Skills for Psychological Recovery: Evaluation of a post-disaster mental health training program

Darryl Wade, Alexandra Howard, David Crompton, Olivia Metcalf, Naomi Stevens, Melissa Brymer, Joe Ruzek, Patricia Watson, Richard Bryant, David Forbes
Mental health disaster response framework

1. Advice and support

2. Simple strategies

3. Formal treatment
Practitioner perceptions of Skills for Psychological Recovery: a training programme for health practitioners in the aftermath of the Victorian bushfires

David Forbes, Susan Flecher, Bronwyn Wolfgang, Tracey Yarke, Mark Creamer, Melissa J. Bryner, Josef I. Ruzek, Patricia Watson, Richard A. Bryant

Objective: Following the February 2009 Victorian bushfires, Australia’s worst natural disaster, the Australian Centre for Posttraumatic Mental Health, in collaboration with key trauma experts, developed a training approach to psychological recovery initiatives for survivors with training specifically designed for each level. The middle level intervention, designed for delivery by allied health and primary care practitioners for survivors with ongoing mild to moderate distress, involved a protocol still in draft form called Skills for Psychological Recovery (SPR). SPR was developed by the US National Center for PTSD and US National Child Traumatic Stress Network. This study examined health practitioner perceptions of the training in, and usefulness of, SPR.

Methods: From a range of disciplines, 142 health practitioners attended one of 26 one-day workshops on the delivery of SPR. Perceptions of evidence-based care and attitudes to standardized interventions were assessed at the commencement of the workshop. Following the workshop, participants perceptions of their confidence in applying, and perceived usefulness of, each module were assessed. A subset of 20 participants recorded their ongoing use of SPR according to 81 cases.

Results: The vast majority of participants rated the SPR modules as useful for survivors of traumatic events, with high levels of confidence in application. The results provide evidence for the potential effectiveness of this approach to psychological recovery in the aftermath of a trauma event.
SPR overview

“Package” of recommended skills to assist people to reduce their distress and cope more effectively following disaster

Multiple strategies but each one can “stand alone”

Brief intervention e.g. 1-5 sessions

Build skills with between-session practice

Flexible and tailored approach

Not therapy and no assumption of mental illness
Components of SPR

Gathering Information – obtain important information about needs and concerns

Building Problem-solving skills – skills to define a problem and goal, and brainstorm and prioritise ways to solve it

Promoting Positive Activities – skills to improve mood and functioning by identifying and engaging in positive activities
Components of SPR

Managing Reactions – Skills to cope with and reduce distressing physical and emotional reactions to upsetting situations

Promoting Helpful Thinking – Steps to identify upsetting thoughts and to counter these with less upsetting ones

Building Healthy Social Connections – A way to rebuild positive relationships and community supports
SPR training and support program

• Funded by Queensland and Commonwealth Governments

• Collaboration between Queensland Health, Department of Communities, General Practice Queensland, and Phoenix Australia

• Aims:
  • To train and accredit competent local trainers
  • To improve the confidence of practitioners to use simple psychological interventions
  • To promote uptake and delivery of interventions by practitioners
Extent of flooding and locations of practitioner training workshops

49 training sessions, 788 practitioners trained
Figure 1. Mean practitioner ratings of competencies of trainers to deliver SPR training. Note: QA = quality assurance; SPR = Skills for Psychological Recovery; n = 506 practitioners and n = 36 trainers due to missing data.
<table>
<thead>
<tr>
<th>SPR module</th>
<th>Pre-training M (SD)</th>
<th>Post-training M (SD)</th>
<th>6 months M (SD)</th>
<th>Comparisons over time</th>
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</thead>
<tbody>
<tr>
<td>Gathering information</td>
<td>2.9 (1.0)</td>
<td>4.4 (0.7)</td>
<td>3.9 (0.9)</td>
<td>a = −13.4***</td>
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<td></td>
<td></td>
<td>b = −11.0***</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>c = −7.8***</td>
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<td>Problem Solving</td>
<td>3.1 (1.0)</td>
<td>4.4 (0.7)</td>
<td>3.9 (0.9)</td>
<td>a = −13.1***</td>
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<td>b = −10.6***</td>
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<td>c = −7.4***</td>
</tr>
<tr>
<td>Positive Activities</td>
<td>3.2 (0.9)</td>
<td>4.5 (0.7)</td>
<td>4.0 (0.9)</td>
<td>a = −13.1***</td>
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<td>b = −10.5***</td>
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<td></td>
<td></td>
<td></td>
<td>c = −7.2***</td>
</tr>
<tr>
<td>Managing Reactions</td>
<td>3.0 (1.0)</td>
<td>4.3 (0.8)</td>
<td>3.9 (1.0)</td>
<td>a = −12.9***</td>
</tr>
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<td>b = −10.5***</td>
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<td></td>
<td>c = −6.2***</td>
</tr>
<tr>
<td>Helpful Thinking</td>
<td>3.2 (0.9)</td>
<td>4.4 (0.7)</td>
<td>4.0 (0.9)</td>
<td>a = −12.9***</td>
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<td>b = −10.6***</td>
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<td>c = −7.2***</td>
</tr>
<tr>
<td>Social Connections</td>
<td>3.1 (1.0)</td>
<td>4.5 (0.7)</td>
<td>4.0 (0.9)</td>
<td>a = −13.4***</td>
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<td>b = −10.7***</td>
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<td>c = −6.7***</td>
</tr>
</tbody>
</table>

Note: a = pre-training vs. post-training; b = pre-training versus 6 months; c = post-training vs. 6 months; *p < 0.05, **p < 0.01, ***p < 0.001; SPR = Skills for Psychological Recovery; CBT = cognitive-behavioral therapy.
Figure 2. Practitioners’ use of any SPR intervention at 3 months (n = 344) and 6 months (n = 263).
Table 3. Barriers to practitioner use of SPR at 3 months (n = 343) and 6 months (n = 257) post-training

<table>
<thead>
<tr>
<th>Barrier</th>
<th>n (%)</th>
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<th>n (%)</th>
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</thead>
<tbody>
<tr>
<td>Not seen anyone with problems requiring the use of SPR</td>
<td>128 (37.3%)</td>
<td></td>
<td>109 (42.4%)</td>
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<tr>
<td>Satisfied with existing approach</td>
<td>22 (6.4%)</td>
<td></td>
<td>20 (7.8%)</td>
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<tr>
<td>Lack of time</td>
<td>23 (6.7%)</td>
<td></td>
<td>17 (6.6%)</td>
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<tr>
<td>Concerned about client reaction</td>
<td>9 (2.6%)</td>
<td></td>
<td>3 (1.2%)</td>
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<tr>
<td>Insufficient organisational support</td>
<td>8 (2.3%)</td>
<td></td>
<td>4 (1.6%)</td>
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<tr>
<td>Not a good fit with my existing approach</td>
<td>6 (1.7%)</td>
<td></td>
<td>1 (0.4%)</td>
<td></td>
</tr>
<tr>
<td>Insufficient skill level</td>
<td>3 (0.9%)</td>
<td></td>
<td>1 (0.4%)</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence in skills</td>
<td>4 (1.2%)</td>
<td></td>
<td>1 (0.4%)</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence in the benefit of SPR</td>
<td>1 (0.3%)</td>
<td></td>
<td>0 (0%)</td>
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</tbody>
</table>
Skills for Psychological Recovery (SPR) is a brief skills-based approach to assist community members to better cope after a disaster or other tragedy. This paper reports on an evaluation of a large SPR training and support program following floods and cyclones in Queensland, Australia. The program sought to recruit, train and support competent SPR trainers; provide systematic high-quality training in SPR skills for practitioners; improve the confidence of a large number of practitioners to use SPR; and encourage practitioners’ use of SPR with community members. Trainers recruited to the program facilitated 49 training sessions for 788 practitioners across Queensland. Trainers were assessed by practitioners to have high-level competencies to run training sessions. Practitioners reported improved confidence to use each SPR intervention following training and at 6 months post-training. Based on available data, more than 6 out of 10 practitioners used an SPR intervention during the follow up period, with each intervention used by over half of the practitioners at both 3 and 6 months. The most frequently reported barrier to using SPR was not having seen a community member with problems requiring SPR. For trainers, a psychology background and cognitive-behavioral therapy (CBT) orientation were unrelated to their competencies to facilitate practitioner training sessions. For practitioners, a psychology background and to some extent a CBT orientation were related to confidence to use SPR interventions. In summary, this study provides details of an evaluation of a large-scale mental health training and support program to enhance response to meet the mental health needs of those affected by disaster.
Conclusions

• Evaluation findings suggest program aims were met
• Program enhanced capacity of Queensland practitioners to respond to those affected by disaster
• Substantial number of Queensland community members were recipients of program
• Limitation: efficacy of SPR remains untested
• Three level framework can guide future disaster mental health responses
Thankyou

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APS and the Australian Red Cross

• MOU since 2009
• Provide support for Red Cross staff and volunteers during disasters
  – wellbeing checks, peer support, mentoring
• Consult re ARC resources, programs etc
• Support groups
• Partner on specific resources Eg

Psychological First Aid
An Australian guide to supporting people affected by disaster
Recent disasters in Australia

- Home Hill hostel stabbings, August 2016
- East Coast storms, June 2016
- WA South Western Hwy fires, Jan 2016
- Xmas day Great Ocean Rd fires, Dec 2015
- SA hills fires, Jan 2015
- Cyclone Marcia, Rockhampton, Feb 2015
- Cyclone Lam, Ramingining, Feb 2015
Workforce wellbeing officer

- Recruited from APS Disaster Response Network
- Deployment
- 5-7 days in the field
- Red Cross volunteer
- APS Ethical Guidelines (x 2)
- APS back-up
• Cyclone Yasi, 2011
• Bundaberg Floods, 2013
• Cyclone Marcia, Rockhampton, 2015
• Home Hill hostel stabbings, 2016
Tasks

• Peer support
• Monitor stress
• Coach PFA
• Support ARC managers
• Conduct informal wellbeing checks
• Promote self-care
• Input on rostering
• Advice on complex ‘clients’
• Create referral pathways
• Debrief at end of deployment
• Feedback on PFA
• Can hurry and wait
• Leaves ego on the plane
• Has PFA skills
• Can manage a level of uncertainty and inconvenience
• Understands group dynamics in recovery
Australians frequently experience natural disasters including bushfires, floods and cyclones. These events can have a significant impact on the mental health and wellbeing of community members. The APS has played a significant role in the response to recent natural disasters, and has developed a range of information and resources to assist psychologists, other health professionals and individuals in disaster-affected communities in the preparation and recovery processes.