

Preface

Give a man a fish and you feed him for a day.
Teach a man to fish and you feed him for a lifetime.
—*Chinese proverb credited to Lao Tzu,*
the founder of Taoism

This popular Chinese proverb describes the core approach of this book. Cognitive-behavioral social skills training (CBSST) is a psychosocial rehabilitation intervention for consumers with schizophrenia. In CBSST, consumers set specific recovery goals related to living, learning, working, and socializing in their communities of choice, then learn cognitive, communication, and problem-solving skills to achieve these goals. This manual is a practical guide to delivering the CBSST program. CBSST integrates cognitive-behavioral therapy (CBT), social skills training, and problem-solving training, three strong evidence-based practices for schizophrenia. Integrating these interventions strengthens all three. Consumers set specific, motivating goals for their functioning, including the steps they will take to achieve these goals. They then learn skills to work toward their recovery goals. A skills-based cognitive therapy approach is used to teach consumers how to correct inaccurate dysfunctional thoughts that interfere with goal-directed activities, including defeatist expectancies (“It won’t be fun”), low self-efficacy beliefs (“I always fail”), and anomalous beliefs (“Spirits will harm me if I go out”). Social skills training is used to teach communication skills to improve assertive engagement in interpersonal interactions, and problem-solving skills training facilitates recovery goal achievement and combats negative symptoms and depression.

This treatment manual is unique among psychosocial treatment manuals for schizophrenia in several ways. First, unlike most other cognitive therapy interventions for schizophrenia, which primarily focus on positive symptoms, the primary focus of CBSST is on recovery goals related to living, learning, working, and

socializing. Second, CBSST is unique in bundling together three evidence-based practices—CBT, social skills training, and problem-solving training. Third, CBSST is a simplified, skills-based intervention that is designed to be easy for providers to deliver and consumers to understand. Finally, CBSST can be delivered as group therapy, individual therapy, or in the context of case management (e.g., assertive community treatment).

Evidence-based practices for schizophrenia, such as CBT and social skills training, have been identified and are recommended in best-practice guidelines (Gaebel, Weinmann, Sartorius, Rutz, & McIntyre, 2005; Dixon et al., 2010), but these practices are rarely available to most people with schizophrenia. The field must close the gap between research and service delivery by adapting evidence-based practices for schizophrenia for delivery in community settings. One barrier to their implementation and delivery is the cost associated with existing cognitive therapy models, which typically require a high level of education and extensive training. Consumers with schizophrenia typically do not have the resources to access these interventions, and community mental health systems often cannot afford them. We have challenged the mistaken assumption that CBT for schizophrenia can be delivered only by highly educated, expensive providers. CBSST is designed to be accessible to providers with bachelor's- and master's-level, as well as doctoral-level, education who have experience working with consumers with serious mental illness. CBSST was specifically designed to be a simple, step-by-step, skills-based intervention that can be delivered with high fidelity by novice providers. As such, CBSST has the potential to improve significantly the access of the millions of consumers with schizophrenia to these evidence-based treatments.

This is a practical treatment manual that describes a step-by-step process of learning skills to facilitate recovery goal achievement. The manual includes suggested provider scripts, diagrams that can be used to describe concepts and teach, and exercises and games designed to teach while having fun and maintaining consumer engagement. Also included are CBSST Consumer Workbooks, which contain summaries of all the skills and worksheets for at-home practice (homework). As such, CBSST is relatively easy to implement with high fidelity by clinicians at almost any level of education and experience.

This book is intended to have broad appeal to counselors, care coordinators, case managers, substance abuse counselors, employment/vocational rehabilitation specialists, social workers, psychiatric nurse specialists, psychologists, and psychiatrists working with consumers with schizophrenia, schizoaffective disorder, or other serious mental illnesses. Clinicians with at least a bachelor's degree in a mental health-related field (or less, if experienced with this population) will likely find this treatment manual accessible. This CBSST manual is also appropriate for several types of students, including students in certificate programs and graduate programs in substance abuse, vocational rehabilitation, occupational therapy, social work, psychology, and psychiatric nursing and psychiatry, as well as practicum trainees, interns, postgraduate fellows, and residents from these disciplines.

HOW THIS BOOK IS ORGANIZED

This CBSST treatment manual is divided into three main parts. Part I (Chapters 1–4) describes the theoretical background, research evidence, outcome and fidelity assessments, and guidelines for the implementation of CBSST. Chapter 1 provides the rationale for bundling CBT, social skills training, and problem solving into CBSST to improve functioning and overviews the specific skills modules. Chapter 2 briefly describes research supporting the efficacy of these interventions, including three clinical trials of CBSST that have demonstrated its efficacy for improving functioning in schizophrenia. Practical considerations about how to start a CBSST group and adapt CBSST to the unique needs of different clinical settings are discussed in Chapter 3. Assessments to measure treatment outcomes and evaluate the fidelity of CBSST delivery are described in Chapter 4.

Part II (Chapters 5–9) is a practical guide to delivering the CBSST program. Setting goals is a key component of any effective psychosocial rehabilitation program. In the CBSST program, treatment is guided by recovery goals. Chapter 5 describes the goal-setting process of identifying a long-term recovery goal that is personally meaningful to the consumer, and breaking that goal down into short-term goals and goal steps that can be accomplished each week. Chapters 6–8 then provide practical, session-by-session guidance on delivering the three CBSST modules: Cognitive Skills, Social Skills, and Problem-Solving Skills. Chapter 9 provides tips on adapting CBSST to special populations and overcoming some common challenges clinicians might face in delivering CBSST.

Part III contains consumer workbooks for each of the three skills modules. Each workbook can be copied and given to consumers at the start of its respective module. Alternatively, the workbook pages can be treated as handouts and distributed on a session-by-session basis. Appendices A–C provide additional assessment measures; experiential games that can facilitate learning and engage consumers in treatment by making learning fun; and additional useful handouts.

With the recovery movement, there is growing realization among consumers and providers that people with schizophrenia can achieve meaningful recovery and improved quality of life when offered effective treatments. Effective psychosocial treatments for schizophrenia have been identified but are rarely delivered in the context of busy, underfunded mental health systems. The evidence for the efficacy of CBSST has been evaluated by the Substance Abuse and Mental Health Services Administration and was found to be sufficient to list CBSST on the National Registry of Evidence-Based Programs and Practices website (<http://nrepp.samhsa.gov>). We hope this practical CBSST manual will help increase the availability of cognitive-behavioral, social skills, and problem-solving interventions for consumers with serious mental illnesses to help them learn the skills needed to achieve their recovery goals.