A 'Stepped-Care' Approach

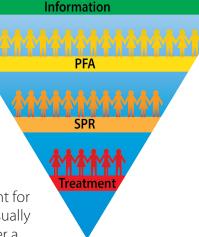
Not everyone who has experienced a disaster will require the same degree of assistance. It's important to remember that people can experience a broad range of reactions over different periods of time (i.e., physical, psychological, behavioural, spiritual).

While many people will recover on their own, some will experience distressing reactions that interfere with their ability to cope. Experts in disaster behavioural health agree that a 'stepped care' approach is best.

This means:

- Everyone affected by a disaster or emergency will need information in the immediate hours, days, and weeks after an event.
- Many people will need Psychological First Aid (PFA) in the hours, days, and weeks after an event.
- Some people will have stress and difficulties that continue in the weeks or months after an event. This doesn't mean they have a mental health problem. For most people action–oriented support such as Skills for Psychological Recovery (SPR) may be all the help they need to recover.
- A few people will need professional mental health treatment for problems such as, Post-Traumatic Stress Disorder (PTSD). Usually only a small percentage of people fall into this category after a disaster or emergency.

National Center for PTSD: www.ptsd.va.gov National Child Traumatic Stress Network: www.nctsnet.org





For more information about Skills Psychological Recovery (SPR) visit: www.nctsn.org



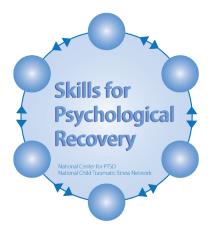
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Skills for Psychological Recovery (SPR) An Introductory Guide for SPR Providers





Acknowledgement

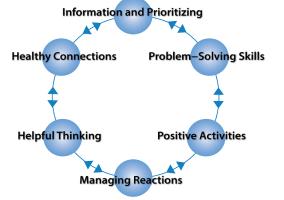
Skills for Psychological Recovery (SPR)—An Introductory Guide for SPR Providers has been adapted from the *Skills for Psychological Recovery Field Operations Guide* (National Center for PTSD and National Child Traumatic Stress Network, 2010)

What is SPR?

Skills for Psychological Recovery (SPR) is an evidence-informed skills-building approach for individuals exhibiting distress weeks and months after a traumatic event, disaster, or emergency. It's designed to follow *Psychological First Aid (PFA)* as part of an organized disaster response effort. Once the initial crisis has subsided, SPR providers help affected individuals identify their most pressing concerns. SPR providers then teach skills to target individuals' specific needs and help them cope with post-disaster stress and adversity. It can be taught in one visit or over multiple visits to individuals or groups. It's appropriate for developmental levels across the lifespan, and it's culturally-informed.

The SPR skill modules include:

- problem-solving
- positive activity scheduling
- managing physical and emotional reactions
- helpful thinking
- re-building healthy social connections



Source: *Skills for Psychological Recovery Field Operations Guide* (National Center for PTSD and the National Child Traumatic Stress Network, 2010)

Who is SPR for?

SPR is for children, adolescents, adults, and families affected by a disaster, emergency or traumatic event, including those who may have been involved in the event as responders.

Who delivers SPR?

SPR can be delivered by mental health professionals and healthcare provider from a variety of settings including emergency or crisis counselling programs, community mental health, primary health care, school mental health, faith-based organizations, community recovery programs, national and international nonprofit agencies, and other disaster-related organizations that provide recovery services in the intermediate post-disaster phase. Providers must have completed a basic credentialing course in SPR, and ideally have prior experience in addressing traumatic stress or in disaster response.

Where can SPR be used?

SPR can be taught in a clinic, school, family assistance center, home, business, refugee resettlement camp, house of worship, or any other community setting that ensures privacy.

When is SPR not appropriate?

SPR isn't appropriate for those who are actively suicidal, a danger to others, gravely disabled, acutely psychotic, or who have severe cognitive disabilities. In addition, you should refer individuals with physical complaints to a medical professional before starting SPR.

What are the goals of SPR?

- 1. To protect the mental health of people impacted by a disaster or emergency.
- 2. To enhance people's ability to address their needs and concerns
- 3. To teach skills to promote recovery and support adaptive behaviour, while preventing behaviours that may make problems worse.

SPR Facts

- ✓ SPR is evidence-informed. SPR is based on research that shows skills-building approaches are more effective than supportive counselling.
- ✓ SPR is action-oriented. In SPR, the individual is taught skills that can help in a variety of post-disaster situations. Individuals are encouraged to take an active role in their recovery and to apply the skills in their daily lives.
- ✓ SPR is flexible. The SPR skill modules are applied flexibly—that is, not every module will be used with every person. Providers work with individuals to select skills that best address their specific needs and priorities. The number of visits are also tailored to each individual or group.
- ✓ SPR is for the recovery phase. SPR is to be used after the initial crisis has subsided and the individual is entering the recovery phase. It's to be used after the period where Psychological First Aid (PFA) is appropriate, or sooner in cases where more intensive approach than PFA is needed. For more information, see 'A Stepped-Care Approach'.
- ✓ SPR isn't formal mental health treatment. Compared to formal mental health interventions, SPR doesn't assume that individuals have diagnosable mental health conditions after a disaster, and it doesn't target such conditions. It focuses on helping individuals feel more in control of their lives and more competent to cope with distress. For many people, SPR will be all the help they need. Providers should refer individuals with serious mental health issues for more intensive interventions.