

Skills for Psychological Recovery Trainer's Guide

National Center for PTSD
National Child Traumatic Stress Network

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NCTSN

The National Child
Traumatic Stress Network





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The *Skills for Psychological Recovery Field Operations Guide* was developed by the National Center for PTSD and the National Child Traumatic Stress Network. The principal authors of the *Skills for Psychological Recovery Field Operations Guide* (in alphabetical order) include: Steve Berkowitz, M.D., Richard Bryant, Ph.D., Melissa Brymer, Ph.D., Psy.D., Jessica Hamblen, Ph.D., Anne Jacobs, Ph.D., Christopher Layne, Ph.D., Robert Macy, Ph.D., Howard Osofsky, M.D., Ph.D., Robert Pynoos, M.D., M.P.H., Josef Ruzek, Ph.D., Alan Steinberg, Ph.D., Eric Vernberg, Ph.D., and Patricia Watson, Ph.D.

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Overview

<p>A. Enabling Objectives</p> <p>Upon completion of this presentation, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe the basic foundation of Skills for Psychological Recovery (SPR). 2. Differentiate between Psychological First Aid (PFA) and SPR. 3. Recognize when SPR may be appropriate. 4. Describe different types of situations in which it would be appropriate to use each SPR action. 5. Explain why Information Gathering must be performed in an informal, collaborative way. 6. Describe the steps that make up SPR action. 7. Explain the goals of each SPR action. 8. Describe the spectrum of techniques in each SPR action. 9. Describe the methods for performing each SPR action. 10. Develop the skill set to implement the SPR actions for individuals affected by disasters and terrorism. 	<p>B. Training Materials Required</p> <ol style="list-style-type: none"> 1. Attendance Form 2. Course Evaluation Form 3. PowerPoint Slides 4. Skills for Psychological Recovery Field Operations Guide <p>C. Presentation Notes</p> <p>To improve the presentation of this material:</p> <ol style="list-style-type: none"> 1. Present real stories to illustrate the core actions of SPR. 2. Ask trainees to share relevant stories and situations. 3. Encourage trainees to participate, ask questions, role-play and discuss cases in small groups. 4. Encourage trainees to read the SPR Field Operations Guide, and draw attention to the relevant portions during the presentation. 5. Show short video clips that display situations illustrating SPR actions. Afterwards, ask trainees to report back on what they saw, and how the scene relates to SPR actions. 6. Challenge trainees to apply the skills of SPR to the role play and skill application cases
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D. Trainee Support Materials

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). The National Center for PTSD & the National Child Traumatic Stress Network, *Skills for Psychological Recovery: Field Operations Guide*.

Hobfoll, S. E., Watson, P.J., Bell, C. C., Bryant, R.A., Brymer, M.J., Friedman, M.J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.



Slides and Discussion Points

#	Discussion Points	Slide
1	<p>Introduction</p> <p>Begin the course by welcoming participants and introducing yourself. Share a little of your background with SPR skills.</p> <p>Ask each participant to share their name, background, and one expectation they have for the course.</p> <p>Inform participants of any additional requirements, rules, location of restrooms, approximate length of class and anything else pertinent for successful module delivery.</p> <p>Tell participants that as an instructor, you appreciate their input during class.</p>	
2	<p>Make these points about SPR:</p> <ul style="list-style-type: none"> • SPR has been designed to support ongoing crisis intervention efforts following disasters, to help victims gain skills to reduce ongoing distress and effectively cope with post-disaster stresses and adversities. • SPR utilizes several core skill sets that have been found helpful in a variety of post-trauma situations. • Research suggests that a skills-building approach is more effective than supportive counseling alone. SPR is designed to be 1-5 contacts with a victim, but each visit can be “stand-alone” if the victim is not able to commit to more than one at a time. • More than one visit should always be encouraged, because we know that skills training is more effective with more visits. • SPR should always be tailored to the person’s priorities and needs. 	




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3	<p>Explain that a number of expert consensus efforts related to disaster behavioral health have recommended using a stepped-care approach such that early response includes:</p> <ul style="list-style-type: none"> • Large scale provision of information immediately following and in the hours, days, and weeks following the disaster for all affected • Psychological first aid efforts in the hours days and weeks following the disaster, such as provision of practical help and pragmatic support for those in need • Skills building such as SPR for those with more difficulty functioning and more persistent distress in the weeks and months following the disaster • Specialized formal mental health treatment services reserved only for those who require more care. 	<p>Stepped Care Model</p> <p>Level of Needs & Timing of Interventions</p> <p>IMPACT (Immediately after event): Everyone Affected. Response Examples: Food, Shelter, Healthcare, Navigation of Systems Advocacy, Appropriate Services in Place.</p> <p>RESPONSE (Hours, days, & weeks after event): Many People. Intervention: INFORMATION (re establishment of basic services & security). Response Examples: Positive Coping, Connecting Families, Community Healing Activities, Social Gatherings, Community Events / Potlucks.</p> <p>SHORT-TERM RECOVERY (Weeks or months after event): Some People. Intervention: Psychological First Aid (Community & family support). Response Examples: Facilitated Self-help, Grief & Loss Support, Cultural Healing Practices.</p> <p>LONG-TERM RECOVERY (Months after event): A Few People. Intervention: SPR (Focused, non-specialized support) and TREATMENT (Specialized services). Response Examples: Professional Mental Health Treatment, Referral-based Support.</p> <p>Adapted from: WHO (2012), National Research Council (2003), IASG (2007), IFRC (2009a) & IFRC (2009b) Version: 03, Revised: May 2017</p>												
4	<p>Explain that SPR is different from Psychological First Aid in the following ways:</p> <ul style="list-style-type: none"> • There are different time frames for delivery PFA is usually delivered in the first hours and days following a disaster, whereas SPR is more likely to be offered in the first weeks and months after a disaster. The time frame for delivery of PFA can be extended depending on the intensity of the disaster and the sense of ongoing threat or chaos. Generally if a person is still in a highly chaotic environment or still feeling significantly threatened by the impact of the disaster, PFA is more appropriate than SPR. Once a person has the capacity to engage in developing skills, SPR is more likely to be offered. • Different level of engagement <ul style="list-style-type: none"> • PFA is more for doing things <i>for</i> a person, such as connecting them to resources and offering guidance and advice • SPR is more for doing things <i>with a person</i>, to help them get unstuck, learn skills, and develop the capacity to manage their ongoing reactions and situation, with continued review of skills 	<p>SPR in Relation to PFA</p> <table border="1"> <thead> <tr> <th>PFA</th> <th>SPR</th> </tr> </thead> <tbody> <tr> <td colspan="2">Different Time Frames for Delivery</td> </tr> <tr> <td>• First hours and days</td> <td>• First weeks and months</td> </tr> <tr> <td colspan="2">Different Levels of Engagement</td> </tr> <tr> <td>• More "doing for"</td> <td>• More "doing with"</td> </tr> <tr> <td>• Often one time meeting</td> <td>• Continued review of skills</td> </tr> </tbody> </table>	PFA	SPR	Different Time Frames for Delivery		• First hours and days	• First weeks and months	Different Levels of Engagement		• More "doing for"	• More "doing with"	• Often one time meeting	• Continued review of skills
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5	<p>Note that SPR is not formal mental health treatment, but utilizes skills-building components from mental health treatment that have been shown to achieve these goals. The most salient components that make it different from therapy are that it:</p> <ul style="list-style-type: none"> • Is of shorter duration • There is no assumption or assessment for psychopathology or diagnosis • It does not bring in the full array of treatment interventions from formal mental health treatment. 	<p>SPR in Relation to Professional Counseling</p> <table border="1"> <thead> <tr> <th>Professional Counseling</th> <th>SPR</th> </tr> </thead> <tbody> <tr> <td>• Focuses on diagnosis and treatment</td> <td>• Focuses on assessment and fostering of strengths and coping skills</td> </tr> <tr> <td>• Office based</td> <td>• Community based</td> </tr> <tr> <td>• May encourage focus on the past and it's influence on current problems</td> <td>• Goals are more present-centered, behavioral, and focused on immediate activation of change</td> </tr> <tr> <td>• Conducted only by health professionals</td> <td>• Conducted by either health professionals or paraprofessionals and trained community responders</td> </tr> <tr> <td>• Longer duration</td> <td>• Shorter duration</td> </tr> <tr> <td>• Larger array of treatment interventions</td> <td>• More limited, simpler array of interventions, focused on fostering and developing skills</td> </tr> </tbody> </table>	Professional Counseling	SPR	• Focuses on diagnosis and treatment	• Focuses on assessment and fostering of strengths and coping skills	• Office based	• Community based	• May encourage focus on the past and it's influence on current problems	• Goals are more present-centered, behavioral, and focused on immediate activation of change	• Conducted only by health professionals	• Conducted by either health professionals or paraprofessionals and trained community responders	• Longer duration	• Shorter duration	• Larger array of treatment interventions	• More limited, simpler array of interventions, focused on fostering and developing skills
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6	<p>Note that the principles that SPR is based on have been recognized internationally as a valuable framework for disaster response and research initiatives, and the article delineating them was acknowledged as one of the most influential psychiatry articles of the last four years.</p> <p>These principles are: (a) promoting a sense of safety, (b) promoting calming, (c) promoting a sense of self- and community-efficacy, which is another way of saying that no matter how difficult a situation is, a person or community has a sense that they can make it through the situation (d) promoting social connectedness, and (e) instilling hope.</p> <ol style="list-style-type: none"> 1. Promotion of a <i>psychological sense of safety</i> can reduce biological alarm reactions and can positively affect cognitive processes that inhibit recovery, including a belief that the world is dangerous and exaggeration of future risk. 2. Promotion of <i>calming</i> can reduce anxiety, fear, sadness, grief, and emotional arousal reactions that interfere with mood, sleep, decision-making, attention, and concentration. 3. <i>Self-efficacy</i> is the belief that one can successfully do what needs to be done and can handle challenging times. Similarly, <i>community-efficacy</i> is the belief that one's community can help its members thrive and can take care of them during adversity. 	<p>Five Empirically-Supported Early Intervention Principles</p> <ol style="list-style-type: none"> 4. Promotion of <i>connectedness</i> is based on research indicating that social support is related to enhanced emotional well-being and recovery following trauma, and can reduce feelings of loneliness and worthlessness. Connectedness can also facilitate a person's engagement with others, which can lead to early detection of risk and quicker referral to specialized services when warranted. 5. Helping affected individuals maintain <i>hope</i> is based on research that suggests that people who have more favorable outcomes after experiencing disasters are those who maintain optimism, positive expectancy, and a feeling of confidence that things will work out as best as can be expected. 														



#	Discussion Points	Slide
7	<p>Explain that the authors of SPR also examined factors that are consistently related to people being more resilient, including things like:</p> <ul style="list-style-type: none"> • Having restorative social connections • Looking beyond the present situation to future goals • Accepting what has happened • Focusing in on what is needed in the moment only and not becoming anxious about things in the future • Setting realistic goals and taking decisive actions to beat those goals • Looking to learn from the situation and developing confidence in oneself as a result • Tackling the problems that one is faced with. • Taking a broader perspective on the situation and life • Maintaining an optimistic perspective • Building relaxing and meaningful activities into one’s schedule • Tailoring coping strategies to fit the particular circumstance (i.e., building in both relaxing and rewarding activities and direct goal-directed problem-solving actions). <p>Most importantly, the research literature has highlighted that flexibility and balance are more important than any specific skills set. So it becomes very important for people to find ways to be flexible with their emotions, actions, and ways that they gather and maintain support.</p>	<div style="border: 1px solid black; padding: 10px;"> <p>Factors in Resilience</p> <ul style="list-style-type: none"> • Optimistic outlook / gratitude • Accepting / mindfulness • Taking a broader perspective, looking beyond • Focusing • Realistic goals <ul style="list-style-type: none"> • Taking decisive actions • Facing fears • Looking to learn • Developing confidence • Relaxing or distracting activities • Connections / affection • Individualized coping • Flexibility and balance <ul style="list-style-type: none"> • Emotions • Action • Support  </div> <p>It is important to remember that resilience means that an individual bounces back eventually. It doesn’t mean that s/he never feels pain. Learning to accommodate the things experienced in a disaster is a process that continues throughout an individual’s life. It doesn’t happen as a series of events or an episode of epiphany. The impacts never leave, but one learns to live with them, and hopefully learns to live better as a result of them.</p> <p>This is a good time to talk about a personal experience of having witnessed resilience in your own life or with the lives of those you work with.</p>
8	<p>Ask small groups to “invent SPR” as a group-building exercise. Tell them that SPR has been developed from evidence-informed actions that are related to better recovery from trauma and loss, and ask the to generate what they think those five core actions should be.</p>	<div style="border: 1px solid black; padding: 10px;"> <p>Small Group Exercise: What Should SPR BE?</p> <p>SPR is 5 evidence-informed core actions that are linked to better recovery from trauma and loss. Based on your experience, what do you think those 5 core actions should be?</p> </div>


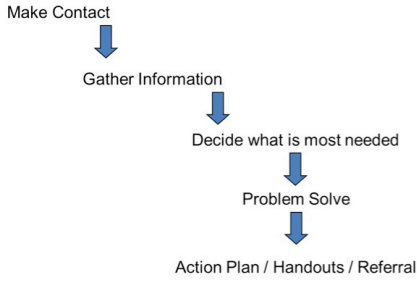



#	Discussion Points	Slide
9	<p>Explain that you will now briefly describe the components of SPR.</p> <p>To begin with, SPR is based on the foundation of a clear assessment that allows you to gather information about the needs and priorities of the disaster victim.</p> <p>Research has shown that just providing clear assessment to individuals exposed to potentially traumatic stress has been shown to be related to improved recovery, possibly because it raises awareness and allows the person to organize their thinking about their own situation, stress reactions and potential resources.</p>	<p>Components of SPR I</p> <ul style="list-style-type: none"> • Clear assessment that provides: <ul style="list-style-type: none"> • Understanding of reactions • Adaptive appraisals • Support • Expectancy for recovery   
10	<p>Quickly present the components of SPR, and let the participants know that we'll be exploring these in greater detail in the following sessions.</p>	<p>Components of SPR II</p> <ul style="list-style-type: none"> • <i>Information Gathering</i>: obtains important information about needs and concerns • <i>Problem Solving</i>: increases self-mastery and enhances ability to reduce current stresses and problems • <i>Activity Scheduling</i>: reduces stresses, increases social interaction, reduces depression • <i>Managing Reactions</i>: minimizes arousal and distress • <i>Helpful Thinking</i>: reduces maladaptive appraisals • <i>Rebuilding Healthy Social Connections</i>: engages networks, activity levels, prevents depressive/withdrawal reactions  
11	<p>Present the goals of SPR:</p> <ul style="list-style-type: none"> • To speed up recovery • To support functioning • To prevent behaviors that may make things worse 	<p>Goals of SPR</p> <ul style="list-style-type: none"> • Speed up recovery • Support functioning • Prevent behaviors that may increase difficulties    



#	Discussion Points	Slide
12	<p>Explain that the authors of SPR designed it so it would have a number of advantages, including:</p> <ul style="list-style-type: none"> • It is evidence informed • It is a resilience building model versus pathology treatment • It is applied in a modular way that allows people to pick and choose those skills that make the most sense for them • It provides a strong rationale for each of the core actions, which is important because as you move from a supportive counseling model to skill building model it requires the person to expend more energy so providing a strong rationale will motivate the person • It helps disaster affected individuals to learn new skills to meet their needs • It utilizes simple techniques that are easily followed • It provides many handouts as a prompt for both the counselor and the disaster affected individual. 	<p>Advantages of SPR</p> <ul style="list-style-type: none"> • Evidence informed • Resilience building model vs. pathology treatment model • Modular format • Rationale provided for core actions • Helps individuals to identify and prioritize needs • Helps people to learn new skills to meet needs • Utilizes simple techniques • Provides handouts
13	<p>Discuss the expectations for counselors using SPR.</p> <p>Ask participants why they think it's important to be practical, efficient, and focused when teaching SPR.</p> <p>Discuss why a strong partnership with the affected individual is especially important when building skills, so that the affected individual will:</p> <ul style="list-style-type: none"> • Be comfortable learning new skills • Tolerate change • Remember his/her strengths • Become 'unstuck' • Do things more efficiently • Feel comfortable reporting challenges 	<p>Set Expectations: For You (the SPR Provider)</p> <ul style="list-style-type: none"> • Be practical, client-centered, and focused • Maintain warmth and empathy • Communicate confidence in SPR • Create partnership, so that the person will: <ul style="list-style-type: none"> • Be comfortable learning new skills • Come to multiple SPR sessions • Tolerate change • Persist in practicing new skills • Remember his/her strengths • Become 'unstuck' • Feel comfortable being honest, reporting challenges
14	<p>Discuss the expectations for counselors using SPR in regards to when SPR should NOT be used:</p> <ul style="list-style-type: none"> • If the person is not motivated to engage in the skills • If the person's life is too chaotic • If you do not feel confident in your relationship • If the person has thoughts of harm to themselves or others • If they have an unstable medical condition • If the person wants to be solely treated with medication • If they hear or see things that are not there • If they have a severe cognitive disability • Consider treatment if SPR is not enough 	<p>Set Expectations: When Should SPR Not Be Used?</p> <ul style="list-style-type: none"> • If the person is not motivated to engage in the skills • If the person's life is too chaotic • If you do not feel confident in your relationship • If the person has thoughts of harm to themselves or others • If they have an unstable medical condition • If the person wants to be solely treated with medication • If they hear or see things that are not there • If they have a severe cognitive disability • Consider treatment if SPR is not enough




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15	<p>Emphasize the following points:</p> <ul style="list-style-type: none"> • It is important to give a realistic picture of what SPR can accomplish. It's not meant to be formal psychotherapy, but has many of the components of psychotherapy that have been found to result in improved function and reduced distress. • Encourage affected individuals to try out the skills to see where and when the skill best works for them. Practice makes the skills more comfortable and automatic for them, and brings better results. • Make a note that rationales are important for each skill taught to increase motivation and expectations about why the skills are important to recovery. 	<p>Set Expectations: For The Affected Individual</p> <ul style="list-style-type: none"> • Give a realistic picture of what SPR can accomplish • Encourage individuals to try out the skills to see where and when the skill best works for them, and to persist with practicing skills • All skills require practice in order to be learned • Use analogy such as learning to cook or play a sport <p>Note: Rationales are important for each SPR skill</p> 
16	<p>Explain that if you only have one contact with a person, after you make contact, you would base your work together on gathering information about their priorities and needs, then usually with only one contact possible, the recommendation is to use the problem-solving skill to help with them with whatever they identify as their top problem, and then collaboratively create an action plan that includes handouts and referral if they need further help.</p> <p>While this strategy is less likely than multiple contacts to benefit the victim, if only one contact is possible, it is recommended over assessment or supportive counseling alone, because it gives an affected individual a plan, a strategy, and a way to work on concerns outside of their time with you.</p>	<p>How Can You Use SPR in One Contact?</p>  <pre> graph TD A[Make Contact] --> B[Gather Information] B --> C[Decide what is most needed] C --> D[Problem Solve] D --> E[Action Plan / Handouts / Referral] </pre> 






#	Discussion Points	Slide
17	<p>Explain that while this looks like a very complicated slide, it actually is very similar in structure to providing SPR in one contact, as described in the previous slide.</p> <ol style="list-style-type: none"> 1. The first part of the approach looks the same as one contact where you would make contact with the disaster affected person, and gather information to decide what is most needed. 2. When you have the option of having multiple contacts you would then focus on the different stress reactions or identified issues that the victim is experiencing. 3. Your decision-making about which skills to apply should always be based on their stress reactions or needs. A person may have many different needs and stress reactions. And with each of those needs or stress reactions you could apply different SPR skill sets depending on a multitude of factors. <p>For instance, if the person is experiencing anxiety you may choose to focus on the Managing Reactions skill first. Or if it makes more sense to use Helpful Thinking as a way to reduce her anxiety you would work with them around that skill.</p>	<p>How Can You Use SPR in Multiple Contacts?</p> <p>This diagram illustrates that there's much flexibility with the SPR model, but it is always based on gathering information deciding about what the priorities and needs the victim identifies at the time of your contact.</p> <p>It also illustrates that many different skills could be applied to the same issue to improve the person's distress, functioning, or decrease the percent of adversity they are experiencing.</p>
18	<p>Explain that while SPR has been designed to be stand-alone intervention for those who can only make one contact, the rationale for multiple contacts is that the impact of single training is usually either modest or marginal, and it's been shown that training is more likely to be effective when using a “learn-work-learn” approach which uses:</p> <ul style="list-style-type: none"> • Didactic, collaborative skills training in session • Between-session tasks assignments • Real-world practice • Coaching and feedback • Social consequences (having to report back to counselor). 	<p>Multiple Contacts</p> <ul style="list-style-type: none"> • Multiple contacts are always recommended • The impact of a single training intervention is usually either modest or negligible. • Training is more likely to be effective when multiple components are combined in a “learn, work, learn” pattern: <ul style="list-style-type: none"> • Didactic, collaborative skills training in session • Between-session tasks assignments • Real-world practice • Coaching and feedback • Social consequences (having to report back to counselor)





#	Discussion Points	Slide
19	<p>Optional Video:</p> <p>This is a humorous Saturday Night Live skit illustrating the point that people don't always understand what you are trying to teach them on the first go-around, so multiple contacts with a person is more likely to result in real learning and mastery of new skills.</p> <p>Let participants know that before you get into talking about the SPR skills, you are going to take some time to talk about why multiple contacts are encouraged, and how to implement SPR in multiple contacts.</p>	<p>Multiple Contacts</p>  <p>Saturday Night Live, 2015</p> <p>PTSD NCTSN</p>
20	<p>Give the following information:</p> <p>Deciding on how many contacts of SPR you should provide depends on:</p> <ul style="list-style-type: none"> • How motivated /available the victim is • How well the SPR skills are working • What other resources are available in the community <p>General Principles for multiple contacts using SPR include:</p> <ul style="list-style-type: none"> • Teach one skill well and leave the door open for future contact • Do not overload the victim <p>Always encourage the victim to practice the skills on a regular basis.</p>	<p>General Principles</p> <ul style="list-style-type: none"> • The number of contacts you can achieve depends on: <ul style="list-style-type: none"> • How motivated /available the individual is • How well the SPR skills are working • Your work parameters • What other resources are available in the community • General Principles: <ul style="list-style-type: none"> • Don't overload the person • Be practical and focus on one skill at a time • Keep in mind that you may not get another meeting <p>PTSD NCTSN</p>






#	Discussion Points	Slide
21	<p>Point out that SPR has been evaluated in a few disaster settings in the United States. The program evaluation findings have indicated that:</p> <ul style="list-style-type: none"> • In Crisis Counseling Programs that have been set up to offer free services to individuals after disasters, when SPR was used, the average number of visits with affected individuals has been six • The majority of visits lasted 60 minutes or more and occurred in the individual’s home • Significant decreases were noted in the number and or severity of stress reactions • The proportion of affected individuals meeting the need for referral also decreased significantly • Finally, providers noted that using SPR was typically associated with feeling like they were meeting that affected individuals at their level, providing affected individuals with lifelong skills, linking them with resources, and facilitating the recovery process. 	<p>SPR Program Evaluation Findings</p> <ul style="list-style-type: none"> • The average number of visits was 6 • The majority of visits lasted 60 minutes or more and occurred in the individual’s home. • Significant decreases were noted in the number and or severity of stress reactions • The proportion of people meeting criteria for referral decreased • Providers rated SPR positively for “meeting individuals at their level,” providing people with lifelong skills, linking them with resources, and facilitating the whole process of recovery. 
22	<p>Explain the following key points about SPR:</p> <ul style="list-style-type: none"> • SPR is more directive and educational than supportive counselling – it is similar to a training or coaching model. After disasters, people don’t think of themselves as needing 'mental health' intervention, so you are aiming to bolster their natural abilities to cope with the stress, rather than implying they need help because something is ‘wrong’ with them. • Your relationship is foundational and crucial. It should be collaborative, encouraging and non-judgmental. Asking someone to practice new skills should always start with a sense that you’re supporting them and want what’s best for them. Then when trying out new skills they can check in with you and make adjustments in a collaborative, creative way. • Flexibility and 'tiny steps' are emphasized. When working with affected individuals, make sure you work within their level of engagement and break tasks down into small steps to encourage completion. • Timing and context are crucial—make sure the affected person has the energy and time to engage in SPR before starting. • Culture, gender and developmental factors are critical. Always adjust the delivery of SPR to match the needs of the affected individual based on these factors. 	<p>Key Points I</p> <ul style="list-style-type: none"> • SPR is more <i>directive and educational</i> than supportive counselling – it’s like training or coaching • Your relationship is crucial <ul style="list-style-type: none"> • Collaborative, encouraging and non-judgmental • Be flexible and use small steps • Consider timing and context <ul style="list-style-type: none"> • Their energy level, situation • Culture, gender and developmental factors  




#	Discussion Points	Slide
23	<p>Emphasize that: Key Points II</p> <ul style="list-style-type: none"> • It's important to give a rationale for SPR (overall) and for each SPR skill specifically. You're asking people to try out new ways of handling stressors and reactions. This may take their time and energy and feel unnatural at first. This is why explaining the rationale is crucial – if they understand why you're asking them to do the tasks, they're more likely to try and keep trying the actions. • Emphasize that multiple sessions will more likely yield results. Research on training, sports psychology and psychotherapy all shows that the more time you into practicing new behaviors, the more likely those behaviors are to create positive results. Let them know that by coming to see you more than once, you can provide support, additional training, and help adjust their approach. • It is important to follow all the steps in each SPR skill. The skills were simplified as much as they could be and the steps are distilled down to the most important ones. Each step has a specific purpose and skipping steps can make a dramatic difference in the success of the skill set. For instance, it may be tempting to skip the brainstorming part of problem solving and give advice – this prevents the person from coming up with their own solutions and feeling a sense of self-efficacy and creativity. • Use the worksheets and handouts and write things down. Evidence shows that writing down steps and putting them in a calendar makes it more likely that a person will follow through on the actions. Also, after a disaster, people are likely in chaotic situations so they would benefit from writing down plans to better remember the planned actions. 	<p>Key Points II</p> <ul style="list-style-type: none"> • Give a rationale for SPR, and for each skill • More sessions = better results • Follow all the steps in each skill • Use the worksheets/handouts and write things down • SPR isn't for all issues • Refer people for long-standing or debilitating symptoms   <ul style="list-style-type: none"> • SPR is not meant to address the full range of issues. SPR fills a gap between PFA and formal mental health treatment. It is designed to take principles that are often successfully used in mental health treatments and simplify and make them more flexible. When you are implementing SPR, always be aware that lifelong struggles or complicated reactions to a disaster may not be best served by SPR and people with these types of concerns may benefit more from a more full array of therapeutic options. • When people have long-standing symptoms or conditions, remember to refer them for more intensive treatment.




#	Discussion Points	Slide
24	<p>Assign a role-play activity. Dependent on your participants, decide whether the role play should be disaster-specific or more general to common concerns in the community.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor. • The counselor will explain the rationale for SPR to the affected individual and then after five minutes, the dyad will switch and the new counselor will explain the SPR rationale to the affected individual. • Have the dyads report back on the role play to the large group. 	<p>Role Play: Introducing SPR</p> <p>You've been meeting with someone for a month with a supportive stance. You want to introduce SPR and move into using SPR.</p> <p>Introduce SPR and discuss the reasons for using the SPR model. Switch roles after five minutes.</p> 
25	<p>Let participants know that you are now going to begin talking about the SPR core actions.</p> <p>Ask participants to give reasons why it's important to gather information before proceeding with skills building.</p> <p>Discuss the reasons why SPR uses information gathering before proceeding with skills building:</p> <ul style="list-style-type: none"> • Deciding if referral is needed • Knowing the person's most pressing current needs and concerns. • Deciding which skills to teach. 	<p>Information Gathering and Prioritizing Assistance</p> <p>Gather information to:</p> <ul style="list-style-type: none"> • Decide if referral is needed • Know the individual's most pressing current needs and concerns • Decide which SPR skills to teach 
26	<p>Explain that gathering information helps affected individuals identify and prioritize their needs and concerns, which helps you to know which skills to focus on, and also helps the affected individual begin to make a plan to address their needs.</p> <p>Note that all the skill sets have a rationale that should be explained to the person so that they understand what you are doing, why it's important, and why they should engage in building skills.</p>	<p>Rationale for Information Gathering and Prioritizing Assistance</p> <ul style="list-style-type: none"> • After disasters, affected individuals often feel distressed because of their disaster experiences and losses • Gathering information helps individuals to identify and prioritize their current needs and concerns 



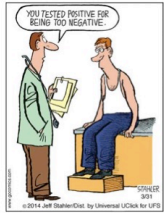










#	Discussion Points	Slide
27	<p>OPTIONAL VIDEO</p> <p>This is a humorous example of comedian Brian Regan, which illustrates that oftentimes you don't want to ask specific questions about a person's feelings about critical incidents that have happened recently in their lives. You need to follow the lead of the person and consider the timing and nature of your questions.</p> <p>Depending on the level of rapport you have established with the affected person, and the timing of your contact with him or her, focusing on the present and future, and on coping skills and resources may be the better option than probing into past experiences.</p>	<p>Cautionary Note: Gathering Information</p>  <p>Brian Regan Comedian, 2003</p> <p>PTSD NCTSN</p>
28	<p>Discuss that it's important to gather information in a way that is person-centered. This is particularly important when working with people from different cultures. Aspects of a person's background that may affect his or her perspective include ethnicity, race, language, or religion.</p> <p>Help the person define their problems as they see fit, and then relate this to how others within their social networks see problems, by focusing on:</p> <ul style="list-style-type: none"> • The person's perspective on the problem and its most troubling aspects • The role of others in influencing the course of the problem, such as: <ul style="list-style-type: none"> • The patient's explanations for the circumstances of illness, including the cause of the problem. • Clarification of factors that improve or worsen the problem, with particular attention to the role of family, friends, and cultural background. • Understanding of the influence of stressors that can change across the lifespan • The patient's help-seeking experiences, such as: <ul style="list-style-type: none"> • The strategies employed by the patient to improve the situation, including those that have been most and least helpful. • Past barriers to care. • Mental health treatment expectations as opposed to other forms of help • Current resources to address the situation. 	<p>Information Gathering is Person-Centered</p> <p>Help the person define their problems as they see fit, and then relate this to how others within their social networks see problems, by focusing on:</p> <ul style="list-style-type: none"> • The person's perspective • The role of others • Help-seeking background, resources, and coping strategies • Expectations and preferences for care <p>Expectations about what you have to offer, including:</p> <ul style="list-style-type: none"> • The person's perception of the relationship with you • How they would like help • What may interfere with your relationship • Other potential engagement barriers <p>This person-centered approach helps a person define their problems as they see them, and participate in how your work unfolds</p> <p>PTSD NCTSN</p>











#	Discussion Points	Slide
29	<p>OPTIONAL VIDEO</p> <p>This is a humorous example from a Berlitz commercial, illustrating that at the very most basic level, information gathering involves an ability to communicate and understand another human being, and oftentimes we have to really make sure that those who are administering SPR know how to speak the same language as the other person, in terms of both their reactions and their way of dealing with the world.</p>	<p>Cultural Influences in Identifying Needs and Concerns</p>  <p>Berlitz Ad, 2006</p>
30	<p>Note that all the skill sets each have two or three steps that should be followed so that they make sure they teach the skill properly, and that the individual has a similar map for understanding what you are doing, why it's important, and how to properly engage in and learn the skills.</p>	<p>Steps of Information Gathering and Prioritizing Assistance</p> <p>After explaining the reason for gathering information:</p> <ol style="list-style-type: none"> 1. Identify current needs and concerns 2. Summarize and prioritize areas to address 3. Make an action plan
31	<p>Share an example of introducing information gathering.</p> <p>Present this example to give counselors an idea of how to introduce information gathering.</p> <p>Each skill set has examples of how to introduce the rationale.</p> <p>The photo in this slide is a frequent concern of many disaster affected individuals – that government agencies don't work in an efficient way to resolve their issues because they don't care.</p>	<p>Step 1: Identify Needs and Concerns</p> <p><i>"To be able to meet your most pressing needs and concerns, let me ask you a few questions. I'll also ask you how big each problem is for you now. First though, if there is something you are really concerned about right now, let's talk about that first."</i></p>
32	<p>Refer participants to the SPR manual for an optional checklist that will help them decide how to proceed with gathering information.</p> <p>Note that these are suggested areas of information gathering, and it is not necessary to cover all areas. Your goal is to start with what the affected individual considers the most important areas, and use the checklist particularly if they are having a difficult time identifying their concerns.</p>	<p>Step 1: Identify Needs and Concerns</p> <p>Using Checklist, identify problem areas:</p> <ul style="list-style-type: none"> •Physical Health •Mental Health •Safety •Basic Necessities •Substance Use/Abuse •Emotional Distress • Current Adversities • Role Functioning • Interpersonal Life • Personal, Family, and Community Development • Religious/Spiritual Issues

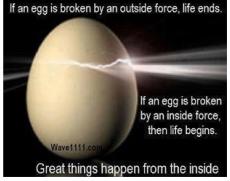
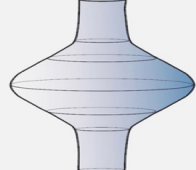


#	Discussion Points	Slide
33	<p>Describe the components of step two, summarizing and prioritizing concerns:</p> <ul style="list-style-type: none"> • Identify problems requiring immediate referral • Identify less urgent problems for referral • Prioritize problems • Select SPR skills • Discuss the possible number of meetings <p>Emphasize that there are no right or wrong answers in prioritizing concerns and selecting skills.</p>	<p>Step 2: Summarize & Prioritize Concerns</p> <p>After gathering information:</p> <ul style="list-style-type: none"> • Identify problems requiring immediate referral • Identify less urgent problems for referral • Prioritize problems • Select SPR skills • Discuss the possible number of meetings  
34	<p>Note that deciding which skill sets to start with depends on a number of factors. Counselors should focus on problems that:</p> <ul style="list-style-type: none"> • The person prefers help with • The person thinks are very big • Are causing serious distress or impairment • Need to be addressed sooner • Are worsening over time • Will reduce other problems if addressed 	<p>Step 2: Summarize & Prioritize Concerns (cont'd)</p> <p>Focus on problems that:</p> <ul style="list-style-type: none"> • The individual prefers help with • The person thinks are very big • Are causing serious distress or impairment • Need to be addressed sooner • Are worsening over time • Will reduce other problems if addressed   
35	<p>OPTIONAL VIDEO</p> <p>This is a humorous example of a video called “It’s Not About the Nail,” by Jason Headley, showing that we have to teach people that often Information Gathering involves checking as to what the person finds supportive, rather than assuming we know what would be helpful for them.</p>	<p>Prioritizing is Person-Centered</p>  <p>Jason Headley video, 2013</p>  
36	<p>Refer participants to the SPR manual for a flowchart that will help them decide how to proceed with decision-making about which SPR steps to use after they have gathered information.</p> <p>Ask the group what questions they have about the material covered so far.</p>	<p>Step 3: Make an Action Plan</p> <ul style="list-style-type: none"> • Explain that many problem areas could be helped by different SPR skills • Review the SPR skills that would help • Find out what they prefer to learn   



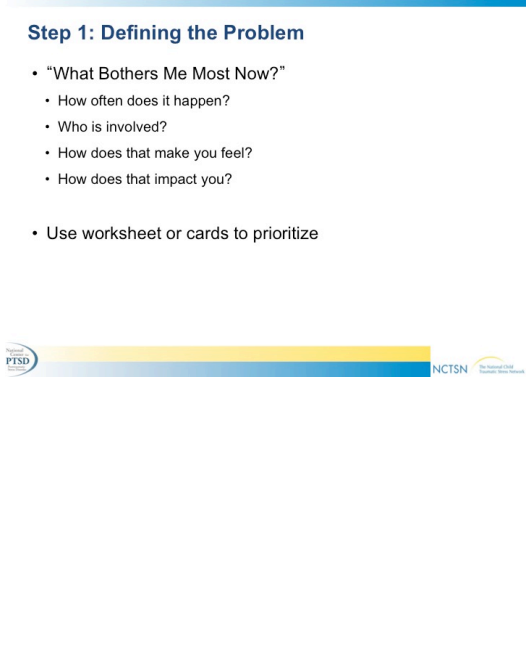
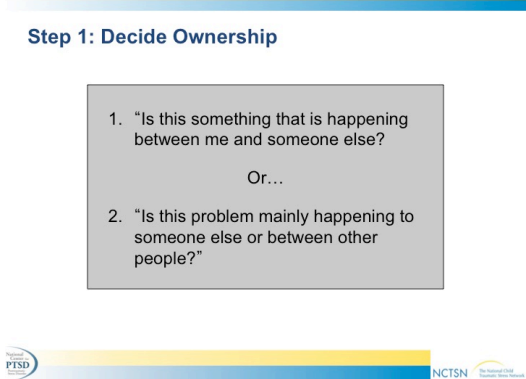
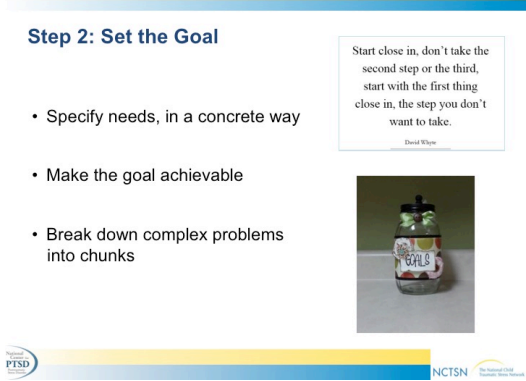
#	Discussion Points	Slide
41	<p>Assign a role-play activity. Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor. • Role play how to use the information gathering screening form to move into using SPR. • Have participants check off the screening form while they role play the process. • Then have the participants role play prioritizing the next steps using the questions on page 17 of the field guide. • Have the dyads report back on the role-play to the large group. 	<p>Role Play: Information Gathering</p> <ol style="list-style-type: none"> 1. Refer to Information Gathering screening form. 2. Use the screening form to identify common concerns you are likely to see in your setting. 3. Role play prioritizing the checked items on the form using the questions on page 17 of the field guide.  
38	<p>Introduce this slide by telling participants that this core action deals with helping affected individuals more effectively address their problems.</p> <p>Note that in situations of high stress, providing a structured way to come up with solutions to problems will reduce affected individuals' sense of being overwhelmed and increase their sense of coping self-efficacy and empowerment.</p>	<p>Building Problem-Solving Skills</p>   
39	<p>OPTIONAL VIDEO</p> <p>This is a humorous video clip taken from a Beceel Heart Health commercial, illustrating that when people are under stress, they often become less creative and less capable of solving even obvious problems.</p>	<p>Action Plan</p>  <p>Stuck on an Escalator, Beceel Heart Health Commercial, 2007</p>  




#	Discussion Points	Slide
40	<p>Review the rationale for problem solving:</p> <ul style="list-style-type: none"> Problems and difficult times after disasters can: <ul style="list-style-type: none"> Add to the stress level of adults, children, and families Reduce self-care Make a person less able to solve problems Help maintain traumatic stress reactions <p><i>Ask participants to volunteer common problems they see, or think they will see, in affected individuals. Write them down on a white board or flipchart.</i></p>	<p>Rationale for Building Problem-Solving Skills</p> <ul style="list-style-type: none"> When problems or difficult times arise, it can: <ul style="list-style-type: none"> Add to stress levels Reduce self-care Make a person less able to manage problems Limit ability to manage stress effectively  <p>PTSD NCTSN</p>
41	<p>Briefly present the steps of problem solving, noting that there are always only two to four steps in each skill set.</p> <p>Note that, while it may be tempting to skip steps in each skill set, the steps were chosen very carefully. One of the most important reasons for the steps in problem solving is to empower individuals to solve their own problems by becoming more able to define their problems, break their problems into smaller steps, be more creative and capable of generating a number of possible solutions, and better able to choose solutions that are the most effective. If you skip any of the steps or try to solve their problems for them, you are denying them an opportunity to be empowered and feel stronger and more capable.</p> <p>Direct participants to the worksheets and handouts section of the SPR manual, and show them that all the skill sets have accompanying worksheets and handouts that will help them guide the person through the skill sets and focus their work. Have all participants then open the manual to the <i>Problem-Solving Worksheet</i>.</p>	<p>Steps of Building Problem-Solving Skills</p> <ul style="list-style-type: none"> After explaining the rationale, use the worksheet to: <ol style="list-style-type: none"> Define the problem/decide ownership Set the goal Brainstorm Evaluate and choose the best solution  <p>PTSD NCTSN</p>









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#	Discussion Points	Slide
42	<p>Review the list of ways that counselors assist affected individuals to define the problem.</p> <p>Note that To help define the problem and engage in problem-solving, use the <i>Problem-Solving Worksheets</i> in Appendix B of the SPR manual.</p> <p>Emphasize that it's important to have the person clearly define what he/she wants to work on in as much detail, and as concretely, as possible. The more specific the person can be, the sooner you'll know whether to work on a particular problem or choose another one.</p> <p>Note that for children, the Q-sort technique can be used by writing simplified versions of the problems on index cards, then asking the child to sort the cards from the most to the least distressing and/or urgent, with the most difficult problem on the top of the stack to work on first.</p>	<p>Step 1: Defining the Problem</p> <ul style="list-style-type: none"> • “What Bothers Me Most Now?” • How often does it happen? • Who is involved? • How does that make you feel? • How does that impact you? <ul style="list-style-type: none"> • Use worksheet or cards to prioritize 
43	<p>Present that trainees can help the person see that if the problem is mainly happening to someone else or between other people, then it is not up to the person to take primary responsibility for the problem.</p> <p>This is a particularly common pattern in children, who often unconsciously maintain a sense of control by feeling responsible for problems.</p>	<p>Step 1: Decide Ownership</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px auto; width: fit-content;"> <ol style="list-style-type: none"> 1. “Is this something that is happening between me and someone else?” <p style="text-align: center;">Or...</p> <ol style="list-style-type: none"> 2. “Is this problem mainly happening to someone else or between other people?” </div> 
44	<p>Review the goals of goal setting.</p> <p>Emphasize that this is a very important step in problem solving that is often skipped. Many affected individuals are able to identify problems easily, but have not thought through what they need or want to happen, and what they are worried about. Identifying the underlying concerns enables them to solve the problem more effectively. The more specific individuals are about their goals, the easier it will be to identify practical steps toward a solution.</p>	<p>Step 2: Set the Goal</p> <ul style="list-style-type: none"> • Specify needs, in a concrete way • Make the goal achievable • Break down complex problems into chunks <div style="border: 1px solid gray; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Start close in, don't take the second step or the third, start with the first thing close in, the step you don't want to take.</p> <p style="text-align: center; font-size: small;">David Whyte</p> </div> 




#	Discussion Points	Slide																																																																
45	<p>Explain that the latest research on habit formulation indicates that taking tiny steps towards habit formation is the best way to establish new habits. This chart gives some examples of how habits can be made with tiny (30 seconds or less) behavioral changes.</p> <p>http://www.BJFOGG.com http://www.foggmethod.com/</p>	<p>Evidence-Based Habit Formation Guidance</p> <table border="1"> <thead> <tr> <th></th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> </tr> <tr> <th></th> <th></th> <th>Good as is</th> <th>behavior is too hard</th> <th>behavior takes too long</th> <th>behavior is not specific enough</th> <th>trigger ("after") is too vague</th> <th>BJ's suggested revision to your Tiny Habit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Tiny Habit someone entered</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>After I wake up, I will show some sort of affection to my wife.</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>... I will hug my wife</td> </tr> <tr> <td>3</td> <td>After I go to bed I will read one page from my Kindle, After I wake up, I will do 25 situps.</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>... I will pick up my kindle and turn it on.</td> </tr> <tr> <td>4</td> <td>After I get into bed, I will review one set of notes I made on research or a meeting in the past few weeks.</td> <td></td> <td>X</td> <td></td> <td></td> <td>X</td> <td>... I will do 3 situps</td> </tr> <tr> <td>5</td> <td>After I arrive home, I'll put my keys in the box.</td> <td>X</td> <td></td> <td></td> <td>X</td> <td></td> <td>... I will open XYZ notebook.</td> </tr> <tr> <td>6</td> <td>After going bed, I'll plan my schedule for the next day.</td> <td></td> <td></td> <td>X</td> <td>X</td> <td>X</td> <td>After I get in bed, I will pick up my scheduling book and open it.</td> </tr> </tbody> </table> <p>PTSD NCTSN</p>		A	B	C	D	E	F	G			Good as is	behavior is too hard	behavior takes too long	behavior is not specific enough	trigger ("after") is too vague	BJ's suggested revision to your Tiny Habit	1	Tiny Habit someone entered							2	After I wake up, I will show some sort of affection to my wife.				X		... I will hug my wife	3	After I go to bed I will read one page from my Kindle, After I wake up, I will do 25 situps.			X			... I will pick up my kindle and turn it on.	4	After I get into bed, I will review one set of notes I made on research or a meeting in the past few weeks.		X			X	... I will do 3 situps	5	After I arrive home, I'll put my keys in the box.	X			X		... I will open XYZ notebook.	6	After going bed, I'll plan my schedule for the next day.			X	X	X	After I get in bed, I will pick up my scheduling book and open it.
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46	<p>OPTIONAL VIDEO</p> <p>This is a video of Stanford researcher BJ Fogg talking about how making tiny changes in behaviors can and should be simple and achievable, and can often result in a chain reaction of healthy habits.</p>	<p>Evidence-Based Habit Formation Guidance</p>  <p>http://www.BJFOGG.com</p> <p>PTSD NCTSN</p>																																																																
47	<p>Briefly discuss the steps of brainstorming, making the following points:</p> <ul style="list-style-type: none"> • This step is often replaced by giving advice, which undermines the affected individual's sense of self-efficacy and empowerment. • While you may keep the potential consequences of each solution in mind, do not make judgments about any of the solutions. • Write down each potential solution on the <i>Problem-Solving Worksheet</i>. • Feel free to be creative and humorous in approaching this question, to illustrate that this exercise is about opening up all possible solutions, even ones that are unrealistic. There is no judgment in this phase of the process, only generation of ideas, and a playful approach can often help the person be more creative. <p>If the affected person has difficulty identifying options, ask him/her to tell how a respected friend, teacher, coworker, or family member, would handle the problem.</p>	<p>Step 3: Brainstorm</p> <ul style="list-style-type: none"> • Identify different solutions and write them down • Avoid evaluation, judgments, or assessment at this stage • If it's difficult for the individual to identify solutions: <ul style="list-style-type: none"> • Ask how someone else would handle the problem • Offer a possible couple of solutions in a tentative way, checking to see if they would be acceptable • Ask questions about possible options based on information you already gathered • Use humor to offer a broad range of possibilities, even if unrealistic, to get them to "play with ideas" and see that all possibilities are on the table in this step, with no judgments <p>PTSD NCTSN</p>																																																																






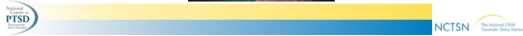
#	Discussion Points	Slide
48	<p>Note that brainstorming can stop when:</p> <ul style="list-style-type: none"> • At least 10 ideas have been listed (this can be modified to fit the context, but should try to generate at least 3-5 ideas). • There are several practical ideas on the list • Client and counselor are “running dry” of ideas 	<p>Stop Brainstorming When...</p> <ul style="list-style-type: none"> • At least 10 ideas have been listed • There are several practical ideas on the list • You both are “running dry” of ideas  
49	<p>Emphasize that the counselor’s role is to help shape the affected individual’s choices so that they are feasible, practical, and beneficial, even if only partially, in solving the problem. Often the best solution is to combine different options that meet the goal identified in Step 3.</p> <p>With many cultures, in selecting a solution, counselors should ask whether other members of the affected individual’s immediate circle may expect to be included in the final solution and, if so, how best to include them.</p>	<p>Step 4: Evaluate and Choose the Best Solution</p> <ul style="list-style-type: none"> • Rate each solution with “pluses and minuses” or on a scale of 1-10 • Discuss potential outcomes of solutions • Identify the best solution/s • If more than one solution is possible, prioritize which one to try first, second, etc.  
50	<p>Review the steps of making an action plan.</p> <p>Note that to make sure the plan is feasible, ask about the specifics of when the person will take steps to solve their problem, any assistance needed, and any obstacle he/she foresees.</p> <p>For children, include parents/guardians if the solution requires adult assistance.</p>	<p>Agree on an Action Plan</p> <ul style="list-style-type: none"> • Identify practical ways to start the plan • Identify individuals who can help to start the plan • Praise the person for coming up with the plan  





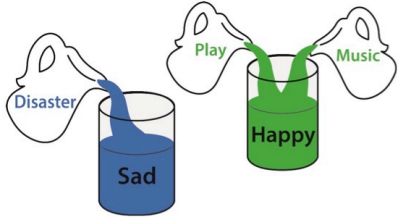
Skills for Psychological Recovery Trainer Guide

#	Discussion Points	Slide
51	<p>Point out that if the person returns for a follow-up visit, you should ask about his/her experiences in testing out the solution. The discussion should include three issues:</p> <ol style="list-style-type: none"> 1. Which of the planned actions the individual was able to take. 2. The next step needed to address the problem. 3. If the person adequately addressed the problem or it is no longer current, consider using the session to apply problem-solving to a new difficulty. <p>Emphasize that counselors should be sure to praise the affected individual for any efforts taken toward the goals.</p> <p>Tell participants that we are going to spend some time working together with this information using a case example.</p>	<p>Review Problem-Solving Efforts</p> <ul style="list-style-type: none"> • Look for successes • Reward all steps toward their goal • Ask about lack of follow-through • Encourage problem-solving in new situations <ul style="list-style-type: none"> ➢ Ask them to practice steps and report back  <p>PTSD NCTSN</p>
52	<p>Walk the group through the following discussion:</p> <ul style="list-style-type: none"> • Identify typical problems you are seeing in the work you do. • Using the problem-solving handout, as a group, pick one of the problems and walk through problem solving steps. <ul style="list-style-type: none"> • Define the problem / decide ownership • Set the goal • Brainstorm • Evaluate and choose the best solution <p>Ask trainees to report to the larger group about their experiences in the role play. After all who choose to have reported out, ask the group to discuss how this approach is different from the way they usually help affected individuals problem-solve.</p> <p>Another option for this activity is to have the group offer problems that are common after disasters they are currently or have previously been involved in, and have the whole group problem solve the problem</p>	<p>Problem-Solving Group Discussion</p> <ol style="list-style-type: none"> 1. Identify typical problems you are seeing in the work you do. 2. Using the problem-solving handout, as a group, pick one of the problems and walk through problem solving steps. <p>PTSD NCTSN</p>






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53	<p>Assign a role-play activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor. • Define the problem / decide ownership • Set the goal • Brainstorm • Evaluate and choose the best solution <p>Another option for this activity is to have the group offer problems that are common after disasters they are currently or have previously been involved in, and have the whole group problem solve the problem</p>	<p>Problem-Solving Exercise</p> <p>Stacy is a 38-year-old, woman whose home was severely damaged by the disaster, and she has had difficulty replacing her belongings that were destroyed. She and her husband are both employed at low income jobs and have frequent arguments about how they will keep the house.</p> 
54	<p>If you have not chosen to have the whole group problem solve a scenario together, but have instead had pairs role play the first case scenario, after five minutes, direct the pairs to switch roles and role-play the second case.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Direct each table to report out. After all the tables have reported out, ask the group to discuss how this approach is different from the way they usually help individuals manage reactions.</p> <p>Bring the session to a close, and tell participants that next you'll be looking at helpful thinking skill in greater detail.</p>	<p>Problem-Solving Exercise</p> <p>Jared is a 47-year-old male who moved his family to a new neighborhood after the disaster. His wife has not seen her friends since then, and misses them. His two elementary school children are sad because it has been difficult for them to make new friends in their new school, and he has one child with special needs who is not getting the services he needs in his new school. He has concerns about his family, and is working long hours to make up for financial losses.</p> 
55	<p>Introduce this slide by telling participants that this SPR action deals with helping affected individuals increase positive and rewarding activities into their lives so as to improve their energy level, sense of control, and mood.</p> <p>Note that in situations of high stress, affected individuals tend to forget, or feel like it's not possible, to deliberately schedule these activities into their lives.</p>	<p>Promoting Positive Activities</p> <ul style="list-style-type: none"> • Make the person feel more in control and that life is more "normal" • Help them feel less sad, hopeless, fearful, or low in energy • Remind individuals who feel overwhelmed to make time to do things that improve their health and well-being  



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56	<p>Review the rationale for promoting positive activities:</p> <ul style="list-style-type: none"> Disasters often disrupt normal routines and activities that provide a sense of purpose, control, and pleasure. Planning and doing positive and meaningful activities can help you to re-start some activities that can improve mood and restore a sense of control. 	<p>Rationale for Promoting Positive Activities</p> <ul style="list-style-type: none"> People stop doing rewarding things because: <ul style="list-style-type: none"> They are too busy coping with other problems They just don't feel like it anymore They are avoiding reminders of the disaster People become sad, down, or apathetic when they no longer engage in rewarding or meaningful activities 
57	<p>Point out that when working with individuals affected by disasters, it's important to explain that feelings are difficult to change directly, and that experiencing more negative experiences than positive ones can cause and maintain feelings of sadness or apathy. Therefore, if they want to improve their mood, they may need to increase positive or rewarding experiences.</p>	<p>Promoting Positive Activities</p> <p>Problems with Focusing on Changing Feelings:</p>  <ul style="list-style-type: none"> Feelings are very difficult to change Telling yourself to feel good does not work It is easier to change your behaviors, which will change feelings
58	<p>Describe the rationale for children, which involves telling them that since the disaster, they may have felt like they were filled up with a lot of icky or bad feelings, and that they can work on filling up some of their time with activities that will fill them with positive, happy feelings.</p>	<p>Rationale for Promoting Positive Activities: Children</p> 
59	<p>Briefly present the steps of promoting positive activities, noting that there are only two steps in this skill set.</p> <p>Direct participants to the promoting positive activities worksheets and handouts section of the SPR manual.</p>	<p>Steps of Promoting Positive Activities</p> <p>After explaining rationale:</p> <ol style="list-style-type: none"> Identify and plan one or more activity Schedule activities in a calendar






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60	<p>Note that in the SPR manual, there is a provider alert in this section drawing provider’s attention to the fact that they may need to caution affected individuals that some activities will not be as enjoyable as before.</p> <p>Explain that providers should tell affected individuals that it is still important to participate in rewarding activities as part of their efforts to rebuild a sense of control and well-being.</p> <p>Indicate that one way to deal with reluctance to engage in these activities is to include simple, brief activities that give affected individuals a breather from everyday stress, as well as activities that make them feel that they are contributing something meaningful to others, and family activities that validate to the whole family that it has been a trying time, but that the family is re-building and recovering.</p>	<p>Provider Alert</p> <ul style="list-style-type: none"> • Caution individuals: • Activities may not be as enjoyable as before • It’s still important to do them • Include activities that give a breather from everyday stress • Validate that it has been a trying time by scheduling special family activities 
61	<p>Direct participants to look at the <i>Promoting Positive Activities</i> handouts and worksheets. They can use the suggested activities on the handout, or have the person write in additional activities and explore the types of activities he/she engaged in before the disaster.</p> <p>Tell participants that they should have the affected person brainstorm to pick activities that provide:</p> <ul style="list-style-type: none"> • “Downtime” or relaxation • A sense of safety • Feeling closer to loved ones • Coping with a new situation • Increasing social time with others 	<p>Step 1: Identify and Plan a Positive Activity</p> <ul style="list-style-type: none"> • Use the worksheet/handouts to: • Review the list of activities • Brainstorm to pick activities that provide: <ul style="list-style-type: none"> ➢ “Downtime” or relaxation ➢ A sense of safety ➢ Feeling closer to loved ones ➢ Coping with a new situation ➢ Increasing social time with others 
62	<p>Tell trainees to have affected individuals choose three activities that:</p> <ul style="list-style-type: none"> • They think they would enjoy • They think they would actually do (achievable) • They can set up fairly easily (practical) 	<p>Step 1: Select Activities</p> <ul style="list-style-type: none"> • Identify at least 3 different activities to engage in this next week • Help individuals choose activities that: <ul style="list-style-type: none"> ✓ They think they would enjoy ✓ They think they would actually do (achievable) ✓ They can set up fairly easily (practical) 



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63	<p>Note that in order to increase the chances of the person following through with these activities, you should help them use the calendar on the <i>Positive Activities Worksheet</i> to actually schedule the activities in the coming week. Research has shown that this step can consistently increase the likelihood that an individual will follow through with their plans.</p> <p>Emphasize that it is important to actually schedule the activities so affected individuals break the cycle of being sad, not having energy, and becoming unmotivated.</p>	<p>Step 2: Schedule Activities in Calendar</p> <ul style="list-style-type: none"> Those affected by disasters can get “stuck” in a cycle Use the calendar & make a concrete plan so they don’t get caught up in <p>PTSD NCTSN</p>
64	<p>Tell participants that if they see the person again, they should:</p> <ul style="list-style-type: none"> Ask what activities the individual was able to try. Explore the reasons for lack of follow-through, and consider reworking the task to make it more doable. Give enthusiastic praise for any attempt. Consider how the positive activity plan should be modified. Schedule more activities. 	<p>Review Promoting Positive Activities</p> <ul style="list-style-type: none"> Look for successes Reward small steps Ask about lack of follow-through Make a new set of activities <p>PTSD NCTSN</p>
65	<p>Assign the role-play activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> One person will take the role of the affected individual, and the other will take the role of counselor. Determine some positive activities to build into the affected individual’s schedule Put them into a schedule Discuss potential obstacles to engaging in the activities Brainstorm potential solutions 	<p>Activities Scheduling Exercise</p> <p>Fred is a 77-year-old male who has recently moved in with his family. He has become more withdrawn recently, and complains of headaches. He used to enjoy conversing with others in the neighborhood, but now prefers to stay in his room at home.</p> <p>Another option for this activity is to have small groups talk about the most likely positive activities that they would recommend in their particular post-disaster setting, and how they would motivate affected individuals to engage in the activities.</p> <p>PTSD NCTSN</p>



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66	<p>If you chose to have pairs role play, direct pairs to switch roles after five minutes and role-play the second case.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Ask trainees to report to the larger group about their experiences in the role-play. After all who choose to have reported out, ask the group to discuss what obstacles they think they might encounter when trying to plan positive activities with their affected individuals, and how they might work with those obstacles.</p>	<p>Activities Scheduling Exercise</p> <p>Alex is a 46-year-old male. He is a single father of three. One of his children is struggling in school and the child displays sadness and irritability. Since his divorce Alex has devoted most of his time to comforting his children. This is a change from his life prior to the divorce, when he engaged in some social activities and played in a men's softball league. He notices that he has become increasingly sad in the past few months.</p> 																		
67	<p>OPTIONAL PROFESSIONAL BOUNDARIES AND STRESS SECTION</p> <p>As time allows, spend some time talking with the group about the need for maintaining boundaries and being aware of signs of stress in themselves in relation to disaster work.</p>	<p>Managing Professional Stress</p> 																		
68	<p>Explain that living by responder ideals has the potential to give responders the strength to persevere through periods of great danger and deprivation.⁸ However, as with many values, these ideals can create challenges for responders. For instance, loyalty also creates a vulnerability to greater physical danger when trying to assist others who need help, and the value of enduring adversity and not attending to self is also at odds with personal problem identification and help seeking.</p> <p>While it is important to understand how elements of strong values can be both sources of strength and vulnerability, it is equally important to acknowledge that these elements can create additional challenges in seeking help</p>	<p>Double-Edged Sword of Responder Ideals</p> <table border="1" data-bbox="873 1144 1365 1430"> <thead> <tr> <th>Strength</th> <th>Guiding Ideal</th> <th>Vulnerability</th> </tr> </thead> <tbody> <tr> <td>Placing the welfare of others above one's own welfare</td> <td>Selflessness</td> <td>Not seeking help for health problems because personal health is not a priority</td> </tr> <tr> <td>Commitment to accomplishing missions and protecting others</td> <td>Loyalty</td> <td>Survivor guilt and complicated bereavement after loss of friends</td> </tr> <tr> <td>Toughness and ability to endure hardships without complaint</td> <td>Stoicism</td> <td>Not acknowledging significant symptoms, and suffering after returning home</td> </tr> <tr> <td>Following an internal moral compass to choose "right" over "wrong"</td> <td>Moral Code</td> <td>Feeling frustrated and betrayed when others fail to follow a moral code</td> </tr> <tr> <td>Becoming the best and most effective professional possible</td> <td>Excellence</td> <td>Feeling ashamed of (denial or minimization) imperfections</td> </tr> </tbody> </table> 	Strength	Guiding Ideal	Vulnerability	Placing the welfare of others above one's own welfare	Selflessness	Not seeking help for health problems because personal health is not a priority	Commitment to accomplishing missions and protecting others	Loyalty	Survivor guilt and complicated bereavement after loss of friends	Toughness and ability to endure hardships without complaint	Stoicism	Not acknowledging significant symptoms, and suffering after returning home	Following an internal moral compass to choose "right" over "wrong"	Moral Code	Feeling frustrated and betrayed when others fail to follow a moral code	Becoming the best and most effective professional possible	Excellence	Feeling ashamed of (denial or minimization) imperfections
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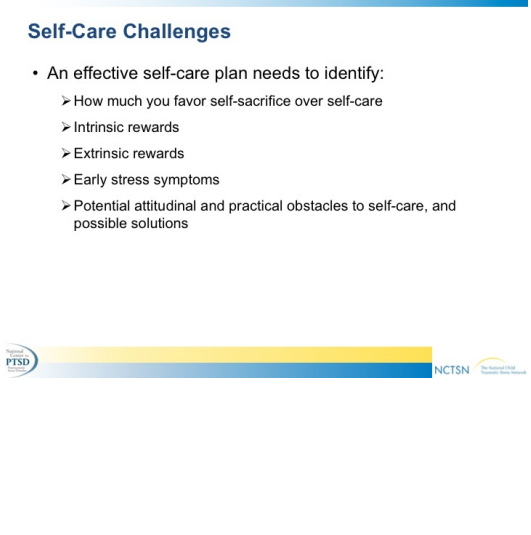
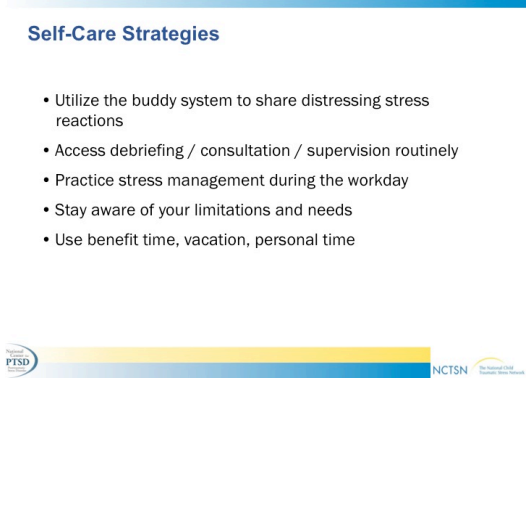
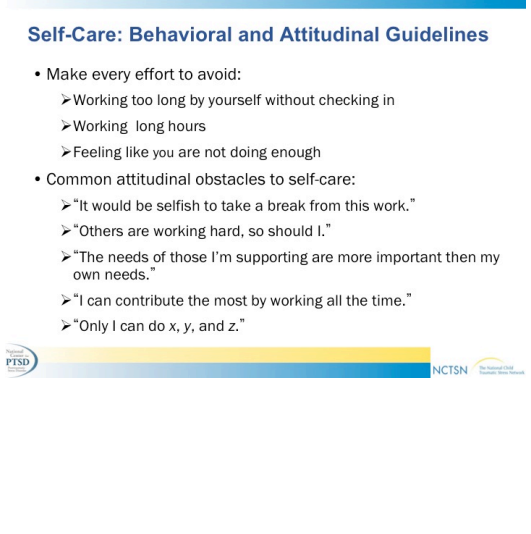


#	Discussion Points	Slide
69	<p>Explain that there are many possible effects, both positive and negative, from working with those who have been involved in disasters. One potential negative effect is commonly called 'burnout,' which involves too much work, not enough energy, and feeling ineffective. It can also be brought on by the fact that a solution to the problems of affected individuals is often not clear, which can lead to ambiguity and frustration.</p> <p>Burnout includes the following components:</p> <p>Emotional Exhaustion (EE)</p> <ul style="list-style-type: none"> Feeling 'emotionally overextended' by one's work <p>Depersonalization (DP)</p> <ul style="list-style-type: none"> Feeling calloused towards people you care for or manage <p>Lack of Personal Accomplishment (PA)</p> <ul style="list-style-type: none"> Feelings of incompetence or failure in one's work, depression, discouragement 	<p>Workplace Stress: Burnout</p> <ul style="list-style-type: none"> Burnout involves too much work, not enough energy, feeling ineffective Solution is often not clear – can lead to ambiguity and frustration Includes the following components: <ul style="list-style-type: none"> Emotional Exhaustion (EE) <ul style="list-style-type: none"> Feeling 'emotionally overextended' by one's work Depersonalization (DP) <ul style="list-style-type: none"> Feeling calloused towards people you care for or manage Lack of Personal Accomplishment (PA) <ul style="list-style-type: none"> Feelings of incompetence or failure in one's work, depression, discouragement
70	<p>Describe that there are many signs of burnout, including:</p> <ul style="list-style-type: none"> Personal and Professional Exhaustion Fatigue, loss of energy and motivation Emotional exhaustion, feeling numb Anger towards supervisors, administrators Losing passion for your work Compassion fatigue for 'the victims' Seeing the recipients of care you work with as 'bad': disruptive, lazy, not helping themselves Clique formation (inner and outer 'circles') Conflict between co-workers, groups High turnover of personnel Negative attitudes toward the workplace Critical attitudes towards colleagues Scapegoating others 	<p>Signs of Burnout</p> <ul style="list-style-type: none"> Fatigue, loss of energy and motivation Emotional exhaustion, feeling numb Anger towards supervisors, administrators Losing passion for your work Having a negative view of the recipients of your work Clique formation (inner and outer 'circles') Conflict between co-workers, groups High turnover of personnel Negative attitudes toward the workplace Critical attitudes towards colleagues Scapegoating others






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71	<p>Note that in a case study that NCPTSD conducted with disaster counselors, the majority of respondents indicated that it would be almost impossible to impose self-care strategies if they felt that the affected individuals they were working with were in need of more support. This difficulty in maintaining self-care resulted in long-term stress reactions and physical health challenges for some counselors. Therefore, it is recommended that managers of programs for affected individuals implement some protective policies for their counselors, such as:</p> <ul style="list-style-type: none"> • Mandated rotation where providers are moved from the most highly stressful assignments to lower levels of stress • Mandatory use of scheduled time off and benefit time • Hiring adequate number of staff at all levels of administration, supervision, group interaction and support • Sending team leaders into the field to check on providers • Enforced support by providing/encouraging: <ul style="list-style-type: none"> Regular supervision Regular case conferences Peer partners and peer consultation 	<p>Management Strategies</p> <ul style="list-style-type: none"> • Mandated rotation where providers are moved from the most highly stressful assignments to lower levels of stress • Enforced support by providing/encouraging: <ul style="list-style-type: none"> ➢ Regular supervision ➢ Regular case conferences ➢ Peer partners and peer consultation • Monitor providers who meet certain high risk criteria • Conduct trainings on stress management practices <p>Monitoring providers who meet certain high risk criteria, such as:</p> <ul style="list-style-type: none"> Victims of the events Those having regular exposure to strongly impacted individual communities, Those with pre-existing conditions Those with multiple stressors <ul style="list-style-type: none"> • Conducting trainings on stress management practices • Placing a high priority on providing regular staff appreciation events, staff retreats, and staff needs surveys • Meetings to brainstorm about better serving the community and solving programmatic problems • Giving consistent messages to providers on the need and method for self-care, by making available self-care materials and a safe way to reach out for help when needed • Being sensitive about regulations that can be perceived as negative consequences if workers ask for help.
72	<p>Identify three essential tools which have been identified to help counselors in coping with the potential stress of disaster work:</p> <ul style="list-style-type: none"> • Awareness: Being attuned to your needs, limits, emotions, and resources. • Balance: Maintaining balance among work, play, and rest. • Connection: Connections to oneself, to loved ones, to colleagues, and to the larger community. 	<p>Self-Care: Coping</p> <p>Three essential tools in coping are awareness, balance, and connection.</p> <ul style="list-style-type: none"> • Awareness: Being attuned to your needs, limits, emotions, and resources. • Balance: Maintaining balance among work, play, and rest. • Connection: Connections to oneself, to loved ones, to colleagues, and to the larger community. <p>Source: Saakvitne et al., 2000</p>



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73	<p>Indicate that there are many potential obstacles to self-care. Because of that, in advance of the work, an effective self-care plan needs to identify:</p> <ul style="list-style-type: none"> • How much you favor self-sacrifice over self-care • Intrinsic rewards to doing the work such as the need to contribute to community recovery • Extrinsic rewards such as financial compensation for the work • Early stress symptoms and what you will do about them when they arise • Potential attitudinal and practical obstacles to self-care (such as the need to be perfect, and the lack of dietary options on site), and possible solutions (such as who you will talk to if you're feeling overwhelmed, and what you will take with you to support dietary needs). 	<p>Self-Care Challenges</p> <ul style="list-style-type: none"> • An effective self-care plan needs to identify: <ul style="list-style-type: none"> ➢ How much you favor self-sacrifice over self-care ➢ Intrinsic rewards ➢ Extrinsic rewards ➢ Early stress symptoms ➢ Potential attitudinal and practical obstacles to self-care, and possible solutions 
74	<p>Point out that counselors will also need to supplement what management is doing to support them, by implementing self-care in a disciplined way during the disaster effort, by putting the following practices into their schedule:</p> <ul style="list-style-type: none"> • Self-monitor and pace yourself daily • Utilize the buddy system to share distressing stress reactions • Take brief relaxation breaks and time-out for basic physical care and refreshment • Routinely access debriefing / consultation / supervision • Practice effective stress management strategies regularly during the workday • Stay aware of your limitations and needs • Use benefit time, vacation, personal time 	<p>Self-Care Strategies</p> <ul style="list-style-type: none"> • Utilize the buddy system to share distressing stress reactions • Access debriefing / consultation / supervision routinely • Practice stress management during the workday • Stay aware of your limitations and needs • Use benefit time, vacation, personal time 
75	<p>Note that there are behavioral and attitudinal obstacles to self-care that should be addressed as well. Counselors should make every effort to avoid:</p> <ul style="list-style-type: none"> • Working too long by yourself without checking in • Working long hours • Feeling like you are not doing enough <p>Common attitudinal obstacles to self-care are:</p> <ul style="list-style-type: none"> • "It would be selfish to take a break from this work." • "Others are working hard, so should I." • "The needs of those I'm supporting are more important than my own needs." • "I can contribute the most by working all the time." • "Only I can do x, y, and z." 	<p>Self-Care: Behavioral and Attitudinal Guidelines</p> <ul style="list-style-type: none"> • Make every effort to avoid: <ul style="list-style-type: none"> ➢ Working too long by yourself without checking in ➢ Working long hours ➢ Feeling like you are not doing enough • Common attitudinal obstacles to self-care: <ul style="list-style-type: none"> ➢ "It would be selfish to take a break from this work." ➢ "Others are working hard, so should I." ➢ "The needs of those I'm supporting are more important than my own needs." ➢ "I can contribute the most by working all the time." ➢ "Only I can do x, y, and z." 



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76	<p>Indicate that there are many potential obstacles to self-care when working with individuals affected by disasters. Because of that, in advance of the work, an effective self-care plan needs to identify:</p> <ul style="list-style-type: none"> • How much you favor self-sacrifice over self-care • Intrinsic rewards to doing the work such as the need to contribute to community recovery • Extrinsic rewards such as financial compensation for the work • Early stress symptoms and what you will do about them when they arise • Potential attitudinal and practical obstacles to self-care (such as the need to be perfect, and the lack of dietary options on site), and possible solutions (such as who you will talk to if you're feeling overwhelmed, and what you will take with you to support dietary needs). 	<p style="text-align: center;">Self-Care Plan</p> <ul style="list-style-type: none"> • An effective self-care plan needs to identify: <ul style="list-style-type: none"> ➢ How much you favor self-sacrifice over self-care ➢ Intrinsic rewards ➢ Extrinsic rewards ➢ Early stress symptoms ➢ Potential attitudinal and practical obstacles to self-care, and possible solutions 
77	<p>Point out that providers that they should make every effort to:</p> <ul style="list-style-type: none"> • Discuss your stress with other providers and supervisors • Participate in formal help if your own stress persists • Prepare for worldview changes that may not be mirrored by others in your life • Increase experiences that have personal reward or meaning to you • Develop a written plan focused on work-life balance 	<p style="text-align: center;">Self-Care: Get Support</p> <ul style="list-style-type: none"> • Discuss your stress with other providers and supervisors • Participate in formal help if your own stress persists • Prepare for worldview changes that may not be mirrored by others in your life • Increase experiences that have personal reward or meaning to you • Develop a written plan focused on work-life balance. 
78	<p>Have trainees break into pairs and reflect upon:</p> <ul style="list-style-type: none"> • How do you practice self care? • How often do we need to practice self-care? • Identify how we can use core actions of SPR for ourselves: <ul style="list-style-type: none"> ○ Information gathering ○ Building Problem Solving Skills ○ Promoting Helpful Thinking ○ Promoting Positive Activities ○ Managing Reactions ○ Building Healthy Social Connections <p>Assign trainees a positive activity and let them know they will check in with each other about it tomorrow.</p>	<p style="text-align: center;">Self-Care Exercise</p> <ul style="list-style-type: none"> • How do you practice self care? • How often do we need to practice self-care? • Identify how we can use core actions of SPR for ourselves: <ul style="list-style-type: none"> • Information gathering • Building Problem Solving Skills • Promoting Helpful Thinking • Promoting Positive Activities • Managing Reactions • Building Healthy Social Connections 






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79	<p>Transition Slide – Introduce Day 2</p>	
80	<p>Have trainees break into pairs and discuss what they did to take care of themselves the night before.</p> <p>Ask them if they were more likely to practice self-care knowing that they were going to check in with each other the next morning.</p>	
81	<p>Tell participants that this section deals with helping enhance skills to calm upsetting physical and emotional reactions, learn new strategies to deal with those reactions, and put words to experiences to better understand and manage distress.</p> <p>Note that in situations of high stress, affected individuals can be reacting to triggers on a regular basis.</p>	



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82	<p>Review the rationale for promoting positive activities:</p> <ul style="list-style-type: none"> • Individuals affected by disasters frequently experience distressing reactions which can affect: <ul style="list-style-type: none"> • Mood • Decision-making • Relationships • Daily functioning • Health • Reactions to stressful situations and to reminders can add to feeling bad • Learning skills to manage these reactions can help with all these areas 	<p>Rationale for Managing Reactions</p> <ul style="list-style-type: none"> • During a stressful time, many people have distressing reactions. These can affect: <ul style="list-style-type: none"> • Mood • Decision-making • Relationships • Daily functioning • Health • Reactions to stressful situations and to reminders can add to feeling bad • Learning skills to manage these reactions can help with all these areas
83	<p>Briefly present the steps of managing reactions, noting that there are three steps in this skill set.</p> <ul style="list-style-type: none"> • Identify Distressing Reactions and their Triggers • Teach Skills to Address Priority Reactions • Create a Plan to Manage a Reaction <p>Note that this skill set includes three different skills, for the three different aspects of managing reactions.</p> <p>Direct participants to the managing reactions worksheets and handouts section of the SPR manual.</p>	<p>Steps of Managing Reactions</p> <ul style="list-style-type: none"> • After explaining the rationale: <ul style="list-style-type: none"> • Identify Distressing Reactions and their Triggers • Teach Skills to Address Priority Reactions • Create a Plan to Manage a Reaction <div data-bbox="1203 827 1365 974" style="background-color: #800080; color: white; padding: 5px; text-align: center;"> <p>Never in the history of calming down has anyone ever calmed down by being told to calm down</p> </div>
84	<p>Direct participants to use the <i>Managing Reactions</i> worksheets to identify current or distressing reactions, and how affected individuals have already tried to reduce these reactions. Counselors can ask questions about which reaction is bothering them the most, which has been most difficult to manage, or would be most helpful to tackle first. Write both the reaction and the situation on the worksheet.</p> <p>Caution participants that affected individuals experiencing extreme negative emotions (e.g., depression, grief, guilt, shame, feelings of worthlessness, and thoughts of revenge) may require a more intensive level of support. If extreme negative emotions persist, refer the person to a mental health service. If the person mentions any strong physical reactions (e.g., acute chest pain), counselors should ask if they have seen a physician or other health professional for the condition. Make a medical referral if needed.</p>	<p>Step 1: Identify Distressing Reactions and Triggers</p> <ol style="list-style-type: none"> Identify current or recent distressing reactions Describe the situations in which the reactions occurred Have individuals describe how they tried to reduce these reactions, and if they were able to do it






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85	<p>Direct participants to Appendix D in the SPR manual, where there are a number of handouts with information on how to manage several specific types of reactions. In their work with affected individuals, counselors can select whichever handout(s) applies to the person’s concerns and go over the handout(s) with them.</p> <p>Once the counselor has reviewed the handouts that are appropriate to the person’s specific reactions, they can have the individual select a few skills to help manage the specific reaction or stressful situation.</p>	<p>Step 2: Teach Skills to Address Priority Reactions I</p> <p>Using handouts, give the person a toolkit of tips and strategies to reduce their reactions:</p> <table border="1" data-bbox="889 373 1360 583"> <thead> <tr> <th>SPR Worksheet</th> </tr> </thead> <tbody> <tr><td>• Post-traumatic Stress Reactions After a Disaster</td></tr> <tr><td>• Anger and Irritability</td></tr> <tr><td>• Sleep Difficulties [After a Disaster]</td></tr> <tr><td>• Reactions to Chronic Stress [After a Disaster]</td></tr> <tr><td>• Depressed Mood [After a Disaster]</td></tr> <tr><td>• Fears After a Disaster</td></tr> <tr><td>• Grief Reactions</td></tr> <tr><td>• Supporting Someone After a Disaster or Stressful Event</td></tr> <tr><td>• Drug and Alcohol Use [After a Disaster / During a Stressful Time]</td></tr> </tbody> </table> 	SPR Worksheet	• Post-traumatic Stress Reactions After a Disaster	• Anger and Irritability	• Sleep Difficulties [After a Disaster]	• Reactions to Chronic Stress [After a Disaster]	• Depressed Mood [After a Disaster]	• Fears After a Disaster	• Grief Reactions	• Supporting Someone After a Disaster or Stressful Event	• Drug and Alcohol Use [After a Disaster / During a Stressful Time]
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86	<p>Explain that there are additionally many handouts that are for children, and for parents who are concerned about their children.</p>	<p>Step 2: Teach Skills to Address Priority Reactions II</p> <p>Using handouts, give the person a toolkit of tips and strategies to reduce their reactions:</p> <table border="1" data-bbox="873 800 1370 947"> <thead> <tr> <th>SPR Worksheet</th> </tr> </thead> <tbody> <tr><td>• For Children: Dealing With Your Fears After a Disaster</td></tr> <tr><td>• For Parents: Helping Children Deal With Their Fears After a Disaster</td></tr> <tr><td>• For Parents: Help for Children’s Sleep Problems</td></tr> <tr><td>• For Parents: Children’s Unwanted Thoughts & Reminders After a Disaster</td></tr> <tr><td>• For Parents: Behaviour Changes? Supporting Children & Teens After a Disaster</td></tr> <tr><td>• For Parents: Children & Grief: Information for Families</td></tr> </tbody> </table> 	SPR Worksheet	• For Children: Dealing With Your Fears After a Disaster	• For Parents: Helping Children Deal With Their Fears After a Disaster	• For Parents: Help for Children’s Sleep Problems	• For Parents: Children’s Unwanted Thoughts & Reminders After a Disaster	• For Parents: Behaviour Changes? Supporting Children & Teens After a Disaster	• For Parents: Children & Grief: Information for Families			
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87	<p>Discuss with trainees that this module includes three categories of calming skills. The first skill is breathing, because it has a good amount of research support, and is relatively simple to teach, but if the SPR provider or affected individual has other preferred forms of calming, it is fine to incorporate them into this skill. Some of the other calming skills that have received research support are self-talk, meditation, temperature control (from dialectical behavior therapy), and exercise, for instance.</p> <p>Direct trainees to the <i>Managing Reactions</i> handouts and worksheets, to introduce them to teaching one of the following SPR skills:</p> <ul style="list-style-type: none"> • The Calming Skill—to control your breathing • The Skill to Put Thoughts and Feelings into Words by Writing—to organize and better understand your experience and to communicate with others • The Skill to Manage Reactions to Triggers—to handle stressful situations, daily hassles, and reminders before, during, and after they happen 	<p>Step 2: Teach Skills to Manage Reactions</p> <p>Using handouts and worksheets, teach:</p> <ol style="list-style-type: none"> Calming: breathing retraining, self-talk, meditation, exercise, etc. Put Thoughts and Feelings into Words: writing exercise Manage Triggers: identify reminders and ways to cope with them before, during, and after the trigger  <p>The provider can ask the affected individual if they have had any experience with these ways of managing reactions, and which one of these skills they would you prefer to learn first.</p> <p>Engage participants in a discussion about what breathing and calming exercises they find to be most helpful.</p>										


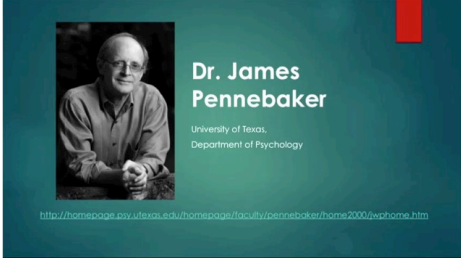


#	Discussion Points	Slide
88	<p>Ask participants if they have examples of calming techniques or breathing techniques that they use. Also ask what techniques they feel comfortable teaching others to do.</p> <p>Engage in a group discussion about this topic, and encourage them to talk with the people they meet with about which techniques feel the most comfortable for them.</p> <p>Write the skills down on a white board.</p> <p>Bring in other calming techniques that you use as well.</p>	<p>Step 2A: Calming Skills: Group Discussion</p> <ul style="list-style-type: none"> • What calming skills do you use in your own life? • What techniques do you feel comfortable teaching others?
89	<p>Present to participants that when they introduce the breathing skill to affected individuals, they will need to make the following points:</p> <ul style="list-style-type: none"> • It will take time to feel comfortable with this skill. • It's important to ask if they've ever learned any relaxation techniques before, and how they've worked. • Show them, by walking them through the breathing exercise, that the best way to reduce anxiety is to take a normal breath and exhale slowly. <p>Give trainees the <i>Breathing Handout</i> and encourage them to practice, particularly in times when they are not overly stressed, so that it comes naturally to them when they are stressed.</p>	<p>Option 2A: Calming Skills: Breathing Retraining</p> <ul style="list-style-type: none"> • Tell the person it will take time to feel comfortable with this skill • Ask if the person has ever learned any relaxation techniques before, and how the technique worked • Show the person that one way to reduce anxiety is to take a normal breath and exhale slowly • Give the person the breathing handout and encourage them to practice <p>Note that one alternative way to teach small children breathing is with bubbles, or by blowing a crushed up paper ball across a table.</p>
90	<p>OPTIONAL VIDEO</p> <p>Share the example of a breathing exercise.</p> <p>There are a lot of different ways for individuals If time permits, show this video which illustrates what Andrew Weil has found to be an effective type of breathing for calming down.</p>	<p>Option 2A: Calming Skills: Breathing Technique Example 1</p> <p>Andrew Weil– 4-7-8 Breath 2015</p>




#	Discussion Points	Slide
91	<p>OPTIONAL VIDEO</p> <p>Share the example of the breathing exercise from the SPR manual.</p> <p>If time permits, show this video which illustrates what health psychologist Kelly McGonigal has found is the most effective type of breathing for calming down.</p>	<p>Option 2A: Calming Skills: Breathing Technique Example 2</p>  <p>Kelly McGonigal – Power Breath Mind Hack 2016</p>
92	<p>Point out that trainees can also use technology such as this to help people track their breathing and slow it down in sync with simple moving pictures.</p> <p>Note that with children, you can use an expandable “hoberman sphere” to show kids that they can breath in and expand the sphere while inhaling, and shrink the sphere</p> <p>Note that phone apps and recordings are available with the purpose of reducing stress and helping individuals learn to breath more effectively and calm down.</p>	<p>Option 2A: Calming Skills: Breathing Retraining for Adults</p> <p>If you have anxiety, take deep breaths in sync with this.</p> 
93	<p>Show this example of teaching a child breathing.</p> <p>This video was developed by NCPTSD and NCTSN to illustrate what teaching breathing looks like.</p>	<p>Option 2A: Calming Skills: Child Breathing Technique Example</p>  <p>NCPTSD / NCTSN Video: Color Breathing, 2005</p>




#	Discussion Points	Slide
94	<p>Review the rationale for the second skill set of Managing Reactions: putting thoughts / feelings into words:</p> <p>Those affected by disaster may have intrusive memories or concerns that have arisen since the disaster, are happening now, or may happen in the future that can be helped by writing about them. Writing allows one to lay out and organize jumbled and unstructured concerns. Through writing, they can put words to and make sense of their feelings. Writing can reduce the intensity of strong emotions, help affected individuals to understand situations that might trigger reminders, and pave the way for helpful communication with others.</p> <p>Caution participants that this exercise is not for everybody. It may not be appropriate for those unable to manage the distress that often arises when they write. In deciding who may not be appropriate for the writing task include:</p> <ul style="list-style-type: none"> • Those who feel extreme guilt about an action that caused harm • Those who have active suicidal thoughts • Those with a history of a psychotic condition 	<p>Option 2B: Skills to Put Thoughts/Feelings into Words: Rationale</p> <ul style="list-style-type: none"> • For certain individuals, reactions can be helped by writing / drawing about: <ul style="list-style-type: none"> • Painful memories, loss, or disaster-related experiences • Concerns about what may be happening now • Concerns about the future  <ul style="list-style-type: none"> • Note: This exercise may not be appropriate for everyone <p>PTSD NCTSN</p>
95	<p>OPTIONAL VIDEO</p> <p>This video illustrates research about how writing can reduce health issues and promote well-being.</p>	<p>Written Disclosure: Video</p>  <p>Sue Reynolds: Writing Our Way Out of Trouble. TED Talk 2013</p> <p>PTSD NCTSN</p>
96	<p>Review the rationale for the second skill set of Managing Reactions: putting thoughts / feelings into words.</p> <p>Explain that counselors should let affected individuals know that writing or drawing will help them organize and better understand what has happened, and communicate it, cope with memories and concerns more effectively, and identify key concerns to discuss.</p>	<p>Option 2B: Skills to Put Thoughts/Feelings into Words: Rationale</p> <p>Writing/Drawing:</p> <ul style="list-style-type: none"> • Allows you to organize and better understand what has happened, and communicate it • Teaches you to cope with memories and concerns more effectively • Helps to identify key concerns to discuss <p>PTSD NCTSN</p>






#	Discussion Points	Slide
97	<p>Direct participants to the <i>Managing Reactions Worksheet</i>, and review their instructions to the affected individual:</p> <ul style="list-style-type: none"> • At home, start writing about whatever is troubling you in as much detail as you can • Try to include detail about your feelings and things you may be thinking and saying to yourself • Try to keep writing for 30 minutes • Repeat the writing task several times • Thoughts that come to mind during this task are important to understand • Build in new helpful thoughts each time you do the exercise <p>Explain that counselors should suggest that affected individuals repeat the writing task several times, each time building in new helpful thoughts that they have identified. This will help them think about the situation that concerns them, understand the key issues in a helpful way, and assist them in managing their reactions.</p>	<p>Option 2B: Skills to Put Thoughts/Feelings into Words: Instructions</p> <p>Using the worksheet, instruct the person to, at home:</p> <ol style="list-style-type: none"> 1. Start writing about whatever is troubling you in as much detail as you can 2. Try to include detail about your feelings and things you may be thinking and saying to yourself 3. Try to keep writing for 30 minutes 4. Repeat the writing task several times 5. Thoughts that come to mind during this task are important to understand 6. Build in new helpful thoughts each time you do the exercise <p>Note that the person can also spend some time rehearsing the writing exercise during the contact, which allows them to develop confidence about writing and to discuss with you any reactions to or questions about the writing before he/she completes the exercise at home.</p> <p>Let affected individuals know that they can use a recorder or draw pictures if they don't feel comfortable or cannot write. The manual has an alternate method and worksheet for children.</p> <p>Encourage the affected person to practice with you to make sure they know what to do.</p> <p>Make sure they know there are no rules/grammar/ spelling checks.</p>
98	<p>Let affected individuals know that they can use a recorder or draw pictures if they don't feel comfortable or cannot write. The manual has an alternate method and worksheet for children.</p> <p>Encourage the affected person to practice with you to make sure they know what to do.</p> <p>Make sure they know there are no rules/grammar/ spelling checks.</p>	<p>Option 2B: Skills to Put Thoughts/Feelings into Words: Instructions</p> <ul style="list-style-type: none"> • Let the person know that if they don't feel comfortable writing, they can also speak into a voice recorder, draw a picture, make a piece of art, or write a song/poem • Have the person practice with you to make sure they know what to do. • Make sure they know there are no rules/grammar/ spelling checks. 






#	Discussion Points	Slide
99	<p>Review the rationale for recognizing and managing triggers:</p> <p>After a disaster, people’s distressing reactions may be triggered by many experiences and situations. Reactions may be <i>internal</i> (e.g., upsetting thoughts or memories, unpleasant emotions or bodily reactions) or <i>external</i> (e.g., encountering a stressful situation or a place that triggers upsetting memories). Creating a plan to deal with distressing triggers can help affected individuals:</p> <ol style="list-style-type: none"> Learn to manage their reactions to the stressful situation or reminder Learn that situations like this do not have to be as distressing as people sometimes expect Build confidence in their ability to tolerate and manage their reactions to a wide range of challenging situations, whether anticipated or unforeseen 	<p>Option 2C: Skills to Manage Triggers: Rationale</p> <ul style="list-style-type: none"> If a person is often being triggered by internal or external cues, you could choose to help them make a plan to manage their reactions to triggers or reminders: <ul style="list-style-type: none"> You may be triggered by many different experiences and situations: <ul style="list-style-type: none"> Internal: thoughts, memories, feelings, bodily reactions External: stressful situations and reminders Learning how to cope with them helps you realize you have some control over your reactions
100	<p>Show this brief reminders clip, which was developed by NCPTSD and NCTSN to illustrate what teaching about reminders looks like in a shelter with an adolescent after an earthquake.</p>	<p>Option 2C: Skills to Manage Triggers: Example</p>  <p>NCPTSD / NCTSN Video: Reminders 2005</p>



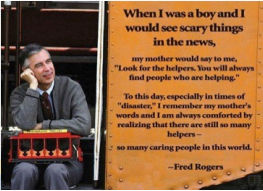







#	Discussion Points	Slide
101	<p>Briefly present the steps of recognizing and managing triggers:</p> <ol style="list-style-type: none"> 1. Identify a trigger situation 2. Identify how this is different from the actual disaster 3. Identify strategies to use before, during, and after a trigger <p>Direct participants to the <i>Managing Triggers Worksheet</i> in the SPR manual.</p> <p>To help the affected individual identify a trigger situation, the counselor can ask them to describe a recent stressful situation that brought up strong upsetting feelings, because it may have caused them to have upsetting memories of the disaster or the loss of a loved one, it may have involved dealing with day to day hassles that are very frustrating, or it may have been another challenging situation.</p>	<p>Option 2C: Steps of Skills to Manage Triggers</p> <p>After explaining the rationale:</p> <ol style="list-style-type: none"> 1. Identify Trigger Situation/s 2. Identify How This is Different from the original stressful situation (a reminder) 3. Identify Strategies to Use Before, During, and After a Trigger 
102	<p>Direct the participants to this section of the SPR manual, where there are listed a number of strategies to manage reactions to stressful situations or reminders.</p>	<p>Option 2C: Skills to Manage Triggers: Potential Strategies I</p> <ul style="list-style-type: none"> • Tell yourself: this experience is just a reminder • Have realistic expectations • Reassure yourself • Put words to strong emotions • Writing often helps to put feelings into words 
103	<p>Note that counselors can review this list of possible strategies, as well as any others the person favors, and discuss with them how they may use each <i>before, during, and after</i> a stressful situation.</p>	<p>Option 2C: Skills to Manage Triggers: Potential Strategies II</p> <ul style="list-style-type: none"> • Get support from others • Engage in some positive activity to remind yourself that you have mastered this situation • Use spiritual or religious practices • Review your personal strengths • Use humor • Use relaxation strategies 




#	Discussion Points	Slide
104	<p>Tell the participants that the counselor will explain to affected individuals that there are three main strategies for managing upsetting trigger situations:</p> <ul style="list-style-type: none"> • To anticipate stressful situations or reminders that are likely to occur and prepare for them. • To have a standing plan for managing stressful situations and reminders when they occur (especially important for dealing with unexpected triggers). • To give yourself time to recover after the trigger. <p>Note that participants should use the <i>Managing Reactions Worksheet</i> to make a plan as to how the person can use and practice the selected strategy(ies) in the days following the visit. Have the individual identify specific situations where he/she can use the strategy(ies). Review the steps involved and answer any questions that the person may have.</p>	<p>Step 3: Create a Plan to Manage a Reaction</p> <ul style="list-style-type: none"> • After teaching skills to manage distressing reactions, make a plan of when to use the skills • Emphasize the importance of trying the skill for at least a week 
105	<p>Point out that, as with other modules, if the counselor has a follow-up contact with the person, they can review the individual's experience using the skills, praise any efforts taken, and if the skill did not work, problem-solve how the skill can be improved, or select another skill.</p>	<p>Review Managing Reactions</p> <ul style="list-style-type: none"> • Review the individual's experience using the skills • Praise any efforts taken • If the skill did not work, problem-solve how the skill can be improved, or select another skill 
106	<p>Assign the role-play activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor. • Identify Distressing Reactions and their Triggers • Teach Skills to Address Priority Reactions • Create a Plan to Manage a Reaction • Make notes in their workbooks. • Choose a spokesperson for the table group • Make notes in their workbooks. • Choose a spokesperson for the table group 	<p>Managing Reactions Exercise</p> <p>Oscar is a first responder who is concerned about his 2 children when he is not with them. He was greatly concerned about his children the day of disaster because he couldn't be with them due to his duties. He reports that he feels very tense in the morning as he watches his children leave for school, and he feels his heart beating very rapidly. His work performance has suffered, and he is having trouble sleeping.</p>  <p>Another option for this activity is to role play the scenario in front of the entire group with a volunteer from the audience playing the affected individual.</p>





#	Discussion Points	Slide
107	<p>If you chose to have pairs role play, after five minutes, direct the pairs to switch roles and role-play the second case.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Direct each table to report out. After all the tables have reported out, ask the group to discuss how this approach is different from the way they usually help individuals manage reactions.</p>	<p>Managing Reactions Exercise</p> <p>Mary is a 69-year-old female who has been showing signs of sadness and anxiety, and has dropped a significant amount of weight since the disaster, but denies any problems exist. She also has difficulty concentrating, does not like talking about the disaster, and becomes very anxious when there is any reminder of the disaster or potential threat that it could happen again.</p>  
108	<p>Introduce this session by telling participants that this action deals with helping affected individuals identify what they are saying to themselves about the disaster experience or their current situation, and to choose less distressing ways of thinking.</p> <p>The photo in this slide is a good example about the power of helpful thoughts for changing one's view of a situation, and the shift in thinking be achieved in simple, conversational ways like this.</p>	<p>Promoting Helpful Thinking</p> <ul style="list-style-type: none"> • Help individuals look at disaster-related thoughts, and how these affect feelings and behavior • Identify and practice helpful ways of thinking about disaster-related experiences   
109	<p>OPTIONAL VIDEO</p> <p>If time permits, you can show this video of health psychologist Kelly McGonigal discussing findings about the effect on the heart from helpful thinking.</p>	<p>Helpful Thinking and Physiology</p>  <p>Kelly McGonigal, TED Talk 2013</p>  




#	Discussion Points	Slide
110	<p>Explain the definitions and cautions about helpful thinking to participants:</p> <p>A. Helping a person focus on helpful thoughts is not the same as just thinking positive thoughts. Counselors need to validate that what the person is thinking may be <i>understandable</i> in the context of his/her experience, but that focusing less on unhelpful thoughts and more on helpful ones will help the individual move forward.</p> <p>B. Certain cultural, religious or spiritual beliefs may also need to be identified in a respectful way, as they can contribute to negative beliefs about the disaster.</p> <p>C. While negative thoughts may be accurate, if they immobilize a person and create a downward spiral, even if they are accurate, they are not helpful for the individual. In contrast, constructing a helpful thought can mobilize and energize a person in the midst of a chaotic post-disaster environment. For instance, even if it might be accurate to say “another disaster could happen again,” adding an additional clause to that thought, such as, “but I got through one and with the help of my support system I can get through another one” may change the thought into one that can mobilize a person to keep going even if they are afraid.</p> <p>D. Finding the right helpful thoughts involves practice and experimentation – test the effect of the thoughts on both the person’s feelings and behaviors in order to find the right blend of helpful thinking in a number of different contexts.</p>	<p>Helpful Thinking is Not the Same as Positive Thinking</p> <ul style="list-style-type: none"> • “Positive thinking” is too simplistic • Negative thoughts may be accurate • Helpful thoughts can mobilize and energize • Test effect of thoughts on feeling and behavior  <p>E. If the counselor realizes that the affected individual is struggling to cope with guilt that may be accurate, consider that the person might benefit from some action to make amends, or a referral for additional services.</p> <p>F. Children may adopt negative thoughts that they have overheard from the important adults in their lives. Counselors working with children will need to briefly assess and modify their caregivers’ unhelpful thoughts or behaviors as well, in order to create a place of emotional and physical safety for their children.</p>

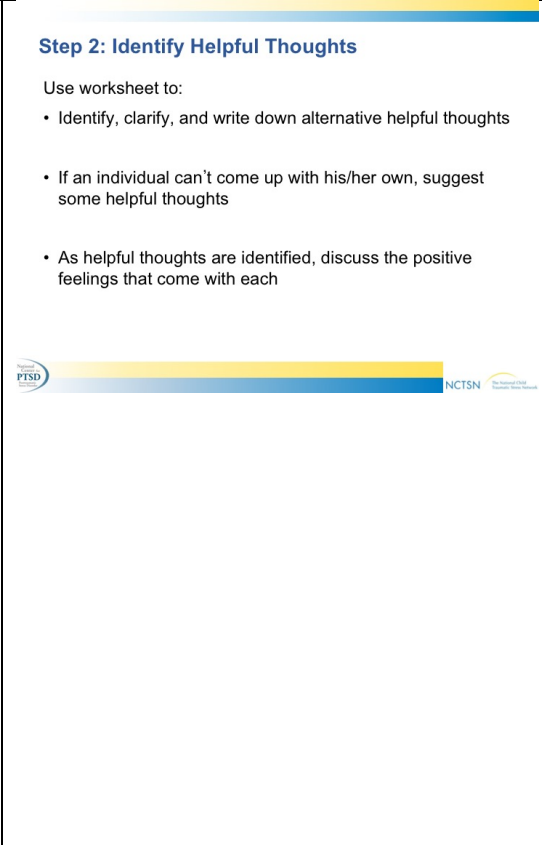
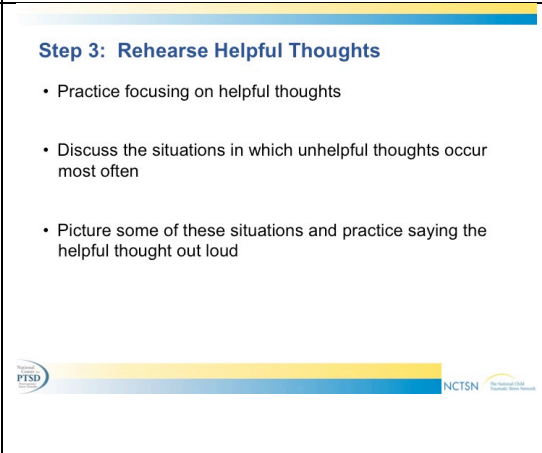


#	Discussion Points	Slide
111	<p>Review the rationale for helpful thinking:</p> <ul style="list-style-type: none"> • Many affected individuals struggle with distressing disaster-related thoughts as they try to adjust to post-disaster circumstances. • These negative thoughts help maintain negative emotions, such as fear, hopelessness, anger, anxiety, sadness, and guilt. • Identifying and practicing more helpful ways of thinking can improve mood and reduce the intensity of distressing emotional and physical reactions. <p>Ask participants to volunteer common unhelpful thoughts they see, or think they will see, in those affected by disaster. Write them down on a flipchart or whiteboard.</p>	<p>Rationale for Promoting Helpful Thinking</p> <ul style="list-style-type: none"> • Disasters often change people’s thoughts about the world and themselves <ul style="list-style-type: none"> ➢ World is stressful, unpredictable, or dangerous place ➢ Trouble trusting other people ➢ See personal situation as hopeless • People under stress can have thoughts that make their situation even worse by increasing feelings of distress • Focus on helpful ways of thinking can improve mood and adaptive coping <p>Note that when working with children, the counselor can:</p> <ul style="list-style-type: none"> • Have the child draw a stick figure, and in a thought balloon have him/her write the negative thought and color the negative feelings, to demonstrate how thoughts and feelings are connected. • The child can draw another stick figure, and in the balloon write the helpful thought. • When the child colors the more positive feelings, discuss the differences between the two drawings.
113	<p>Point out that it’s important to explain that feelings are difficult to change directly, and that experiencing more negative experiences than positive ones can cause and maintain feelings of sadness or apathy. Therefore, if they want to improve their mood, they may need to increase positive or rewarding experiences.</p>	<p>Helpful Thinking</p> <p>Problems with Focusing on Changing Feelings:</p>  <ul style="list-style-type: none"> • Feelings are very difficult to change • Telling yourself to feel good does not work • It is easier to change the thoughts that lead to negative feelings, which will help you be less “stuck” and eventually change feelings
112	<p>Briefly present the steps of helpful thinking.</p> <p>Direct participants to open the SPR manual to the <i>Helpful Thinking</i> worksheets and handouts, and let them know you will be covering each step in the next few slides.</p>	<p>Steps of Promoting Helpful Thinking</p> <p>After explaining the rationale:</p> <ol style="list-style-type: none"> 1. Identify unhelpful thoughts 2. Identify helpful thoughts 3. Rehearse helpful thoughts 4. Assign practice of helpful thoughts 

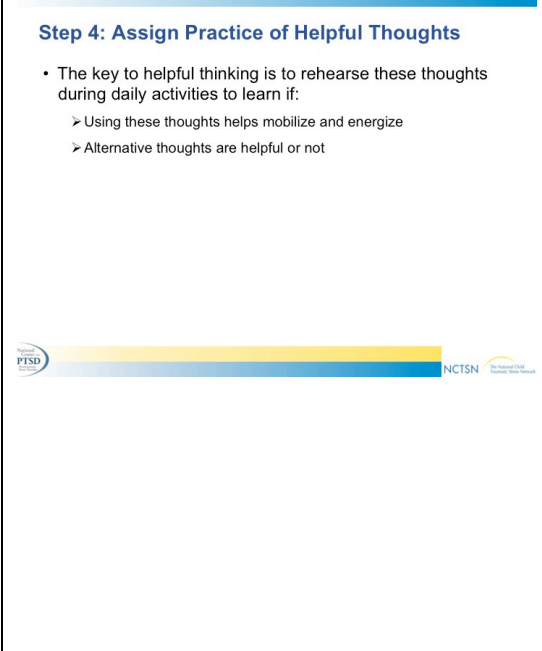
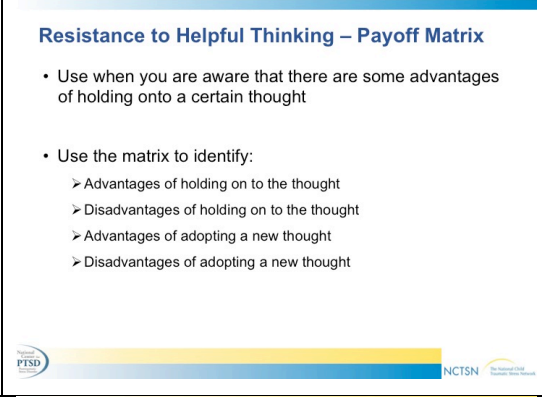
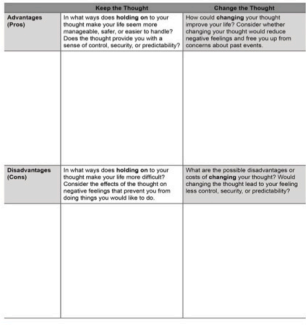
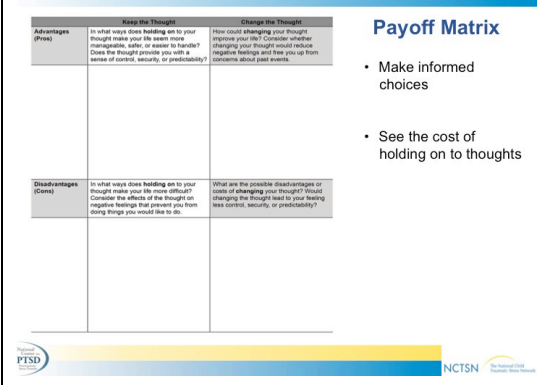


#	Discussion Points	Slide																																														
114	<p>OPTIONAL VIDEO</p> <p>If time permits, show this humorous example from a <i>MADtv</i> skit about a psychiatrist.</p> <p>Tell trainees that this is an example of what NOT to do in terms of dealing with a person’s fears. It illustrates that when we’re coaching people, we may at times just want to tell them to “stop it” but in reality it’s more helpful to find the way that works best for them. The video also gets trainees to laugh and acknowledge that there may be some barriers to their empathy when giving Stress First Aid.</p> <p>After the video, ask trainees to discuss whether they have felt this way before with someone, and if time allows, discuss what barriers there might be to maintaining empathy with someone.</p>	<p>Helpful Thinking: What NOT to Do</p>  <p>Bob Newhart Mad TV skit, 2001</p> <p>NCTSN</p>																																														
115	<p>Review the first step of helpful thinking, identifying and recording helpful thoughts.</p> <p>Direct participants to the <i>Helpful Thinking Handout</i> to show common post-disaster thoughts and resulting emotions.</p>	<p>Step 1: Identify Unhelpful Thoughts</p> <ul style="list-style-type: none"> Use Helpful Thinking Handout to show common post-disaster thoughts and resulting emotions Identify and record disaster-related thoughts <p>NCTSN</p>																																														
116	<p>Note that counselors will use this table in the <i>Helpful Thinking Handout</i> to help identify disaster-related thoughts, and then record them on the <i>Helpful Thinking Worksheet</i>.</p> <p>The worksheet was designed to identify the most common unhelpful thoughts that can occur after disasters, and help counselors quickly identify potentially more helpful thoughts that they can practice.</p>	<p>Helpful Thinking Handout</p> <table border="1" data-bbox="898 1276 1320 1528"> <thead> <tr> <th>Common Unhelpful Thoughts</th> <th>Resulting Emotion</th> <th>Alternate Helpful Thoughts</th> <th>New Emotional Response</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Coping</td> </tr> <tr> <td rowspan="3">"I should be coping better."</td> <td>Helpless</td> <td>"The fact I got here today proves I am coping a bit."</td> <td>Less fearful</td> </tr> <tr> <td>Incompetent</td> <td>"Talking to a counselor helps me to cope better."</td> <td>More hopeful</td> </tr> <tr> <td>Fearful</td> <td>"Most people would have trouble after an event like this."</td> <td>Less helpless</td> </tr> <tr> <td rowspan="2">"My reactions mean I am going crazy."</td> <td rowspan="2">Fearful</td> <td>"These reactions are only temporary."</td> <td>Stronger</td> </tr> <tr> <td>"Most people have these reactions after a disaster."</td> <td>Competent</td> </tr> <tr> <td>"Something must be really wrong with me."</td> <td>Worthless</td> <td>"My reaction reflects how big this event was, not how weak I am."</td> <td>Open to seeking support/help</td> </tr> <tr> <td>"Other people are dealing with this better than I am, so what's wrong with me?"</td> <td>Pessimistic</td> <td></td> <td>Reassured</td> </tr> <tr> <td rowspan="2">"Only weak people react the way I do."</td> <td rowspan="2">Worthless</td> <td>"Most people react this way for a while."</td> <td>Capable</td> </tr> <tr> <td></td> <td>Hopeful</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Capable</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Stronger</td> </tr> </tbody> </table> <p>NCTSN</p>	Common Unhelpful Thoughts	Resulting Emotion	Alternate Helpful Thoughts	New Emotional Response	Coping				"I should be coping better."	Helpless	"The fact I got here today proves I am coping a bit."	Less fearful	Incompetent	"Talking to a counselor helps me to cope better."	More hopeful	Fearful	"Most people would have trouble after an event like this."	Less helpless	"My reactions mean I am going crazy."	Fearful	"These reactions are only temporary."	Stronger	"Most people have these reactions after a disaster."	Competent	"Something must be really wrong with me."	Worthless	"My reaction reflects how big this event was, not how weak I am."	Open to seeking support/help	"Other people are dealing with this better than I am, so what's wrong with me?"	Pessimistic		Reassured	"Only weak people react the way I do."	Worthless	"Most people react this way for a while."	Capable		Hopeful				Capable				Stronger
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#	Discussion Points	Slide
117	<p>Direct participants to step 2 on the <i>Helpful Thinking Worksheet</i>, identifying helpful thoughts. Let participants know that if the person can identify some good alternative thoughts and better ways of thinking, let him/her write the alternative thoughts on the worksheet.</p> <p>If affected individuals need help identifying good helpful thoughts to focus on, counselors can either remind them of goals they have set for themselves, or ask them what goals they have for themselves in regards to “getting through” their challenges. Then ask them if they can identify thoughts that will help them to make progress towards their goals. Counselors can also directly suggest alternate thoughts for the person to practice.</p> <p>As counselors and affected individuals generate helpful thoughts, take time to discuss the feelings he/she associates with them, focusing on the positive: feeling a greater sense of control, feeling safe, and feeling hopeful.</p> <p>Ask participants to apply the process to one or two of the thoughts they identified at the beginning of this session, to see if they can generate alternative helpful thoughts.</p>	<p>Step 2: Identify Helpful Thoughts</p> <p>Use worksheet to:</p> <ul style="list-style-type: none"> • Identify, clarify, and write down alternative helpful thoughts • If an individual can't come up with his/her own, suggest some helpful thoughts • As helpful thoughts are identified, discuss the positive feelings that come with each 
118	<p>Point out that in step 3, the counselor can help the affected individual rehearse more helpful thoughts during their time together. He or she can ask the affected individual to imagine a troubling situation and practice saying the helpful thoughts out loud to counter the negative thoughts and emotions. The counselor can tell the person that they do not expect him/her to completely believe these thoughts at this stage, but can encourage him/her to try out the helpful thoughts during the next few days and then decide if he/she is feeling a little bit better.</p>	<p>Step 3: Rehearse Helpful Thoughts</p> <ul style="list-style-type: none"> • Practice focusing on helpful thoughts • Discuss the situations in which unhelpful thoughts occur most often • Picture some of these situations and practice saying the helpful thought out loud 






#	Discussion Points	Slide
119	<p>Direct participants to tell affected individuals that the key to helpful thinking is to rehearse helpful thoughts during his/her daily life. The counselor should tell individuals that using these helpful thinking skills is like learning anything new; he/she will get better with practice, particularly if they practice the helpful thinking skills daily.</p> <p>Encourage them to keep the worksheets for future reference and practice.</p> <p>For affected individuals who have trouble changing their thoughts, counselors can suggest that they “test” the unhelpful thought, to see whether it is accurate or not. For children, they might frame this activity as “playing detective.” Enlist the children’s (and caregivers’) help in picking up clues in their day-to-day lives. Enlist the caregivers in this exercise to help children feel a greater sense of support and to help the adults counter some of their own unhelpful thoughts.</p>	<p>Step 4: Assign Practice of Helpful Thoughts</p> <ul style="list-style-type: none"> The key to helpful thinking is to rehearse these thoughts during daily activities to learn if: <ul style="list-style-type: none"> Using these thoughts helps mobilize and energize Alternative thoughts are helpful or not 
120	<p>Direct participants working with affected individuals to use the <i>Payoff Matrix Worksheet</i> in Appendix E when affected individuals are holding on to unhelpful thoughts, to help them identify:</p> <ul style="list-style-type: none"> Advantages of holding on to the thought Disadvantages of holding on to the thought Advantages of adopting a new thought Disadvantages of adopting a new thought 	<p>Resistance to Helpful Thinking – Payoff Matrix</p> <ul style="list-style-type: none"> Use when you are aware that there are some advantages of holding onto a certain thought Use the matrix to identify: <ul style="list-style-type: none"> Advantages of holding on to the thought Disadvantages of holding on to the thought Advantages of adopting a new thought Disadvantages of adopting a new thought 
121	<p>Show participants this example of the payoff matrix so they can see how it is used.</p> <p>Point out that they can also use the <i>Problem-Solving Skill</i> to brainstorm other ways to reduce anxiety or to increase safety, or use both <i>Positive Activities Scheduling</i> to distract the person from—and to limit the time spent thinking about—unhelpful thoughts.</p>	 <p>Payoff Matrix</p> <ul style="list-style-type: none"> Make informed choices See the cost of holding on to thoughts 





#	Discussion Points	Slide
122	<p>Show the “Payoff Matrix” clip developed by NCPTSD and NCTSN to illustrate what teaching the payoff matrix looks like.</p>	<p>Payoff Matrix</p>  <p>NCPTSD / NCTSN Video: Payoff Matrix 2005</p>
123	<p>Remind participants that, as with other modules, if the counselor has a follow-up contact with the person, they can review the individual’s experience using the helpful thinking skill, praise any efforts taken, and if the skill did not work, they can:</p> <ul style="list-style-type: none"> • Problem-solve if they are having trouble • Use payoff matrix for resistance • Look for successes • Reward small steps • Ask about lack of follow-through • Review the steps • Keep practicing <p>Bring the session to a close, and take a break. Tell participants that when you reconvene, you’ll be looking at the Rebuilding Healthy Social Connections skill in greater detail.</p>	<p>Review Helpful Thinking</p> <ul style="list-style-type: none"> • Did they identify unhelpful thoughts? • Did they practice helpful thoughts? • What happened? • Problem-solve if they are having trouble • Use payoff matrix for resistance • Look for successes • Reward small steps • Ask about lack of follow-through • Review the steps • Keep practicing
124	<p>Assign the role-play activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor. • Identify unhelpful thoughts and their triggers • Identify helpful thoughts to replace the unhelpful thoughts. • Create a plan to practice the helpful thoughts • Use the payoff matrix to overcome resistance to practicing helpful thoughts 	<p>Helpful Thinking Exercise</p> <p>Every day, Angela, a 58-year-old female, drives to where her home of 30 years once stood and sits in her car crying, thinking about her life with her husband and four children. She says she cannot escape the past, cannot sleep, and feels like there is now no sign that they even existed. She says she is haunted by the loss of her past, and tormented by the uncertainties of the future, including worrying about finances, where they are on the builder’s list, and whether the new home will feel like home. She feels like she needs some “new tools” to help her deal with what she is experiencing.</p> <p>Another suggested option for this activity is to role play the scenario in front of the entire group with a volunteer from the audience playing the affected individual, given that this action might be more difficult for trainees than some of the other SPR actions.</p>



#	Discussion Points	Slide
125	<p>If you chose to have pairs role play rather than demonstrating the process, after five minutes, have the pairs switch roles and role-play the second case.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Encourage each table to report out on how their role-plays went. After all the tables have reported out, ask the group to discuss how this approach felt to implement, and if they have any doubts about how they can implement it with affected individuals.</p> <p>Bring the section to a close, and tell participants that the last SPR skill, rebuilding healthy social connections skill, will be covered in the next section.</p>	<p>Helpful Thinking Exercise</p> <p>Ed, a 44-year-old male, lost his home, all the houses on their street, and the entire neighborhood. He has found himself getting incredibly frustrated and angry because the insurance company gave them much less than the cost to rebuild the home, and they had to meticulously itemize each and every piece of household property to receive compensation for those items, which he said was practically impossible. He became even angrier when he talked to neighbors who had been covered by other companies, and they had received the full amount of their contents policies with no questions asked. The anger is affecting his sleep, he can't concentrate, and it has significantly affected his relationships with his wife and children, who had been his top priority prior to the disaster.</p> 
126	<p>Introduce this section by telling participants that this action deals with helping affected individuals identify those who are currently in their social network, and help them improve existing connections or create new connections.</p>	<p>Rebuilding Healthy Social Connections</p> <ul style="list-style-type: none"> • Increase connections to positive relationships and community supports • Individuals may feel isolated due to: <ul style="list-style-type: none"> • Moving from their community • Loss of friends and family • Sadness, fear, and lack of motivation 
127	<p>Review the rationale for Rebuilding Healthy Social Connections:</p> <p>“Disasters can have a big impact on social connections. If a person is afraid to “burden” people in his/her existing network with problems, or if he/she thinks that the current network is insufficient, he/she may need to expand it. It is well known that individuals with positive social support recover more easily from disasters and are better prepared to face future challenges as they are recovering from the disaster, both emotionally and practically.”</p> <p>Ask participants to volunteer common ways they’ve seen social support to be helpful to those affected by disaster.</p>	<p>Rationale for Rebuilding Healthy Social Connections</p> <ul style="list-style-type: none"> • Positive social support is a proven protective factor in disaster-affected individuals • Lack of social support or negative social support leads to worse outcomes • Social support after a disaster helps people meet their emotional and practical needs 



#	Discussion Points	Slide
128	<p>OPTIONAL VIDEO</p> <p>If time permits, show this video of health psychologist Kelly McGonigal discussing findings about how oxytocin and social support affect resilience.</p>	<p>Rationale for Rebuilding Healthy Social Connections</p>  <p>Kelly McGonigal, TED Talk 2013</p> <p>PTSD NCTSN</p>
129	<p>Show the “Social Support” clip, developed by NCPTSD and NCTSN, to illustrate what teaching about social support looks like.</p>	<p>Rebuilding Healthy Social Connections</p>  <p>Social support</p> <p>NCPTSD / NCTSN Video: Social Support 2005</p> <p>PTSD NCTSN</p>



#	Discussion Points	Slide
130	<p>Point out that the counselor may need to explain to the affected individual that after a disaster, connecting with others can be beneficial in many ways, such as helping the person to:</p> <ul style="list-style-type: none"> • Feel understood and cared for • Feel as if they fit in and belong • Feel needed and wanted • Feel as if they are not alone or isolated from the people they need and who need them • Build up their confidence that they can handle the problems they are facing • Feel reassured that others will be there for them • Get good advice when they are facing a difficult situation <p>Note that Building Healthy Social Connections aims to help individuals recognize that there may be people available to them whom they have not thought of or whom they have resisted approaching.</p> <p>Caution participants that affected individuals may have a harder time rebuilding their social support if they have a pre-event social network that they have spent years and a great amount of energy building, if they have had a loved one die in the disaster, or if they have a history of making poor choices in their relationships, connecting to people who are unreliable. Tell the participants not push affected individuals to engage in social connections before they feel ready to do so, and consider using other SPR modules to help with these situations.</p>	<p>Rationale for Rebuilding Healthy Social Connections</p> <ul style="list-style-type: none"> • Positive social support can help people: <ul style="list-style-type: none"> ➢ Feel understood and cared for ➢ Feel like they fit in and belong ➢ Feel needed and wanted ➢ Feel like they are NOT alone or isolated ➢ Build confidence that they can handle problems ➢ Feel reassured that others will be there ➢ Get good advice when facing a difficult situation <p>Additionally, different cultures interpret life-changing events in varying ways, incorporate different rituals to honor / respect / commemorate the life change, and have different traditions of how to come together, so remind participants to give individuals a choice in how to connect with others for support.</p> <p>Finally, remind participants after a disaster, children may disengage from play and mimic the energy and posture of their caregivers, so they should help caregivers understand that playing with others is important for the recovery of young children, and that they can help guide children’s play to be constructive, rather than focused on replaying the disaster.</p>
131	<p>Briefly present the steps of rebuilding healthy social connections.</p> <p>Direct participants to open the SPR manual to the <i>Rebuilding Healthy Social Connections</i> worksheets and handouts.</p>	<p>Steps for Rebuilding Healthy Social Connections</p> <p>After explaining rationale, use handouts and worksheets to:</p> <ol style="list-style-type: none"> 1. Develop a Social Connections Map 2. Review the Social Connections Map 3. Make a Social Connections Plan






#	Discussion Points	Slide
132	<p>Review the first step of rebuilding healthy social connections, developing a social connections map.</p> <p>Note that the goal of this exercise is to allow individuals to see the “big picture” of those with whom they are connected and what those connections mean to them.</p> <p>Explain to the participants that they will be helping affected individuals identify:</p> <ol style="list-style-type: none"> 1. Who is currently in their network 2. Whom they want to seek out 3. Whom they may want to temporarily spend less time with 4. How to improve their existing relationships <p>They will start with the people who are most important and easiest to connect with at the moment. They can include individuals, groups, or organizations.</p>	<p>Step 1: Develop a Social Connections Map</p> <ul style="list-style-type: none"> • Identify who is: <ul style="list-style-type: none"> • Currently in their network • Easily accessible • A social connections map allows people to see the “big picture” of their social network <ul style="list-style-type: none"> • Move focus from who is lost to who is present <p>Caution participants that some affected individuals will have difficulty staying in the present while doing social mapping and some may focus on losses. They should help them to refocus on people in the here and now. If they seem unable to do this, it may help to take a break and use the <i>Managing Reactions</i> module.</p>
133	<p>Show this example of a map that is filled out using the <i>Social Connections Worksheet</i>.</p> <p>Explain that if the affected individual is struggling to complete it, they can show an example of a Social Connections Map, or read the <i>Social Connections List</i> in the Appendix to remind them of people that might be available to him/her right now.</p>	<p>Example of Social Connections Map</p> <pre> graph TD me((me)) --- neighbor((neighbor)) me --- son((son)) me --- mother((mother by phone)) me --- aunt((aunt)) me --- cousin((cousin)) me --- younger((Younger son)) me --- counselor((counselor)) me --- best_friend((best friend by phone)) me --- sister((sister by phone)) me --- friend_church((friend at Church)) </pre>






#	Discussion Points	Slide
134	<p>Describe step 2, which is reviewing the social connections map.</p> <p>Note that once the map is complete, the counselor can use it to help the affected person assess what support is currently available, and what support he/she has to seek out. The counselor can ask the affected person to review the map and say more about the different supports he/she has listed. The counselor can also ask questions about what is on the map, such as:</p> <ul style="list-style-type: none"> • Who are your most important connections? • Who can you share your feelings with? • Who can you get advice from? • Who do you want to spend more time with? • Are there relationships that you want to improve? • Who might need your help or support? • What ways do you want to help others? 	<p>Step 2: Review Social Connections Map I</p> <p><i>What is There?</i></p> <ul style="list-style-type: none"> • Who are your most important connections? • Who can you share your feelings with? • Who can you get advice from? • Who do you want to spend more time with? • Are there relationships that you want to improve? • Who might need your help or support? • What ways do you want to help others?
135	<p>Explain that once the affected individual has identified who is currently available and the type of support each provides, the counselor can also help them identify what is missing or who is not currently accessible, by asking questions like:</p> <ul style="list-style-type: none"> • Are there types of supports that are missing? • Are there those you are not connected with but want to be? • Who do you want to spend less time with? • Do you want to build your network in a specific way (i.e., by joining a community group)? 	<p>Step 2: Review Social Connections Map II</p> <p><i>What is Missing?</i></p> <ul style="list-style-type: none"> • Are there types of supports that are missing? • Are there those you are not connected with but want to be? • Who do you want to spend less time with? • Do you want to build your network in a specific way (i.e., by joining a community group)?
136	<p>Review step 3, making a social support plan.</p> <p>After identifying areas in need of improvement, the counselor can assist the affected person to:</p> <ul style="list-style-type: none"> • Identify one area to change • Make a plan that is concrete and specific • Review the plan to make sure it is understood <p>For individuals who have trouble identifying people in their network, who have limited network or who don't know how to get or give support, direct the participants to use the <i>Types of Social Support Worksheet</i> or <i>Getting Social Support in Six Steps</i> or <i>Giving Social Support in Six Steps</i> handouts in the appendix. Other SPR skills can also be incorporated into making the plan.</p> <p>Make sure the action plan is concrete and indicates specifically what the person should do and when he/she should do it.</p>	<p>Step 3: Make a Social Support Plan</p> <ul style="list-style-type: none"> • After identifying areas in need of improvement: <ul style="list-style-type: none"> ➢ Identify one area to change ➢ Make a plan that is concrete and specific ➢ Review the plan to make sure it is understood



#	Discussion Points	Slide
137	<p>Remind participants that, as with other modules, if the counselor has a follow-up contact with the person, they can review the individual’s experience using the Rebuilding Healthy Social Connections skill, praise any efforts taken, and if the skill did not work, the counselor can ask what supports were used, what happened, whether the affected individual offered support to others, and what happened. Then the plan can be revised based on their experience.</p>	<p>Review Rebuilding Healthy Social Connections</p> <ul style="list-style-type: none"> • What supports were used? What happened? • Did you offer support to others? What happened? • Revise plan based on experience 
138	<p>Assign the role-play activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 5 minutes to pair up and complete the following task:</p> <ul style="list-style-type: none"> • One person will take the role of the affected individual, and the other will take the role of counselor • Develop a Social Connections Map • Review the Social Connections Map • Make a Social Connections Plan • Make notes in their workbooks • Choose a spokesperson for the table group 	<p>Social Connections Exercise</p> <p>Robert is a 16-year-old male. Because of the disaster, he and his family recently moved and he now attends a different school. Before the move, he was one of the most popular kids in his school, with plenty of friends, and he engaged in a number of extracurricular activities. Since moving, he does not feel that he has anyone to talk to other than his parents.</p>  <p>Another option for this activity is to have each person in the group create their own social connections map, and discuss how the process felt with a partner at the table.</p>
139	<p>If you had pairs role play, direct pairs to switch roles after five minutes and role play the second case.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Ask trainees to report to the larger group about their experiences in the role play. After all who choose to have reported out, ask the group to discuss how this approach is different from the way they usually help affected individuals problem-solve.</p> <p>If you chose the option of having each person in the group create their own social connections map, and discuss how the process felt with a partner at the table, switch and have their partner discuss how the process felt to them.</p>	<p>Social Connections Exercise</p> <p>Barry, a 67-year-old male, complains of feeling a lot of guilt about his actions during the disaster. He has struggled with the fact that prior to the disaster, he thought he would have had more sense than that. He feels like he is “a different person” since he lost his home and possessions, and has trouble relating to friends who were not affected by the disaster, feeling like they now have nothing in common. Because of his guilt, he has withdrawn from even his family and other friends who were affected by the disaster, and spends most of his time alone.</p> 




#	Discussion Points	Slide
140	<p>Introduce this section by telling participants in this last section, they will apply the SPR skills they have learned to two scenarios – one will be specifically focused on motivating a person affected by a disaster, and the other will be on applying all that they have learned to a real, complex case.</p>	<p style="text-align: center;">Skill Application and Wrap Up</p> <ul style="list-style-type: none"> • Apply training to motivate those affected by disasters to continue practicing skills • Apply training to a real disaster scenario • Suggestions for mastering SPR 
141	<p>Assign the table activity.</p> <p>If this scenario does not fit your particular disaster, feel free to create one that is more fitting.</p> <p>Participants have 10 minutes to form small groups of 6-10 to use this scenario to:</p> <ul style="list-style-type: none"> • Determine how to proceed with Regina, which of the SPR actions to use, and why. • Select one member to describe to the larger group the group’s plan. 	<p>Group Exercise</p> <ul style="list-style-type: none"> • Your outreach identifies a 50 year old woman, Regina, who is diabetic, obese, and a right leg amputee above knee. In your first contact, her main concerns are mobility and transportation issues, sadness and depression, loss, and disconnection with her family and church. • She receives a disability check every month which is not sufficient to cover her needs. Her vehicle with a left foot gas pedal is broken, and she is having issues getting it repaired due to lack of funds, and her limited income. So taking care of personal needs (getting to store, employment, doctors, etc.) has become almost impossible without use of the vehicle. Because of this, she has not left the house much at all since the disaster. • She is the youngest child of three sisters, and her oldest sister died soon after a fire. Her next oldest sister had to move out of the area due to her husband losing his job as a result of the fires. • Church was her main social support, but since the fire, her pastor died, then a split occurred in her church amongst membership as to who would be pastor, so she chose to leave the church, which had been her main social support. <p><i>Task: Describe how you will proceed, which of the SPR skill sets you will most likely use, and why.</i></p> 
142	<p>Inform the group that the group exercise was based on a real case in Louisiana after Hurricane Katrina, and go over what the counselors involved in that situation did. Use this slide to affirm the plans that groups presented related to the exercise.</p>	<p>Group Exercise: The Plan</p> <ol style="list-style-type: none"> 1. The counselors drove Regina into a primary care physician to check her health. 2. They got her connected with grant resources to fix her van. 3. They asked her what she most liked to do, and she said looking for bargains, singing, and being around children. 4. They got her set up to get a license in daycare assistance, and connected her with a daycare provider so she could be an assistant and read to the children and teach them to sing. 5. They suggested that she visit garage sales to gather materials for her daycare work, which she really enjoyed. 6. They discussed getting her connected with a church, but she preferred to take her time on that project and focus on her daycare work first. 7. They got her connected to a local singing group, and when she didn't follow up on going, they used helpful thinking to help her identify her fears that the people wouldn't like her, and substitute her fears with the thought, "I can try it with the help of one of the counselors, and if it isn't for me, I can do something else." She went to one meeting with a counselor, and the group embraced her, so she had a new group of potential friends. 




#	Discussion Points	Slide
143	<p>Review with the group that if you only have one contact with a person, after you make contact, you would base your work together on gathering information about their priorities and needs, then usually with only one contact possible, the recommendation is to use the problem-solving skill to help with them with whatever they identify as their top problem, and then collaboratively create an action plan that includes handouts and referral if they need further help.</p> <p>Remind trainees that while this strategy is less likely than multiple contacts to benefit the victim, if only one contact is possible, it is recommended over assessment or supportive counseling alone, because it gives an affected individual a plan, a strategy, and a way to work on concerns outside of their time with you.</p>	<p>How Can You Use SPR in One Contact?</p> <p>PTSD NCTSN</p>
144	<p>Review with trainees that working with an affected individual more than once is very similar in structure to providing SPR in one contact, as described in the previous slide.</p> <ul style="list-style-type: none"> The first part of the approach looks the same as one contact where you would make contact with the person, and gather information to decide what is most needed. When you have the option of having multiple contacts you would then focus on the different stress reactions or identified issues that the victim is experiencing. Your decision-making about which skills to apply should always be based on their stress reactions or needs. A person may have many different needs and stress reactions. And with each of those needs or stress reactions you could apply different SPR skill sets depending on a multitude of factors. <p>For instance, if the person is experiencing anxiety you may choose to focus on the Managing Reactions skill first. Or if it makes more sense to use Helpful Thinking as a way to reduce her anxiety you would work with them around that skill.</p>	<p>How Can You Use SPR in Multiple Contacts?</p> <p>PTSD NCTSN</p> <p>Remind trainees that there's a lot of flexibility with the SPR model, but it is always based on gathering information deciding about what the priorities and needs the victim identifies at the time of your contact.</p> <p>Finally, reinforce that this diagram illustrates that many different skills could be applied to the same issue to improve the person's distress, functioning, or decrease the percent of adversity they are experiencing.</p>





#	Discussion Points	Slide
145	<p>Return to the key points raised earlier in the training to emphasize the following aspects regarding implementing SPR include:</p> <ul style="list-style-type: none"> • SPR is more directive and educational than supportive counseling, similar to a training or coaching model. Remember that those affected by disasters do not identify themselves as in need of “mental health” intervention, so you are aiming to instead bolster their own natural abilities to cope with the additional stress imposed on them by the disaster, rather than implying that they need help because something is wrong with them. Focus on empowering the other person to do things for themselves. Do not to fall into just talking/ supportive counseling, and use the work sheets to focus on being action oriented. • Your relationship is foundational and crucial. It should be collaborative, encouraging, and non-judgmental. Asking a person to practice new skills should always be preceded by the sense that you are supporting them and want what is best for them, and that when trying out new skills they can check in with you and make adjustments in a collaborative, creative way. • Flexibility and “tiny steps” are emphasized. When working with affected individuals, make sure you work within their level of engagement and break tasks down into small steps to encourage completion. • Timing and context are crucial – make sure the affected person has the energy and time to engage in SPR before beginning. 	<p>Key Point Emphasis</p> <ul style="list-style-type: none"> • SPR is more directive and educational than supportive counseling, similar to a training or coaching model • Your relationship is foundational and crucial. It should be collaborative, encouraging, and non-judgmental • Flexibility and “tiny steps” are emphasized • Make sure the person has a need for SPR, as well as the energy and time to engage in SPR • Be flexible in: <ul style="list-style-type: none"> • Timing • Order of skills • Use of handouts and worksheets • Settings in which you use SPR • Alternating between supportive counseling and SPR as needed • Number of contacts  <ul style="list-style-type: none"> • Culture, gender, and developmental factors are critical. Always adjust the delivery of SPR to match the needs of the affected individual based on these factors. • Be flexible: <ul style="list-style-type: none"> – Timing: Use when more than case management or supportive counseling is needed, or when the person is “stuck” or needs more than support – Assess and choose worksheets/skills as needed – Settings may vary (informal vs. office) – Worksheets do not need to be used in order – The order of SPR skills does not need to be sequential – Cases may have 1 session or 5-6 sessions





#	Discussion Points	Slide
146	<p>Continue with the following key points to emphasize that the following aspects of implementing SPR include:</p> <ul style="list-style-type: none"> • It's important to give a rationale for SPR, and for each SPR skill. You are asking affected individuals to try out potentially new ways of handling the stressors and stress reactions that they are faced with. This may take time and energy on their part, and may not feel natural at first. This is why explaining the rationale for your approach is crucial. If they understand why you're asking them to participate in this type of work together, they are more likely to engage and persist in trying out the core actions of SPR. • Emphasize that multiple sessions will more likely yield results. All evidence in training, sports psychology, and psychotherapy has shown that the more time a person puts into practicing new behaviors, the more likely those behaviors are to yield positive results. Let them know that by coming to see you more than once, you can provide support, additional training, and help in adjusting their approach to making changes in their life. • It is important to follow all the steps in each SPR skill. The SPR skills were simplified as much as they could be, and the steps that are included are distilled down to only the most important ones. Each step has a specific purpose, and skipping steps can make a dramatic difference in the success of the skill set. For instance, while it may be tempting to skip the brainstorming part of problem solving and give advice, by doing so you have not allowed the affected individual to generate their own solutions and feel a sense of self-efficacy and creativity in coming up with their own solutions. 	<p>Key Point Emphasis</p> <ul style="list-style-type: none"> • Give a rationale for SPR, and for each SPR skill • Emphasize that multiple sessions will more likely yield results • Try to follow all the steps in each SPR skill, especially if the skill sets don't seem to be helping • If you choose to use the handouts and worksheets, introduce and them in a natural, conversational way • SPR is not meant to address the full range of issues • Refer people to more intensive treatment for more long-standing or debilitating symptoms/conditions  <ul style="list-style-type: none"> • Use the worksheets and handouts and write things down. Evidence has suggested that writing down steps and putting them in a calendar results in much more likelihood that a person will follow through on the actions. Also, after a disaster, affected individuals are likely to be living in chaotic situations so they would benefit from writing down plans so as to better remember the planned actions. • SPR is not meant to address the full range of issues. SPR fills a gap between psychological first aid and/or supportive counseling, and formal mental health treatment. It is designed to take principles that are often successfully used in mental health treatments and simplify and make them more flexible. When you are implementing SPR, always be aware that lifelong struggles or complicated reaction to a disaster may not be best served by SPR, and individuals with these types of concerns may benefit more from the a more full array of therapeutic options. • Refer people to more intensive treatment for more long-standing or debilitating symptoms/conditions.



#	Discussion Points	Slide
147	<p>Continue with the following key points to emphasize that the following aspects of improving SPR skills include:</p> <p>Problem-Solving</p> <ul style="list-style-type: none"> • Break the problem down into actionable steps before you generate potential solutions • Generate a number of creative solutions when brainstorming, even if not realistic, to get creative processes activated • Determine the most realistic, achievable, potent “solutions” and create a concrete action plan • Review and analyze the actions taken <p>Managing Reactions</p> <ul style="list-style-type: none"> • Use handouts as needed • Practice skills in session • Assess any challenging aspects in session 	<p>Key Point Emphasis: Improving Skills</p> <ul style="list-style-type: none"> • Problem-Solving <ul style="list-style-type: none"> • Break the problem down into actionable steps before you generate potential solutions • Generate a number of creative solutions when brainstorming, even if not realistic • Managing Reactions <ul style="list-style-type: none"> • Use handouts as needed • Practice skills in session • Assess any challenging aspects in session 
148	<p>Continue with the following key points to emphasize that the following aspects of improving SPR skills include:</p> <p>Positive Activities</p> <ul style="list-style-type: none"> • Use for those who are depressed or exhausted, and need emotional nourishment • Address: <ul style="list-style-type: none"> • The need to increase meaningful and rewarding activities in addition to positive activities, particularly for those who feel guilt for feeling positive feelings • Any concern that this is trivial or not realistic in a post-disaster environment • Any potential obstacles to engaging in positive activities • The need to keep practicing even if not immediately uplifting 	<p>Key Point Emphasis: Improving Skills</p> <ul style="list-style-type: none"> • Positive Activities <ul style="list-style-type: none"> • Use for those who are depressed or exhausted, and need emotional nourishment • Address: <ul style="list-style-type: none"> ➢ Meaningful and rewarding activities in addition to positive activities, particularly for those who feel guilt for feeling positive feelings ➢ Any concern that this is trivial or not realistic in a post-disaster environment ➢ The need to keep practicing even if not immediately uplifting 



#	Discussion Points	Slide
149	<p>Continue with the following key points to emphasize that the following aspects of improving SPR skills include:</p> <ul style="list-style-type: none"> • Helpful Thinking <ul style="list-style-type: none"> – Determine the most helpful thoughts – Break thoughts down into what is achievable – Rather than changing fearful thoughts about future adversity, which may be realistic, instead work to revise the “unspoken” addendum to fears about future adversity, which is that “they will not be able to cope with it.” – Zero in on different categories – Emphasis the need for repetition and practice • Re-building Healthy Social Connections <ul style="list-style-type: none"> – Pay attention to alerts, caveats, potential loss of social supports – Address concerns about time/resources – Address any underlying social skills deficits – Address both positive and negative social influences 	<p>Key Point Emphasis: Improving Skills</p> <ul style="list-style-type: none"> • Helpful Thinking <ul style="list-style-type: none"> • Work to revise the “unspoken” addendum to, which is that “they will not be able to cope” • Address different categories of unhelpful thoughts • Emphasis the need for repetition and practice • Re-Building Healthy Social Connections <ul style="list-style-type: none"> • Pay attention to loss • Address both positive and negative social influences • Address any underlying social skills deficits 
150	<p>Tell the group that it is time to wrap up the training now. Ask participants if they have any questions about what they have learned today.</p> <p>If time permits, engage in a discussion focused on possible obstacles to implementing SPR, and then have the group brainstorm solutions to those obstacles.</p> <p>Tell participants that studies have shown that if you don’t use new skills you have acquired during training within 2 weeks of the course, those new skills will decline.</p> <p>Ask for a few examples of key lessons learned and specific actions they intend to take to apply the learning</p> <p>Suggest the following strategies for implementing and mastering SPR:</p> <ul style="list-style-type: none"> • Integrate into your usual care • Copy materials and keep by your desk • Work with others to develop post-training supervision system • Try some of the skills for your own problems or stressors 	<p>Suggestions for Mastering SPR</p> <ul style="list-style-type: none"> • Integrate into your usual care • Copy materials and keep by your desk • Work with others to create post-training supervision • Try some of the skills for your own problems or stressors 



#	Discussion Points	Slide
151	<p>Tell participants that as you bring this course to a close, you'll be giving them a course evaluation.</p> <p>Point out that:</p> <ul style="list-style-type: none"> • The NCPTSD has a multitude of online resources on traumatic stress, including fact sheets, video trainings, and other products. • The NCTSN website address on the slide has an online SPR training. <p>Hand out the course evaluation form, and ask participants to complete it.</p> <p>Encourage participants to write in specific comments on the form, as the feedback is collected and used to improve future course deliveries.</p> <p>Thank them for their time, work, and attention, and bring the session to a close.</p>	<p>Further Resources</p> <p>www.ptsd.va.gov</p> <p>learn.NCTSN.org</p>



Tips to Improve SPR Trainings

KEY POINTS ABOUT SPR

- SPR is more directive and educational than supportive counseling, similar to a training or coaching model
- Your relationship is foundational and crucial. It should be collaborative, encouraging, and non-judgmental
- Flexibility and “tiny steps” are emphasized
- Timing and context are crucial – make sure the person has the energy and time to engage in SPR before beginning
- Culture, gender, and developmental factors are critical
- It’s important to give a rationale for SPR, and for each SPR skill
- Emphasize that multiple sessions will more likely yield results
- It is important to follow all the steps in each SPR skill
- Use the worksheets and handouts, printed out ahead of time, and focus on being action-oriented
- Introduce and use the worksheets in practice in a natural, conversational way
- Do not to fall into just talking/ supportive counseling, but remember that SPR is not a clinical intervention
 - SPR is not meant to address the full range of issues
 - Refer people to more intensive treatment for more long-standing or debilitating symptoms/conditions
- Be flexible:
 - Timing: Use when more than case management or supportive counseling is needed, or when the person is “stuck” or needs more than support
 - Assess and choose worksheets/skills as needed
 - Settings may vary (informal vs. office)
 - Worksheets do not need to be used in order
 - The order of SPR skills does not need to be sequential
 - Cases may have 1 session or 5-6 sessions
- It takes practice to increase your efficacy and confidence to use SPR
 - SPR can be a lot harder to implement than it looks. Yet once mastered, this approach can become very easy and very powerful and impactful to help guide people toward recovery from their emergency/ disaster experience, and might be the only intervention most people need
- Capacity development and action distinguishes SPR:
 - Promote capacity building and action *with* the client vs. doing things *for* the client
 - SPR is not based on the ‘expert model’
 - Psychosocial supports don’t always look like mental health services

- Many people can develop the skills to recover on their own with a little bit of help
- SPR is not a mental health intervention - it empowers communities to help themselves
- Measure success in terms of client empowerment and capacity
- We are responsible to the client, not responsible for them
- Active listening isn't always sufficient – promote action to achieve greater results

KEY POINTS ABOUT EACH SPR SKILL

- Problem-Solving
 - Make sure brainstorming is generating creative solutions, even if not realistic, to get creative processes activated
 - Determine the most realistic, achievable, potent “solutions”
 - Review and analyze the actions taken
- Positive Activities
 - Address any concern that this is trivial or not realistic in the context of a post-disaster environment
 - Address any potential obstacles that may stop a person from engaging in positive activities
 - Address the need to keep practicing even if not immediately uplifting
- Managing Reactions
 - Practice skills in session
 - Assess any challenging aspects in session
- Helpful Thinking
 - Determine the most helpful thoughts
 - Break thoughts down into what is achievable
 - Rather than changing fearful thoughts about future adversity, which may be realistic, instead work to revise the “unspoken” addendum to fears about future adversity, which is that “they will not be able to cope with it.”
 - Zero in on different categories
 - Emphasis the need for repetition and practice
- Re-building Healthy Social Connections
 - Pay attention to alerts, caveats, potential loss of social supports
 - Address concerns about time/resources
 - Address any underlying social skills deficits
 - Address both positive and negative social influences

BASICS / ORIENTATION

- When first giving SPR trainings:
 - Pair up
 - Plan more time
 - Before you train, determine which examples you want to use and when

- If there is a long time until your first training, use the SPR actions in your own life, or teach material to family members or a coworker or friend to keep it fresh in your memory

ORIENTATION

- Tell people your background and experience at the beginning of the training.
- Ask trainees what they think would be valuable about learning SPR
- Find some research or statistics about the material to help you own the material
- Explain why each action is important, and why it's not important to implement all of them, or in any particular order
- Refer trainees to the manual for alerts, handouts and worksheets

ENGAGEMENT

- With some audiences you will need to illustrate core actions with more stories and vignettes, to keep their interest
- Incorporate stories that show that your personal experiences as well as work experiences to illustrate points. You can even create/insert slides with your own examples
- If you don't have personal experiences, use videos, case example slides, or start gathering / remembering experiences from trainees
- Change sides more frequently if the audience is looking distracted or un-engaged
- There is a tension between presenting material and giving examples. Make sure you know how much time you have and you keep the examples and presentation material balanced.
- Build more time into the presentation if you are very engaging

STYLE

- Try to move away from using notes, but it's better to use notes than forget key material
- Move around the room
- Don't turn your back to the audience to read slides
- Use "I" and "we" versus "you" and "they (the authors of SPR)" – it better connects the audience with the material
- If it is your style, use humor liberally to keep the audience relaxed and engaged

BIG PICTURE

- After the opening slides in each core action section move quickly to the descriptions in the following slides
- Tie in the commonalities across the different core actions. For instance, each one starts with assessment, then identifying issues, and in the middle moves into making a change, and then ends with an action plan

- Review key points at the end of each core action
- Refer back to the big picture of the entire intervention frequently, and connect the dots between core actions regularly.
- Regularly remind trainees that they will not use all SPR actions for every client, but pick the ones that make the most sense

QUESTIONS

- As often as possible, use questions versus statements
- Ask questions that are easy for the audience to answer such as “How many people have...?”
- When you ask questions:
 - Give enough time for people to answer
 - Give brief, positive feedback to answers
 - After one person answers make sure you check and see if other people want to answer
- Use cases or videos as a fallback or as a stimulus to discussion

GETTING INPUT

- Ask for audience input if you:
 - Are running out of time and need to prioritize
 - Are nervous and need to gather your thoughts
 - Forget what you wanted to say
 - Are stumped by a question
 - Think trainee’s experiences will be beneficial to others in the room
- Regularly ask trainees:
 - Whether they think the core actions make sense
 - Whether they feel like they could implement the core actions in their settings
 - What they think the obstacles to implementing the core actions will be, and brainstorm solutions as a group

Group Engagement and Adult Learning Strategies



ENGAGEMENT STRATEGIES

1. **Introductions.** Make sure people introduce themselves and where they work and what they do, so you can tailor examples throughout the training, and trainees can network.
1. **Expectations.** Ask people what they expect to get out of the session to see if their expectations are realistic. While they are speaking, list the expectations and identify which components will be addressed and which won't.
2. **Cultural Considerations.** Talk about the ways that you have used the intervention and your own challenges and solutions to obstacles within the cultural settings you've worked in, and ask how that might relate to the local cultural conditions.
2. **Objects.** Bring in six objects per small group, and have the group discuss ways that their object relates to disaster mental health interventions, then share with the group. Objects can include common items like: bottled water, flashlight, canned food item, small first aid kit, toy, emergency blanket, etc.
3. **Best / Worst.** Have each person share his or her best and worst moments from the previous week.
4. **Most Unique.** Have each person share something that they think makes them different from anyone in the group.
5. **Two Truths and a Lie.** Have each person make three statements about themselves: two true statements and one lie. The group tries to guess which statement is the lie.
6. **Personal Scavenger Hunt.** Have each person find and share items in their wallet, briefcase or purse, such as something that . . .
 - They've had a long time
 - They're proud of
 - Reveals a lot about them
 - Reminds them of a fun time
 - Concerns or worries them
7. **Circulate Icebreaker Questions.** Print and circulate a list of icebreaker questions such as:
 - What do you do for fun?
 - What would be your ideal vacation?

- What is the most memorable activity you did with your family as a child?
 - What quality do you appreciate most in a friend?
 - What is one characteristic you received from your parents that you want to keep, and one you wish you could change?
 - What is a good thing happening in your life right now?
 - What makes it good?
 - If you knew you couldn't fail and money was no object, what would you like to do in the next five years?
 - What would you like said at your funeral?
 - When, if ever, did God become more than a word to you, and how did it happen?
8. **Candy/Nuts Game.** Pass a bag of candy or nuts around and tell everyone to take a few. Then, before they eat them ask them to share something for every piece. For example, something about their family, something about their plans for the future, etc.
9. **You Write the Question.** Give each person a 3 X 5 card. You pick the topic and let them write the questions. For example, you choose "friendship" as a topic, and they each write out a question for anyone in the group to answer about friendship. For example, "What do you value most in a friend?" or, "Who was your best friend growing up and why?" Then pile all the cards face down in the middle of the group and let people draw. Topic ideas: jobs, life goals, funny stories, hobbies, family, fears, dating issues, significant relationships, life highlights, etc.
10. **My Life in Pictures.** Pass out magazines. Have each trainee tear out a picture, article or anything they think tells something about his/herself. If there's enough time they can make a collage that tells more about themselves.
11. **Make Believe.** Ask each person to share with the group some make believe wish, such as:
- If you could go anywhere in the world now, where would you go and why?
 - If you could talk to anyone in the world, who would it be and why?
 - If you could talk to any person who has died, whom would you talk to and why?
 - If you could wish one thing to come true about your upcoming summer, what would it be and why?
12. **Deserted Island.** Ask, "You've been exiled to a deserted island for a year. You are told you may take three things you want, apart from the essentials. What would you take and why?"
13. **Heroes.** Ask each trainee to name three people, past or present, they admire, and tell why. Or, ask them if they could interview anyone in history, who would that be and why, and what one or two questions would they want to ask?

14. **Find your Match.** Cut up a photo of an old television show (i.e., Brady Bunch, Adams Family, Partridge Family, Gilligan's Island). Attach learning to something we pass out to trainees, then they look what's on their page, and go find the people who are associated with their picture. That's their new group. They have to interact with almost everyone in the room to find their spot.
15. **Center of the Universe.** Have people position selves around room based on where they were born. Identify where people have come from, and who has come from the farthest away.
16. **Trying New Things.** Have trainees fold their arms as they usually do, then ask them to put their arms folded with the opposite arm in front. It is an illustration of how we do things in one way most of the time, and when they need to do it differently, it can feel strange.
17. **Sociometrics.** Print out and have trainees move around the room according to different criteria, such as:
 - a. Find someone in the room who:
 - Had the same breakfast
 - Has the same shoe size (or has the same size hand)
 - Has a different religious belief
 - They haven't met yet, but would really like to
 - Has the same favorite season
 - Has the same favorite sense
 - b. Group themselves according to:
 - The place where they were born
 - The place where they live
 - A place they would like to visit
 - A place where a memorable event took place
 - c. Lineup according to:
 - Number of siblings
 - Thumb size
 - Number of glasses of water (or cups of caffeine) they drink per day
 - Introversion / extraversion
 - How tired / alert they feel
 - Number of different countries you've visited
 - d. Identify the person they've known the longest and put their hand on that person's shoulder. Then take a look around and see the clusters of groups. Interview and see how long they've known each other. Show who is the center

of communities and see who is who in the room. The well-connected person may be someone who is a good source of networking.

ADULT LEARNING STRATEGIES

18. ***Inventing SPR.*** As a group-building tool, start the training by asking small groups to “invent SPR.” Tell them that SPR has been developed from evidence-informed actions that are related to better recovery from trauma and loss, and ask them to generate what they think those 5 core actions should be.
19. ***Introducing and Explaining the Rationale for SPR.*** Since moving from a supportive counseling/case management model to a more directive training model is not always easy for providers, have trainees role-play introducing the SPR model to each other. If the group is a diverse mix of clinicians and non-clinicians, observe the differences in the approaches.
20. ***Universal Sentiment.*** Have trainees write down the name of someone near and dear to them, and items that are near and dear, then something they really enjoy in life. Then ask them to place themselves in a disaster and imagine what they would feel like if harm has come to person listed, or they are disconnected from that person or item(s), and what it would be like for them.
21. ***Case-Based Learning.*** Share a challenging case or scenario for each core action and give 10 minutes for pairs, small groups, or the whole group to brainstorm solutions.
22. ***Role Playing:*** Either have pairs role play each SPR skill, and report back how it felt for them to play each role, or have the trainers role play interventions for the group with everyone watching, and then ask them what they would do differently, what questions they have, etc.
23. ***Self-Care: Identifying Stress and Resilience.*** In small groups, have trainees draw a stressed counselor in colored markers on a large poster-sized piece of paper, including both external stresses and body locations that express the toll of significant stresses encountered in your work. Then have them draw a resilient counselor, highlighting at least 1 potential positive activity per group member (to be put in place in the next week), to counter the stresses encountered in their work. Discuss the results in the large group, and use the exercise to highlight the need for and use of positive activity scheduling for self-care in disaster work.
24. ***Calming Self-Care Exercise.*** Have trainees make paper airplanes and write on each folded part a thing they want to “let go of” and then when they are done, they throw those things away with the airplane.

Numbers 4-14 adapted from “The Ultimate Roadtrip a Guide to Leading Small Groups” by Rick James.



SPR Frequently Asked Questions

ENGAGEMENT

1. How do you teach people about what SPR is in a quick, succinct way?
2. What do you do if someone is too busy to engage in more than one SPR contact?
3. What if the person doesn't want to do more than just vent/complain?
4. How do you best determine and deal with potential cultural or gender factors that might be at play?
5. What can you say to better make someone want to participate in SPR?

INFORMATION GATHERING

1. How do you tell the difference between someone who is very distressed but can benefit from SPR, and someone who needs to be referred?
2. If the intent is to identify needs, how personal do we get? Should we avoid painful subjects?
3. Do you take notes? What do you do with that information once you get it?
4. Is it OK to fill out the SPR screening form in the session with the affected individual?
5. When should you approach others (such as family members) to get more information?
6. How do you help the person you are working with to prioritize needs when they don't know where to begin?
7. How do you balance what you think the person needs versus what they think they need? How do you take the situation into account?
8. How do you know which skills to teach first?

PROBLEM SOLVING

1. How is problem solving different than what you do on a regular basis to help a person solve problems?
2. How can you keep from giving advice when a person doesn't have any ideas about what will help solve their problems?
3. What do you do if you also feel overwhelmed by the person's problems?
4. What can you do if the person seems to have little or no ideas about possible solutions?
5. What if it's a really difficult situation that doesn't really seem to have good solutions?
6. How formal or informal should the action plan be (i.e., written versus verbal)?
7. How do you determine when you should do things the person can't seem to do (in relation to what their capability is at the time) versus empowering them without doing it for them? How do you use your expertise/connections with resources, versus helping the person in need to engage with resources?
8. How do you help the person engage in linkages to resources if the person is overwhelmed or resistant?
9. What should you do if you inadvertently pass on incorrect information about resources, because information given to you about resources is incorrect?

PROMOTING POSITIVE ACTIVITIES

1. How do you get the person to make the initial effort to build in positive activities if they are too tired/depressed?
2. What do you say if the person is offended by your suggestion that they try to engage in positive activities?
3. What if the person's idea of positive activities all involve spending money, and the act of talking about it makes them more depressed because now they have no money?
4. What should you do if the act of talking about positive activities makes a person sad because it reminds them that so many things have changed?
5. How do you handle it if the person is focused on others around him/her and feels that it's inappropriate to focus on personal positive activities?
6. What should you do if the person engages in the positive activity but doesn't get any good feelings as a result?

MANAGING REACTIONS

1. How do you help a person remain relatively calm in a very chaotic environment?
2. How do you keep a person from getting too distressed when they write about their feelings and experiences?
3. What do you do if a person doesn't do the homework (i.e., breathing exercises) and then claims the exercises don't help?
4. How much should you go over different coping skills with the person in need?
5. How do you choose which managing reactions skills would be most useful?
6. How do you present helpful information, without coming across as either "canned" or judgmental?
7. How do you best address the influence of loss / traumatic stress and loss / trauma reminders on future actions?

HELPFUL THINKING

1. What if you feel like you don't have a strong enough relationship with the person to get them to think about things differently?
2. What if you agree with the person about fears or concerns they have and can't come up with an alternative thought?
3. How do you challenge a person's thoughts without sounding judgmental?
4. What do you do if a person is unwilling or unable to replace unhelpful with helpful thoughts?
5. For an angry person, how do you get them to focus on their own thinking instead of what other people are doing?
6. How do you help people remember to use the new helpful thought in daily life?

REBUILDING HEALTHY SOCIAL CONNECTIONS

1. How can you help someone when their social support network is also affected by the events that are affecting them?
2. What if a person doesn't have social supports?
3. When do you assist with social connection, versus letting a person connect with others themselves?
4. How can you understand and take into account the impact of cultural norms on social support?
5. What should you do if the act of working on this skill triggers sadness because the person has recently lost or moved away from their most trusted social supports?
6. What can you do if the disaster makes the person realize that they don't really have any close friends?
7. What can you do if there is a lack of social skills that contributes to the person's lack of social supports?
8. What can you do when this exercise shows that there is someone in the network who is not healthy for the person to be in contact with?



Skills for Psychological Recovery (SPR) Overview

Skills for Psychological Recovery (SPR) is an intervention that aims to help disaster affected individuals gain skills to manage distress and cope with post-disaster stress and adversity. *The SPR Field Operations Guide* was developed by the National Center for PTSD and the National Child Traumatic Stress Network, with contributions from individuals involved in disaster research and response.

SPR is not formal mental health treatment, but utilizes skills-building components from mental health treatment that have been found helpful in a variety of post-trauma situations. Research suggests that a skills-building approach is more effective than supportive counseling. SPR is appropriate for developmental levels across the lifespan, and is culturally informed.

The goals of SPR are to facilitate recovery, support functioning, and prevent behaviors that may make things worse.

SPR teaches five main skills:

- ***Building Problem-Solving Skills.*** Disaster affected individuals are taught tools to break problems down into more manageable chunks, a range of ways to respond, ways to thoughtfully decide what actions to take.
- ***Promoting Positive Activities.*** Disaster affected individuals are guided to increase meaningful and positive activities in their schedule, with the goal of building resilience and bringing more fulfillment and enjoyment into their life.
- ***Managing Reactions.*** Disaster affected individuals are given tools to better manage distressing physical and emotional reactions and how to think through and master memories that are especially troubling.
- ***Promoting Helpful Thinking.*** Disaster affected individuals will learn how their thoughts influence their emotions, become more aware of what they are saying to themselves, and replace unhelpful with more helpful thoughts.
- ***Building Healthy Social Connections.*** Disaster affected individuals will learn how to more effectively seek support and give support to others.



Active Listening Skills

Verbal Ways to Establish Rapport

- Identify who you are, the name of the program you represent, and what you have to offer in a relaxed, non-pressured way.
- Use positive, nonjudgmental questions such as:
 - “What’s on your mind?”
 - “Can you say more about that?”
 - “What would you like to talk about today?”
 - “You seem sad; do you want to talk about it?”
 - “What most concerns you?”
 - “What thought keeps coming back to you? What do you keep telling yourself?”
 - “How have you been feeling since...?”
 - “Have you been through anything like this before? How is this similar/different?”
 - “How is this affecting how you feel about yourself, your relationships, and/or the world?”
- Use brief supportive responses to what the person is saying to convey attention and understanding, such as, “I see,” “Yes,” “Right,” “Okay,” and “I hear you.”
- Pay close attention to what the person is saying.

Nonverbal Ways to Establish Rapport

- Use culturally appropriate eye contact to communicate attention.
- Use a relaxed yet attentive posture to put a person at ease.
- Use brief periods of silence to give the person moments for reflection or prompt the person to open up more and fill the gap in the conversation.
- Occasional head nodding for encouragement, a facial expression that indicates concern and interest, and encouraging movements of the hands that are not distracting can be helpful.
- Create a culturally appropriate amount of space for comfortable personal interaction.

Reflecting Feelings

- Lets the person know that you are aware of how they are feeling
- Can encourage emotional expression
- Should include only what you hear clearly stated
- Does not involve probing, interpreting, or speculating

Paraphrasing

- Does not involve changing, modifying, or adding to the message
- Demonstrates that you have accurately heard what the person said
- Allows the person to confirm that you are correct or provide additional clarification

Reflective Comments

- "It sounds like..."
- "From what you're saying, I can see how you would be...."
- "It sounds like you're saying...."
- "You seem really...."
- Make sure your reflections are correct by using sentences like:
 - "Tell me if I'm wrong ... it sounds like you ..."
 - "Am I right when I say that you ..."

Supportive Comments

- "No wonder you feel..."
- "It sounds really hard..."
- "It sounds like you're being hard on yourself..."
- "It is such a tough thing to go through something like this."
- "I'm really sorry this is such a tough time for you."
- "We can talk more tomorrow if you'd like..."

Empowering Comments / Questions

- "What have you done in the past to make yourself better when things got difficult?"
- "Are there any things that you think would help you to feel better?"
- "I have an information sheet with some ideas about how to deal with difficult situations.
- Maybe there is an idea or two here that might be helpful for you...."
- "People can be very different in what helps them to feel better. When things got difficult for me, it helped me to..... Would something like that work for you?"

Dos and Don'ts

Don't:

- Probe for details or insist that the person must talk.

- Rush to tell the person that they will be okay, that they should “move on” or that they should “look for the “silver lining.””
- Give advice instead of asking the person what works for them.
- Avoid talking about what is bothering the person because you don’t know how to handle it.
- Daydream about or discuss your own personal experiences instead of listening to them.
- Judge the person to be weak or exaggerating because they aren’t coping as well as others are or as you think they “should” be.
- Refrain from asking for help if you feel you can’t help the person enough.

Do:

- Find an uninterrupted time and place to talk.
- Show interest, attention, and care.
- Show respect for each individuals’ reactions and ways of coping.
- Talk about reactions to disasters that are to be expected and about healthy coping.
- Be free of expectations or judgments.
- Acknowledge that this type of stress can take time to resolve.
- Help brainstorm positive ways to deal with their reactions.
- Believe that they are capable of recovery.
- Offer to talk or spend time together as many times as is needed.

Guidelines for Training with SPR Materials



It is strongly recommended that you use the slides as they are formatted. You may add slides to illustrate key examples, or modify cases or movies to fit your audience and your style of presenting, but removing core information from the existing slide set is prohibited, in order to maintain fidelity to training the key elements and actions of SPR. Ideally, it's best if those implementing SPR are being supervised by licensed providers, and engaged in case consultation or peer consultation with others implementing SPR, so that a dialogue about the use of SPR in different settings and with different types of individuals enriches the experience of the trainee. The trainees who feel most comfortable implementing SPR usually have prior experience either providing cognitive behavioral treatments or responding to disasters and have ongoing supervision or consultation to perfect their use of SPR.

We recommend that you obtain training either from one of the authors of SPR or from a designated trainer. In SPR trainings, trainers should make an effort to:

- Assess and train to different trainee skill levels
- Incorporate local cultural factors
- Highlight the difference between traditional mental health practice and SPR
- Highlight the difference between SPR and supportive counseling or PFA
- Discuss the importance of a strong partnership with the person when providing SPR
- Promote group interactivity and practice
- Illustrate SPR actions with examples, movies, demonstrations, cases, and tips
- Highlight the importance of self-care when working with those affected by disasters

You may inquire about trainings by contacting NCPTSD at the following email addresses:

Patricia.j.watson@dartmouth.edu
Josef.ruzek@va.gov

You may [download](#) the SPR manual here.

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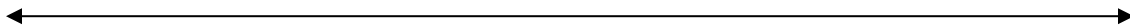
Skills for Psychological Recovery: Course Evaluation

1. Please complete the following by checking the column of your choice.

<i>PLEASE RATE THE QUALITY OF THE FOLLOWING</i>	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
Overall Content of Course					
PowerPoint Slides					
Participant Manual					
Presentation of Material by Trainers					
Participant / Group Activities					
Facilitation of Activities by Trainers					

2. Think about what you *already knew* and what you *learned during* this training about SPR. Then evaluate your knowledge in each of the following topic areas related to SPR **before** and **after** this training.

1 = No knowledge or skills 3 = Some knowledge or skills 5 = A lot of knowledge or skills



BEFORE TRAINING					<i>SELF-ASSESSMENT OF YOUR KNOWLEDGE AND SKILLS RELATED TO:</i>	AFTER TRAINING				
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5	Information Gathering	1	2	3	4	5
1	2	3	4	5	Building Problem Solving Skills	1	2	3	4	5
1	2	3	4	5	Promoting Positive Activities	1	2	3	4	5
1	2	3	4	5	Managing Reactions	1	2	3	4	5
1	2	3	4	5	Helpful Thinking	1	2	3	4	5
1	2	3	4	5	Rebuilding Healthy Social Connections	1	2	3	4	5

3. To what extent do **you** feel prepared to train others in SPR?

1	2	3
Not At All Prepared	Somewhat Prepared	Well Prepared

If you do NOT feel prepared to train others in SPR, please explain briefly why you do not.

4. What topic areas related to SPR would you like **more information** on, if any?

5. Please share any comments you have that would help us **strengthen** or **improve** this course.



Skills for Psychological Recovery Training Agenda

Day 1

<i>Time</i>	<i>Topic(s)</i>	<i>Objective</i>
8:30 - 10:00	Welcome and Introduction	Define the background and overview of SPR core actions and strategies
10:00 - 10:15	Break	
10:15 - 11:30	Overview Information Gathering	Describe information gathering Role play introducing SPR rationale
11:30 - 12:30	Lunch	
12:30 - 1:45	Problem Solving	Describe Problem Solving Role play case scenario
1:45 - 2:00	Break	
2:00- 3:00	Positive Activities Scheduling	Describe Positive Activities Scheduling Role play case scenario
3:00 - 4:00	Group Exercise	Complete group exercise
4:00	Adjourn	

Day 2

<i>Time</i>	<i>Topic(s)</i>	<i>Objective</i>
8:30 - 10:00	Managing Reactions	Describe Managing Reactions Role play case scenario
10:00- 10:15	Break	
10:15- 12:00	Helpful Thinking	Describe Helpful Thinking Role play case scenario
12:00 - 1:00	Lunch	
1:00 - 2:15	Rebuilding Healthy Social Connections	Describe Rebuilding Healthy Social Connections Role play case scenario
2:15 - 2:30	Break	
2:30 - 3:30	Motivation Scenario SPR Scenario	Group SPR Increasing Motivation case SPR Scenario case
3:30 – 4:00	Wrap up and Adjourn	