



**Social Skills Training Program
Clinical Observations**

Prepared by



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Evaluation of clients progress pre, post and follow-up of treatment in a Social Skills Training Program for adults with complex mental health disorder.

Purpose



- A pre-existing Social Skills Group was changed from a non-structured to a structured group.
- The Social Skills Training Program from the Centre for Clinical Interventions was administered to a heterogeneous group of adults with severe mental health disorders.
- The clients were in the public mental health services.

Description



- The training was 24 weeks, 1 hour sessions and 1 booster/follow-up session.
- 10 separate Social Skills were taught.
- The measures that were used to aid in assessing improvement as a result of treatment were :
 - 1) Self-rated questionnaires
 - 2) Clinician rated behaviour measures
 - 3) Observer questionnaire

General objectives



- Learn more about Social Skills.
- Share with others experiencing the same difficulties.
- Learn how to address any difficulties related to Social Skills.

Specific objectives



10 social skills

- “Making Request
- Listening to others
- Beginning and continuing a conversation
- Understanding a conversation
- Ending a conversation
- Putting across your positive feelings to others
- Putting across your negative feelings to others
- Reaching a together solution
- Turning down unwanted requests or actions
- Inspecting your concerns” (Kingsep & Nathan)

Social Skills Group



- January to June 2011
- Started with 8 clients, drop-out rate 50%
- Absentee rate 32.64%
- Average of 3.6 clients per sessions were present

Patient's self-report on Why Change?



“To be proactive”

“Shyness (to speak out)”

“Being nervous and can't hear”

“Showing true feelings explaining what I want better”

“Being too nervous so don't listen to what they say”

“making eye contact”

“Responding to questions”

“Having facial expressions”

“Being shy”

“Being nervous”

“Having nothing to say”

“Language”

“I don't know what to talk about with people”

“I'm not smart for starting communicating”

Patient's self-report on what I could do if ...



“Be happy”

“Seek people out”

“Have closer friends & relationship”

“Get my point across”

“Be more calm & do better job, with less stress”

“Initiate more”

“Choose good friends”

“keep friends”

“be more fun at gatherings”

“make others more comfortable”

“Feel less shy”

“Be less nervous”

“Have more to say”

“I could be a sport teacher”

“I could be a massotherapist”

“I could make a group for survive people from future disaster”

Patient's self-report on My 3 biggest difficulties in communicating with other people are....



- “Showing true feelings”
- “Explaining what I want better”
- “Being too nervous so I don’t listen to what they say”
- “Making eye contact”
- “Responding to questions”
- “Having facial expressions”
- “Being shy”
- “Being nervous”
- “Having nothing to say “
- “Language”
- “I don’t know what to talk about with people”
- “I’m not smart for starting a conversation”

Patient's self-report on If these difficulties in communicating with other's were not such a struggle, I could...



“Have closer friends & relationships”

“Get my point across better (at work or life)”

“Be more calm & do a better job, with less stress”

“Initiate more”

“Choose good friends”

“Keep friends”

“Be more fun at gatherings”

“Make others more comfortable”

“Feel less shy”

“Be less nervous”

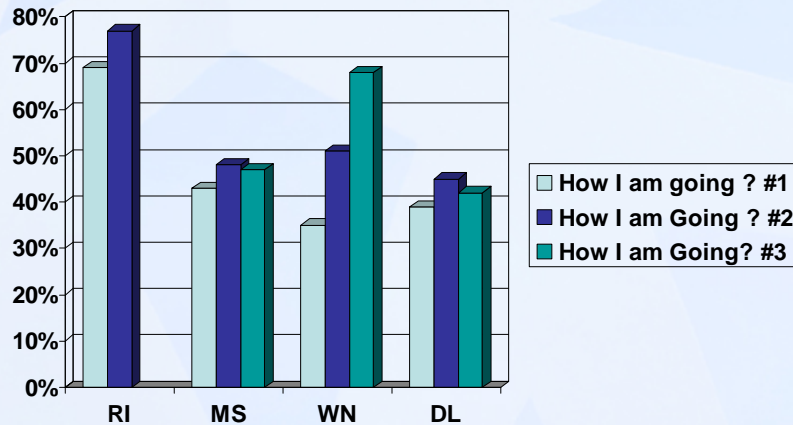
“Have more to say”

“I could be a sport teacher”

“I could be a massotherapist”

“I could start a support group”

How I am going?

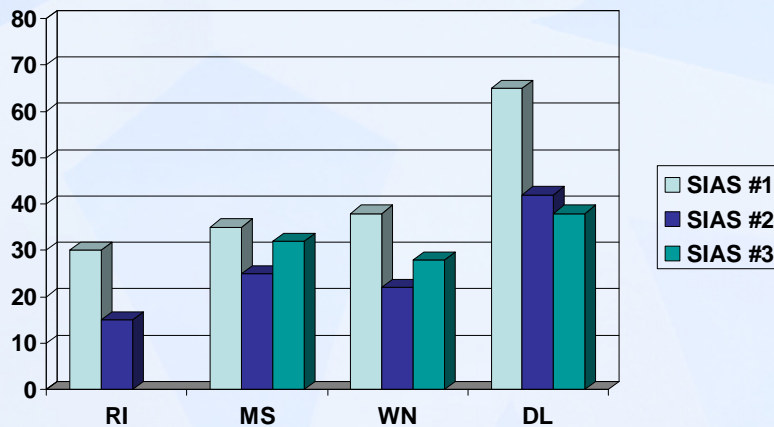


- Overall improvement of the perceived ability to perform the social skills is 12%

Social Interaction Anxiety Scale (SIAS)

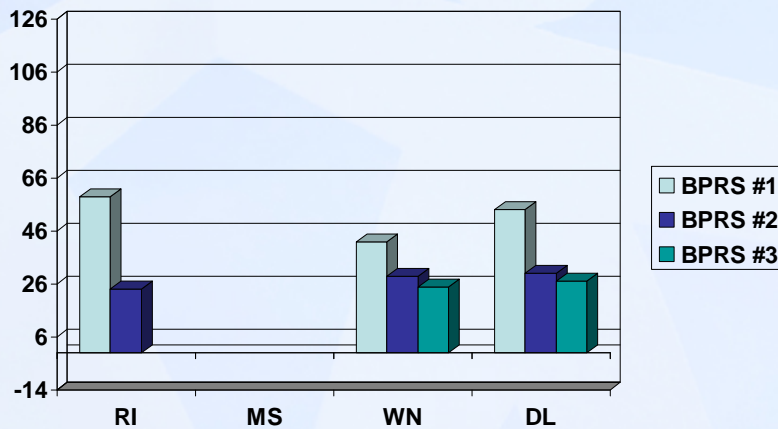


- Overall reduction of social anxiety symptoms is 12.5%

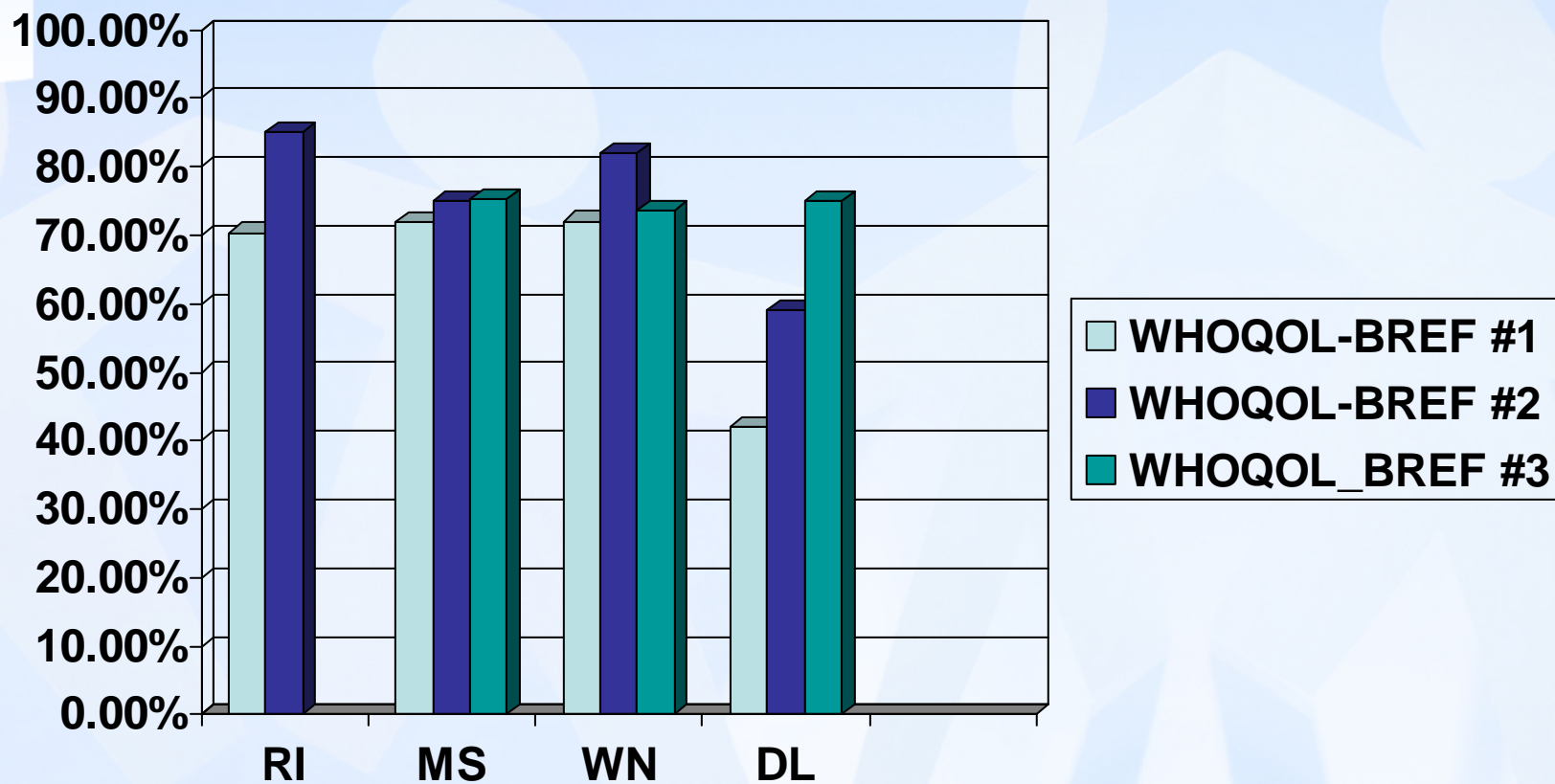




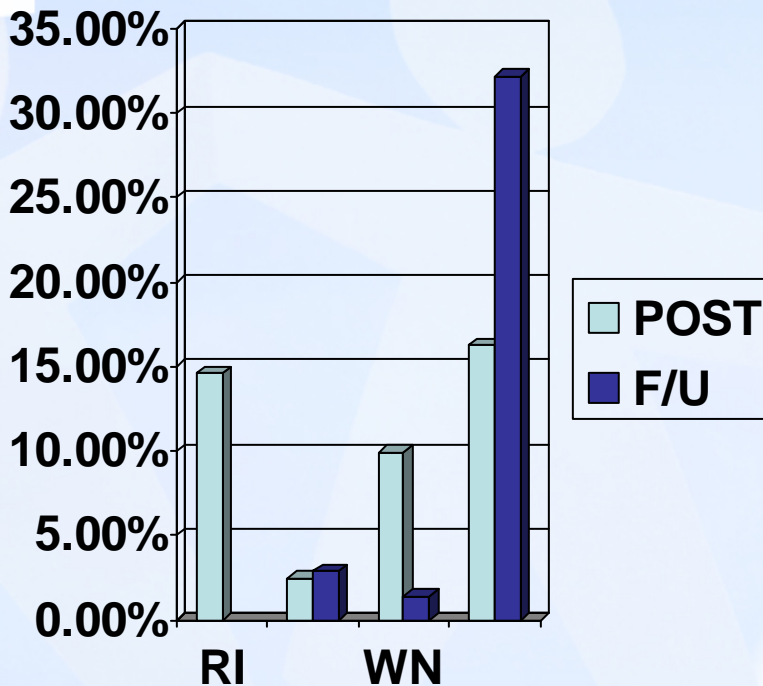
- Overall improvement of psychiatric symptoms is 20%



WHOQOL-BREF



WHOQOL-BREF



- Overall improvement of perceived quality of life is 12.16%

Conclusion



Overall improvement of the

- perceived ability to perform the social skills 12%
- reduction of social anxiety symptoms 12.5%
- improvement of psychiatric symptoms 20%
- improvement of perceived quality of life 12.16%

REFERENCE



- Centre for clinical interventions; psychotherapy – research – training
<http://www.cci.health.wa.gov.au>
- Kingsep, P., & Nathan, P. Social skills training for severe mental disorders; a therapist manual. Centre for clinical intervention.