

**FINAL PROJECT REPORT TO THE TRUSTEES
OF THE ETHEL AND JAMES FLINN FAMILY FOUNDATION**

Project: Development and Implementation of a Community-Based Psychosocial Skills Training Program for Persons with Schizophrenia

Investigators: Mona Goldman, Ph.D., Nancy Mann, R.N., Rajiv Tandon, M.D.

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I. INTRODUCTION

Schizophrenia is a severe and chronic disorder. Abnormalities in perception, thinking, mood, and behavior are often accompanied by profound deficits in social and life skills that impair one's ability to work, enjoy a social life, and live independently. While antipsychotic medications, the mainstay of schizophrenia treatment, reduce the acute symptoms of the disease,¹ they have little impact on deficiencies in social functioning and independent living. In contrast, psychosocial rehabilitation programs, such as social skills training, can be effective adjunctive treatments for these deficits and are now included in best-practice guidelines and national treatment recommendations for schizophrenia.^{2,3,4} However, there are very few structured, manualized skills training programs available that can be readily incorporated into the routine services offered by community-based mental health providers. In 1997 we received a grant from the Ethel and James Flinn Family Foundation to address this need by designing, implementing, and evaluating a community-based social and life skills training program for persons with severe mental illness. The new program, *Life Skills*, is based on a program created by Dr. Rajiv Tandon and Nancy Mann, RN, for persons on the inpatient psychiatry unit of University of Michigan Hospitals (UMH).⁵

II. GOALS

The goals for the *Life Skills* project were to:

- 1). design a comprehensive, community-based social and independent living skills training program

for persons with severe mental illness based on the UMH inpatient program

- 2). implement *Life Skills* in a variety of settings where consumers live or receive treatment
- 3). evaluate the effectiveness of *Life Skills* in these settings
- 4). Make the *Life Skills* program financially independent

III. STAFF

Many people have participated in this project and their contributions have been described in the quarterly progress reports. Throughout the project Mona Goldman has overseen the administration of the grant and has served as research director. Nancy Mann has led the design and conduct of the program, including development of class content and presentations; the creation of a client workbook and a teacher's manual; training new co-leaders; and speaking at conferences and national meetings. William Borem, RN and Robert Johnson, MSW now assist Nancy with the classroom teaching and presentations to outside groups. Robert Johnson is also working on public relations and identifying payment sources for the program. Rajiv Tandon has provided expertise in the pathology and behavioral deficits of schizophrenia and advice on the design and conduct of all aspects of the project.

III. PROGRAM DESIGN

The first step in this project was to design the *Life Skills* program. Using the general framework created by Dr. Tandon and Ms. Mann for the inpatient program, we redesigned all of the classes to reflect the needs and interests of clients who were living in the community, and to meet the administrative requirements of outpatient treatment settings. The final *Life Skills* program consists of 20 one-hour classes that meet weekly. Classes are designed for 7 – 10 clients taught by two co-instructors. Each *Life Skills* class addresses a single topic (Table 1). Twenty-four topics are included in the teacher's and students' manuals (see below) so that instructors can select the 20 that are most appropriate for the group they are leading. The program includes lessons on both concrete and more complex skills in order to comprehensively address the social and independent living deficits of schizophrenia and other severe mental illnesses. Fundamental skills that are the building blocks of interpersonal interactions are presented at the beginning of the program. The first four lessons

address basic problem-solving and communication skills, topics that are critical components of effective social skills. Lessons Five through Nine are designed to strengthen group dynamics by encouraging class members to talk about feelings and social interactions with others. 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. Lessons Fourteen and Fifteen cover issues of personal space and assertiveness. In Lessons Nineteen to Twenty-One, the class moves to a more abstract discussion of psychiatric issues and treatment methods. The final three lessons help clients expand their world and prepare for finding a job.

Life Skills training applies the concepts of social learning theory in that skills are taught in groups, modeled by instructors, and rehearsed through class activities and role-plays. Didactic teaching is also used when appropriate. Skills are taught within a structure designed to accommodate the deficits in attention and memory associated with schizophrenia and other severe chronic disorders. For example, classes are only one hour long. While some clients will be 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. Using the skills learned in class in their daily lives not only helps clients repeat skills until they become more automatic responses to social situations, but also promotes generalization of skills. 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.

We also designed a student workbook and an instructor's manual to accompany the *Life Skills* classes. The original workbook was designed for clients with schizophrenia. However, it soon became apparent that individuals diagnosed with other mental illnesses such as bipolar disorder and major depression were also taking the classes. Thus, we revised the workbook before its second printing to include additional activities for clients with less severe social dysfunction. The instructor's manual is keyed to the second printing of the workbook. The instructor's manual offers guidelines for organizing a group and suggestions for creating a supportive environment. For each lesson, the objectives of and procedure for the class are clearly stated. Specific ideas for tailoring the session to the functional level of those attending are offered. The manual assures that fidelity to the program is maintained across the wide variety of settings in which the program is delivered. The student's manual has room for student's to take notes during each class and student's can reference the topics covered in *Life Skills* outside of class. Moreover, the workbook provides a valuable tool through which clients can share information learned in the program with friends and family.

Recently we created a *Life Skills* webpage that can be accessed directly at <http://www.med.umich.edu/psych/ahosp/clinical/life.htm> or by going to the UM Department of Psychiatry website, <http://www.med.umich.edu/psych/>

IV. IMPLEMENTATION

The adaptability and utility of *Life Skills* have been instrumental in its implementation in a wide array of community agencies. For example the program can be conducted in either an open or closed group format. In group homes and residential treatment facilities the focus may be on fostering a sense of community among residents. At those sites, *Life Skills* classes can be taught to cohorts of clients who remain together for the 20-sessions, thereby providing clients with an opportunity to form important connections with other group members. In contrast, at clubhouses or drop-in centers, the agency's primary goal may be to serve all persons seeking assistance. At those sites, the format can be structured so that clients may drop-in to any class and may repeat the course as many times as they wish. Our experience with this "open" format is that a core group of students generally forms over time. They can then practice their social skills as they welcome new members into the group.

To date *Life Skills* has been successfully implemented in nine diverse sites including outpatient clinics, public housing complexes, client run drop-in centers, clubhouses, residential treatment facilities, and group homes (Table 2). Although there are significant differences in the administrative structures at these sites and in the clients they serve, *Life Skills* has become a substantial and meaningful part of the services provided.

V. EVALUATION

It is notoriously difficult to evaluate psychosocial programs, and this has been true for *Life Skills*. After several revisions, our current outcomes protocol consists of four components. The first is a 43-item self-administered questionnaire that participants complete at the beginning and at the end of the program. We designed some of the questions, while others were derived from widely used instruments (e.g. the “Social Adjustment Scale”⁶; the “Sense of Belonging Scale”⁷, and the “Quality of Life Interview.”⁸) The questionnaire assesses change in sense of belonging, empowerment, social adjustment, understanding of illness, medication compliance, and quality of life. Client satisfaction is measured with a 35-item written survey completed at the end of the program. In addition a brief 4-item survey is completed by clients at the end of each class to measure the extent to which the class material was important, new, useful, and whether the client enjoyed the class. Finally, the instructor completes a form at the end of each class that documents attendance and class participation for each client.

The results of the evaluation are summarized in Figures 1 and 2 and Tables 3 and 4. Note: not all program cycles were evaluated. For example, programs were not evaluated when classes were comprised of many repeat clients. As shown in Figure 1, nearly 400 individuals participated in *Life Skills* classes, but only 229 were in programs that were evaluated. Of those around 70% (162) consented to participate in the evaluation; 50 persons completed the original outcomes questionnaire at both baseline and the end of the program and 21 did so for the current instrument. Our preliminary results indicate that while quality of life improved significantly during the course of the program, other measures of social function remained unchanged (Table 3). The inability to detect changes in sense of belonging, social adjustment, empowerment, compliance, or may be due to the small sample size, patient variation, or to bias. The sample size will increase as we continue to gather data at new

Life Skills sessions. In future evaluations we hope to obtain additional data from the case manager or the medical chart and to reduce bias by using a randomized study design. Results from the individual class surveys indicate that satisfaction levels were high especially for the importance and usefulness of the material presented and the overall enjoyment of the class (Figure 2, Table 4).

VI. FUTURE PLANS

A new two year grant from the Ethel and James Flinn Family Foundation will enable us to continue the development, implementation and evaluation of *Life Skills*. Specifically the goals for that grant are to:

- 1) continue the *Life Skills* program at some of the current sites and expand it to others
- 2) improve the program assessment tools and evaluation methodology
- 3) develop a training program for new program leaders, and
- 4) make the program self-sufficient by marketing it to mental health providers throughout Michigan and other interested communities and by applying for federal, state, and local funding for the program

VII. SUMMARY

During the past four years we have used our grant from the Ethel and James Flinn Family Foundation to design *Life Skills*, a comprehensive community-based psychosocial skills training program for persons with severe mental illness, and to implement the program in a variety of settings. We have also written an accompanying client workbook and a teacher's manual. Finally, we have developed evaluation measures and used them to assess the effectiveness of the *Life Skills*. We believe that the combination of a structured program, easy-to-use written materials, and a flexible implementation protocol will enable *Life Skills* to become the model of choice for the provision of cost-effective community-based psychosocial services for persons with schizophrenia.

VIII. REFERENCES

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TABLES

Table 1: *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 feelings Communicating feelings Practice session Improving social interactions Dealing with mixed emotions
10 - 13	Practical Skills	Time management (two classes) Nutrition and weight Budgeting
14 - 18	Independent Living Skills	Personal space Assertiveness Independent living Recreation Support systems
19 - 20	Understanding Mental Illness	Understanding illness (prevention, symptoms, treatment, recovery) Tracking symptoms and compliance
21 - 24	Advanced skills	Learning styles and skills Negotiating new places Acquiring / applying for a job (two classes)

Table 2: Program Sites

Site	Type	Level	# times programs repeated
New Focus	Clubhouse	Mixed	9
Full Circle	Drop-in	Low	9
Riverview	Outpatient	High	8
Rose Hill	Residential	Mixed	7
Kadima	Outpatient	Low	1
Fresh Start	Clubhouse	Mixed	4
Kadima	Group home	Low	2
VA	Outpatient	Low	1
Oakland Co.	Drop-in	Low	1

As of February 24, 2003

Table 3: Change in Functioning

	N	Baseline	End of Program	Sig*
Social Adjustment	19	2.63 (.69)	2.64 (.53)	.70
Sense of Belong: Antecedent	16	1.98 (.55)	1.96 (.23)	.75
Sense of Belonging: Psychol	16	2.41 (.62)	2.36 (.62)	.68
Self-confidence	15	2.04 (.56)	2.01 (.63)	.96
Satisfaction with LIfe	16	2.31 (.95)	1.94 (.93)	.03

All scores are mean (SD)

Scale for all except Social Adjustment is: 1 - 4, where low indicates higher functioning.

Social Adjustment: scales for each question are 1- 4 or 1-5; low score indicates higher social functioning

Table 4: Some Participant Evaluation Comments

“I enjoy the class because it helps me understand myself more.”

“I look forward to coming to this group. I have a reason to get up”

“This topic is very helpful for real world experiences.”

“It felt good to be in a group of ‘like’ people, it would be nice to address more of our ‘special’ circumstances.”

FIGURES