



*The Skills for Lifelong Empowerment*

# UCLA Social and Independent Living Skills Modules

*An overview of their content and format*

**Medication Management Module**

**Symptom Management Module**

**Community Re-entry Module**

**Recreation for Leisure Module**

**Basic Conversation Skills Module**

**Substance Abuse Management Module**

**Friendship and Intimacy Module – Part I**

**Workplace Fundamentals Skills Module**

## ***Overview of the content and format of the modules***

### ***What are the UCLA Social and Independent Living Skills Modules?***

The UCLA modules are highly structured and thoroughly specified curricula that teach individuals the skills needed to live successfully in the community. Produced under the scientific and clinical leadership of Robert Paul Liberman, M.D., Professor of Psychiatry and Director of the **Psych REHAB Program** at the UCLA School of Medicine, **the modules fulfill three evidenced-based criteria:**

- ✓ **1) Content:** Include a wide range of skills so that individuals can select training in the ones needed to achieve their individual goals for improved community functioning. The eight modules can be grouped into three major content areas:
  - **Illness Management:** Three modules cover this area: a) Medication Management, b) Symptom Management, and c) Community Re-entry.
  - **Basic Living:** Three modules cover this area: a) Substance Abuse Management, b) Basic Conversation Skills, and c) Recreation for Leisure.
  - **Advanced:** Two modules cover this area: Workplace Fundamentals and b) Friendship and Intimacy.

The four to nine skills taught in each module are described in the following eight pages, one page per module. Each page also lists special considerations for implementing that particular module.

- ✓ **2) Format:** Produce the modules in so thoroughly specified and highly structured a format that diverse practitioners with diverse educational and clinical backgrounds can implement them with equal ease and accuracy. The format is so consistent from skill to skill and module to module that no special training or qualifications are required to conduct a module.

The pages just after those describing the modules' content outline the methods of teaching each skill - the seven "learning activities" - the physical components of each module - Manual, Tape, and Workbook, and the resources needed to implement a module.

- ✓ **3) Rigorous evaluation:** Evaluate the modules' a) instructional effectiveness, b) fidelity with which they are used across diverse practitioners and settings, and c) effects on individuals' outcomes. The results of these rigorous evaluations are presented in various publication such as:

Liberman RP, et al. (1998). Skills training vs. psychosocial occupational therapy for persons with persistent schizophrenia. *American Journal of Psychiatry*, 155:1087-91.

Heinssen RK, Liberman RP, et al. (2000). Psychosocial skills training for schizophrenia: Lessons from the laboratory. *Schizophrenia Bulletin*, 26:21-46.

Liberman RP, et al. (2002) In vivo amplification of skills training: Promoting generalization for clients with schizophrenia. *Psychiatry*, 65:137-155

These are but a few of the many publications that report the modules' effects, and describe various assessment tools for planning individualized psychiatric rehabilitation. For more information, call 805-484-5663, visit [www.psychrehab.com](http://www.psychrehab.com), or email [dissemination@psychrehab.com](mailto:dissemination@psychrehab.com)

**What is the Medication Management Module?**

This module teaches individuals the skills to become life-long collaborators in the selection and administration of their

**GOAL**  
*Collaboratively select and self-administer psychotropic medication*

psychotropic medications. Over time, individuals in collaboration with their prescribing doctors, will need to adapt their medications to changes in their symptoms, the medications' side effects, the emergence of potentially better medications, and the stresses in their living environments. This

module makes individuals partners with their providers to adapt their medication regimens, minimize side effects, and avoid symptomatic and functional relapse.

**What specific skills are taught in the Module?**

Participants learn five key skills needed to achieve the module's goal.

**Skill 1**  
*Benefits of medication*

Participants learn the benefits of their psychotropic medications, the biological mechanisms for these benefits, and the value of acute and maintenance medication.

**Skill 2**  
*Self-administration*

Participants learn how to dispense their medications by checking the label to determine they have the correct ones at the correct time, dispensing the prescribed amounts in a sanitary manner, latching the bottles securely, taking the tablets, and recording the effects on the Self Assessment Rating Sheet.

**Skill 3**  
*Identify and monitor side effects*

Participants learn to identify the side effects of their medications, discriminate minor from major ones, implement methods to cope with the minor ones, and determine how rapidly they should report major ones to their health care providers.

**Skill 4**  
*Negotiate medication issues with care provider*

Participants learn to communicate effectively with their health care providers about the effects of their current medication regimens and the changes they desire such as reductions in specific side effects, a change in the timing or amount of the doses, etc.

**Skill 5**  
*Using injectable medications*

Participants learn the advantages and disadvantages of taking long-acting injectable psychotropic medications.

***Special Considerations for Implementing this Module***

- ✓ The **Medication Management Module** provides information about:
  - The effects of specific medications;
  - The methods of self-administering any tablet form of medication, monitor its effects, and work with providers to develop a regimen that maximizes benefits and minimizes inconvenience and side effects.
- ✓ Trainers may wish to update the module's information about specific medications as new findings are publicized or new medications are introduced. Several sources are available to update the information.
  - The internet, including pharmaceutical manufacturers' sites supplemented by information from unbiased sites;
  - Colleagues who have recently updated their own information. It may be worth asking these colleagues about the source and date of their information to evaluate its accuracy and timeliness;
  - The prescribing physician, who should always be consulted about the accuracy and usefulness of updated information. The prescribing physician is accountable for individuals' care, and must have access to the module's information to ensure that he/she is fulfilling that responsibility;
  - Technical journals and articles. Additionally, annually updated materials are available from Psychiatric Rehabilitation Consultants on a subscription basis.
- ✓ The module is intended to foster collaboration between participants and their care providers, and assumes that providers will allot sufficient time to thoroughly review participants' records of the effects of their medications, and alter the type, dose, and schedule of medication as needed. This collaboration empowers participants so that they will adhere to their medication regimens, and not arbitrarily alter them simply because "no one listens to me."

It should also be noted that participants make ongoing decisions to adhere based on several considerations such as the costs of the medications' side effects compared to the value of its benefits. A good deal of research has also indicated that important caregivers such as case managers, physicians, residential care staff, family, and ministers greatly influence participants' decisions to adhere. The probability of adherence is markedly increased when these caregivers encourage participants' adherence and frequently thank them for doing so. These caregivers also demonstrate their concern by willingly assisting individuals solve problems with their medications.

**What is the Symptom Management Module?**

This module teaches individuals the skills to monitor the “signs” that warn of an impending symptomatic relapse, and implement a predetermined “emergency” plan to prevent the relapse or minimize its effects. The intent is to help individuals live in the community at the highest level of functioning possible with a minimum of disruption due to inevitable variations in their symptoms.

**GOAL**  
Identify the warning signs of a relapse, and prevent it or minimize its effects

**What specific skills are taught in the Module?**

Participants learn four key skills needed to achieve the module’s goal.

**Skill 1**  
Identify warning signs

Participants learn to identify the “signs” that warn of an impending symptomatic relapse such as disruptions in sleep patterns, an increase in feeling irritable or nervous, a feeling of impending disaster, etc. Some of these signs will be common to several participants, while others will be unique to each. Participants learn how to monitor and record these signs on a checklist for periodic review with their caregivers and supporters.

**Skill 2**  
Manage warning signs

Participants learn how to discriminate their specific warning signs from persistent symptoms, minor variations in their moods, and the side-effects of their medications. They also learn how to develop an “Emergency Plan,” a specific sequence of steps to be implemented with caregivers and supporters to cope with the increase in warning signs.

**Skill 3**  
Cope with persistent symptoms

Participants learn how to identify their unique persistent symptoms, and discriminate them from warning signs, minor variations in their moods, and side-effects of their medications. They also learn how to cope with these persistent symptoms, and monitor and record them on a checklist similar to that used with warning signs.

**Skill 4**  
Avoid alcohol and street drugs

Participants learn about the negative effects of alcohol and street drugs on their symptoms and functioning, and how to refuse offers to use them. They also learn how to avoid using them to compensate for feelings of anxiety and depression, and how to discuss them with their caregivers and supporters.

**Special Considerations for Implementing this Module**

- ✓ Individuals with severe and persistent mental illness may experience periods when their symptoms worsen, their functioning declines, and they may need costly inpatient treatment. If these periods could be identified just as they were about to develop, or if there were signs that might warn of their development, interventions could be implemented to prevent a relapse. This module is intended to teach individuals, their caregivers, and their supporters to recognize the signs that warn of an impending relapse and collaboratively implement a prearranged relapse prevention plan.
- ✓ A difficulty is that the signs that warn of an impending relapse vary greatly from individual to individual and even from episode to episode for the same individual. Furthermore, identifying warning signs requires that individuals reliably discriminate them from their persisting symptoms and minor variations in mood, neither of which predicts relapse.
- ✓ Two complementary interventions are likely to work quickly enough to prevent a relapse; a temporary change in the type and/or dose of psychotropic medication, and a reduction of stressors in the environment.
- ✓ Unfortunately, as a relapse is beginning to develop, it may be increasingly difficult for individuals to reliably identify their warning signs, and collaboratively change their medications and reduce the stresses in their environments.
- ✓ Hence, a key procedure in the module is the development in Skill 2 of an "Emergency Plan." The Plan is a prearranged sequence of steps that individuals and their caregivers and key supporters will collaboratively implement when there are warning signs of an impending relapse. These steps will include meetings to discuss the warning signs and ensure that they are not persisting symptoms or minor variations in mood, a list of the type and dose of supplementary medications that may be prescribed, and detailed descriptions of the methods to reduce environmental stress.
- ✓ It is vitally important that the caregivers and key supporters who participate in individuals' *Emergency Plans* have a collaborative attitude, express their advocacy for individuals' welfare, and devote the time to fully participate in the plan and thoroughly address individuals' questions and concerns.

## **What is the Community Re-entry Module?**

This module teaches individuals who are being treated in inpatient facilities to collaboratively plan their discharge and re-entry into the community, follow through with the plan and connect to the community caregivers and other resources to which they have been referred, and implement means to prevent further symptomatic relapse and possible rehospitalization.

### **GOAL**

**Develop and follow through with discharge/re-entry plan, and implement means to prevent relapse**

## **What specific skills are taught in the Module?**

The skills needed to achieve the module's goal are grouped into two "skill sets." Training in the first is relevant during inpatient treatment; training in the second can be conducted during either inpatient or outpatient treatment.

The format of training has been tailored to suit the hectic pace of work and rapid flow of individuals in-and-out of a typical inpatient facility. Training is conducted in brief sessions, each covering a specific skill. The brevity of the sessions allows them to be conducted multiple times per day (e.g., morning and afternoon groups), and each one's limited focus allows them to be conducted continuously, with individuals entering and exiting as their schedules permit or as they enter and exit the facility.

### **Skill Set 1**

**Develop and follow through with re-entry plans**

For Skill Set 1, participants learn eight skills in eight sessions:

- 1) Introduction to the module
- 2) Symptoms of severe mental illnesses
- 3) Determining discharge readiness
- 4) Community re-entry planning
- 5) Connecting with the community
- 6) Coping with stress in the community
- 7) Planning a daily schedule
- 8) Making and keeping an appointment

### **Skill Set 2**

**Implement methods to prevent relapse**

For Skill Set 2, participants learn eight skills in eight sessions.

- 9) How medications work to prevent relapse
- 10) Evaluating the effects of medication
- 11) Solving medication problems
- 12) Solving problems with medication side effects
- 13) Identifying the signs warning of relapse
- 14) Keeping track of warning signs
- 15) Develop an emergency relapse prevention plan
- 16) Bringing the emergency plan to the community

***Special Considerations for Implementing this Module***

- ✓ As indicated above, the format of training has been adapted to fit the constraints of a typical inpatient facility; fast-paced work with rapid turnover of severely mentally disabled individuals. It would be next to impossible to conduct training that required concentrated "doses" of staff time over numerous sessions with individuals who began and ended their participation on a predetermined schedule. Hence, each of this module's training sessions is:
  - brief, averaging 45 -60 minutes so that two or more groups can be conducted per day. If these groups have "offset" schedules for presenting the sessions (e.g., one group is presenting session #2 while another is presenting session #4 and they maintain that offset), individuals can quickly make up missed sessions.
  - completely focused on one and only one skill so that individuals can enter and exit at any point in the training. Each session is a relatively standalone "lesson" that can be learned no matter when it is encountered during the training. Hence, the module can be conducted continuously, and individuals can enter and exit training as they wish.
- ✓ The training includes materials that are appropriate for several recurrent and persistent mental illnesses including schizophrenia, bipolar disorder, obsessive-compulsive disorder, and severe depression.
- ✓ Conducting the module with individuals and their families may mobilize the families to help individuals follow through with their community re-entry plans and connect with the appropriate community resources.
- ✓ Although certain symptoms of mental illness may seem to preclude individuals from participating in the module, Kopelowicz et al (1999) found that the majority of individuals learned the skills and information regardless of their symptoms and the session they began their participation (started with session #1 or session #5 or session #7 or any session). Only individuals who suffered from such severe cognitive disorganization that they did not respond to questions and disrupted the group did not benefit from their participation.



**What Is the Recreation for Leisure Module?**

This module teaches individuals the skills to identify, select, sample, and maintain long-term recreational and leisure activities.

**GOAL**  
Engage in life-long recreational and leisure activities

These important activities provide opportunities for individuals to socialize with like-minded others and form meaningful relationships, and increase their feelings of self-efficacy by challenging and improving their mental and physical abilities.

**What specific skills are taught in the Module?**

Participants learn four key skills needed to achieve the module's goal.

**Skill 1**  
Identify benefits of activities

Participants learn to identify the benefits produced by various recreational activities such as increased interpersonal "networking," greater physical and mental activity, improved motor and cognitive skills, enhanced creative expressiveness, enjoyment, and a sense of greater mastery and accomplishment. Participants select the benefits they desire, and then investigate the activities that produce these benefits.

**Skill 2**  
Obtain information

Participants learn general methods of obtaining information about recreational activity such as looking in the public library for general and specific references, contacting individuals who currently participate in the activities, watching the activities being performed, asking friends, and searching the internet for local advocates.

**Skill 3**  
Find out what's needed for various activities

Participants learn how to obtain specific information about the resources needed to conduct an activity including equipment, supplies, locations, people, and costs per opportunity to practice.

**Skill 4**  
Make a commitment, evaluate, maintain

Participants learn to choose an activity, practice it for sufficient time to evaluate its effects, and then decide to continue, stop, or alter it. After participants select an individualized set of rewarding and affordable activities, they learn to develop long term plans to practice the activities and alter them or add new ones as needed.

***Special Considerations for Implementing this Module***

- ✓ The *Recreation for Leisure Module* is designed to help a broad range of individuals increase their involvement in satisfying and challenging recreational activities. In addition to individuals with serious and persistent mental illnesses, the module can be conducted with
  - Individuals who have substance abuse disorders and wish to develop activities that are healthy alternatives to abuse;
  - Seniors who wish to improve their mental and physical health with a regimen of recreational activities;
  - Individuals with developmental disabilities who are also interested in increasing their scope of independent activities.
- ✓ The only adjustment needed to accommodate this wide range of individuals is to focus on activities that fit participants' lifestyles, resources, and physical limitations.
- ✓ This module can be combined with two others, *Basic Conversation Skills* and *Friendship and Intimacy*, to teach participants the skills to expand their social networks.
  - This module teaches the skills to find opportunities and occasions to meet others who have similar recreation and leisure interests;
  - The *Basic Conversation Skills* module teaches the skills to engage in friendly interactions focused on these interests;
  - The *Friendship and Intimacy* module teaches how to expand these interactions into emotionally meaningful, supportive, long-term friendships.

RECREATION FOR LEISURE

## **What Is the Basic Conversation Skills Module?**

This module teaches individuals the skills to pleasantly engage in the many daily interpersonal interactions they have with peers, caregivers, shopkeepers, food servers, bus drivers, co-workers, cashiers, etc. These interactions are crucial for conducting the routine tasks of daily living, and they offer opportunities to develop deeper friendships and expand individuals' social networks.

### **GOAL**

*Engage in brief and pleasant interpersonal interactions*

## **What specific skills are taught in the Module?**

Participants learn five key skills needed to achieve the module's goal.

### **Skill 1** *Verbal and non-verbal communication*

Participants learn to identify the verbal and non-verbal behaviors that communicate others' willingness or unwillingness to engage in brief conversations (Go/No-Go Signals). These signals are categorized into six "emotions" (pleasant, preoccupied, bored, angry, sad, and fearful), and participants learn the Go/No-Go "rule" associated with each (e.g. anger=No-Go, etc.).

### **Skill 2** *Starting a friendly conversation*

Participants learn to find the 3 "resources" needed to engage in a simple conversation; **people** who are willing to talk, **places** to find these potential partners, and **topics** to talk about.

### **Skill 3** *Keeping a conversation going*

Participants learn to use 4 communication skills to maintain the conversation;

- a) Verbal active listening skills (uh-huh, "yes," etc);
- b) Identify and introduce new topics;
- c) Asking open and closed ended questions;
- d) Appropriate self-disclosure.

### **Skill 4** *Ending a conversation pleasantly*

Participants learn to gracefully exit a conversation so that the conversational partner will continue to interact at later points in time.

### **Skill 5** *Putting it all together*

Participants learn to integrate the previous skills and practice engaging in conversations from beginning to end. This practice is particularly important since conversations involve multiple behaviors that must be flexibly implemented depending upon the moment-to-moment ebb and flow of the conversation.

***Special Considerations for Implementing this Module***

- ✓ This module can be combined with two others, *Friendship and Intimacy* and *Recreation for Leisure*, to teach participants the skills to expand their social networks.
  - The *Recreation for Leisure* module teaches the skills to find opportunities and occasions to meet others who have similar recreation and leisure interests;
  - This module teaches the skills to engage in friendly interactions focused on these interests;
  - The *Friendship and Intimacy* module teaches how to expand these interactions into emotionally meaningful, supportive, long-term friendships. That module assumes that individuals have mastered the skills of this module.
- ✓ This module may be helpful to a broad range of individuals who wish to increase their skills and comfort in the myriad interactions involved in conducting the daily tasks of their lives. These individuals might include those who suffer from extreme shyness, those who are developmentally disabled and have had limited opportunities to develop these skills, and those who are recovering from an acute episode of severe mental illness and could benefit from a "refresher" course and practice.

Basic Conversation Skills

**What Is the Substance Abuse Management Module?**

**GOAL**

**STOP abusing drugs and alcohol**

This module teaches individuals how to stop abusing drugs and alcohol.

**What specific skills are taught in the Module?**

The skills needed to achieve the module's goal are grouped into three "skill sets":

**Skill Set 1  
Drug relapse  
prevention  
principles**

In skill set 1, participants learn the basic principles of preventing drug relapse. The information is presented in eight 45-minute sessions, and participants can enroll in the module beginning with any one of the eight. The eight cover:

- 1) Damage control after a slip
- 2) Make an emergency card that lists critical information about how and why to avoid abuse
- 3) Habits and how to control cravings
- 4) Identify and avoid situations that are risky for relapse
- 5) Warning signs of a relapse
- 6) Healthy pleasures and healthy habits
- 7) Why quit drugs
- 8) Money Management

**Skill Set 2  
Avoid abuse  
and develop  
healthy  
pleasures**

In skill set 2, participants learn nine skills to avoid abuse and develop healthy pleasures as substitutes. The skills are taught in 27 sessions of 45-minutes duration that cover:

- 1) Quitting after a slip
- 2) Reporting a slip
- 3) Refusing drugs offered by a pushy dealer
- 4) Refusing drugs offered by a friends or family
- 5) Getting appointment with a busy person
- 6) Getting a support person
- 7) Reporting symptoms and side effects to a physician
- 8) Asking someone to join in a healthy pleasure
- 9) Negotiating with a representative payee

The nine skills are presented as ways to "put into practice" four strategies to prevent relapse or minimize its effects: practice damage control, escape high risk situations, avoid high risk situations, and seek healthy pleasures.

**Skill Set 3  
Adapt refusal  
skills to actual  
environments**

In skill set 3, participants learn to apply the nine skills to their own environments and situations that have a high risk for relapse, particularly those situations that will be occurring in the very near future. Participants meet twice-weekly in 45 minute sessions to identify these upcoming high risk situations, and then help one another identify and practice the appropriate skills needed to prevent relapse in the upcoming situations.

***Special Considerations for Implementing this Module***

- ✓ This module can be combined with four others, *Recreation for Leisure*, *Basic Conversation Skills*, *Friendship and Intimacy*, and *Workplace Fundamentals* to teach participants a comprehensive set of skills to stop alcohol and drug abuse.
  - The *Recreation for Leisure* module teaches the skills to identify, try, and maintain activities that are Healthy Pleasures, and provide opportunities for “no-risk-for-relapse” interactions.
  - The *Basic Conversation Skills* module teaches the skills to take advantage of these “no-risk-for-relapse” opportunities for interactions.
  - The *Friendship and Intimacy* module teaches the skills to expand these interactions into healthy, supportive, long-term friendships.
  - The *Workplace Fundamentals* module teaches the skills to maintain employment – a strong counterweight to alcohol and drug abuse – and it includes material specifically focused on preventing drug and alcohol abuse at work.
- ✓ The module is likely to be useful with individuals diagnosed with any serious and persistent mental illness, not just schizophrenia. The nine skills are applicable regardless of diagnosis, and there is no material in skill 7 (Reporting symptoms and side effects to a physician) that mentions the effects of antipsychotic medications.

Substance Abuse Management

**What Is the Friendship and Intimacy Module?**

This module addresses a need often expressed by persons with major mental illness to develop life long friendships, have successful dating experiences, and, when appropriate, engage in safe and satisfying intimacy. Establishing these meaningful relationships improves the quality of individuals' lives, and reduces their risks of being sexually exploited, having an unwanted pregnancy, or contracting sexually transmitted diseases.

**GOAL**  
*Develop Life-Long Friendships  
and engage in  
Rewarding Dating Experiences*

**What specific skills are taught in the Module?**

Participants learn five key skills needed to achieve the module's goal.

- SKILL 1**  
*Establish friendships*

Participants learn how to engage in complex conversations, meet new people with similar interests, establish friendships, develop emotionally intimate relationships, and ask someone on a date
- SKILL 2**  
*Information about safe sex*

Participants learn how to discuss sexual problems and concerns with healthcare professionals in an open, self-assured manner. Information is given about preventing pregnancy and reducing the risks of contracting sexually transmitted diseases.
- SKILL 3**  
*Identify benefits and risks of having sex*

Participants learn how to seek advice from trusted friends, family members, and counselors about the consequences of introducing intimacy into an emotionally meaningful relationship.
- SKILL 4**  
*Share concern, consequences, and cautions about sexuality*

Participants learn how to engage in a frank and open conversation with potential partners about their history of intimate relationships. Information will also be presented about protecting themselves and their partners from the hazards of sexually transmitted diseases by learning about available medical tests.
- SKILL 5**  
*Sexual Decision Making*

Participants learn how to discuss with partners the consequences of introducing intimacy into their relationships. The decision to include/exclude intimacy substantially affects relationships, and participants learn the verbal and nonverbal skills needed to conduct these sensitive conversations.

### ***Special Considerations for Implementing this Module***

- ✓ The ***Friendship and Intimacy Module*** is intended to teach individuals the complex skills to engage in long-term, emotionally meaningful relationships. The module assumes that individuals have the skills to engage in simple interpersonal interactions, and the more complex skills of this module build on that assumed foundation. Should individuals lack these basic social skills, it is recommended that they first participate in the ***Basic Conversation Skills Module***. The ***Basic Conversation Skills Module*** teaches them how to begin friendly conversations, maintain them for a brief duration, and end them pleasantly.
- ✓ It is also recommended that individuals participate in the ***Friendship and Intimacy Module*** when they have progressed to the stable or recovery phases of their illness.
- ✓ ***Part II*** of the ***Friendship and Intimacy Module*** is an explicit but sensitively presented discussion and video demonstration of intimacy relationship skills. It teaches individuals how to:

Engage in Appropriate Sexual Behavior

Participate in Warm and Mutually Appropriate Lovemaking

Recognize "Go" and "No Go" Sex Signals

Use Sexual Problem-solving Skills

- ✓ ***Part II*** is intended for purchase and use only in combination with ***Part I***. Trainers may feel more comfortable conducting ***Part II*** after they have thoroughly reviewed its Manual and video, and obtained training and desensitization in teaching participants about intimate relationships in a straightforward, comfortable, and confident manner. Psychiatric Rehabilitation Consultants can provide the technical assistance and staff training to enable the module to be used effectively and collaboratively. Some practitioners, agencies, and programs may wish to use ***only Part I***
- ✓ The knowledge and skills taught in this module are likely to be useful for multiple populations including persons with developmental disabilities, adolescents, dually diagnosed substance abusers, sexual offenders, and individuals diagnosed with personality disorders. Only minor modifications to the module's format will be needed to make it applicable to these populations. Please contact Psychiatric Rehabilitation Consultants for assistance.



**What Is the Workplace Fundamentals Skills Module?**

The Workplace Fundamentals Skills module teaches workers how to maintain long term employment that they and their employers find mutually satisfying. The module teaches 9 skills grouped into 3 skill sets.

**GOAL**  
**Make Work Successful and Satisfying**

This overall goal of the module is achieved by teaching how to:

**SKILL SET 1**  
**Get Workplace Knowledge**

and apply that knowledge to develop a personal profile of problem areas and

**SKILL SET 2**  
**Be on the Alert for Problems**

and focus activities to

**SKILL SET 3**  
**Prevent/Solve Problems**

EVERY workplace has key procedures – breaks, meals, paydays, sick leave – that all workers must follow, and key people – managers, coworkers, customers – that all workers should know. The module teaches participants how to identify the key procedures and people in their workplaces.

Once these key procedures and people have been identified, workers can determine how well they will “fit” their workplaces. Imperfect fits are particularly important since they cause stress for workers and employers. The module teaches participants how to identify the imperfect fits in their workplaces.

Once these imperfect fits have been identified, workers can use techniques to prevent or resolve them. The module teaches participants a general method of solving problems, and then has them practice applying the method to solve 5 types of problems that typically occur in most workplaces.

**What specific skills are taught in the module?**

**SKILL SET 1**  
**Get Workplace Knowledge**

Participants are taught the 2 skills that constitute the skill set, Get Workplace Knowledge.

**SKILL 1**  
**Gives & Gets**

This skill teaches participants how to identify the “investments” (gives) –time, money, tools, relationships – they make, and the “payoffs” (gets) they receive when they work.

**SKILL 2**  
**Knows & Don't Knows**

This skill teaches participants how to get information about the people, time, money, tasks and tools of their workplaces.

## Workplace Fundamental Skills Module

### **SKILL SET 2** Be on the Alert for Problems

#### **Skill 3** Sweats & No Sweats

Participants are taught the one skill that constitutes the skill set, Be on the Alert for Problems. The skill teaches them how to analyze information about the people, time, money, and tools of their workplaces, and develop a personal profile of potential problems and difficulties ("sweats"). Some participants may have a "sweat" getting along with co-workers; others may have "a sweat" with the time schedules, and others may have "a sweat" with the job tasks they have to perform.

### **SKILL SET 3** Prevent/Solve Problems

Participants are taught the 6 skills that constitute the skill set, Prevent/Solve Problems.

#### **Skill 4** Problem Solving

This skill teaches participants how to use a general, 7-step method to solve problems. At this point, participants learn the 7-step method by applying it to non-work-related problems.

#### **Skill 5** Mental Health

Participants practice applying the 7-step method to work-related mental health problems such as unexpected increases in symptoms, interference from medication side effects, etc.

#### **Skill 6** Phys Health & Avoid Drugs and Alcohol

Participants practice applying the 7-step method to work-related physical health problems such as muscle strains and exercise, and practice techniques to avoid substance abuse.

#### **Skill 7** Supervisors & Improve Performance

Participants practice applying the 7-step method to job performance problems such as working too slowly and to interactions with supervisors.

#### **Skill 8** Friends & Socialize

Participants practice applying the 7-step method to problems socializing with coworkers such as violating the rules of "GO/NO-GO" times, places, people, and topics for socializing.

#### **Skill 9** Supports & Stay Motivated

Participants learn to identify the factors that reduce their motivation to work, and practice applying the 7-step method to use their sources of support to keep them motivated.

### **Special Considerations for Implementing this Module**

- ✓ **Problem Solving and Individualization:** the core skill of the module is using the problem-solving method to solve common workplace problems, and then adapt these solutions to each participant's specific workplace.
- ✓ **Supported Employment:** the module teaches how to **KEEP** a job, **NOT** how to find one. It is assumed that participants will be newly employed, or soon to be so, and will be receiving the complete range of Supported Employment services that are fully integrated into their Interdisciplinary Treatment.

**How are the skills taught?**

Each skill in each of the UCLA Social and Independent Living Skills modules is taught with the same seven "learning activities." The activities are designed to impart the information and skills presented in each module, teach participants how to solve problems they may encounter as they use the skills, and practice implementing them in their own living environments. The results of numerous rigorously controlled evaluations have documented that participants learn the material presented in each module, retain it, and use it in their environments. The seven learning activities are:

Introduction to Skill

Participants are told what skill they will be learning and why they should learn it. Their comprehension is assessed, and misunderstandings are corrected with a standard procedure.

Videotape Demonstration

Participants watch a videotaped demonstration of the skill that is stopped periodically to discuss the material, question them about what they understand, and correct misunderstandings.

Role Play

Each participant roleplays the skill that was demonstrated. Feedback is provided at the end of the roleplay, and the roleplay can be repeated until it meets a criterion level.

Resource Problem Solving

Participants apply a seven step problem solving method to resolve difficulties that may occur when they try to get the resources - time, money, etc. - needed to implement the skill.

Outcome Problem Solving

Participants apply the seven step problem solving method to resolve the difficulties they encounter when their skills are well implemented but outcomes are not as expected.

In Vivo Assignment

Participants generalize what they have learned by practicing the skill outside of the learning environment, with supervision by the trainer.

Homework Assignment

Participants generalize what they have learned by either practicing or completing a related task on their own.

This consistent methodology from skill to skill within a module and from module to module ensures that trainers can easily conduct ALL modules after implementing just one skill in one module. Furthermore, the highly structured and thoroughly specified format with which each module is produced and distributed ensures that trainers will be conducting them accurately regardless of differences in their educational backgrounds and clinical experiences.

## **How is a module implemented?**

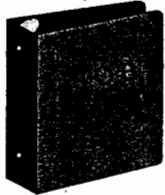
Each module is distributed with three components; Trainer's Manual, Demonstration Videotape, and Participant's Workbook.



The Trainer's Manual specifies **EXACTLY** what the trainer is to say and do, including questions to assess participants' comprehension and examples of correct answers. The Manual includes Progress Checklists completed by the trainer to record participants' performances and inform substitute trainers what has been taught.



The Videotape demonstrates the skills.



The Participant's Workbook contains worksheets, checklists, and other exercises that help participants learn and practice each module's skills. The trainer may also use the worksheets, checklists, and exercises to help participants consider how they will implement a skill in their own living and working environments.

When participants begin to actually use a skill, the trainer, case residential staff (if applicable), or family members can review the worksheets, help with the implementation, and record notes on the sheets for review by staff and other stakeholders.



A videocassette recorder (and TV monitor) is needed to play the Videotape. Optionally, a camcorder or camera and VCR combination with blank cassette can be used to record the roleplays for participants' immediate review and feedback.

- ✓ **Duration:** A module is generally completed in approximately 12 to 24 sessions of 90-minutes duration, including a brief break. These sessions can be scheduled to fit the trainer's and participants' schedules, although the longer the time between sessions, the more "review" will be required and the less time will be available for presentation and practice of new skills.

- ✓ **Group:** The modules are most efficiently implemented with groups of four to eight participants and one trainer.

**Trainer Qualifications:** **NO** special training or particular educational background is required; only a desire to help participants and a willingness to implement the module as specified in the Trainer's Manual. The participants benefit **immeasurably** from the trainer's enthusiasm, and altering the module's structure and flow reduces its effectiveness.

**Implementation Checklist**

This checklist details the resources needed to implement a module.

**Space and Equipment**

- A room large enough to hold meetings with 5 or more attendees (the trainer and 4 participants)
- A schedule to use the room for a total 18 to 24 twice-weekly meetings of 90 to 120 minutes duration.
- A VCR and a TV for playback of a module's Demonstration Videotape. The trainer is comfortable with starting, pausing, and stopping the VCR. A "back up" VCR and TV is desirable should the primary equipment fail.
- Optionally, a camera and VCR (or camcorder) to record a participant's roleplay for immediate review and feedback by the other participants and the trainer.
- A copy for each participant of the module's Participant's Workbook.
- The Trainer's Manual and Videotape.
- Optionally (but **most certainly** recommended), snacks and drinks for distribution during "breaks."

**Participants**

- Participants have chosen to attend the module since the skills to be learned will help them achieve their goals for improved community and role functioning.
- This choice has been made in collaboration with participants' care providers.
- Participants' relatives and other stakeholders have been informed about the module, and their support has been secured (if possible).

**Staff**

- Any special considerations to integrate the training into participants' care plans have been implemented.
- A schedule has been set for frequent monitoring of participants' clinical status and sharing the results among participants' care providers.
- Administrative and managerial staff have been informed that the module is being implemented, and their support has been secured.

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**— Detailed, comprehensive, psychometrically sound measures of:**

- Individuals' current functioning and their goals for improved functioning. The information is used by each individual and his/her clinician to collaboratively plan the services that will achieve these goals.
- Individuals' social and independent living skills that is particularly suitable for program evaluation and research purposes.
- Individual's psychiatric functioning.

**— Detailed Clinical Manuals including:**

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- Implementing and Independent Grooming Program
- Managing Assaultive Behavior
- Guiding People to Assert Themselves

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