NCTSN The National Child Traumatic Stress Network

GENERAL INFORMATION

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Treatment Description

Acronym *(abbreviation)* **for intervention:** SPARCS

Average length/number of sessions: 16 sessions, 1 hour in length

Aspects of culture or group experiences that are addressed *(e.g., faith/spiritual component, transportation barriers)***:** Meaning making, which is culturally driven, is a central component of SPARCS. Therapists routinely engage group members in discussions around the ways in which trauma has impacted their lives and what it means to them in the context of their culture.

Trauma type *(primary)*: Chronic interpersonal traumas.

Trauma type *(secondary)*: Other chronic traumas.

Additional descriptors *(not included above)***:**
SPARCS is a group intervention that was specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and are experiencing problems in several areas of functioning. These areas include difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. Overall goals of the program are to help teens cope more effectively in the moment, enhance self-efficacy, connect with others and establish supportive relationships, cultivate awareness, and create meaning.

Groups are one hour in length and have been provided in a variety of settings including outpatient clinics, schools, group homes, boarding schools, residential treatment centers and facilities, and foster care programs. Sessions can be divided into two segments and conducted twice a week to accommodate class periods in a school setting. It is recommended that SPARCS be implemented in settings where adolescents can remain in treatment long enough to complete the intervention.

SPARCS is predominantly cognitive-behavioral and draws upon Dialectical Behavior Therapy (Miller, Rathus & Linehan, 2007), Trauma Adaptive Recovery Group Education and Therapy (TARGET: Ford & Russo, 2006), and the UCLA Trauma/Grief Program (Layne, Saltzman, Pynoos, et. al., 2002).

Target Population

Age range: 12 **to** 19

Gender: ❒ **Males** ❒ **Females** ☒ **Both**

Ethnic/Racial Group *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)***:** Any English speaking ethnic or racial group. SPARCS has been used with ethnically diverse groups, including African American, Latino, Native American adolescents and refugee/immigrant populations.

Language*(s)***:** English

Region *(e.g., rural, urban)***:** Urban, suburban, rural

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Target Population continued	**Other characteristics** *(not included above)*: SPARCS has also been used successfully with traumatized adolescents who are pregnant or parents of young children. There are plans to conduct SPARCS with lesbian, gay, bisexual, transsexual, and questioning youth.
Essential Components	**Theoretical basis:** Cognitive-Behavioral Therapy and Dialectical Behavior Therapy, Complex Trauma **Key components:** Mindfulness, Problem-Solving, Meaning-Making, Relationship-building/Communication Skills, Distress Tolerance. Also includes psychoeducation regarding stress and trauma.
Clinical & Anecdotal Evidence	**Are you aware of any suggestion/evidence that this treatment may be harmful?** **❒ Yes ☒ No ❒ Uncertain** **Extent to which cultural issues have been described in writings about this intervention** *(scale of 1-5 where 1=not at all to 5=all the time)*. 2 **This intervention is being used on the basis of anecdotes and personal communications only** *(no writings)* **that suggest its value with this group.** **❒ Yes ☒ No** **Are there any anecdotes describing satisfaction with treatment, drop-out rates** *(e.g., quarterly/annual reports)***? ☒ Yes ❒ No** **If YES, please include citation:** DeRosa & Pelcovitz, 2006 **Has this intervention been presented at scientific meetings? ☒ Yes ❒ No** **If YES, please include citation***(s)* **from last five presentations:** ISTSS 2003-2006 **Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No** **If YES, please include citation:** DeRosa & Pelcovitz, in press **Has the intervention been replicated anywhere? ☒ Yes ❒ No** SPARCS has been replicated with foster care youth as part of a project with the Department of Children and Family Services in Illinois. **Other countries?** *(please list)* Portions of SPARCS have been adapted for use in Israel & Sri Lanka. **Other clinical and/or anecdotal evidence** *(not included above)*: School administrators in one school noted a dramatic decrease in physical confrontations between students in the school. At another site, several gang members voluntarily sought out their group leader for additional practice with the skills they were learning in order to apply them to their specific stressors. At multiple sites generalization of skills has been observed. Group members have applied affect regulation and communication skills to real-life situations.

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Clinical & Anecdotal Evidence continued	Members have initiated and contributed to discussions with staff and teachers about conflicts on their unit or in school. Adolescents have also reported that they teach friends and family members SPARCS skills and have asked if they can bring friends and family to group.	
Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Published Case Studies	**N=**14 **By gender:** female **By ethnicity:** Caucasian, Latino, African-American	DeRosa & Pelcovitz, 2006
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N=**37 (22 session pilot) **N=**62 (16 session pilot) **By gender:** 22 sessions–all females, 16 sessions–male & female **By ethnicity:** Caucasian, Latino, African-American **By other cultural factors:** recent immigrant	ISTSS: 2006 (22 session pilot) Paper in preparation (22 session pilot) Paper in preparation (16 session pilot)
Clinical Trials *(w/control groups)*	**N=**65 **By gender:** 37 females, 28 males **By ethnicity:** African-American, Caucasian, Latino	Lyons, et al., in press
Outcomes	**What assessments or measures are used as part of the intervention or for research purposes, if any?** Youth Outcome Questionnaire (YOQ), UCLA PTSD Reaction Index (RI) **If research studies have been conducted, what were the outcomes?** Pilot data indicates significant improvement in overall functioning (as measured by the YOQ) for both the 22 and 16 session versions, with changes noted more specifically in level of behavioral dysfunction, social problems, and interpersonal relations for the 22 session version. Self-reported conduct related problems and difficulties with attention and hyperactivity closely approached the non-clinical range following treatment. On a measure of coping responses, group members reported improvements in interpersonal coping, with a significant increase in support seeking behavior.	

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Outcomes continued

Similar results were obtained using the 16 session version, with significant findings on YOQ subscales assessing intrapersonal distress, interpersonal relations, behavioral dysfunction and critical items. There was also a significant decline in PTSD symptoms in this sample, with improvements noted in the overall severity of posttraumatic stress symptoms, as well as in criterion scores assessing symptoms related to re-experiencing, avoidance, and hyper-arousal (Criterion B, C, and D respectively). An Evidence Based Practices Pilot conducted by the Illinois Department of Children and Family Services, found that adolescents in foster care receiving SPARCS were half as likely to run away, and one-fourth less likely to experience placement interruptions (i.e., arrests, hospitalizations, runaways, etc.) compared to a standard of care group.

It should also be noted that each of the three interventions that contributed components to SPARCS has empirical evidence to support its effectiveness in traumatized populations.

Training Materials & Requirements

List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.
DeRosa, Habib, Pelcovitz, Rathus, Sonnenklar, Ford, et al., 2006

How/where is training obtained? Contact treatment developers.

What is the cost of training? Contact treatment developers.

Are intervention materials *(handouts)* **available in other languages?**
☒ **Yes** ❒ **No**

If YES, what languages? Some handouts available in Spanish.

Other training materials &/or requirements *(not included above)*:
The SPARCS developers are dedicated to establishing a collaborative learning environment. The SPARCS training model is designed to promote a partnership that supports sharing challenges, successes, and employing creative problem solving strategies. This model differs from many traditional workshops because it includes several components over a period of approximately 6-12 months. Clinicians, supervisors, and trainers alike, from multiple sites may have the opportunity to learn from each other. These phases of work are designed to establish in-house SPARCS teams, to enhance planning efforts and resources, to capture successes for the future, to provide consultation, and to support ongoing problem solving and evaluation. This "learning collaborative" approach is intended to enhance trainees' ability to address inevitable barriers that arise when implementing a new practice and to promote sustainability.

- **Pre-Training Phase:** During this phase SPARCS trainers partner with agencies to identify the resources that are available to support a new practice and consider potential challenges in order to facilitate successful treatment implementation. During this phase clinicians, supervisors, and administrators develop in-house SPARCS teams, complete the SPARCS Planning Worksheet as a team, and discuss their findings during conference calls with trainers.

Training Materials & Requirements continued

- **Training Sessions:** Trainings typically include two or three separate interactive learning sessions. Trainings may include clinicians from multiple sites who will have the opportunity to learn from each other. The first training session consists of a two day training attended by at least one clinician and one administrator. It includes a balance of didactic presentations, demonstrations, role-plays, and mindfulness practice. The second training session consists of one day and occurs 4-6 weeks after the start of group. Training and implementation materials include a training/clinician guide and color activity handouts for group members.
- **Multi-site consultation calls** with group leaders, supervisors, and administrators occur throughout the duration of the implementation phase.

Pros & Cons/ Qualitative Impressions

What are the pros of this intervention over others for this specific group *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?**

This treatment is appropriate for traumatized adolescents with or without current/ lifetime PTSD, and can be implemented while adolescents are still living in unstable/ stressful environments. This intervention is strength-based. It is based on the assumption that the adolescents' symptoms (behavioral, interpersonal, and affective) represent their best efforts at coping with extreme stress. The treatment facilitates therapists' ability to help group members identify and build upon their strengths. SPARCS is a present-focused intervention, and is not an exposure based model. Although there is no direct exposure component or construction of a trauma narrative, traumas are discussed in the context of how they relate to adolescents' current behavior and to their understanding of their problems and difficulties in the here and now. Group members routinely discuss and process their personal experiences throughout the group. One final advantage of this approach is that it has been specifically designed for use with adolescents, with special consideration to the developmental tasks associated with this age group. As adolescents increasingly strive toward independence and autonomy from adults and caretakers, the influence of their peer group grows, making the group format of this approach especially powerful for this age group. Clinicians report that members often express feelings of validation simply upon hearing the shared stories and histories of other members. As group cohesion builds, members begin to support one another more actively, and will share observations and comments in a way that holds more meaning than when done by the adult co-leaders.

What are the cons of this intervention over others for this specific group *(e.g., length of treatment, difficult to get reimbursement)***?**

Intensive clinician training and consultation is required. Some agencies report difficulty retaining a sizeable group of adolescents for the duration of the intervention.

Other qualitative impressions:

Please see the section on "Clinical & Anecdotal Evidence" for a description of clinical impressions observed.

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References

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., et al., (2006). *Structured Psychotherapy for Adolescents Responding to Chronic Stress.* Unpublished manual.

DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In N. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 219-245). New York: Guilford Press.

DeRosa, R. & Pelcovitz. D. (in press). Igniting SPARCS of change: Structured psychotherapy for adolescents responding to chronic stress. In J. Ford, R. Pat-Horenczyk & D. Brom (Eds.). *Treating traumatized children: risk, resilience and recovery.* New York: Routledge.

Ford, J. D. & Russo, E. (2006). Trauma-focused, present-centered, emotional self-regulation approach to integrated treatment for posttraumatic stress and addiction: Trauma Adaptive Recovery Group Education and Therapy (TARGET). *American Journal of Psychotherapy. 60*, 335-355.

Layne, C. M., Saltzman, W. R., Pynoos, R. S., & Steinberg, A. M. (2002). *Trauma and Grief Component Therapy.* New York: New York State Office of Mental Health.

Lyons, et al. (in press). Evaluation of the implementation of three evidence-based practices to address trauma for children and youth who are wards of the State of Illinois.

Miller, A. L., Rathus, J. H. & Linehan, M. M. (2007). *Dialectical Behavior Therapy with suicidal adolescents.* New York, NY: Guilford Press.