

GENERAL INFORMATION

<p><b>Treatment Description</b></p>	<p><b>Acronym (abbreviation) for intervention:</b> SPR</p> <p><b>Average length/number of sessions:</b> 6</p> <p><b>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers):</b> Transportation and finance barriers, as well as stigma</p> <p><b>Trauma type (primary):</b> Disasters, terrorism, and other emergencies</p> <p><b>Trauma type (secondary):</b> Post-disaster adversity, displacement</p> <p><b>Additional descriptors (not included above):</b> The <i>Skills for Psychological Recovery (SPR)</i> manual, formally completed in 2010, was designed to be an evidence-informed intervention that is intended to foster short- and long-term adaptive coping in disaster survivors who are exhibiting moderate levels of distress, by offering simplified, brief application of skills that are commonly related to improved recovery in post-disaster/emergency settings. These skills include problem-solving, positive activity scheduling, managing reactions, helpful thinking, and building healthy social connections.</p> <p>SPR is intended to help survivors identify their most pressing current needs and concerns and teach and support them as they develop skills to address those needs. Each skill can be covered in one helping contact, and then reinforced in continuing contacts. Although each contact can stand alone, ideally the survivor will participate in multiple contacts and continue to learn and practice the skills with support from the SPR provider. The actions all include task assignments to practice the skills learned.</p>
<p><b>Target Population</b></p>	<p><b>Age range:</b> 5 to 120</p> <p><b>Gender:</b> <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p><b>Ethnic/Racial Group (include acculturation level/immigration/refugee history—e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans):</b> All</p> <p><b>Other cultural characteristics (e.g., SES, religion):</b> Low SES, displaced</p> <p><b>Language(s):</b> English, Norwegian, Japanese</p> <p><b>Region (e.g., rural, urban):</b> All</p>
<p><b>Essential Components</b></p>	<p><b>Theoretical basis:</b> Learning/behavioral theory, cognitive therapy, developmental psychology</p> <p><b>Key components:</b> <i>Gathering Information and Prioritizing Assistance</i> helps to identify the survivor's primary concern and suggests an action plan.</p> <p><i>Building Problem-Solving Skills</i> teaches the survivor to break his or her problem into manageable components, and to identify the steps to addressing the problem.</p>

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<p><b>Essential Components continued</b></p>	<p><i>Promoting Positive Activities</i> offers a structured, behavioral means to reduce depression by increasing positive or meaningful activities.</p> <p><i>Managing Reactions</i> assists in managing distress via a number of skills such as breathing retraining, writing about one's experiences, and identifying and planning for triggers and reminders.</p> <p><i>Promoting Helpful Thinking</i> helps to identify the common maladaptive appraisals made after a disaster/emergency, and to rehearse more adaptive, helpful appraisals.</p> <p><i>Rebuilding Healthy Social Connections</i> teaches people to access and enhance social and community supports in a practical way.</p>
<p><b>Clinical &amp; Anecdotal Evidence</b></p>	<p><b>Are you aware of any suggestion/evidence that this treatment may be harmful?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p><b>Extent to which cultural issues have been described in writings about this intervention</b> (scale of 1-5 where 1=not at all to 5=all the time). 4</p> <p><b>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group.</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation:</b> Riise et al, unpublished report.</p> <p><b>Has this intervention been presented at scientific meetings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation(s) from last five presentations:</b>          Berkowitz, S (Chair), Brymer, M, &amp; Shaw, J. (October 2011). Brymer, MJ, Reyes, G, McGeehan, KM, Binder, SB (August 2011); Brymer &amp; Pynoos, 2010; Wolfe, Bellamy, Law, Fiso, Hierholzer, &amp; Brymer; Brymer &amp; Pynoos, 2010; Brymer, Watson, Ruzek, Berkowitz, Vernberg, Layne, Macy, &amp; Jacobs, 2009;</p> <p><b>Are there any general writings which describe the components of the intervention or how to administer it?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, please include citation:</b>          Brymer, M.J., Steinberg, A.S., Watson, P.J. &amp; Pynoos, R.S.; 2012. Forbes, D., Fletcher, S., Wolfgang, B., Varker, T, Creamer, M., Brymer, M., Ruzek, J., Watson, P, &amp; Bryant, R.A., 2010; Hansel, T.C., Osofsky H., Steinberg, A., Brymer, M., Landis R., Riise, K. S., Gilkey, S., Osofsky, J., &amp; Speier, A., 2011; Speier, A.H., Osofsky, J.D., &amp; Osofsky, H.J., 2009; Watson, P.J., Brymer, M.J., &amp; Bonanno, G., 2011.</p> <p><b>Has the intervention been replicated anywhere?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Other countries?</b> (please list) Australia</p>

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<p><b>Clinical &amp; Anecdotal Evidence continued</b></p>	<p><b>Other clinical and/or anecdotal evidence (not included above):</b>          Training in SPR has been extremely well-received by counselors working in many crisis counseling programs following hurricanes, tornadoes, earthquake, tsunami, floods, mass shootings, and the Gulf oil spill. The Louisiana Spirit (Katrina/Rita/Gustav) Specialized Crisis Counseling Services Program reported that the skills were highly practical and improved their ability to serve their clients, and client survey results indicate that the SPR interventions were helpful in reducing distress and improving functioning.</p>	
<p><b>Research Evidence</b></p>	<p><b>Sample Size (N) and Breakdown</b>  <i>(by gender, ethnicity, other cultural factors)</i></p>	<p><b>Citation</b></p>
<p><b>Pilot Trials/Feasibility Trials (w/o control groups)</b></p>	<p><b>N=342</b>          79% female          Mean age of 48 years (SD = 10.2)</p> <p><b>N=93</b>          84.5% female          Mean age 43.70, (SD 12.39).          67.5% African American          32.5% Caucasian or Hispanic</p>	<p>Forbes, D., Fletcher, S., Wolfgang, B., Varker, T, Creamer, M., Brymer, M., Ruzek, J., Watson, P, &amp; Bryant, R.A., 2010</p> <p>Hansel, T.C., Osofsky H., Steinberg, A., Brymer, M., Landis R., Riise, K. S., Gilkey, S., Osofsky, J., &amp; Speier, A., 2011.</p>
<p><b>Outcomes</b></p>	<p><b>What assessments or measures are used as part of the intervention or for research purposes, if any?</b></p> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• NCTSN Hurricane Assessment and Referral Tool for Children and Adolescents (NCTSN, 2005)</li> <li>• Skills for Psychological Recovery Post-Intervention Log</li> <li>• Depression Scale (CESDC)</li> <li>• Coping Scale (KidCOPE)</li> <li>• Anxiety/PTSD (NCTSN screening)</li> <li>• Skills for Psychological Recovery Satisfaction Form</li> </ul> <p><b>Adult:</b></p> <ul style="list-style-type: none"> <li>• Assessment and Referral Tool (NCPTSD 2003)</li> <li>• Skills for Psychological Recovery Post-Intervention Log</li> <li>• Depression Scale (CESD)</li> <li>• Coping Scale (Brief Cope)</li> <li>• Anxiety/PTSD (SPRINT-E)</li> <li>• Skills for Psychological Recovery Satisfaction Form</li> </ul>	

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<p><b>Outcomes continued</b></p>	<p><b>If research studies have been conducted, what were the outcomes?</b></p> <p>Some of the methods incorporated in SPR have been found efficacious in outcome studies conducted with various populations of parents, children, and families over the past few decades (see Brymer, Steinberg, Watson, &amp; Pynoos, 2011).</p> <p>Specific to SPR, two studies examining training and provider perspectives have been conducted. Following the February 2009 Victorian bushfires, the Australian Centre for Posttraumatic Mental Health examined the perceptions 342 health care providers of the one day training in, and usefulness of SPR. A subset of 20 participants recorded their ongoing use of SPR recording 61 cases. The evaluations indicated that providers were largely satisfied with the experience, found the information relevant to their work, were confident in administering SPR directly following the training, were motivated to apply their knowledge of SPR to their clinical work, and indicated that they would pass on the information they learned or recommend the training to colleagues. The majority of participants rated the SPR modules as being useful with the exception of the ‘Gathering Information’ module, which was rated slightly less positively. Three months after the training, practitioners who completed log sheets indicated that they were confident about administering SPR, and that they believed their clients found the interventions to be useful. Information Gathering and Prioritizing Assistance was the skill most often used, followed fairly equally by all the other modules. The study provided preliminary evidence that SPR is acceptable to the majority of providers, and it is an approach that practitioners are willing to implement following brief, easy to provide training. The researchers noted that future SPR dissemination efforts may benefit from focusing on modules with the strongest evidence base and which are most amenable to practitioner acceptance and uptake.</p> <p>Following Hurricanes Katrina and Rita, there was uniform high satisfaction with the SPR training, supervision, and consultation, as well as provider perceptions of the helpfulness of services to survivors and overall satisfaction with their work (Hansel et al, Riise et al). Survivors received an average of 6 SPR visits in the Katrina program and 4 visits in the Gustav program. For adults, results indicated strong treatment effects following both Katrina (<math>p &lt; .001</math>) and Gustav (<math>p &lt; .0001</math>), reflecting significant decreases in number of problematic disaster-related distress reactions. For children and adolescents receiving SPR, a significantly greater proportion (<math>p &lt; .001</math>) of children met the cut-off for specialized services at the first visit as compared with the last, and they scored lower on their last assessment compared to their first assessment score (<math>p &lt; .001</math>), indicating a significant reduction in the number and/or severity of emotional and behavioral reactions following SPR.</p>
<p><b>Implementation Requirements &amp; Readiness</b></p>	<p><b>Space, materials or equipment requirements?</b></p> <p>Providers are encouraged to review the SPR manual and make copies of relevant worksheets and handouts for use during sessions.</p> <p><b>Supervision requirements (e.g., review of taped sessions)?</b></p> <p>Weekly supervision and/or bi-weekly team case consultation is recommended to promote empowerment of providers and brainstorm for challenging cases.</p> <p><b>To ensure successful implementation, support should be obtained from:</b></p> <p>Melissa Brymer, NCCTS (see below).</p>

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<p><b>Training Materials &amp; Requirements</b></p>	<p><b>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.</b>          Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., Watson, P. (2010). National Center for PTSD and National Child Traumatic Stress Network, <i>Skills for Psychological Recovery: Field Operations Guide</i>.</p> <p>The manual can be obtained by contacting Melissa Brymer, NCCTS (see below), following participation in an SPR training.</p> <p><b>How/where is training obtained?</b> NCCTS</p> <p><b>What is the cost of training?</b> To be negotiated</p> <p><b>Are intervention materials (handouts) available in other languages?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If YES, what languages?</b> Norwegian and Japanese</p> <p><b>Other training materials &amp;/or requirements (not included above):</b>          Training generally involves at least 12 hours of didactic instruction. Follow-up consultation on the implementation of SPR is advised.</p>
<p><b>Pros &amp; Cons/ Qualitative Impressions</b></p>	<p><b>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)?</b>          Comprehensive content for families, parents, and children addressing a wide range of post-disaster/event reactions. Addresses stigma, transportation, and finance barriers</p>
<p><b>Contact Information</b></p>	<p><b>Name:</b> Melissa Brymer</p> <p><b>Address:</b> National Center for Child Traumatic Stress - UCLA, 11150 W. Olympic Blvd., Suite 650, Los Angeles, CA. 90064</p> <p><b>Phone number:</b> 310 235-2633 x 227</p> <p><b>Email:</b> mbrymer@mednet.ucla.edu</p> <p><b>Website:</b> NCTSN.org</p>
<p><b>References</b></p>	<p>Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., Watson, P., National Center for PTSD and National Child Traumatic Stress Network, <i>Skills for Psychological Recovery: Field Operations Guide</i>, 2010.</p> <p>Brymer, M.J., Steinberg, A.S., Watson, P.J. &amp; Pynoos, R.S. (2012). Prevention and Early Intervention Programs for Children and Adolescents. In Beck, J.G. &amp; Sloan, D. (eds). <i>The Oxford Handbook of Traumatic Stress Disorders</i>. Oxford University Press. 393-402.</p> <p>Forbes, D., Fletcher, S., Wolfgang, B., Varker, T, Creamer, M., Brymer, M., Ruzek, J., Watson, P., &amp; Bryant, R.A. (2010). Practitioner perceptions of Skills for Psychological Recovery: A training program for health practitioners in the aftermath of the Victorian bushfires. <i>Australian and New Zealand Journal of Psychiatry</i>, 44, 1105-1111.</p>

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References  
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Riise, K. S., Hansel, T. C., Steinberg, A. M., Landis R. W., Gilkey S., Brymer, M. J. Watson, P.J., et al. (2009). The Louisiana Specialized Crisis Counseling Services (SCCS): Final Program Evaluation. Unpublished manuscript.

Speier, A.H., Osofsky, J.D., & Osofsky, H.J. (2009). Building a disaster mental health response to a catastrophic event: Louisiana and Hurricane Katrina. In K. Cherry (Ed.), *Life span perspectives on natural disasters* (pp. 241-260). New York: Springer.

Watson, P.J., Brymer, M. and Bonanno, G. (2011). Post-Disaster Psychological Intervention Since 9/11. *American Psychologist* Special Issue: The 10th Anniversary of the September 11, 2001 Terrorist Attacks.

**Presentations:**

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Brymer, MJ, Reyes, G, McGeehan, KM, Binder, SB (August 2011). *Cultural Aspects of the American Samoa Community Response to a Tsunami Disaster*. Symposium at the 119th Annual Convention of the American Psychological Association, Washington D.C.

Brymer, M.J., & Pynoos, R.S. (September 2010). *Resilience and Recovery: Applying Skills for Psychological Recovery*. Invited workshop at the World Psychiatric Congress Annual Meeting, Beijing, China.

Wolfe, I., Bellamy, N., Law, W., Fiso, L., Hierholzer, E., & Brymer, M.J. (November 2010). *Adaptation of the Project A'apa Atu Crisis Counseling Assistance and Training Program for Disaster Survivors in American Samoa Following the 2009 Tsunami*. Presented at the 26th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, CA.

Brymer, M.J Watson, P.J., Ruzek, J., Berkowitz, S., Vernberg, E, Layne, C.M., Macy, R., Jacobs, A. (November, 2009). *Premeeting Institute: Skills for Psychological Recovery*. Presented at the 25th Annual Meeting of the International Society for Traumatic Stress Studies, Atlanta, GA.