



**SCENE**

Enhancing social networks,  
improving quality of life

# TRAINING MANUAL FOR THE SCENE INTERVENTION

FEASIBILITY TRIAL OF A STRUCTURED INTERVENTION FOR  
EXPANDING SOCIAL NETWORKS IN PSYCHOSIS (SCENE WP4).



**NHS**

**East London**  
NHS Foundation Trust

## **TRAINING MANUAL FOR THE SCENE INTERVENTION**

3h group training session.

### **Introducing the intervention and its structure (10 minutes)**

The trainer will introduce the principles of the SCENE intervention.

The aim of the intervention is to improve social networks and quality of life of people with psychosis.

The intervention is based on an innovative concept, i.e. directly helping the patients to identify preferred social activities and supporting their engagement with them. The SCENE intervention is based on a previous intervention which was shown to increase social networks of patients in Italy (see Terzian et al, 2013). However, our team has formalised the intervention and included elements of patient-centred approach, motivational interviewing, structured information providing and solution focused therapy.

The structure of the intervention includes six sessions. The first two sessions are longer (60-90 minutes) and should happen within two weeks and in face-to-face meetings. This is followed by monthly follow-up sessions of the duration of 20 minutes which can happen face to face or by phone, skype or other online tools.

### **Introducing the eight-step approach (10 minutes)**

1) Introduction; 2) Clarification of the remit of the intervention; 3) Exploration of past and current activities; 4) Motivation for change; 5) Options for activities; 6) Information; 7) Consideration and decision; 8) Definition of task.

### **Exploration of past and current activities (15 minutes)**

The trainees will be instructed to explore the history of social activities of the patient in a structured way, following the intervention guidelines. They will emphasise positive statements, summarise the previous social activities in a list and discuss with the patients how much and why they enjoyed them. They will also be instructed to explore the current social activities of the patient. The history taking and consideration of current activities will be done using solution focused techniques: compliments, emphasising previous solutions, exceptions and what has worked in the past.

### **Motivation for change (35 minutes including role play)**

An overview of the four central principles of motivational interviewing will be provided (see intervention guidelines). Motivational interviewing techniques such as change talk, dealing with ambivalence, self-motivational statements, working with resistance and providing patient-centred advice will be explained.

Role play (20 minutes including discussion).

Marc is a 40 year old patient with schizoaffective disorder who used to be an amateur football player and a very sporty person in his twenties. Later in his life he enjoyed watching football games with friends and cooking. Most of his friends have since moved to another city and he has struggled to make new friends as he feels less confident in meeting new people because his illness has got worse over time. He is in overall good physical health but has gained some weight due to physical inactivity and a sedentary lifestyle for more than 10 years. He still enjoys watching football but he does so on his own at home. He would like to make new friends but he says that sometimes he feels lazy and unable to sustain prolonged conversations with new people as he feels they may consider him as weird or mentally ill.

*How would you approach Marc using the solution focused and motivational interviewing techniques that were mentioned earlier? (in groups of two - one person interpreting Marc - if needed including the trainer).*

### **Lunch Break (20 min)**

### **Providing information on available social activities (15 minutes)**

Trainees will be instructed to offer comprehensive information based on study materials and web searches about social activities and their cost. This will be led by patient wishes rather than provided in a standardised way. A list of activities will be provided by the study team and discussed with trainees to identify further local options.

### **Consideration and decision and definition of task (5 minutes)**

This step will be explained, emphasizing the importance taking time before coming to a decision and supporting the service user in deciding on one activity.

### **Role play (30 min: 10 min each pair with 10 min group discussion)**

The trainees get into pairs, one is the “social contacts coach”, one is the “patient”. SCC introduces themselves and the remit of the intervention and asks the patients to introduce themselves and clarify their expectations and why they have chosen to start the intervention.

The trainees are instructed to explore what their main social activities were in the last year, using compliments, and emphasising previous solutions, exceptions and what has worked well.

Motivational interviewing techniques are to be used when dealing with ambivalence. Afterwards, trainees go through the list of options and help each other to identify an activity they may be interested in and to define their commitment to it.

### **Follow up sessions (20 minutes including role play)**

The structure of the follow up sessions is explained.

### Role play

During the first two sessions, Marc has decided to attend gym classes at Newham Leisure centre on a weekly basis. He has managed to attend twice in the last month but could be there only for 15 minutes the first time and for 20 minutes in the second class. He could not attend for longer as he felt tired. He has managed to speak to the instructor about the class and to two fellow attendants about the weather and football.

*How would you discuss Marc's progress based on motivational interviewing and solution focused techniques? (In groups of two - one person interpreting Marc - if needed including the trainer).*

### **Last session (planning for the future) (20 minutes)**

The structure of the follow up sessions is explained and structure of the letter is presented.

### General discussion on Marc's case

In six months Marc has managed to attend the gym class 10 times. He is not sure he will keep attending. He has watched a couple of football matches at the pub with two fellow attendants and their friends. He said he has managed to establish only superficial relationships with them but he has enjoyed going out.

*How would you discuss with Marc about future plans for social activities?*

### **SUPERVISION**

For each trainee the first two sessions with a patient will be recorded and a member of the research team will discuss the sessions with them soon after they happen. During supervision general concerns will be addressed and any arising questions answered.

Further supervision sessions will be organised on a bi-monthly basis, or with more flexible arrangements depending on the trainee's needs, and can be face to face or via phone.