VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION

Getting Your SST Groups Up and Running December 5, 2022

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Prepared by:

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Agenda

- Discuss the VA commitment to having every Veteran with serious mental illness have access to SST
- Provide SST Providers education and support to start in-person SST groups at locations where leadership is encouraging inperson groups
- Discuss how you can learn to be an SST-Telehealth provider
- Discuss resources that providers have access to help them prepare to restart groups
- Discuss COVID-19 adaptations to SST groups
- Discuss facilitators and obstacles to starting SST groups based on prior survey and how to overcome common obstacles
- Discuss recruitment strategies
- Discuss and problem solve obstacles you may be facing to starting groups





SST in the VA

- Designed for Veterans with a primary diagnosis of:
 - -Schizophrenia
 - Schizoaffective disorder
 - Bipolar disorder
 - Treatment refractory depression (with social skill development as an area of growth)



VA Commitment to Provide SST





- VHA mandates Veterans have access to SST, per the Uniform Mental Health Services Handbook (2008)
 - Psychosocial Rehabilitation and Recovery Centers (PRRCs)
 - VA Medical Centers (VAMCs)
 - Very Large Community Based Outpatient Clinics (CBOCs)
- SST provision also positively impacts the MH Strategic Analytics for Improvement and Learning (SAIL) measure





RESOURCES FOR SST: WEB COURSES

- "Social Skills Training (SST) for Serious Mental Illness" (TMS ID: 29604). This course is only accessible in TMS to training participants in the VA SST Training program.
- What is Social Skills Training for Serious Mental Illness (SST)? An Overview and Refresher (TMS ID: 37842)
 - VHA TRAIN link: https://www.train.org/vha/course/1086072/
- <u>Sociocultural and Linguistic Factors in Implementing Social Skills</u>
 <u>Groups (Enduring)</u> (TMS ID: 131003157)
- <u>Social Skills Training for Serious Mental Illness Telehealth to Home</u> (<u>SST-TH</u>) (<u>Enduring</u>) (TMS ID: 131002036)





RESOURCES FOR LEARNING SST-TELEHEALTH

- SST-T is not [yet] an evidenced based treatment. However, we did conduct a program evaluation that supports that SST can be provided with fidelity in a VVC environment.
- Need to take a series of TMS courses and perhaps other actions to be approved as a telehealth provider at your VA before the provision of any telehealth intervention, including SST.
- Please note that the SST program does <u>not</u> promote the use of hybrid SST groups (Veterans attending in-person and via videoconferencing) because no systematic program evaluation or research have been done on this type of format with SST.

Resources:

- <u>Social Skills Training for Serious Mental Illness Telehealth to Home (SST-TH) (Enduring)</u>
 (TMS ID: 131002036)
- Quarterly SST-Telehealth Community of Practice call. Email SST Program Coordinator Laché Wikins, M.S., lache.wilkins@va.gov, if you would like to be invited to the meeting.





RESOURCES FOR SST: WEBSITES

• SST website:

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

Veteran facing EBP website:

VISN 5 MIRECC- Supporting Veterans in Evidence Based Therapy - MIRECC / CoE (va.gov)





RESOURCES FOR SST: REQUEST OR DOWNLOAD

Resources to order: (Please email Laché at <u>lache.wilkins@va.gov</u> and include your VA mailing address (include office number), phone number, and quantity of requested materials.)

- Veteran-facing SST brochure
- SST Fact Sheet for Providers
- SST book (if you lost your copy)

Resources to download:

- SST Initial Individual Goal Setting Session (see chat)
- SST Quick Guide (see chat)
- SST 2 vs. 1 Facilitators Guide
- SST Role Play Buddy Guide (see chat)
- Veteran-facing SST brochure and SST Fact Sheet for Providers









FIDELITY RESOURCES

- Social Skills Group Observation Checklist
- Social Skills Group Observation Checklist: Detailed Anchor Points Version (Please see chat for most current version to save.)
- SST Quick Guide (Please see chat for most current version to save.)
- Also review this presentation for more information about how to provide <u>SST with fidelity</u>



RESOURCES FOR SST: CONSULTATIVE SUPPORT

- Quarterly Call "Office Hours"
- Contact Program Manager Elizabeth Gilbert, Ph.D., <u>Elizabeth.Gilbert@va.gov</u>, Program Manager, for direct assistance in brainstorming overcoming local barriers. Please email rather than use Teams chat to contact me.

COVID-19 and SST

- IMPORTANT POINT: The SST groups should be tailored based on VA leadership guidance regarding safety measures for local pandemic conditions.
- SST may be a helpful intervention to enhance individuals' skills to cope with the crisis and may reduce feelings of isolation during the pandemic
- SST can help group members learn how to navigate some of the challenges unique to the current climate (e.g., abbreviated interactions, communicating with masks, etc.).
- Here is a <u>link to a more in-depth presentation on this</u> topic.





2016 Survey: Facilitators and Barriers to Providing SST

- Sent survey to VA SST Program alumni to gather information on current implementation of SST groups.
- Preliminary results:
 - Number of respondents=122
 - –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



2016 Survey: Facilitators and Barriers to Providing SST

- 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





What might help to sustain/start groups?

- Seek support from leadership: supervisor, EBP coordinator, LRC, other leaders. Reference SST as an EBP (Dixon et al., 2010; Kurtz & Mueser, 2008; Turner et al., 2018), and UMHS and SAIL when advocating for SST.
- Use the Veteran-facing SST brochure and SST Fact Sheet for Providers
- Advocate for SST to be embedded in your program's curriculum
- Reach out to your local EBP coordinator or the SST Program
 Coordinator, Laché Wilkins, if you need to find out the names of other
 SST providers at your facility, for example, to find a co-facilitator.
- 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 in working towards their goals 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. For example, if not in general mental health clinic perhaps at a PRRC or MHICM program. Another option would be to offer a cross-program group inviting Veterans from, for example, both PRRC and MHICM.
- Be thoughtful in scheduling the time of the group. Consider polling potential group members to find a day and time that would work best.
- It may help to have a curriculum around a certain topic like dating or going back to work to garner interest.
- If holding a group 2 or more times a week won't work, try 1X a week.
- Other ideas?





Barriers to Overcome

- Ways to increase referrals:
 - Reach out to LRC, EBP Coordinator
 - Educate at leadership meetings perhaps with an interactive presentation that includes snippets of staff simulation video from the SST Overview and Refresher web course
 - Email leaders and providers information about the group and include the SST Fact Sheet for Providers
 - If still can't get enough referrals, consider providing SST individually.
 Here is a link to a PowerPoint on doing SST individually on the SST website:
 - https://www.mirecc.va.gov/visn5/training/sst/SST Implementing SST in Individual Sessions.pdf
 - Other ideas?
- Transportation issues:
 - Consider holding the group closer to Veterans' homes (e.g., at a community center if can find private group room)
 - Consider scheduling the group on a day when many Veterans are at the VA (e.g., on a med clinic day)





Barriers to Overcome

- If local leadership does not see it as a priority
 - Provide information that national leadership <u>does</u> see SST as a priority.
 - For example, SST is required to be offered at every PRRC, VA Medical Center and large CBOC by the Uniform Mental Health Services in VA Medical Centers and Clinics Handbook (2008).
 - -SST provision is included in the SAIL measure.



Recruitment Strategies

- Put up fliers at the site
- Place Veteran-facing SST brochures in community group room or waiting room/lobby
- Review treatment plans of Veterans in your program to identify Veterans with socially related goals who could benefit
- Do a mock SST session at a community meeting that Veterans attend
- Attend treatment team meetings and discuss groups; provide the SST Fact Sheet for Providers at team meetings
- Email announcements to mental health staff
- Announcement or article in Newsletters
- Highlight how SST helps enhance social skills useful for social events and other life events and how a wide range of Veterans with SMI can benefit from this intervention
- Other ideas?





Discussion

• If you are currently facing a challenge in starting/restarting an SST group, what is it? Let's brainstorm how to overcome the challenge.



Personal Commitment

 1 step or action you can do this week to move forward on restarting SST groups.





Questions

Questions???





Citations

- 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.
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- Dixon, L. B., Dickerson, F., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., ... Kreyenbuhl J. (2010). Schizophrenia Patient Outcomes Research Team (PORT). The 2009 schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, *36*(1), 48-70. doi: 10.1093/schbul/sbp115
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- Turner, D.T., McGlanaghy, E.., Cuijpers, P., van der Gaag, M., Karyotaki, E., MacBeth, A., (2018). A Meta-Analysis of Social Skills Training and Related Interventions for Psychosis, Schizophrenia Bulletin, 44(3), 475–491. doi.org/10.1093/schbul/sbx146





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Thank you/Contact Information

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