Psychoeducational programs have been demonstrated to be very effective with the mentally ill population (Hersen & Bellack, 1976; Monti, Corriveau, & Curran, 1982; Goldstein, 1981). These programs assume that mentally ill adults have a limited range of skills such that, when a skill absent from the repertoire is demanded in a particular social situation, maladaptive responses result. Therefore, psychoeducational programs combine modeling, rehearsal, feedback, and reinforcement to teach a range of skills so that maladaptive behaviors need not arise.

Traditionally, skills training has been limited to social behaviors focusing upon assertive, conversational, and problem solving skills. However, Christoff & Kelly (1985) have argued that skills training actually subsumes a generic category of behaviors. Skills training applies to the total range of social, coping, and cognitive behaviors in the repertoire. Lazarus (1976; 1981) organized the behavior repertoire under seven domains called the BASIC I.D. (Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal, and Drugs). Lazarus believed that the domains of the BASIC I.D. represent the totality of the behavior repertoire and that sufficient treatment must address all domains. Therefore, skills training must address behaviors in each domain.

Depending upon the target population (prevocational, vocational, sheltered residence, group home, independent living), a unique profile of deficits will emerge describing that group and producing a complementary skills curriculum. Vocational programs include skills training modules regarding vocational skills, interpersonal work skills, job aptitude and interest issues, and job finding skills. A curriculum for group homes or an independent living program would address cooking and cleaning skills, budgeting, roommate related tasks, and traveling-in-the community skills. Curricula may overlap between target populations.

First Step ( Evanston, IL) is a psychoeducational program serving a population with a long history of mental illness and at least three previous
failures in other outpatient programs. This is a prevocational group requiring basic skills to decrease relapse in the community. First Step uses the BASIC I.D. to organize a range of skills training programs. Skills training modules addressing the behavior domain include money management, leisure training, and community access skills. The affect domain includes a broad range of relaxation skills. The sensation domain focuses on hallucination control and body awareness skills. The imagery domain reviews imaginal techniques useful for controlling hallucinations and improving relaxation. The cognitive domain includes paying attention and control of thought disorder skills as well as rational thinking and relapse prevention training. The interpersonal domain is the largest and includes conversational skills, assertiveness, problem solving, and sexuality and dating. Skills in this domain are applied to residential, workshop, and family situations. The drug domain reviews health related issues and includes med compliance, hygiene, and physical health issues.

Skills training modules are taught in a classroom setting. Classes meet two to three times per week for 12 weeks. Program participants view themselves as students and staff members as teachers. Learning modules are varied every quarter so that in 1 year students have the opportunity to participate in each class.

A curriculum-based program provides a useful evaluation measure. At First Step, students are graded on their ability to perform the targeted skills that had been reviewed the previous quarter. Movement through the program’s eight levels depends upon the student’s success in classes. Therefore, progress is based on the student’s ability to demonstrate competency in each skill area.

First Step has had good success with its program. An 18-month program evaluation (Corrigan, Davies-Farmer, Lightstone, & Flaxman, 1987) has shown that students in the program significantly decrease their recidivism rate (from 153 days/year to 21 days/year) at the same time that a control group living in the same community residence actually increased their rate of hospitalization. Moreover, First Step is a cost effective program, being 57.5% less expensive than year-round inpatient treatment and 22.1% less expensive than community sustaining care treatment (i.e., medication maintenance, case management, sheltered residential care). Finally, students in First Step show a significant increase in acquisition and performance of social, cognitive, and coping skills.

REFERENCES


a process model for treatment of chronic, mentally ill adults. Manuscript submitted for publication.


