

Behavioral Intervention in Mental Health: Strategies and Skills Learning and Development (SSLD)

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What is Strategies and Skills Learning and Development (SSLD)?

- Strategies and skills learning and development (SSLD) is a procedure focusing on behavior and performance.
- The primary objective of SSLD is to expand the repertoire of strategies and skills that individuals and/or social groups have so that they become more effective in attaining their desired goals in life.
- SSLD draws on principles derived from social psychology, psychology of learning, including social cognitive and social learning theories.

Other Similar Programs and Interventions

- **Social Skills Training**
- Social Effectiveness Therapy
- Social Competence Training
- Assertiveness Training
- Life Skills Training
- Skills Coaching

Characteristics of SSLD

- Learner-centered, emphasize learning over training
- Contingency thinking, designed according to need of learner
- Not limited to the learning of skills, but also pays attention to the development of strategies
- The learner can develop skills and strategies beyond the trainer's repertoire

Social Skills Learning and Development (SSLD)

Can be applied in a wide variety of human service contexts:

- Individual counseling and psychotherapy
- Couple and family counseling/therapy
- Group counseling and psychotherapy
- Psycho-educational interventions
- Education, learning and training
- Residential/institutional social work
- Organizational development
- Community work (development, organizing, and social action)

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Application of SSLD in Mental Health

- As an adjunct to pharmacotherapy and/or psychotherapy
- As an independent treatment
- As a way to help patients benefit from existing treatment and service programs (e.g., patient induction programs, in-patient life-skills training)
- Community intervention, mental health promotion

Clinical Value of SSLD

Objectives of effective mental health intervention:

- Removal of symptoms
- Social effectiveness (e.g., employment/study, parenting role, social life)
- Subjective well-being

Clinical Value of SSLD

1. Replace symptoms (e.g., withdrawal, delusion) with functional behaviors (skillful interaction, effective communication)
2. Improve social effectiveness
3. Improve self-efficacy, attainment of personal goals

Basic Theoretical Premise

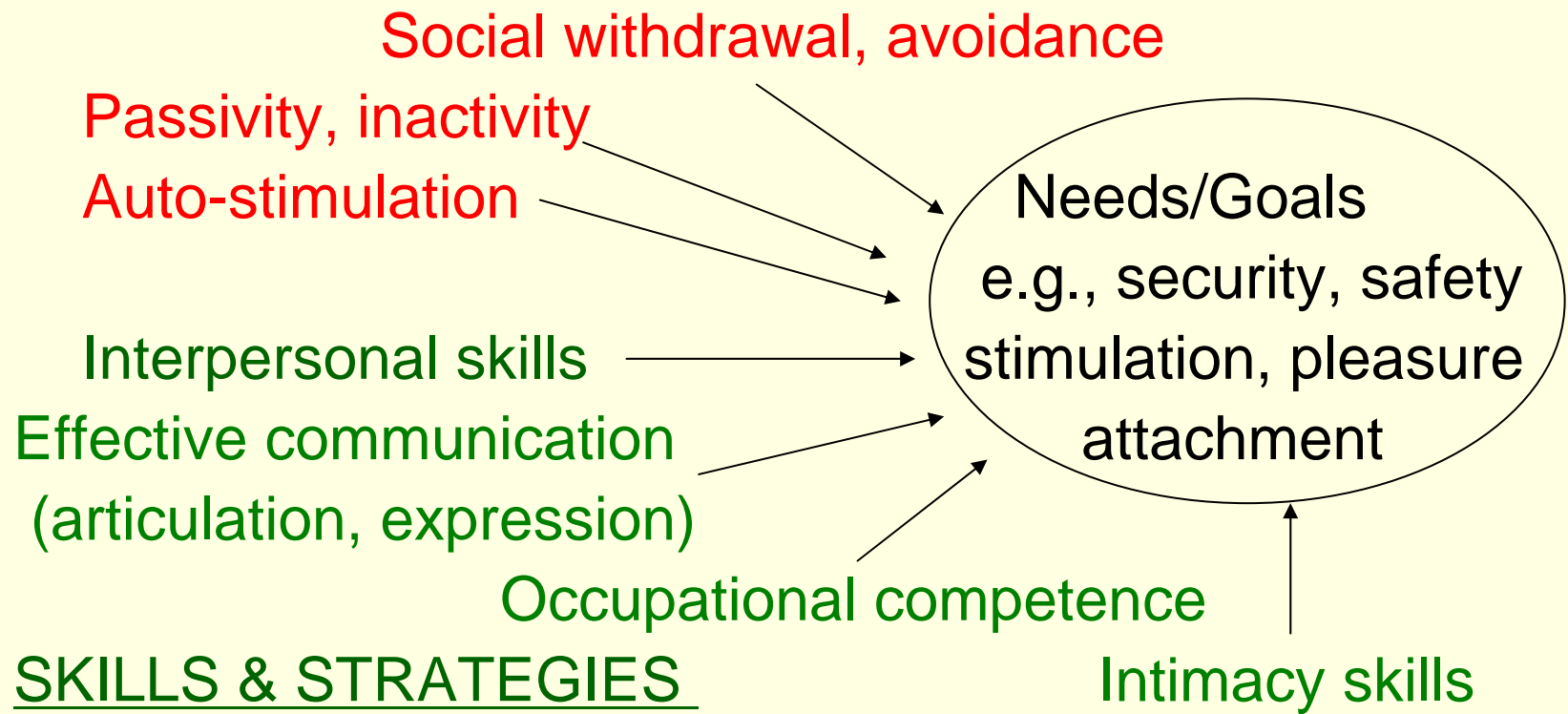
- Most human behaviours are motivated and goal-directed; the individual is conceived as an active agent
- Human action is embodied and mediated by biological, cognitive, and emotional processes
- Human action and external environmental realities interact with each other; and there is a process of mutual influence and transformation

Basic Theoretical Premise

- Most human behaviours are learned: Some are learned in informal, everyday situations, some are learned through structured programs
- Human behaviors vary in their effectiveness with regard to the attainment of goals
- Problematic behaviours are attempts to attain goals by ineffective or socially inappropriate means
- The mastery of new strategies and skills that are effective can lead to displacement of formerly learned ones that are ineffective or inappropriate

Case Illustration 1: Severe Social Withdrawal

PROBLEM BEHAVIORS



Case Illustration 2: Addiction

PROBLEM BEHAVIORS

Avoidance of real-life challenges
(e.g., work, relationships)

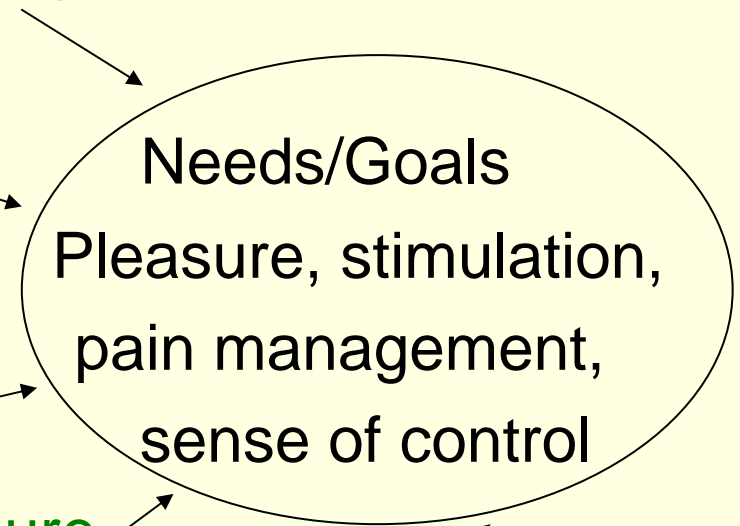
Addiction

Problem-solving
skills

Stress management skills

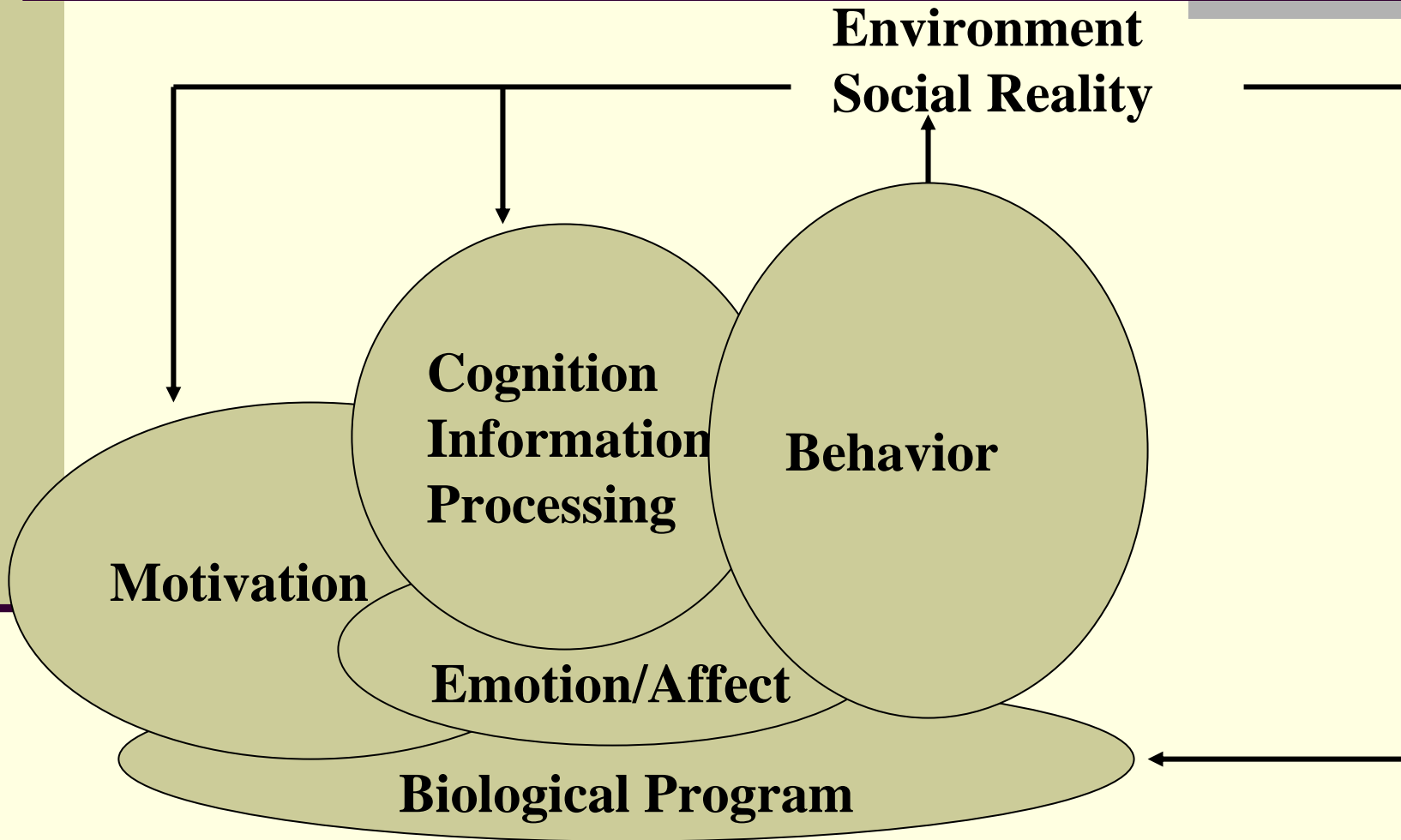
Strategies for achieving pleasure

Interpersonal skills



SKILLS & STRATEGIES

Human Behavior and the Social Environment



Problems or Issues as Behavioral Deficit

- Most mental health problems are manifested as behaviors that are either ineffective or inappropriate for meeting personal needs (symptoms)
- It is the behavior, not the need, that is problematic
- Each person has his/her own needs profile, which can change over time (life-course)
- New behaviors that are effective and appropriate (skills and strategies) will replace dysfunctional ones

Problems or Issues as Behavioral Deficit

- Behavioral skills and strategies can be learned systematically
- The (motor) skills learning metaphor:
 - Aptitude, differential strengths
 - Experiential learning
 - Proficiency and practice
 - Skills and performance

Example: Patient reporting delusional thought

Conventional Psychiatry: Symptom/Dysfunction Orientation

- Symptomatic of schizophrenic disorder
- Distortion of reality

SSLD Functional Analysis of Patient Reporting Delusional Thought

- Verbalization: releases anxiety (comfort, self-protection needs)

- Construction of delusion
 - A way to make sense of overwhelming situations (cognitive need)
 - Protects the self from psychological threat and damage (safety, self-esteem needs)

- Reporting delusional thought: A way to tell others that one needs help (social, affiliation needs)

What Does the Patient Need

- Safety: Protection of self against external threats, real or imagined (related to information, mastery, control)
- Anxiety management/reduction
- Cognitive need to make sense of confusing/threatening aspects of reality
- Articulation, expression of internal process: Fear, confusion, insecurity
- Attachment: Connection, affiliation, intimacy

Skills Learning and Behavioral Change

1. Problem translation: reformulate problems and issues into learning objectives
2. Generating and designing goal-directed skills and strategies
 - Skills, Strategies, Performance
3. Systematic learning through
 - Observation or symbolic mediation
 - Simulation, role play, rehearsal, and feedback
 - The 4Rs: Real-life (*in vivo*) practice, report back, review, and refinement
4. Evaluation

Strategies, Composite Skills, and Micro-processes

Strategies

Developing trust
Cultivating intimacy

Composite Skills

Self-disclosure, building common ground
Emotional engagement, empathic responses

Micro-processes

Using “we” language, sharing childhood experience,
Reflection of feelings, emotional joining, positive affect

Collaborative Generation and Development of New Skills

1. Define desired outcome
2. Brainstorming
 - Specify criteria/conditions
 - Identify skill components
 - Incrementalism
3. Simulation and rehearsal
4. Modification and refinement
5. Real-life practice

Learning and Development versus Training and Coaching

- By emphasizing learning rather than training or coaching, we are focusing on the learner instead of on the trainer.
- The key point is not what the trainer is trying to offer or teach, but what the learner needs to learn.
- We believe that learning can sometimes happen without teaching; and the learner can go beyond the trainer's knowledge and skill.
- Attention should therefore be paid to the learning process and how skills are developed.

Packaged Program versus Contingency-based Skills Learning

Packaged

- Pre-planned, fixed; same program for everyone (e.g., assertiveness training)
- Assumes similar problems or common needs
- Structured or manualized, easier to learn and deliver
- Common skills set to be learned
- Usually in groups

Contingency-based

- Contingent upon the needs and specific circumstances of the client(s)
- Emphasizes individual needs and characteristics
- Demands individualized problem translation
- Both common and individualized skills
- Individual or group