBACK, CLICK ON THE "REVIEWED SESSIONS WITH FEEDBACK" TAB, AND THEN CLICK ON THE "REVIEW" BUTTON NEXT TO THE PARTICULAR SESSION YOU WISH TO VIEW.

THERE WILL BE TIMES THAT YOU WILL NOT RECORD A SESSION AND YOU WILL HAVE NO COMMENTS – IN THESE CASES, YOUR CONSULTANT WILL ONLY PERFORM A **"QUICK REVIEW"**. ALL THIS DOES IS SIMPLY **"MOVE" THE SESSION INTO THE REVIEWED SECTION (BUT HAS NO FEEDBACK WITH IT – IT IS MERELY A WAY TO ACKNOWLEDGE THAT IT HAS BEEN REVIEWED AND IS NO LONGER PENDING).**

## VA Social Skills Training for Serious Mental Illness

### **Clinician Information**

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Clinician Information is the section in which you can edit your user information (address, phone number, email, etc.). You may also change your password here anytime.

## VA Social Skills Training for Serious Mental Illness

### **Tips for Entering Information into the Web Based System**

- (1) Information you enter into the system will be used to facilitate consultation. Your SST Consultant will listen to the session audiotape and provide you feedback via the web (in addition to your weekly consultation calls).
- (2) Information needs to be entered in the web-tracking system **for each session** regardless if the session is audio-taped or not.
- (3) It is recommended to enter the information at least once a week.
- (4) If you are co-facilitating a group, the clinician that is **primary** needs to enter information for that group.
- (5) There should be **NO VETERAN PHI** (e.g., full names, last names, etc.) entered into the system.

Specific information to enter:

**(1) You will be asked to enter the following information for each Group Session in the web-system:**

- **Session Title:** Enter the name of the skill covered (e.g., Making Requests). If you have done the same skill over a few sessions it is helpful to include the number of times the skill has been completed (e.g., Making Requests #2).
- **Primary Clinician:** Enter name of primary therapist
- **Secondary Clinician:** Enter secondary-therapist; indicate N/A if you have no secondary therapist
- **Recordings Created?:** Was the group audio taped? Indicate YES by checking the box; leave blank if the group was not audio taped.
  - If Yes: Enter Audio File Name. This can just be the name of the skill as above; it is also helpful to include the date here (e.g., Making Requests #2 07/12/08).
- In the section with the instructions **“Below please indicate any portion(s) of the session you would like consultation on”:** Please mark all sections that you would like additional consultation on. Please include brief comments about the portion of the group you would like consultation on.
- **Session Date:** Enter date the group was conducted (mm/dd/yyyy)
- **Duration:** Total time of group in minutes (e.g. 45)
- **# Veterans Attended:** Total number of veterans that attended any portion of the group

## VA Social Skills Training for Serious Mental Illness

- **Additional Clinician Notes** (open ended text): Please include any specific information that you would like the consultant to know about that session or any other client-related concerns. This section should not be written like a clinical note. Rather it should include general information about the group or any additional areas that could help facilitate consultation. Again **PLEASE DO NOT INCLUDE ANY VETERAN PHI.**
  - Once your consultant has had a chance to review your session information, you will be able to view their feedback in the **Consultant Notes** section
- (2) You will be asked to enter the following information for each Individual Goal Setting Session in the web-system:**
- **Session Title:** Enter "Individual Session" and the date (e.g., Individual session 06/28/08). You do not have to include the consecutive number of the individual session. PLEASE DO NOT INCLUDE VETERAN LAST NAMES IN THE TITLE OR ANYWHERE ELSE IN THE INDIVIDUAL SESSION INFORMATION.
  - **Primary Clinician:** Enter name of primary therapist
  - **Secondary Clinician:** Enter secondary-therapist; indicate N/A if you have no secondary therapist
  - **Recordings Created?:** Was the individual session audio taped? Indicate YES by checking the box; leave blank if the individual session was not audio taped.
    - If Yes: Enter Audio File Name. This can simply be Individual Session 06/28/08.
  - In the section with the instructions "**Below please indicate any portion(s) of the session you would like consultation on**": Because this section is focused primarily on the groups you can leave it blank.
  - **Session Date:** Enter date the session was conducted (mm/dd/yyyy)
  - **Duration:** Total time of session in minutes (e.g. 45)
  - **# Veterans Attended:** Enter 1
  - **Additional Clinician Notes** (open ended text): Include the veteran's goals established (e.g., Increase work hours from 15 to 20, Make one new friend in the next 6 weeks, Increase my conversations at the PRRC to 3 per week, etc.). Please also include any specific information that you would like the consultant to know about that session or any other client-related concerns. This section should not be written like a clinical note. Rather it should include general information about the session or any additional areas that could help facilitate consultation. Again **DO NOT INCLUDE ANY VETERAN PHI.**

## VA Social Skills Training for Serious Mental Illness

- Once your consultant has had a chance to review your session information, you will be able to view their feedback in the **Consultant Notes** section

## **Audio Recording Resources**



## VA Social Skills Training for Serious Mental Illness

### AUDIO TAPING CONSENT TIPS

- Consent for audio-taping is **voluntary** and must be **documented**.
- Have blank standard consents (VA forms 10-5345 and 10-3203) prepared for clients at individual session.
- Introduce audio-taping as such: *“The group social skills sessions are audio-taped. The reason for this is because I have a consultant that has been doing this type of group for a while and he/she is going to review the tapes and give me advice on how I can continue to improve in leading the groups.”*
- If the veteran expresses concerns about the audio-taping, ask what their specific concerns are and attempt to address them.
- Be prepared to address common concerns:
  - Confidentiality – *“The groups are audio-taped so my consultant and the other clinicians in my consultation group learning how to lead the groups will not actually be able to see who you are. We will not use last names in the social skills groups so they will only hear your first name. These recordings will be destroyed in a relatively short period of time after they are reviewed. Again, the purpose of the audio taping is for me to continue to improve in leading the social skills groups.”*
  - Security – *“The VA is very concerned about protecting and securing the health information of veterans and this project is supported by VA Central Office. Only my consultant and the clinicians in my consultation group will be able to listen to the group recordings. The recordings will be destroyed in a relatively short period of time after reviewing.”*
  - Judgment (i.e., “What if I do/say something wrong?)" – *“The purpose for audio-taping is so that I can continue to improve in leading the groups. So my consultant is going to be listening to how I lead the group. You couldn't say anything wrong!”*
- If the veteran wants to participate in the group, but does not want to be audio-taped, let them know that you will be able to stop audio-taping after about the first six months of the group and possibly they can participate at that time.
- Bottom line: Consent for audio-taping is voluntary, but a necessary part of group membership while you are participating in consultation.

## VA Social Skills Training (VA-SST)

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### Audio Tape Procedures for SST Trainees and VA-SST "Consultants"

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The VA Social Skills Training program is a VA Central Office (VACO) sponsored Mental Health Initiative, disseminating evidence-based practices to mental health clinicians from all VISNs through hands-on, 2-day training workshops. An important part of this initiative is a 6-month follow-up consultation period, during which clinician trainees will receive ongoing consultation and feedback from experienced SST consultants to enhance the overall training experience. An essential aspect of consultation is the use of audio-taped sessions, which will be used to provide feedback and fidelity monitoring.

Working closely with VACO, we have established the following audio-taping procedures (including sending tapes to your VA-SST "consultant" via certified mail). **To be clear, "consultants" are VA employees with expertise in delivering Social Skills Training.**

These procedures are only permitted given that the following steps have been completed:

**1) Proper consent is obtained from each veteran participant**

- a) Form VHA 10-3203: Consent for Use of Picture and/or Voice
  - For recording their voice during an SST group
- b) Form VHA 10-5345: Request for and Authorization to Release Medical Records or Health Information
  - For explaining that this tape (and tape only) will be delivered to a VA-SST "consultant" for the sole purpose of providing feedback on the clinician's skills

**2) Each facilitator *MUST* obtain approval from their local Privacy Officer in order to send tapes to their assigned SST consultant**

**3) The tape must be sent through a mailing option that requires a signature (i.e., FedEx)**

## VA Social Skills Training for Serious Mental Illness

### Description of Social Skills Training and the audio-taping & transfer process:

Social Skills Training is not like traditional individual or group psychotherapy in which there is wide ranging and open discussion of personal matters. It is a highly structured teaching/training program in which the primary activity is simulated conversations of hypothetical situations. It is essentially like a class with a defined curriculum rather a forum for discussion of personal problems and concerns. First names are used, but there is no other personal information enunciated during sessions. Further, we are not collecting any personally identifiable information (PII) from participants, so there is no way for anyone listening to the tapes to link the first names with specific individuals. Moreover, on the off chance that some PII is inadvertently mentioned – we encourage clinicians to destroy the tape immediately rather than forwarding that particular tape to their SST consultant.

Audio-taped sessions will not contain any PII, as veterans will only be identified by first names during the recorded sessions. Clinicians will be instructed to explain to veterans that the purpose of the audio-taping is done solely to help **improve the clinicians' delivery of SST and that veterans' identities** will not be disclosed. In the event that any PII is inadvertently disclosed during a taped session, that tape will not be sent to consultants for review and will be destroyed immediately. **All "sanitized" tapes (containing no patient identifiers)** will be sent from the clinician trainee to their assigned SST consultant for review.

**All tapes will be sent directly to the SST clinicians' assigned SST Consultant** as indicated on the consent forms. Tapes will only be sent using a mailing option that requires a signature to ensure proper receipt. The audio tapes will be reviewed by the consultant in order to provide feedback to the trainee. Some tapes may also be played during group consultation sessions, attended by a group of 4-12 VA employees who are participating in the training and/or staff of the VA-SST program. Audio tapes will be destroyed within 2-weeks of review by the consultant, depending on the scheduling of consultation and subsequent feedback sessions. Tapes will be destroyed by pulling them out of the cassettes and cutting them into pieces. When not being reviewed, all tapes will be secured in a locked area (e.g. locked office, locked file, etc.).

Reminder that all delivered tapes must be **"sanitized" (no veteran PHI or patient identifiers)** and will be destroyed after they have been reviewed by **consultants. All tapes that are deemed "un-sanitized" and inappropriate for delivery** will be immediately destroyed by the clinician and not delivered for review.

If there are further questions, please feel free to contact any of the individuals below.

## VA Social Skills Training for Serious Mental Illness

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## VA Social Skills Training for Serious Mental Illness



### Sony M100-MC Audio Voice Recorder

Pre-Set General Settings (Do NOT change):

- **Mic Mode:** Meeting
- **VOR:** OFF
- **Fast PB:** "Down" position
- **Tape Speed:** 1.2 cm tape speed

#### **BEFORE USING RECORDER:**

- 1) Make sure batteries have enough power (check indicator lights on side of recorder). There are 3 indicator lights, and all 3 will be lit at full power.
  - *If top 2 indicator lights are OFF and/or bottom light is flashing:* Replace the batteries before session begins!
- 2) Make sure Pre-Set General Settings, described at top of page, are at established levels
  - *If not:* make sure to switch controls for Mic Mode, VOR, Fast PB, and Tape Speed to the above settings!
- 3) Make sure you have a new, blank tape inserted into the recorder (only if recording a new session)
- 4) Press the Reset button for the Tape Counter to reset back to 000

#### **TO RECORD A SESSION:**

- Place in a front and central location within the session room (preferably on a table/chair and close to where role plays will occur)
- **Press the RECORD ● button**
  - NOTE: using 1.2 cm tape speed allows 90 minutes of recording time per side of the audio tape; you will need to flip the tape and press Record should your session exceed 90 minutes. (If tape speed is set to 2.4 cm, it only allows 45 minutes of recording time per side of the audio tape)
- When finished, press the STOP ■ button and eject your tape
- Make sure to write the following information on the tape:  
**Your Last Name and Date of SST Session**
- To Record your next session, flip tape to a blank, unused side or insert a new tape and repeat above steps

#### **TO REVIEW A SESSION:**

- Place desired tape into the recorder (with recorded side facing out)
- Press the Play > button
- Push the CUE >> or REVIEW << button to navigate the recording
- Use the volume wheel to set desired volume level
- When done, press the STOP ■ button and eject your tape

# **Preparing for Facilitating Groups**

# VA Social Skills Training for Serious Mental Illness

## DEVELOPING A CURRICULUM

### **Answering the following questions may start to help you formulate a curriculum for your SST group:**

1. What are some overall goals at my site for the treatment that veterans receive?

2. What are some common strengths of the veterans that I work with?

3. What are some of the common goals/concerns of veterans that I work with?

4. What session(s) did I choose in the training that seemed particularly relevant for my clientele?

5. What domains seem particularly relevant for my clientele (check all that apply)?

<input type="checkbox"/> Basic Conversation Skills	<input type="checkbox"/> Coping with Substance Use
<input type="checkbox"/> Assertiveness Skills	<input type="checkbox"/> HIV Prevention
<input type="checkbox"/> Conflict Management	<input type="checkbox"/> Developing Romantic/Intimate Relationships
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Health Maintenance
<input type="checkbox"/> Using Leisure and Recreation Time	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Prevocational Skills	<input type="checkbox"/> Managing Positive Symptoms
<input type="checkbox"/> Vocational Maintenance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Communal Living Skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Friendship Skills	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Familial Relationship Skills	

## VA Social Skills Training for Serious Mental Illness

### DEVELOPING A CURRICULUM (CONTINUED)

6. Based on the relevant domains, which 4 or 5 seem to have the highest priority for your clientele?

- 1.
- 2.
- 3.
- 4.
- 5.

7. Based on those domains, which skills seem important to include?

Curriculum Domain	Skills
1.	
2.	
3.	
4.	
5.	



# VA Social Skills Training for Serious Mental Illness

## SAMPLE CURRICULUM DOMAINS

### Anger Management

- Expressing Unpleasant Feelings
- Leaving Stressful Situations
- Responding to Untrue Accusations
- Expressing Angry Feelings
- Disagreeing with Another's Opinions without Arguing
- Responding to Unwanted Advice
- Problem Solving

### Coping with Substance Use

- Offering an Alternative to Using Drugs and Alcohol
- Refusal Skills – Pusher/Drug Dealer
- Requesting that Family Member/Friend Stop Asking You to Use
- Leaving Stressful Situations
- Problem Solving
- Compromise and Negotiation

### Vocational Maintenance Skills

- Listening to Others
- Following Verbal Instructions
- Responding to Criticism from a Supervisor
- Asking for Feedback about Job Performance
- Joining Ongoing Conversations at Work
- Disagreeing with Another's Opinion without Arguing
- Asking for Information
- Asking for Help
- Problem Solving

### Communal Living Skills

- Locating your Missing Belongings
- What to do if You Think Someone has Something of Yours
- Asking for Privacy
- Checking out your Beliefs
- Reminding Someone not to Spread Germs
- Eating and Drinking Politely

\*Conflict Management Skills: Compromise and Negotiation, Leaving Stressful Situations, Disagreeing with Another's Opinion without Arguing, Responding to Untrue Accusations, Making Apologies

### Health Maintenance Skills

- Making a Doctor's Appointment on the Phone
- Asking Questions about Medications
- Asking Questions about Health-related Concerns
- Complaining about Medication Side Effects
- Requesting a Change in your Medication Dosage
- Asking about a New Medication You Have Heard About
- Reporting Pain and Other Physical Symptoms

## VA Social Skills Training for Serious Mental Illness

### SOCIAL SKILLS TRAINING TASK CHECKLISTS: IMMEDIATELY AFTER WORKSHOP

- Finalize approval with your Privacy Officer.**
  - If not done already, contact your local Privacy Officer using the audio-taping procedures document emailed to you before the workshop.
  - See Audio Tape Procedures for SST Facilitators and Consultants (page 33)
  - Please refer Privacy Officers who have specific questions and concerns to Matt Wiley, Program Coordinator, at [Matthew.Wiley@va.gov](mailto:Matthew.Wiley@va.gov) or (410) 605 – 7457.
  
- Schedule room for group and/or schedule SST group into program schedule.**
  - We recommend conducting 2 SST groups per week, lasting 45-60 minutes each.
  - Each SST group may have between 6-10 group members.
  
- Educate staff about SST group.**
  - You might use Program Description (page 3) or a review article (see reference list on page 56).
  - Considering using fliers to educate staff (pages 50-51).
  - Consider running a “mock” social skills group for staff.
  - Educate supervisor about consultation process.
  
- Start recruitment.**
  - Complete flyers (if applicable). See Pages 48-49 for sample Veteran fliers and Pages 50-51 for sample staff fliers.
  - Attend community meetings to introduce SST group (if applicable).
  - Educate staff as above.
  
- Peruse clinician web-tracking system.**
  - See Page 25 for instructions on accessing and using the system.
  
- Participate in weekly consultation calls.**
  - You will leave the workshop with the name or your consultant and day/time of your consultation calls.
  - You will receive an email shortly after the workshop with the VANTS code for your call.
  
- Read materials**
  - Become familiar with handbook (blue book) resources.
  - Read SST book (purple book).
  - Become familiar with the “SS Group Observation Checklist.” (p. 285-286 in SST Book).
  
- Start discussing curriculum with your consultant**

## VA Social Skills Training for Serious Mental Illness

### SOCIAL SKILLS TRAINING TASK CHECKLISTS: FOR INDIVIDUAL SESSIONS

#### **Individual Goal Setting Sessions:**

- Conduct individual sessions with each SST group participant.
- Use handouts to guide you through individual goal setting sessions.
  - “Guidelines for Individual Sessions” (page 9)
  - “Brief Goal Assessment” (page 10)
  - “Group Expectations” (page 11)
- Check audio recorder settings and conduct a test recording. See Audio Voice Recorder – User Instructions (page 36).
- Do not turn on the audio recorder until veteran has signed consent forms. See Audio Taping Consent Tips (page 32).
- Audio record one individual goal setting session\* and immediately send audiotape to consultant.
- Write CPRS note. See Clinical Note Template – Individual session for example (page 53).
- Enter information about veterans’ individual goals for each individual session regardless of if that session was audio-taped or not. See Web-based Consultation Tracking System (page 25) and Tips for Entering Information into the Web Based System (page 28).

\*Consultant may request to hear more than one individual goal setting session audiotape.

## VA Social Skills Training for Serious Mental Illness

### SOCIAL SKILLS TRAINING TASK CHECKLISTS: FOR GROUP SST SESSIONS

#### **Before Conducting SST Group Sessions:**

- Review "Group Session Sequence." (p. 49 in SST book)
- Prepare for SST group session.
  - Review skill in SST book Part II (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 (recommend not distributing skill handouts with special considerations section).
  - Prepare and copy homework sheets.
- Assign leaders to primary and secondary (if have two leaders). This will alternate if both of you attended workshop.
  - Discuss tasks and roles related to primary and secondary group leaders (p. 83 in SST book).
- Prepare room (e.g., chairs in semi-circle facing board, prop flip chart/dry erase board).
- Check audio recorder settings and conduct a test recording.

#### **After SST Group Sessions:**

- Write CPRS note. See Clinical Note Template – Group session for example (page 54).
- Primary leader enters group session note into clinician web-tracking system. Consultant will provide group leader with feedback after audiotapes are reviewed. See Web-based Consultation Tracking System (page 25) and Tips for Entering Information into the Web Based System (page 28).
- Label audiotapes with the following information:
  - Date of group session
  - Name of skill taught
  - Primary group leader's name
- Place audiotape into a letter-size envelope before placing inside a FED EX envelope/package.
- Send audiotape as soon as possible in order to receive timely feedback from consultant.

#### **General information:**

- Confidentiality – do not use last names during group session. If PHI is recorded, DESTROY tape.
- Audio record one session per tape.
- Contact Matt Wiley ([Matthew.Wiley@va.gov](mailto:Matthew.Wiley@va.gov)) for SST supplies (e.g., audiotapes, batteries, flipchart, etc.)
- In order to successfully complete the SS training, group leaders must enter session notes into clinician web-tracking system and participate in the weekly consultation phone calls for the 6-month time period.

## VA Social Skills Training for Serious Mental Illness

### MATERIAL AND PRACTICAL NEEDS

This section focuses on the practical and material resources you need to run a social skills group. Please take a moment and check if you have the resources available to you under Column A. If you do not currently have a resource available, please consider the corresponding question/statement in Column B.

<b>Column A</b>	<b>Column B</b>
<input type="checkbox"/> Group room with chairs	Who you could ask about reserving a room two times a week for 1.5 hours?
<input type="checkbox"/> Dry erase board or flipchart and markers	Contact Matt Wiley (Program Coordinator) at <a href="mailto:Matthew.Wiley@va.gov">Matthew.Wiley@va.gov</a> about supplies.
<input type="checkbox"/> Xerox machine for Handouts and Homework	Where is the closest copy machine that you can use?
<input type="checkbox"/> Computer/internet access	Can you speak with your supervisor and your local IT department about gaining access you need?
<input type="checkbox"/> Time (before and after group – see Clinician Checklist)	What are some ideas about securing necessary time? If you are having concerns around time, be sure to discuss with your consultant!

## VA Social Skills Training for Serious Mental Illness

### IMPORTANT PAGES IN THE SST BOOK

The following is a reference list of pages in Bellack, A.S., Mueser, K., Gingerich, S., & Agresta, J. (2004) *Social Skills Training for Schizophrenia* that you should find most helpful when starting and running Social Skills Groups:

#### **Resources for Planning SST Groups**

Page 82 Selecting Group Leaders (qualities of effective group leaders)

Page 83 Roles of Primary and Secondary group leaders

Page 92 Developing a SST Curriculum

Page 193 Skill Sheet Table of Contents

#### **Resources for Facilitating SST Groups**

Page 114 Chapter 8: Troubleshooting: Common Problems and Challenging Clients

Page 117 How to handle when Veterans are reluctant to Role-Play

Page 120 and 123 Dealing with common problems in SST groups

Page 186 General tips for SST

Page 281 Detailed outline of SST group session sequence

Page 317 Social Skills Clinician Rating Scale (tool for monitoring SST goals)

#### **Individual Sessions/ Goal Setting and Monitoring Resources**

Page 85 Individual Goal Assessment (brief measure that can be used to establish SST goals)

Page 101 Developing and using SST goals

Page 279 SST Orientation for clients

Page 287 Guidelines/Expectations for SST group members

Page 295 Social Functioning Interview

Page 298 Social Adaptive Functioning Evaluation (SAFE)

Page 316 Social Skills Goals Self-Rating Scale

Page 317 Social Skills Goals Clinician Rating Scale

#### **Consultation Resources**

Page 285 Social Skills Group Observation Checklist

## VA Social Skills Training for Serious Mental Illness

### RECRUITMENT PLANNING

#### **Recruitment:**

How you choose to recruit veterans for your social skills group will likely vary depending on the type of site you work in. For example, recruitment will be different if you work in a Psychosocial Rehabilitation and Recovery Center (PRRC) versus a CBOC. If you work in a PRRC, there may already be a structure in place to start a twice-weekly group. For example, you may add another group to an existing schedule or you may choose to replace another group you already lead. If you work in a CBOC you may have to be more active in hanging fliers and talking with providers about potential group members.

#### **Group Discussion:**

- How will you recruit veterans for a social skills group at your site?
- Do you foresee any “speed bumps” for recruitment at your site? If so, what are they?
- Do you foresee having an “open” or “closed” group? What are the reason(s) behind this?
- Based on the Group Discussion, what are some strategies to overcome these “speed bumps?”

#### **Ideas for recruitment:**

- Put up fliers at my site (See Handbook: Example Recruitment Flier for Patients – Open group; Example Recruitment Flier for Patients – Closed group)
- Attend treatment team meetings and discuss groups (See Handbook: Example Treatment Team Handouts)
- Do a mock SST session at a Community Meeting
- Email announcements to mental health staff
- Announcement or article in Newsletters
- Others?

## **Recruitment Resources**



***Introducing a new  
group in the Mental  
Health Clinic:  
Social Skills  
Training***

**Tuesdays and Thursdays  
3:00pm – 4:30pm  
Room 213B**



The group is designed to teach **veterans with mental illness ways to improve their social skills.**

***Interested? Call one of the group leaders or ask your mental health provider to make a referral.***

**Group Leaders:**

**Charlie Clinician (222-5555)**

**Frieda Facilitator (222-5556)**

**Basic information:**

- The group focuses on **Basic Conversation Skills, Anger Management Skills,** and **Vocational Skills**
- The groups are small and highly structured and can be a lot of fun!

## VA Social Skills Training for Serious Mental Illness

EXAMPLE RECRUITMENT FLIER FOR PATIENTS – CLOSED GROUP

Are you interested in a group focused on teaching social skills?

The PRRC is offering **Social Skills Training** groups to Veterans with Mental Illness



### Group Leaders:

Charlie Clinician  
(X5555)

Frieda Facilitator  
(X5556)

### Groups held:

Tuesdays &  
Thursdays  
3pm to 4:30pm  
Room 213B

The purpose of this group is for veterans to learn ways to improve interpersonal skills and make it easier to get along with others.

We will focus on:

- **Basic Conversation Skills**
- **Anger Management Skills**
- **Vocational Skills**

**ELIGIBILITY:** In order to be eligible a veteran must have a diagnosis of a mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, etc.).

**TIME/PLACE:** The groups will be held Tuesday and Thursday afternoons from 3pm to 4:30pm on the second floor (room 213B).

**INTERESTED??? Call Mr. Clinician (222-5555) or Ms. Facilitator (222-5556) or ask your mental health provider to make a referral.**

**Spaces are limited and the group is only open to new members until May 24!!!!!!**

# Social Skills Training for Serious Mental Illness

**Tuesdays and Thursdays**

**3:00pm – 4:30pm**

**Room 213B**

**Group Leader:**

**Charlie Clinician (X5555)**

***Do you work with a  
veteran that might benefit  
from social skills training?***

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## **Basic information:**

- This group is designed to help veterans with serious mental illness improve their social skills
- The curriculum focuses on:
  - Basic Conversation Skills
  - Anger Management Skills
  - Vocational Skills
- The groups are small and highly structured

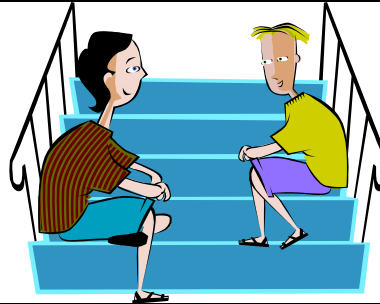
## **Referral Procedure:**

1. Call Charlie Clinician at ext. 5555 with the veterans contact information
2. Mr. Clinician will call the veteran and set up an individual meeting prior to starting the group

# VA Social Skills Training for Serious Mental Illness

## EXAMPLE TREATMENT TEAM HANDOUT

# Social Skills Training for Serious Mental Illness



### **Social Skills Clinicians:**

Charlie Clinician  
(X5555)  
Frieda Facilitator  
(X5556)

### **Groups held:**

Tuesdays &  
Thursdays  
3pm to 4:30pm  
Room 213B

We would like to introduce a new treatment opportunity for veterans with serious mental illness (SMI) provided in the PRRC – **Social Skills Training** group.

The purpose of this highly structured Social Skills group is for veterans with SMI to learn ways to improve interpersonal skills and make it easier to get along with others. The main way participants practice new skills is through role-plays and getting helpful and positive feedback from the group.

The curriculum for this group will focus on:

- **Basic Conversation Skills**
- **Anger Management Skills**
- **Vocational Skills**

ELIGIBILITY: In order to be eligible for the Social Skills groups a veteran must have a diagnosis of a serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, treatment refractory depression).

TIME/PLACE: The groups will be held Tuesday and Thursday afternoons from 3pm to 4:30pm on the second floor (room 213B).

REFERRAL PROCEDURE: (1) Call one of the group leaders at the extensions to the left with the veteran's contact information. (2) The leaders will call the veteran and set up an individual meeting prior to starting the group.

## **Clinical Notes Resources**

## VA Social Skills Training for Serious Mental Illness

### EXAMPLE CLINICAL NOTE TEMPLATE – INDIVIDUAL SESSIONS

#### **Social Skills Training Goal Setting Session – PRRC**

**Date of session:** 11/17/08

**Time of session:** 3 pm

**Length of session in minutes:** 45 minutes

**Session Content:** Introduced Social Skills Group facilitator (writer), discussed purpose and general format of social skills groups, and discussed group expectations. Veteran was provided the opportunity to have questions answered and/or concerns addressed. Veteran stated that he did not have any questions or concerns at this time. During this session the veteran completed a brief goal assessment with writer and set 2 treatment goals for social skills group including: increasing work hours from 15 per week to 20 per week and “getting along” with group home residents. Veteran was provided with handout with group information (i.e., name of facilitator, contact information, group setting information). Veteran is scheduled to start group on 5/21/08.

**Consent Information:** Writer explained that the group social skills sessions are audio-taped because a consultant will review the tapes of the groups and give writer advice on how to improve in leading the groups. Also explained how the recordings are stored and that the consultation sessions are in group format. The veteran signed consent for release of PHI to consultant (VA Form 10-5345) and for his audio-taped voice to be released to the consultant for training (VA Form 10-3203). Veteran was provided the opportunity to have any questions answered and concerns addressed regarding the consent process. He stated that did not have any questions or concerns at this time.

**Behavioral observations:** The veteran smiled several times during the session and stated that he was looking forward to starting the group.

**General participation:** The veteran was an active participant in the session. Although he did not have questions about the group or consent for audio-taping he provided information around goals and social functioning.

## VA Social Skills Training for Serious Mental Illness

### EXAMPLE CLINICAL NOTE TEMPLATE – GROUP SESSIONS

#### **Social Skills Training Group – Mental Health Clinic**

**Title of Skill:** Asking Questions about Health Related Concerns

**Date of group:** 11/21/08

**Time of group:** 3pm

**Length of group in minutes:** 90

**Length of time veteran spent in group:** 90

**Number of veterans present in group:** 6

**Number of role-plays veteran participated in:** 3

**Homework from last session:**     **Completed**  
    **Partially Completed**  
    **Not Completed**

**Behavioral observations:** Veteran presented with a bright affect and smiled several times during group.

**General participation:** Veteran was an active participant in the group. He volunteered to complete role-plays, responded to questions, and provided helpful and appropriate feedback to other group members. He role-played asking his primary care physician about sleep-related concerns and stated that he plans on using the skill at next doctors appointment.

## **Additional Resources**



## **VA Social Skills Training for Serious Mental Illness**

### REFERENCE LIST FOR SOCIAL SKILLS TRAINING

Bellack, A.S. (2004). Skills training for people with severe mental illness. *Psychiatric Rehabilitation Journal*, 27, 375-391.

Bellack, A. S., Mueser, K. T., Gingerich, S., & Agresta, J. (2004). *Social skills training for schizophrenia: A step-by-step guide*. 2nd Edition. New York, NY: The Guilford Press.

Kurtz, M.M. & Mueser, K.T. (2008). Meta-analysis of controlled research on social skills training for schizophrenia. *Journal of Consulting and Clinical Psychology*, 76, 491-504.

Lehman, A.F., et. al. (2004). The Schizophrenia Patient Outcomes Research Team (PORT): Updated Treatment Recommendations 2003. *Schizophrenia Bulletin*, 30, 193-217.

Tenhula, W.N. & Bellack, A.S. (2008) *Social Skills Training*. In K. Mueser & D. Jeste (Eds.) *Clinical Handbook of Schizophrenia*. Guilford Press, New York.