

Life Skills: A COMPREHENSIVE, COMMUNITY-BASED PSYCHOSOCIAL SKILLS
TRAINING PROGRAM FOR PERSONS WITH SEVERE AND PERSISTENT MENTAL
ILLNESS

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ABSTRACT

Individuals with severe and chronic mental illnesses often lack the psychosocial skills necessary to work, enjoy a social life, and live independently. While social skills training programs have shown promise in improving social and life skills for people with mental illnesses, the programs have proven difficult to implement in community-based settings. This paper describes *Life Skills*, a psychosocial skills training program designed to meet the needs of community programs; it is comprehensive, efficient, and flexible. *Life Skills* has been implemented in a variety of settings including outpatient clinics, public housing complexes, drop-in centers, clubhouses, residential treatment facilities, and group homes.

INTRODUCTION

With the introduction of effective pharmacologic treatments for the core symptoms of schizophrenia (Jibson & Tandon 2000; Tandon, Milner, & Jibson, 1999), psychosocial rehabilitation and recovery have become attainable goals for individuals with the disorder. The

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focus of psychosocial rehabilitation is on improving social and role functioning in order to maximize one's participation in the community. Rehabilitation interventions target behaviors and skills related to illness management, social relationships, independent living, recreation, family relationships, education, and work (Jacobs, Davidson, Steiner, & Hoge, 2002; Drake, Green, Mueser, & Goldman, 2003). Recovery, on the other hand, has been described as the "lived experience of rehabilitation" (Deegen, 1988), and as a process of developing "new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (Anthony, 1993). For reasons not well-understood, individuals with schizophrenia often lack the skills necessary for achieving the goals of rehabilitation and recovery, exhibiting, for example, deficits in social perception, conversational skills, and the ability to conduct basic activities of daily living (Bellack & Mueser, 1993; Penn & Mueser, 1996; Lauriello, Lenroot, & Bustillo, 2003). There is, however, increasing evidence that psychosocial interventions can be effective in reducing these deficits (Heinssen, Liberman, & Kopelowicz, 2000), and this treatment approach is now included in the best-practice guidelines and national treatment recommendations for schizophrenia (APA, 1997; Lehman & Steinwachs, 1998; McEvoy, Scheifler, & Frances, 1999).

SOCIAL SKILLS TRAINING

Social skills training (SST) is one of the most promising of the psychosocial rehabilitation interventions used to treat individuals with schizophrenia and other severe and persistent mental illnesses. SST is a group approach in which techniques derived from social learning theory are used to teach interpersonal and independent living skills. These techniques include didactic instruction, role-playing, modeling, behavioral rehearsal, homework, and positive and corrective

feedback. Instructors apply these techniques to targeted areas of skill deficits such as problem solving, communication skills, medication and symptom management, and recreation (Eckman, Wirshing, Marder, Liberman, Johnston-Cronk, Zimmermann, & Mintz, 1992; Lamberti & Herz, 1995; Liberman, 1994).

A growing body of research indicates that the techniques underlying SST can be effective in teaching individuals with schizophrenia specific social skills ranging from simple behaviors such as maintaining eye contact to more complex behaviors including assertiveness and conversational skills (Bustillo, Lauriello, Horan, & Keith, 2001; Heinssen, Liberman, & Kopelowicz, 2000; Penn & Mueser, 1996; Scott & Dixon, 1995). Furthermore, once learned, these skills can improve social competence (Scott & Dixon, 1995), increase social adjustment (Penn & Mueser, 1996), and improve perception of self (Heinssen, Liberman, & Kopelowicz, 2000). SST, however, appears to have little if any impact on symptom reduction and relapse prevention, and the generalization and duration of its effects are not yet known (Bustillo, Lauriello, Horan, & Keith, 2001; Penn & Mueser, 1996, & Heinssen, Liberman, & Kopelowicz, 2000).

Although it is now recognized that SST is an important component of the comprehensive treatment of schizophrenia and other chronic mental illnesses, few of the programs currently available were designed specifically for use in community settings. These settings require programs that are comprehensive (to meet the needs of a diverse client base), structured (to ensure fidelity to evidence-based practices), and manualized (to simplify implementation). In this paper we describe a program that meets these requirements; *Life Skills* is an innovative community-based psychosocial skills training program designed by clinicians and researchers at

the University of Michigan Department of Psychiatry for individuals with severe mental illness, is one such program.

THE LIFE SKILLS PROGRAM

Life Skills was developed to teach individuals with severe and chronic illnesses in the community how to function successfully in their daily lives. The program's goals are threefold: to create a comfortable space in which clients can get together as a group to discuss challenges and goals; to present a wide range of skills and allow clients to practice them in a safe environment; and to help clients achieve the maximum degree of independent living. The *Life Skills* program consists of 20 one-hour classes that meet weekly. Skills are taught within a structure designed to accommodate the deficits in attention and memory associated with the schizophrenia. For example, classes are only one hour long. While some clients are able to maintain focus for this period of time, for those who cannot, one hour is a realistic goal towards which they can work. Clients who cannot tolerate the length of the class are encouraged to take a brief time out if it becomes necessary for them to do so. Additionally, each class is composed of a set of short activities that utilize multiple educational techniques in order to help maintain clients' attention. Clients are given the opportunity to move about the classroom and to interact with both the instructor and each other during role-play activities. Memory deficits are overcome by the repetition of material learned. Skills taught in previous classes are incorporated into later sessions so that clients continue to have opportunities to use them. Homework is also a valuable tool for reinforcing newly learned skills. At the end of class, clients are usually given a homework assignment, such as engaging a housemate in conversation for three minutes. They then report back on the results. By rehearsing new skills in the real world, they become

automatic responses in social situations, and they can be generalized to new situations. The previous week's homework is reviewed at the beginning of each class so that students can receive both positive and corrective feedback on their experience and have the opportunity to role-play situations that may have had a negative outcome.

Several other techniques based on social learning theory are incorporated into the *Life Skills* program. Instructors use didactic methods when teaching concrete information. For example, in a class on healthy eating, group leaders may first teach students about the food pyramid and the role of proper nutrition in a lecture format. Other methods are used when teaching more complex topics. Role-plays are used during the lessons on communication so that clients have the opportunity to practice the components of effective communication and receive immediate feedback on their performance. Throughout the *Life Skills* program, instructors model the skills being taught. For example, instructors take care to greet students as they enter the classroom and to engage in appropriate small talk in addition to maintaining good eye contact and using appropriate rate of speech and voice volume. Another method of instruction used is behavioral rehearsal. If a participant has a specific event or situation that is causing anxiety, the instructor may suggest a role-play of the situation. This provides students with the opportunity to prepare for a number of different scenarios and to develop confidence in their abilities to handle these situations.

Life Skills classes are designed for 7 – 10 students taught by two co-instructors. Instructors are able to maximize clients' learning by keeping class size down. Maintaining a small group size ensures that the focus of *Life Skills* classes will be on material being presented and the skills being taught. Furthermore, with a small class, instructors can provide the individual attention critical to social skills training. The inclusion of two facilitators in the *Life Skills* program is also

important. The primary instructor's job is to present material and field questions and answers from the class. To ensure that each class member feels valued, all questions and answers are accepted and written on a board. The co-leader functions as part teacher and part classmate. He or she intervenes when class members are having difficulty keeping up with the lessons or are causing disturbances. The co-leader helps by cueing clients with appropriate answers and modeling responses and behaviors. Co-leaders are also helpful during role-plays. If a client feels self-conscious and unsure of how to act in front of a group, the co-leader can role-play directly with him or her. If distractions are getting a class off track, the co-leader can intervene and help the class maintain its interest and momentum.

Life Skills can be conducted in either an open or closed group format, enabling the program to be tailored to meet the specific structural needs of community agencies while benefiting the clients they serve. For example, administrators of group homes and residential treatment facilities often seek programs that create and encourage a sense of community among residents. In such settings, participation in *Life Skills* can be an integral part of the therapeutic treatment program. In other settings, such as clubhouses or drop-in centers, a primary objective is to serve all those seeking assistance. *Life Skills* can facilitate this goal with the use of the open class format in which clients can attend as many sessions as they wish. It has been our experience that with this format a core group of students generally forms over the course of the program. These students function as guides for new class members, putting into practice the skills they have learned in the program. Core members often model behaviors and appropriate group interactions. Furthermore, they ensure that the environment created within the group remains positive and conducive to learning despite changes in attendees from week to week. Their

activities build an atmosphere that is welcoming and supportive, encouraging individuals who may be hesitant to join a *Life Skills* class.

Each *Life Skills* class addresses a single topic (Table 1). Twenty-four classes are included in the teachers' and students' manuals, allowing instructors to select the 20 lessons that are most appropriate for their group's needs. The program includes lessons on both concrete and more complex skills in order to comprehensively address the social and independent living deficits of schizophrenia. Fundamental skills that are the building blocks of effective social interaction and independent living are presented at the beginning of the program. The first four lessons introduce a set of basic problem-solving and communication skills and initiate a discussion of the importance of self-esteem. Great emphasis is placed on understanding and practicing these skills, for they are the basis of the entire course. Lessons five through nine focus on the critical skills necessary for successful social interactions. The emphasis is on identifying and expressing one's own feelings, and on interpreting those of others as conveyed by visual cues and body language. For example, in one class, clients learn to identify the emotions expressed in photographs of human faces. In another, communication skills are practiced in role play using scenarios provided in the course manuals or created by the clients themselves. These lessons build on the communication and problem-solving skills introduced earlier and help clients understand how to work through their interpersonal relationships in a methodical way with positive goals in mind. Lessons ten through thirteen concentrate on practical skills of everyday life, such as time and money management, and nutrition. During these classes clients create their own daily schedules and personal budgets and sample menus. Lessons fourteen through eighteen focus on skills related to independent living. For example, Lesson fourteen covers issues of personal space and privacy. Clients learn to identify their own personal comfort zone and how to respect that of

others. Lesson fifteen teaches clients the differences between assertive, aggressive, and passive styles of communication. Hypothetical situations are used to role play an assertive approach in communicating with others. Lessons sixteen through eighteen deal with the more practical aspects of independent living: the requirements of running a household and the interpersonal skills needed for living with other people; the value of recreational activities; and the importance of maintaining a support system of friends and relatives. In Lessons nineteen and twenty the class moves to a discussion of mental illness-related issues. Basic facts about symptoms, treatments, medication side effects, and relapse prevention are reviewed. The importance of treatment compliance is highlighted and methods are suggested for maintaining compliance and for tracking symptoms. The final four lessons help clients expand their world and prepare for finding a job.

Life Skills provides both students and instructors with manuals that outline each class and offer exercises and examples. The instructors' manual provides guidelines for organizing classes and suggestions for creating a supportive environment. Objectives and procedures for each lesson are clearly stated. Specific ideas are offered for tailoring sessions to the functional level of those attending. The students' manual has room for participants to take notes during each class. It serves as a valuable tool through which clients can share information learned in the program with friends and family, and as a reference for clients as they apply their new skills in the community.

The *Life Skills* program meets many of the administrative as well as the structural needs of community mental health agencies. For example, program costs are low. Detailed directions provided in the instructors' manual and continuing access to the *Life Skills* staff for troubleshooting difficult problems, make it possible for existing staff to conduct the program

after a brief training session. The only additional cost beyond that training is for the student manuals. In addition, *Life Skills* can be repeated as many times as desired at any site. For those individuals who do not master the information and skills presented during the first session, a second (or more) round of *Life Skills* classes can be helpful. These individuals can choose to either attend the entire program again or may select classes addressing the topics they feel they need the most help with.

The *Life Skills* program has been implemented in a wide range of settings that includes outpatient clinics, public housing complexes, client run drop-in centers, clubhouses, residential treatment facilities, and group homes. Over 400 individuals diagnosed with schizophrenia, bipolar disorder, depression, and other severe and chronic mental illnesses have participated. Although there are significant differences in the administrative structure of each of the settings and the clients they serve, *Life Skills* has become a substantial and meaningful part of the services offered by each agency.

EVALUATION

A recent pilot study evaluating the effectiveness of the *Life Skills* program has produced promising results. Thirty-one participants consented to the evaluation. To assess satisfaction, at the end of each class participants were asked to rate anonymously the extent to which they agreed with four statements: “I enjoyed the class”; “the topic was important to me;” “the information was new to me;” “I learned useful information” (scale: 1 = strongly agree; 2 = agree; 3 = disagree; 4 = strongly disagree). Each individual’s responses for a particular question (i.e. enjoyed class) were averaged across all of the classes they attended, and those results were averaged across all respondents to get an overall mean satisfaction score for each question. The

overall mean score for “enjoyed class” was 1.7 (SD=.46); for “importance of topic” the mean score was 1.6 (SD=.43); for “information new” it was 2.1 (SD=.62); and for “information useful” it was 1.7(SD=.45). Thus, scores indicate relatively high satisfaction with all aspects of the classes, although the material was not always new to participants. To assess functional change, participants completed a questionnaire at the beginning and end of the *Life Skills* program. The questionnaire measured social adjustment (12 questions; Weissman, Prusoff, Thompson, Harding, & Myers, 1978; n=21), sense of belonging (13 questions; Hagerty & Patusky, 1995; n=18), mastery (5 questions; Research Committee for the International Association of Psychosocial Rehabilitation Services, 1995; n=17), illness management (3 questions; n=3), and overall satisfaction with life (1 question; n=18). Paired t-test analyses indicated a significant improvement in life satisfaction ($p=.02$), but no change in the other measures.

Indirect evidence that clients and administrators consider *Life Skills* a valuable part of treatment programming is based on requests from all sites to repeat the program.

DISCUSSION

The overall goal in designing *Life Skills* was to create a psychosocial skills training program that could be readily incorporated into a wide variety of community-based settings. The program has now been successfully implemented in outpatient clinics, group homes, clubhouses, drop-in centers, and residential treatment facilities. Furthermore, it has been offered multiple times in many of those settings, an indication of stakeholder satisfaction. The results of a pilot study indicate high client satisfaction with the classes and improved quality of life. While these results are encouraging, methodological limitations of the pilot study call for further evaluation with a comparison group design. In addition, all of the pilot data was based on client self-report.

Independent assessments need to be obtained from clinicians (e.g., physicians, case managers) and, when possible, family members. Finally follow-up data should be collected to determine the sustainability of outcomes.

CONCLUSIONS

Life Skills is a practical and effective community-based social skills training program that is readily implemented in a wide variety of real-world treatment settings. Further evaluation is necessary to confirm and expand on initial findings.

Table: *Life Skills* Lesson Topics

LESSON #	FOCUS	TOPICS
1 - 4:	Introduction to Basic Skills	Problem-solving (two classes) Goal-setting and self-esteem Basic communication skills
5 - 9	Social Skills	Identifying and communicating feelings Improving social interactions Dealing with mixed emotions Understanding group dynamics
10 - 13	Practical Skills	Time management (two classes) Nutrition and weight Budgeting
14 - 18	Independent Living Skills	Personal space Assertiveness skills Managing a household; living with others Recreation Support systems
19 - 20	Understanding Mental Illness	Illness characteristics; symptoms; treatment; medication side-effects; relapse prevention Tracking symptoms and compliance
21 - 24	Advanced skills	Learning styles and skills Negotiating new places Acquiring / applying for a job (two classes)

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