



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Skills for Psychological Recovery (SPR): Supervisor Orientation

12/15/2020



# About the Northwest MHTTC



**Lydia Chwastiak, MD, MPH**  
*PI and Co-Director*



**Christina Clayton, LICSW, CDP**  
*Co-Director*

The Mental Health Technology Transfer Center (MHTTC) Network is about technology transfer.

*We disseminate and implement evidence-based practices for mental disorders into our field.*

**Our target workforce includes:**

*behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.*

**PROUDLY SERVING**

**ALASKA, IDAHO, OREGON & WASHINGTON**



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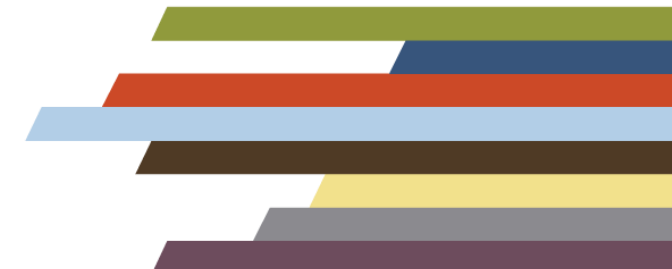
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UNIVERSITY of WASHINGTON  
PSYCHIATRY & BEHAVIORAL SCIENCES  
School of Medicine

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration





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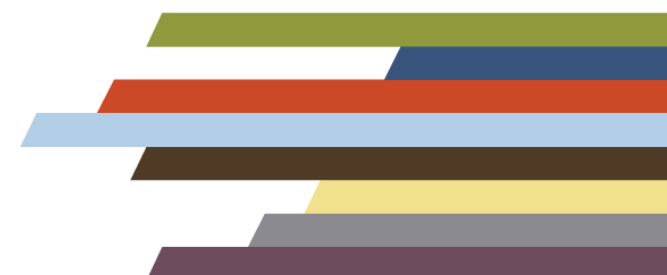
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## Support and Disclaimer

This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of our presenter(s) and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA.



# Our Presenters:



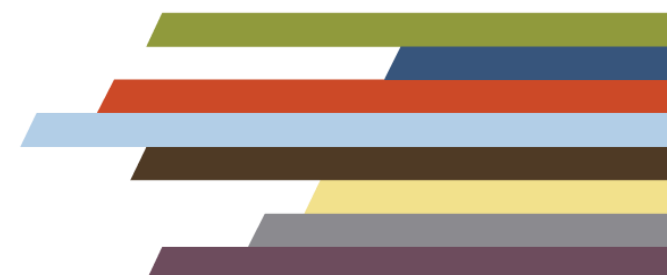
Michele Bedard-Gilligan, PhD is an Associate Professor in the UW Department of Psychiatry and Behavioral Sciences and the co-director of the Trauma Recovery Innovations program. Her program of research focuses on understanding response to traumatic events, with a focus on alcohol and substance misuse, and on building and testing interventions designed to promote recovery following trauma exposure. She is also a licensed clinical psychologist and maintains an active clinical practice.



Emily R. Dworkin, PhD, is a licensed clinical psychologist and an Acting Assistant Professor at the University of Washington School of Medicine. Her research focuses on trauma recovery, with a focus on identifying strategies to promote resilience and understanding the role of social relationships in post-trauma outcomes.



Kristen Lindgren, PhD is a Professor in the UW Department of Psychiatry and Behavioral Sciences and the Director of the Trauma Recovery Innovations program. Her research interests include addictions, post-traumatic stress disorder (PTSD), sexuality, and relationships. Her work focuses on investigating implicit (i.e., non-conscious or automatic) cognitive processes that contribute to the development and maintenance of maladaptive behavior and psychopathology. She also serves as a consultant for dissemination projects aimed at training community-based mental health workers in Cognitive Processing Therapy and other evidence-based treatment for PTSD locally, nationally, and internationally.



# SKILLS FOR PSYCHOLOGICAL RECOVERY

## Supervisor Considerations & Learning Collaborative

### Trauma Recovery Innovations

Michele Bedard-Gilligan, Ph.D.

Emily R. Dworkin, Ph.D.

Kristen P. Lindgren, Ph.D.



# ACKNOWLEDGMENTS



## SPR adapted from:

*SPR Field Operations Guide*, National Center for PTSD  
and National Child Traumatic Stress Network

## Thanks to:

Team at NW MHTTC  
SAMHSA

# WELCOME!

## Part 1. (30 minutes)

Crisis, Resilience, & SPR

Client Identification

SPR Implementation

## Part 2. (20 minutes)

SPR Learning Collaborative Kickoff



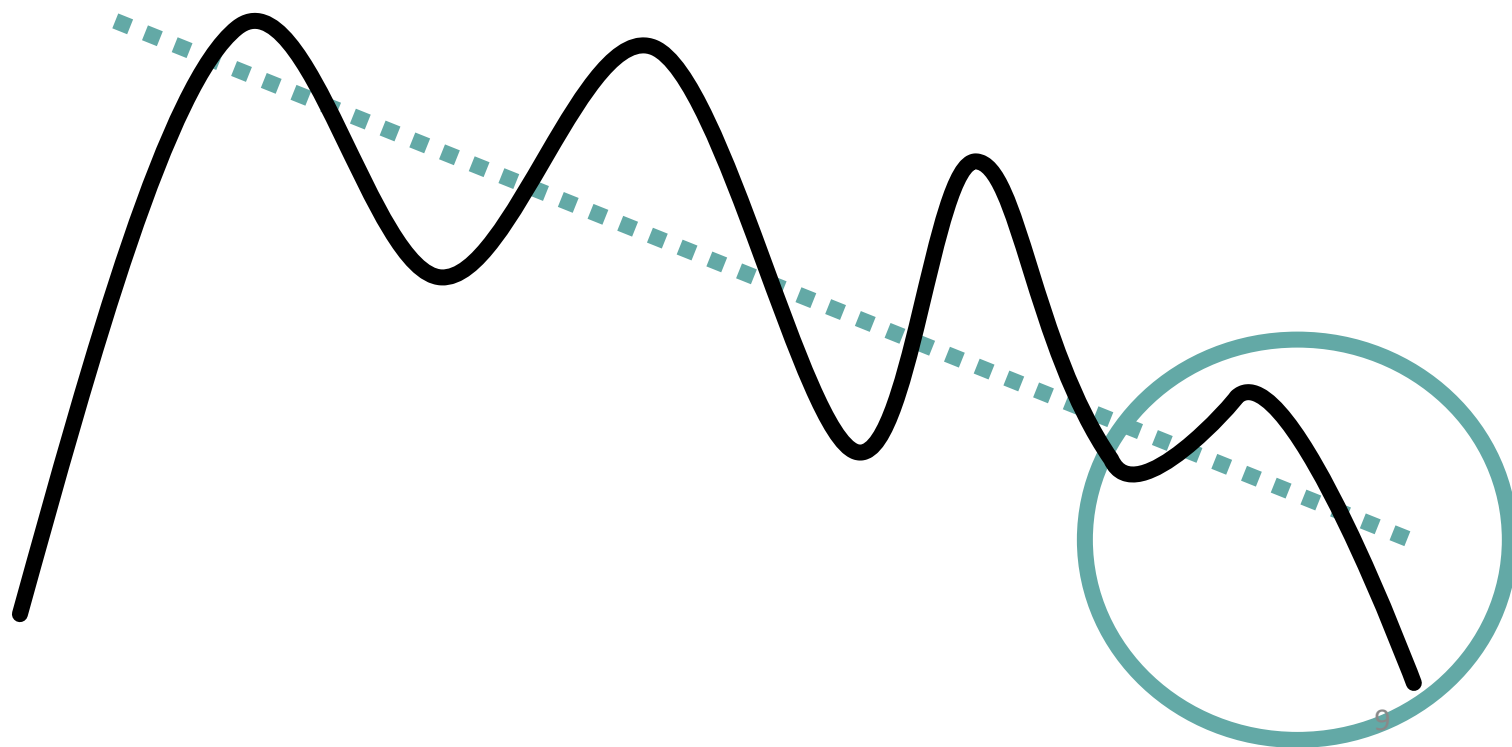


# Part I: Crisis, Resilience, & SPR



# Our primary task in these crises is to promote resilience.

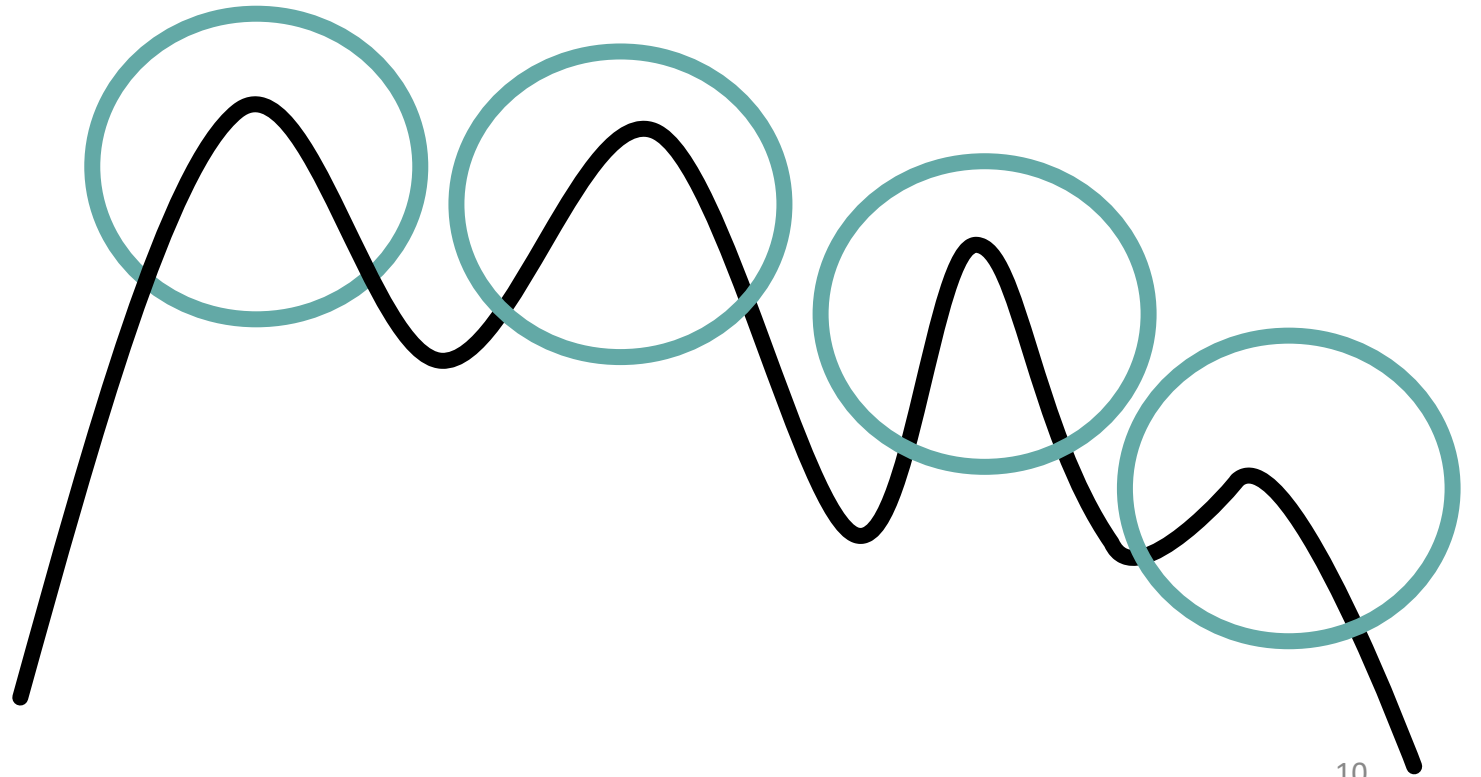
Remember that **resilience** is the most common outcome of crises.



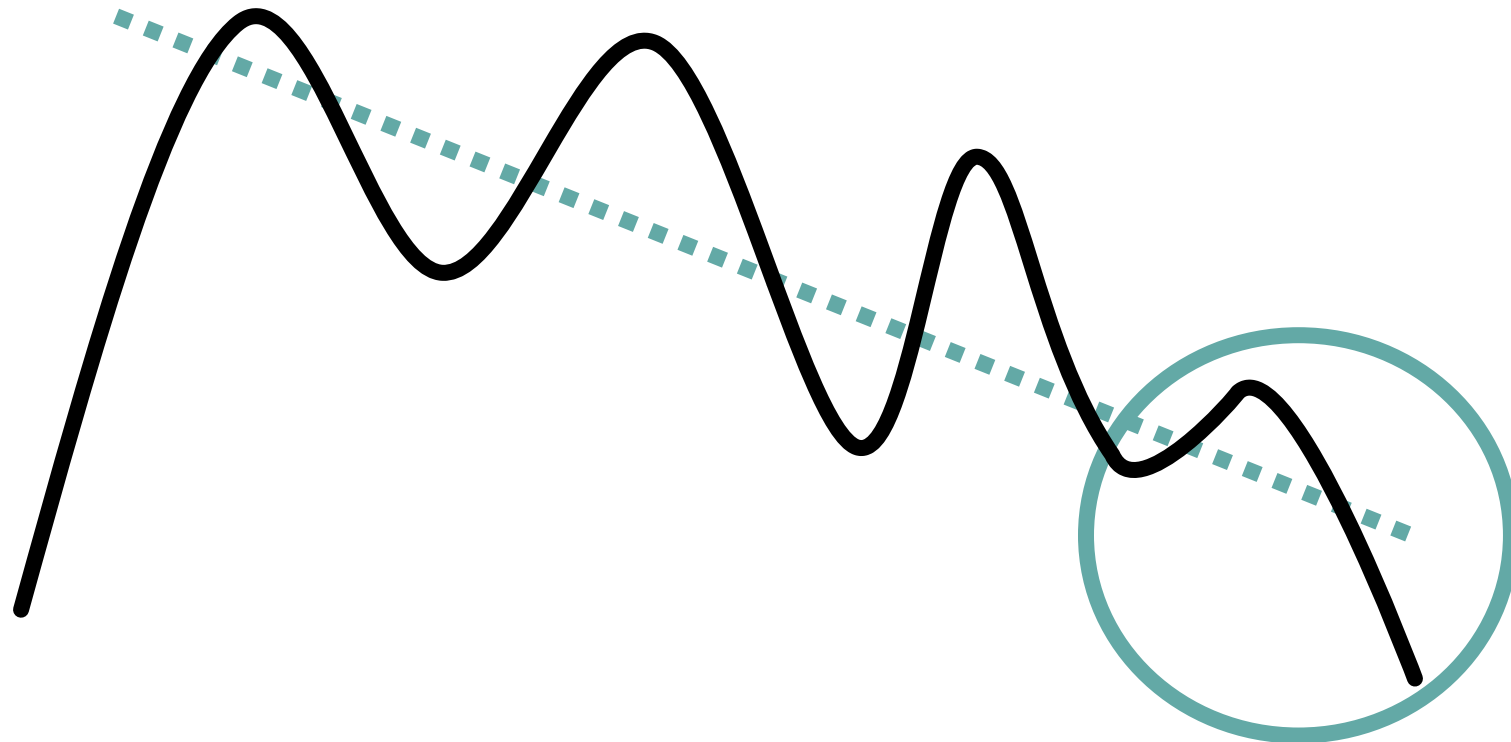
# Resilience is variable and nonlinear.

It **doesn't** mean there's no distress along the way.

It can be **acquired** and **learned**.



# How do we facilitate resilience?



# Skills for Psychological Recovery (SPR) is a resilience intervention.

SPR's **goals** reflect this focus, including...

**Protecting**  
mental health

**Enhancing**  
ability to  
address one's  
own needs

**Teaching**  
skills to  
promote  
recovery

**Preventing**  
maladaptive  
behaviors

# SPR is a flexible, evidence-informed intervention.

SPR's **principles and techniques** are....

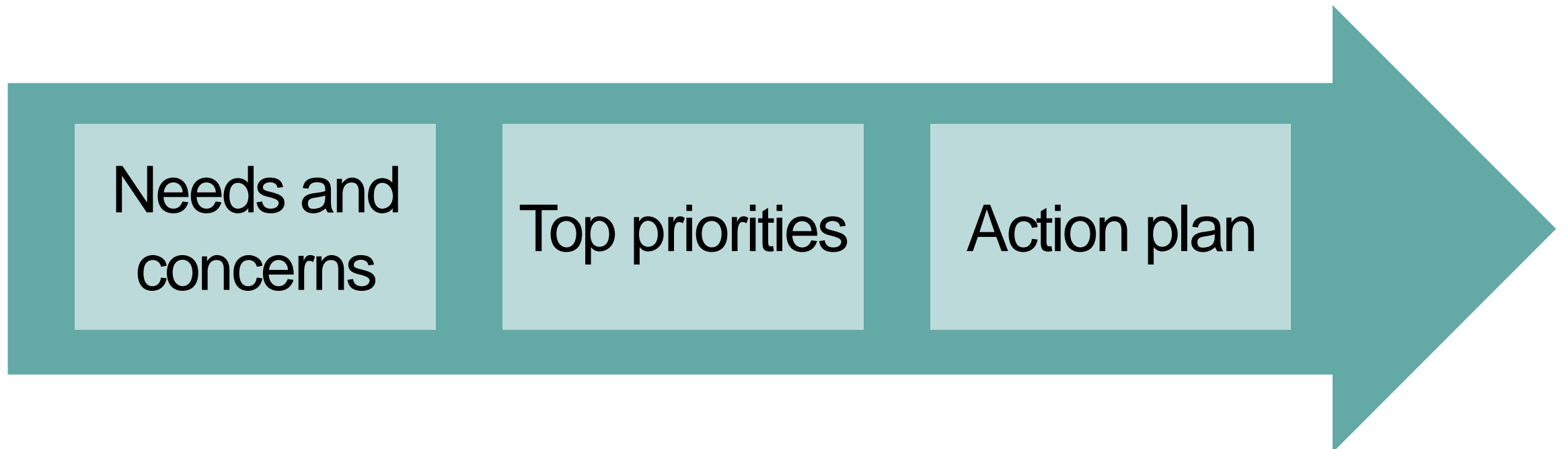
**Based** on  
research on  
trauma, risk, &  
resilience

**Applicable** to  
& practical in a  
variety of  
settings

**Appropriate**  
for people &  
families across  
the lifespan

**Culturally  
aware**

# SPR begins with assessment.



# SPR includes 5 individually-tailored skill modules.

**Skill 1:**  
Building  
Problem-  
Solving  
Skills

**Skill 2:**  
Promoting  
Positive  
Activities

**Skill 3:**  
Managing  
Reactions

**Skill 4:**  
Promoting  
Helpful  
Thinking

**Skill 5:**  
Rebuilding  
Healthy  
Social  
Connections

# The course of SPR is both flexible and structured.

**Sessions** (1-5, as needed) last 45-60 minutes.

**First session:** Introductions, assessment & planning, teach & practice a skill

**Follow-up sessions:** Review homework, re-assess, teach & practice a skill





# Client Identification

# Whom should my clinic consider for SPR?



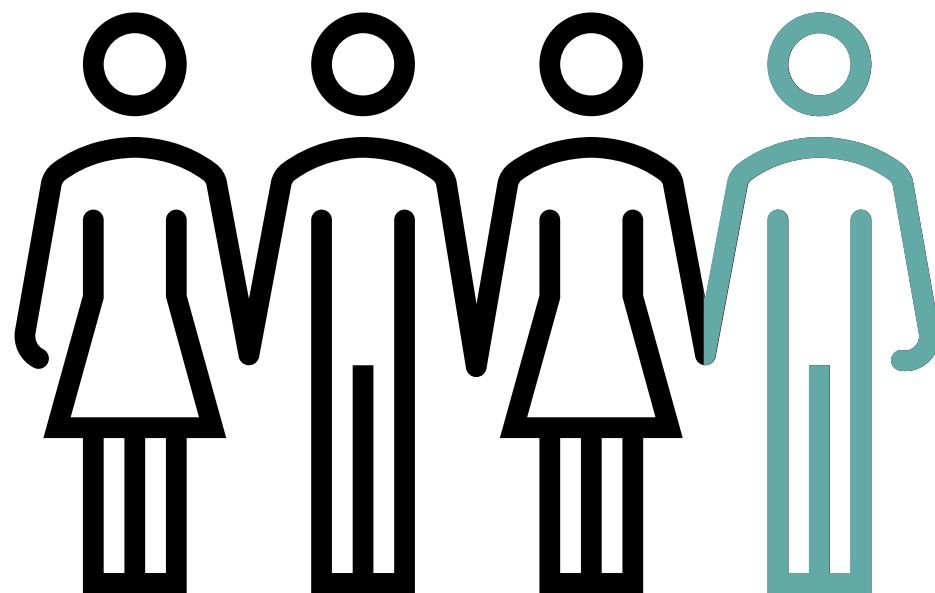
- New clients that present during or following a stressor
- Existing patients who need extra structured support
- Medication management or physical health clients that need behavioral support
- Former patients needing boosters
- Consult patients in non-specialty clinics

# SPR is appropriate for many, but not all.

✓ People in **chronic phase** of crisis

⊘ Not a **danger** to self/others

⊘ Not acutely **psychotic** or  
severely **cognitively disabled**

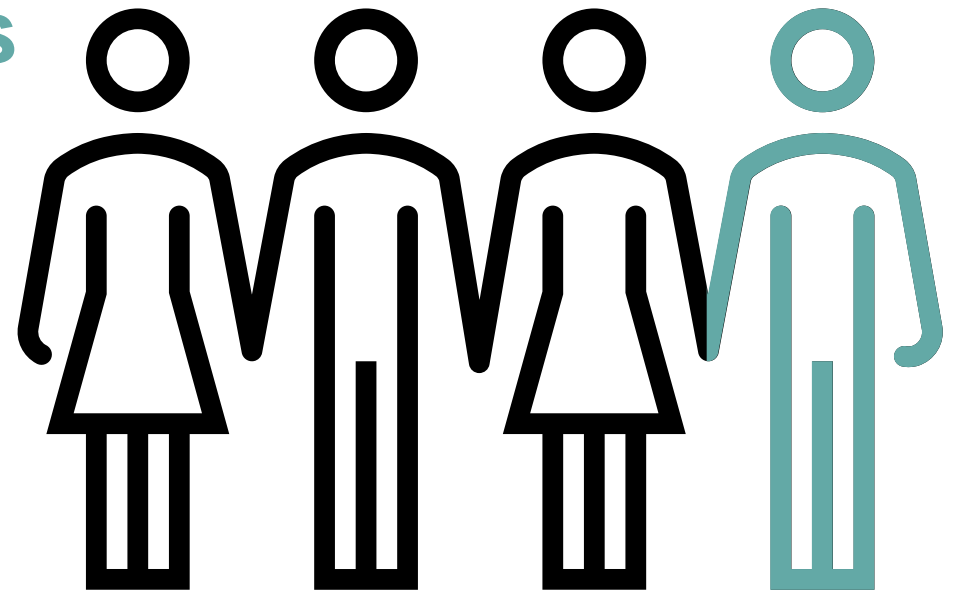


# SPR is appropriate for many, but not all.

✓ People with **comorbid conditions**

⊘ Immediate **safety needs**

⊘ **Acute mental health disorder**  
or **physical health condition**





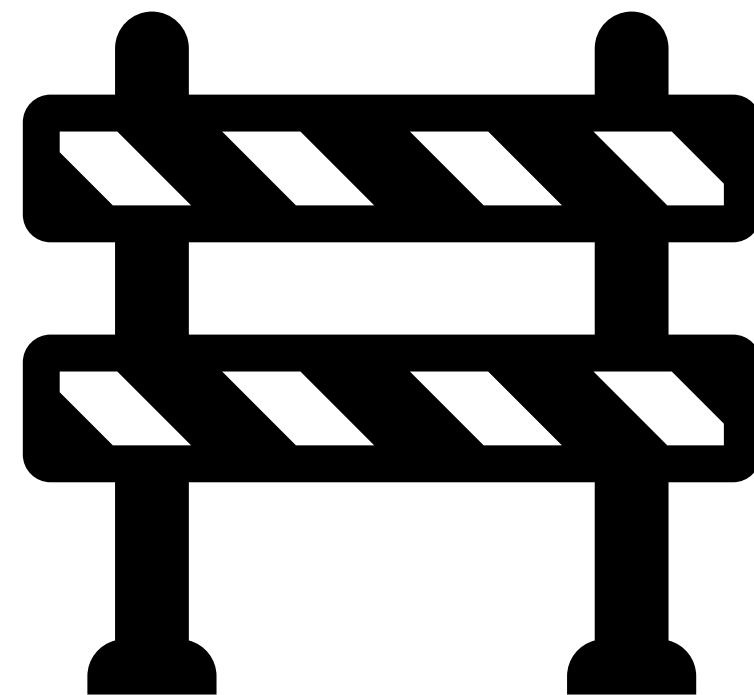
# Implementation

# Many therapists don't use evidence-based treatments.

**Patient barriers**  
(e.g., complicated patients)

**Clinic barriers**  
(e.g., no on-site supervision)

**Other barriers**  
(e.g., need for ongoing support)

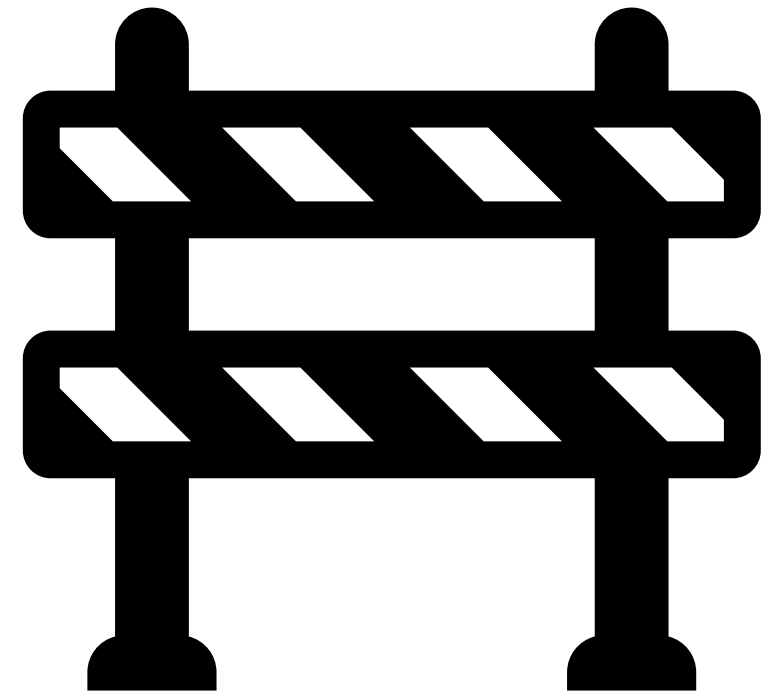


# Many clinics don't implement evidence-based treatments.

**Therapist barriers**  
(e.g., turnover, lack of buy-in)

**Clinic barriers**  
(e.g., lack of \$\$/time/providers)

**Treatment barriers**  
(e.g., training costs)

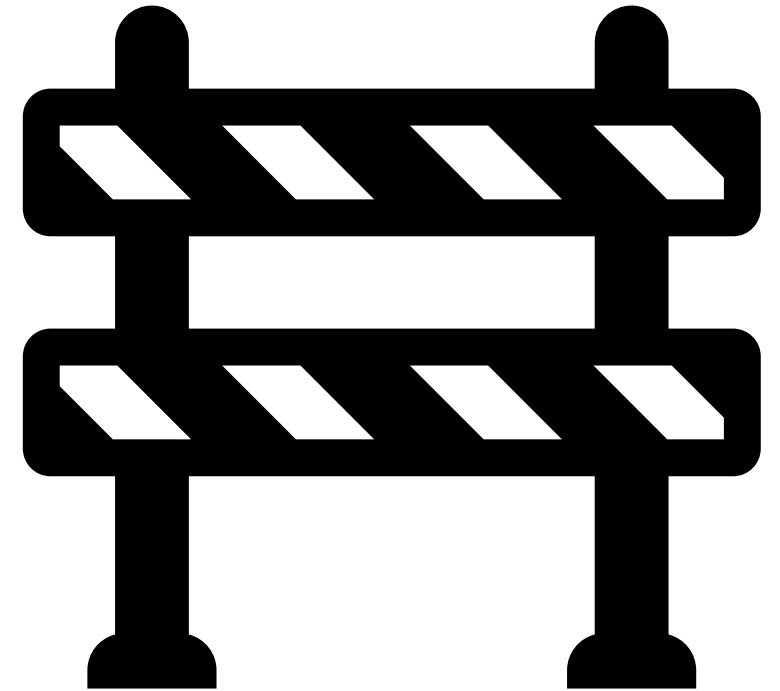


# Treatment fidelity can sometimes be low.

**Patient barriers**  
(e.g., repeated crises)

**Clinic barriers**  
(e.g., limits to time/sessions)

**Other barriers**  
(e.g., fidelity takes time/resources)





# Evidence-based treatments are worth the investment.



- Good patient outcomes in short time
- Efficient use of therapist and clinic resources
- Able to provide treatments that clients request

# To adopt new approaches, we must work through barriers.

What would it take for therapists in your setting to try SPR?

What barriers impede their ability to conduct SPR?

What can you do to facilitate learning and practice of SPR?

# Want more SPR resources?

**Skills for Psychological Recovery Field Guide:**

<https://www.nctsn.org/resources/skills-for-psychological-recovery>

**Skills for Psychological Recovery Free Online Training:**

<https://www.nctsn.org/resources/skills-psychological-recovery-spr-online>

**UW Department of Psychiatry SPR Resources:**

<https://psychiatry.uw.edu/clinical-care-consultation/covid-19-resources-for-mental-well-being/>



# **Part 2: Learning Collaborative Kickoff**

# This is a research-practice partnership!



# The SPR learning collaborative has four components.

**SPR training**

**Kickoff &  
orientation**

**Consult calls  
(every other  
week)**

**Check in &  
wrap up**

# Our expectations of cohort members' preparation

## *In the next month:*

Identify potential SPR clients (2+) or groups (1)

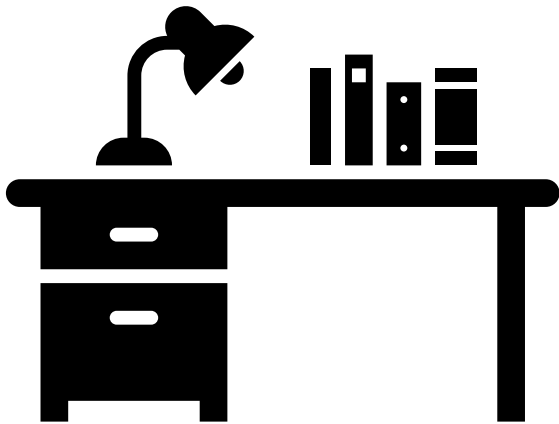
Start clients or groups in early January

Find time to prepare for sessions/group and consult calls

Troubleshoot technology (especially, if doing groups)



# Our recommendations to make the most of the collaborative



## *From January to June:*

Work with 4+ SPR clients or 2+ groups

Present cases/groups 1-2x on consultation calls

Participate and ask questions regularly



# Consult calls start in January and will occur every other week.

Calls will be on **Zoom** and last for **50-minutes....**

Didactic  
mini-lesson

Dig deep on  
1-3 people's  
case/group

Discuss group's  
victories &  
challenges

# Why is consultation important?



Promotes  
Critical  
Thinking



More  
Opportunity  
for Practice



Builds  
Community  
and  
Connections



Improves  
Client  
Outcomes



# Consult Call Information

- Mondays at 11am-12pm, Tuesdays 8:30-9:30am, or Thursday 3:30-4:30
- Start week of January 11<sup>th</sup>
- End week of June 14<sup>th</sup>
- Attend 9+ calls & receive a certificate of completion
- Identify preferred consult time and sign up

# What will SPR providers need from their clinic?

- ✓ **Space in their caseloads** to have 1-5 weekly individual or group sessions per client or group
- ✓ **Time in their weekly calendars** to prepare for each session
- ✓ **Supplies** to make copies for patient at each session
- ✓ **Time** to attend twice a month consultation calls

# Promoting the availability of SPR to potential clients

- Flyers to new clients?
- Head's up to your referral sources?
- Include on website?
- Announce at staff meeting?



# We are excited to partner with and learn from you!





# QUESTIONS

# Keep in touch with the Northwest MHTTC

*Upcoming training*

*New online training*

*Resources & Research Updates*



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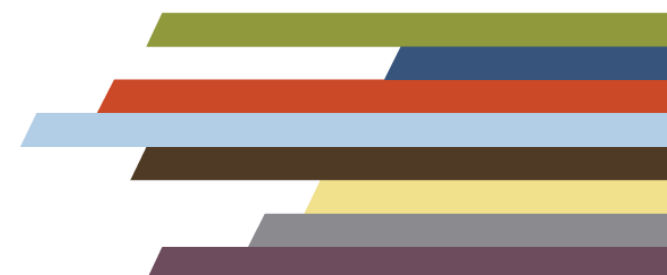
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# Thank You!



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