

***Session 1  
July 14, 2021***



**We will begin on  
time at 1pm CST**

# Skills for Psychological Recovery ECHO

## *Part I: What is SPR?*

### Welcome!

- Your microphone has been **muted**. Please use the chat or unmute yourself to communicate.
- We appreciate you keeping your **camera** on.
- **Completion certificates** will be emailed after all sessions are complete.
  - ◆ Make sure your first and last name are visible.
    - Use the “rename” feature in the menu to change.

# Presenters



Erin Hambrick, Ph.D.



Joah Williams, Ph.D.



Melissa Maras, Ph.D.

# Project Disclosure Statement

- ▶ We have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- ▶ We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

# Mitigating Potential Bias

- ▶ The information and recommendations involving clinical medicine is based on evidence that is currently accepted within the profession.

# After the session

- ▶ Please read the SPR Manual Skills 2 & 3 (Problem Solving, Positive Activity) prior to the next training  
[https://www.nctsn.org/sites/default/files/resources/special-resource/spr\\_complete\\_english.pdf](https://www.nctsn.org/sites/default/files/resources/special-resource/spr_complete_english.pdf)
- ▶ Presentation materials: the slides and chat log will be emailed to you.

# General Session Agenda

- ▶ Didactic Portion
- ▶ Break
- ▶ Break out Rooms
- ▶ Scenario Presentation
- ▶ Q&A and Wrap-Up

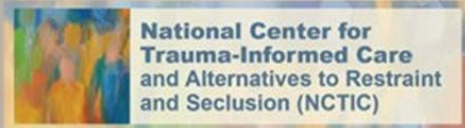


# Defining Trauma



## 3 Es of Trauma

Individual trauma results from an **EVENT**, series of events, or set of circumstances that is **EXPERIENCED** as physically or emotionally harmful or life threatening; and that has lasting adverse **EFFECTS** on functioning and mental, physical, social, emotional, or spiritual well-being.



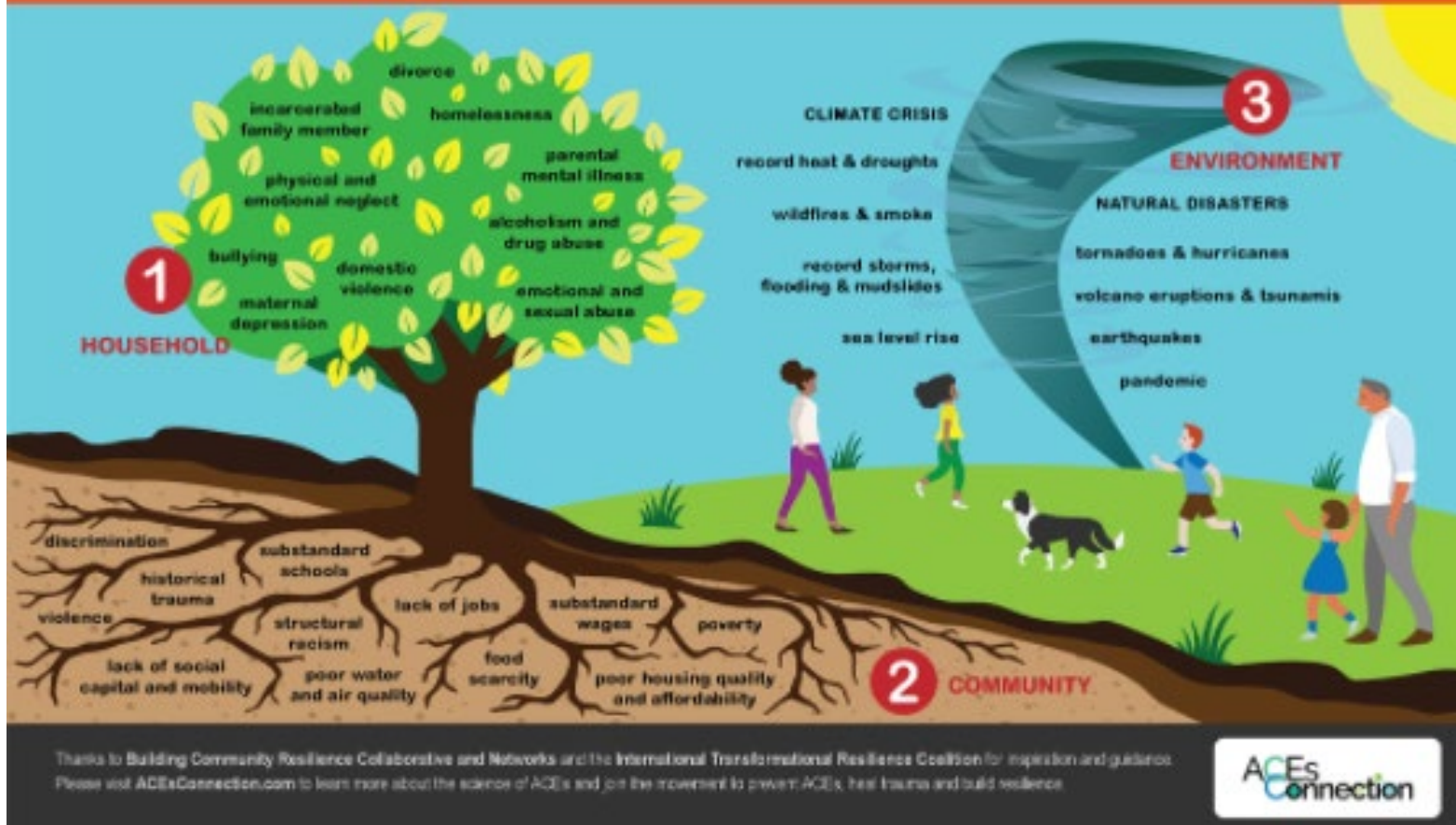
[Understanding Child Trauma](#) - National Child Traumatic Stress Initiative (SAMHSA)

[TIP 57: Trauma-Informed Care in Behavioral Health Services](#) (SAMHSA)

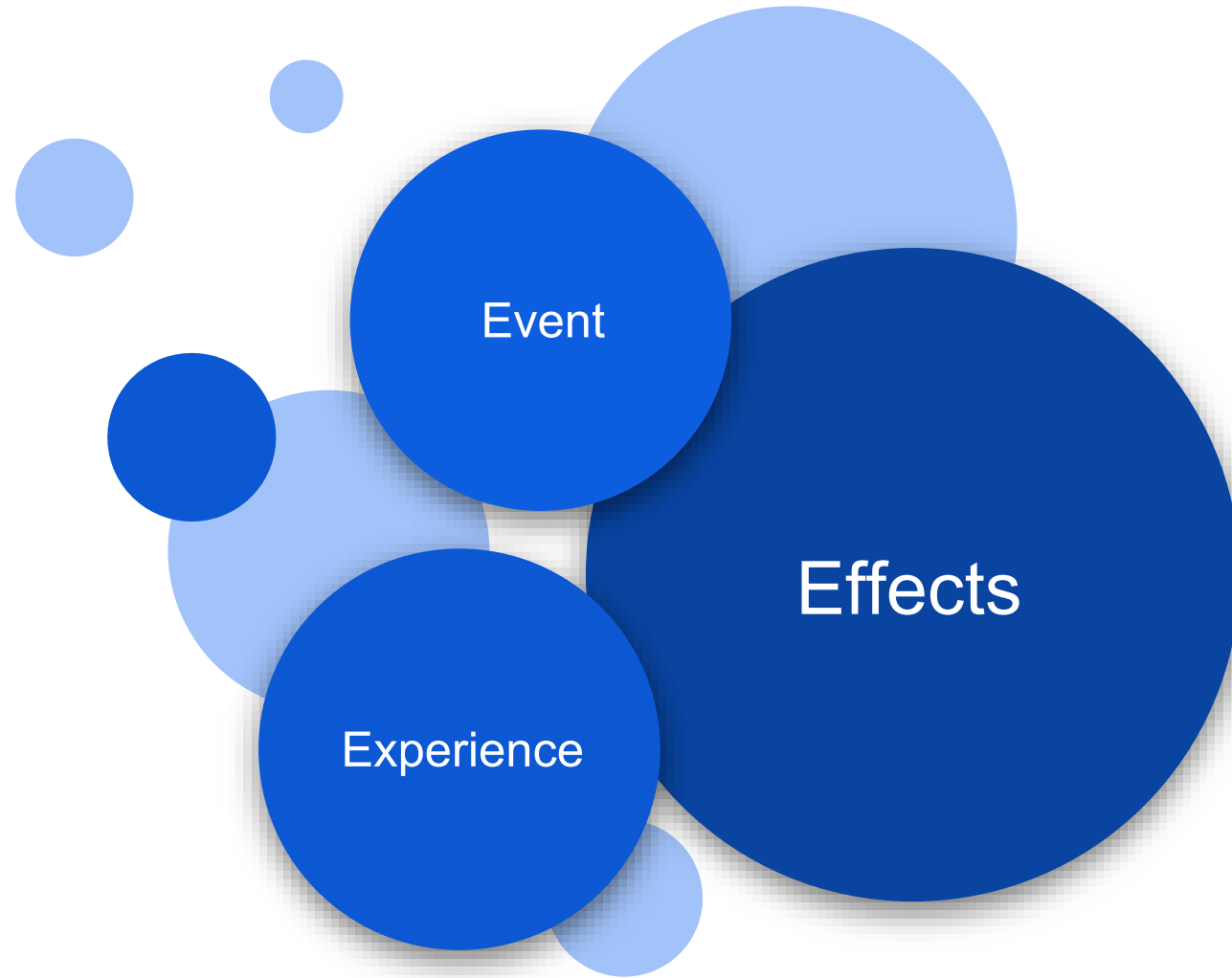


# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

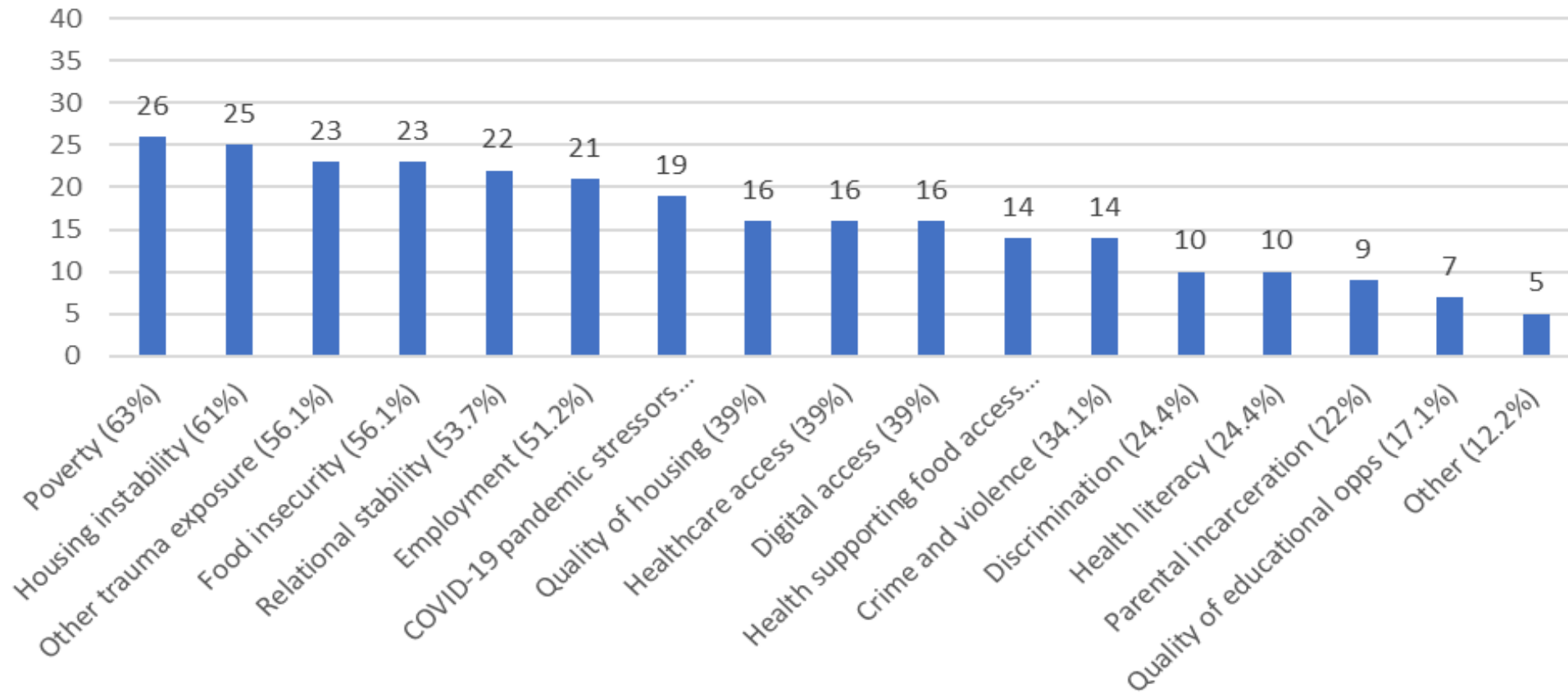


# The 3 E's



# Pre-Survey Results

What are some of the most significant social, physical, and economic stressors faced by the children and families with whom you work?



# A-Z OF TRAUMA SYMPTOMS



- A:** Anxiety
- B:** Bottling up emotions
- C:** Change in personality or mood
- D:** Depression
- E:** Eating patterns change (along with drinking/smoking)
- F:** Fatigue
- G:** Guilt, shame or self-blame
- H:** Heartbeat racing
- I:** Insomnia
- J:** Jumpy or being startled easily
- L:** Lack of concentration
- M:** Memory lapse
- N:** Nightmares (along with flashbacks, panic attacks or disturbed sleep)
- O:** Obsessive compulsive behaviours
- P:** Post traumatic stress disorder (PTSD)
- Q:** Quiet and introverted
- R:** Relationships are suffering
- S:** Shock and stress
- T:** Tension in muscles
- U:** Unusual behaviour such as self-destructive or substance abuse
- V:** Verbal skills deteriorating
- W:** Withdrawn and becoming unsociable

# Trauma & Mental Health

## Symptoms & behaviors

- ☐ Frequency (How often? Too often?)
- ☐ Intensity (How much? Too much?)
- ☐ Duration (How long? Too long?)

## Impact on functioning



# Context Matters



# Core Principles of a Trauma-Informed Approach



## Safety

Throughout the organization, patients and staff feel physically and psychologically safe



## Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



## Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



## Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



## Empowerment

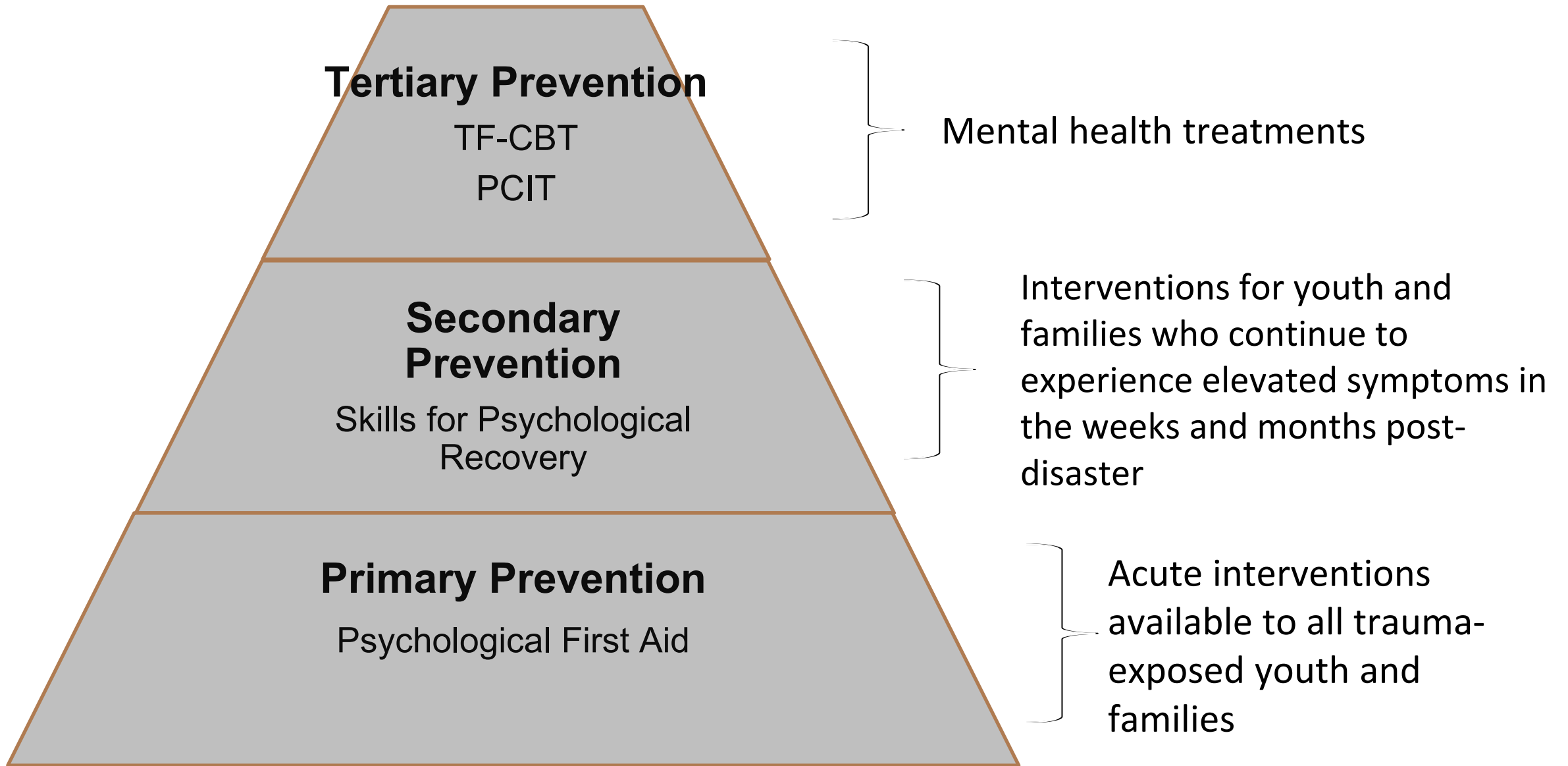
Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



## Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed

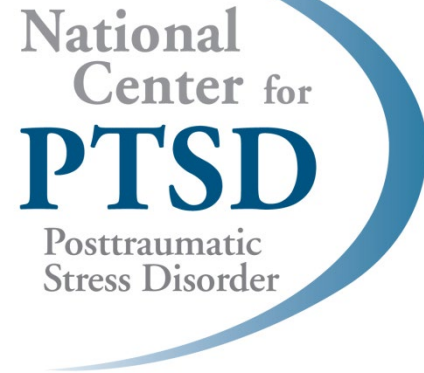




# Skills for Psychological Recovery

- Evidence-informed intervention
- Identify needs and teach skills to address those needs
- Generally 3-5 sessions

[https://www.ptsd.va.gov/professional/materials/manuals/skills\\_psych\\_recovery\\_manual.asp](https://www.ptsd.va.gov/professional/materials/manuals/skills_psych_recovery_manual.asp)



National  
Center for  
**PTSD**  
Posttraumatic  
Stress Disorder



The National Child  
Traumatic Stress Network  
**NCTSN**

# Who Can Deliver SPR?

“SPR is designed for delivery by mental health and other health workers who provide ongoing support and assistance to affected children, families, and adults as part of an organized disaster response effort”





<https://www.nea.org/advocating-for-change/new-from-nea/five-educators-share-advice-new->



# Where Can SPR Be Delivered?

- Local police department
- Hospital, emergency department
- Via phone
- Primary Care Settings
- Mental Health Settings
- Homes
- Places of worship
- Businesses.....

# Preparing to Deliver SPR

Develop a strong rapport as a foundation

Complete an SPR training (like this one)

Ensure you are part of a broader, connected effort

Provider self-care and readiness





Information Gathering & Prioritizing



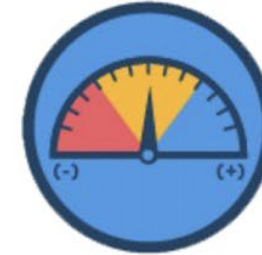
Problem-Solving



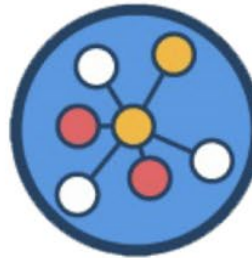
Positive Activities



Helpful Thinking



Managing Reactions



Rebuilding Healthy Social Support

# SPR Core Skills

1	Information Gathering & Prioritizing
2	Problem Solving
3	Positive Activities
4	Managing Reactions
5	Helpful Thinking
6	Rebuilding Healthy Social Support

# Information Gathering and Prioritizing

- This is the very first step in SPR
- The goal is to determine:
  - The need for immediate referral
  - Practical needs and concerns
  - Priorities for assistance

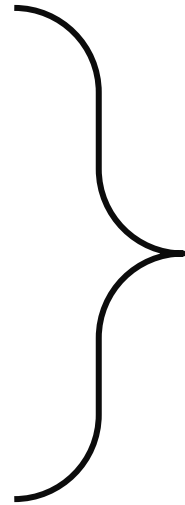
# Information Gathering and Prioritizing

- Physical health
- Emotional difficulties
- Safety
- Basic necessities
- Substance use / abuse
- Role functioning
- Interpersonal life



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These areas are also  
assessed in the Information  
Gathering module of  
Psychological First Aid

# Information Gathering and Prioritizing

Prioritize areas to address:

- Summarize your understanding of needs and concerns
- Ask the survivor which concern is most important to address





# Information Gathering and Prioritizing

If the survivor identifies several priority areas, consider asking:

- Which one of these areas is bothering you the most?
- Is there one problem that seems to be getting worse?
- Is there one problem that, if we can address it first, might help with some of these other areas?





Break  
5 minutes

A close-up photograph of green leaves with water droplets. A central black rectangular box contains the white text "05:00".

05:00

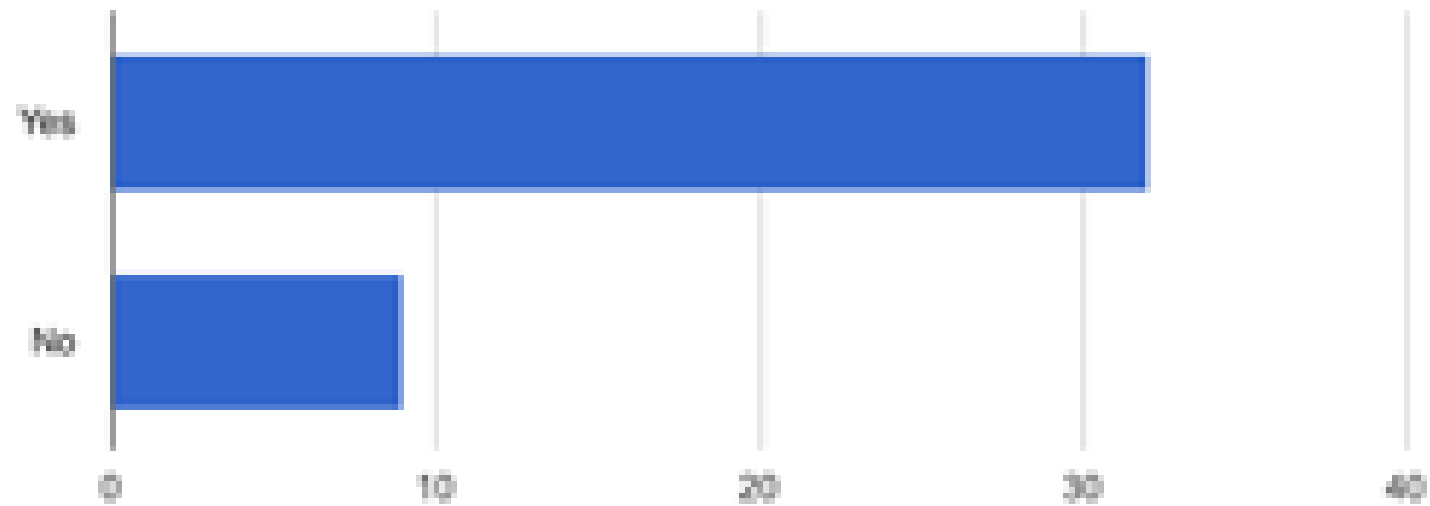
# Breakout Rooms



Kansas Disaster Outreach in Communities

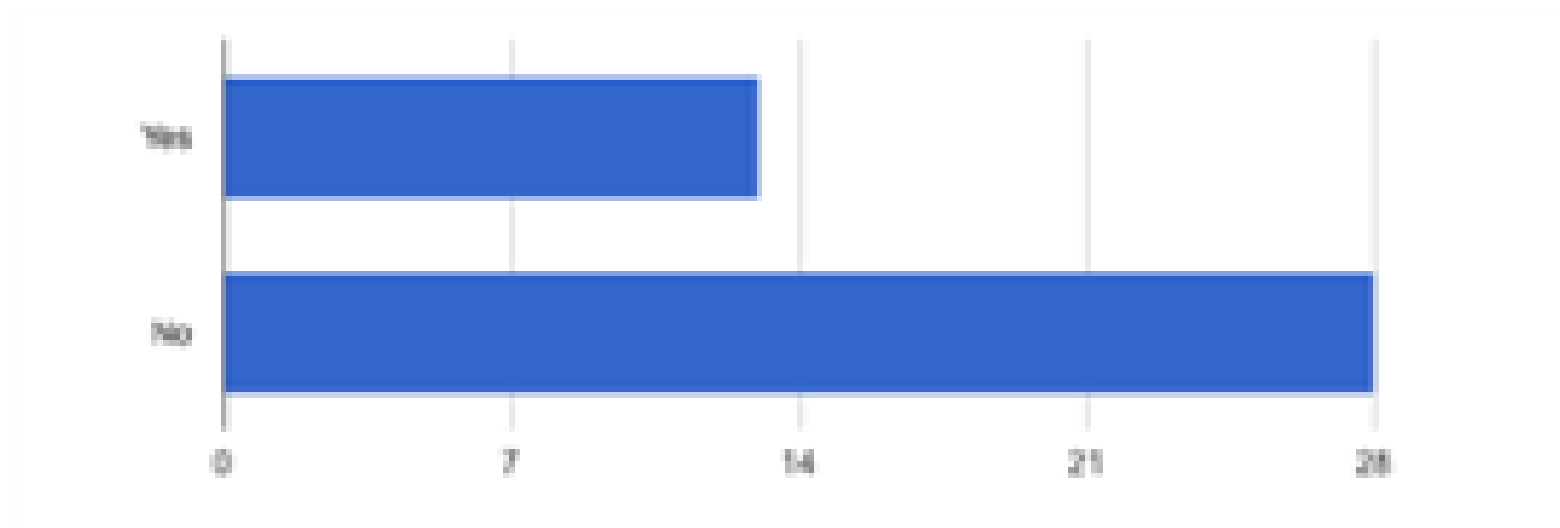
# Breakout Room Wrap-up

**Do you have a background in mental health or behavioral health?**

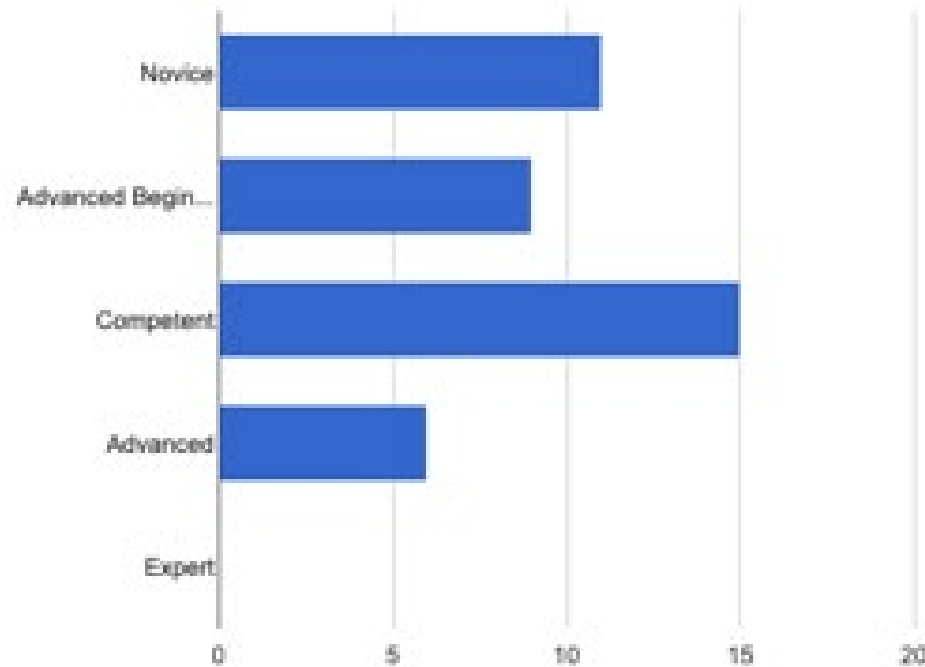




**I have previously received training in or had formal exposure to Skills for Psychological Recovery.**



**My level of expertise related to working with children and families in the early aftermath of trauma exposure:**



# Scenario Goals

- ▶ Help think through how to apply SPR
- ▶ Help simulate the experience of being an SPR provider
- ▶ Have the opportunity to hear opinions of experts on ongoing situations

Let's talk...

Please share  
your questions  
in the chat box



# Thank You!

for attending

