

Skills for Psychological Recovery (SPR)

Skills for Psychological Recovery (SPR) is an evidence-informed modular approach to help children, adolescents, adults, and families in the weeks and months after disasters and terrorism, after the period where Psychological First Aid (PFA) is utilized.

Why Use Skills for Psychological Recovery?

SPR is designed to reduce any ongoing distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

SPR does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of reactions (for example, physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring coaches and counselors.

SPR focuses on a few core empirically-derived skill sets that have been shown to help with a variety of post-trauma issues. Research suggests that a skills-building approach is more effective than supportive counseling. SPR is a skills-training model designed to accelerate recovery and increase self-efficacy, rather than a mental health model.

Who is SPR For?

SPR intervention strategies are intended for use with children, adolescents, parents/caretakers, families, and adults exposed to disaster or terrorism. SPR can also be provided to first responders and other disaster relief workers.

Who delivers SPR?

SPR is designed for delivery by mental health and other disaster response workers who provide ongoing support and assistance to affected children, families, and adults as part of an organized disaster response effort. These providers may be imbedded in a variety of services, including FEMA-funded crisis counseling programs, community mental health settings, primary and emergency health care, school crisis response teams, faith-based organizations, Community recovery programs, Medical Reserve Corps, the Citizens Corps, and other disaster-related organizations.

When should SPR be used?

SPR is designed to be implemented in the weeks, months, and years following disasters and terrorism, generally after psychological first aid (PFA) and/or supportive counseling have been attempted and more intensive support is needed.

Where should SPR Be Used?

SPR is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide SPR in general population shelters, special needs

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shelters, outreach settings such as schools, survivor support gatherings, memorial services, and community events, staging areas or respite centers for first responders or other relief workers, crisis hotlines or phone banks, disaster assistance service centers, family assistance centers, homes, businesses, and other community settings. However, for best results, the services should be provided in a private, quiet place that allows for at least 45 minutes of uninterrupted time together.

What is the difference between SPR and counseling?

SPR is not meant to be formal mental health treatment – it is intermediate, secondary prevention. For many people it will be enough. However, if SPR doesn't help to alleviate distress as effectively as is needed, it is appropriate to refer to more intensive mental health intervention. SPR is meant to teach basic skills, but not to solve all problems.

(National Center for PTSD, 2019 National Child Traumatic Stress Network, 2020)

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