

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

<p>Treatment Description</p>	<ul style="list-style-type: none"> • 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, or addresses 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, 2006), Trauma Adaptive Recovery Group Education and Therapy (TARGET) (Ford & Russo, 2006), and the UCLA Trauma/Grief Program (Layne, Saltzman, Pynoos, et. al., 2000).
	<ul style="list-style-type: none"> • Age range: (lower limit) 12 to (upper limit) 19 • Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both

<p>Target Population</p>	<ul style="list-style-type: none"> • Ethnic/Racial Group (include acculturation level/ immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational 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. • Other cultural characteristics (e.g., SES, religion) : • Language(s): English • Region (.e.g., rural, urban): urban, suburban, rural • 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.
<p>Essential Components</p>	<ul style="list-style-type: none"> • 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 psycho education regarding stress and trauma.
<p>Clinical & Anecdotal Evidence</p>	<ul style="list-style-type: none"> • Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No <input type="checkbox"/>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. <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No • Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In: <i>Working with traumatized youth in child welfare</i>, pp. 219-245, N. Webb (ed.), NY: Guilford Press. • Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: ISTSS 2003-2006 • Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In: <i>Working with traumatized youth in child welfare</i>, pp. 219-245, N. Webb (ed.), NY: Guilford Press. • Has the intervention been replicated anywhere? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>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.

	<ul style="list-style-type: none"> • 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. 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.
	<ul style="list-style-type: none"> •

Research Evidence		Number of Participants	Sample Breakdown	Citation
Published Case Studies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N = 14	By gender: By ethnicity: Caucasian, Latino, African-American By other cultural factors:	Chapter: Treating adolescent's mothers in a group home: A structured approach (DeRosa & Pelcovitz)". In Treating Traumatized Children in Child Welfare. N. Boyd-Webb (Ed.) 2006.
Pilot Trials/ Feasibility Trials (w/o control groups)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N = 33	By gender: By ethnicity: Caucasian, Latino, African-American By other cultural factors: recent immigrant	ISTSS 2006
Clinical Trials (w/ control groups)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
Randomized Control Trials	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
Studies describing modifications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
Other research	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity:	

	evidence			By other cultural factors:	
Outcomes	<ul style="list-style-type: none"> • What assessments or measures are used as part of the intervention or for research purposes, if any? Youth Outcome Questionnaire (YOQ), Coping Responses Inventory (CRI), 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), with changes noted more specifically in level of behavioral dysfunction and interpersonal relationships. Improvements were also noted in members' interpersonal coping, with a significant increase in support seeking behavior. • 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	<ul style="list-style-type: none"> • List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. Structured Psychotherapy for Adolescents Responding to Chronic Stress. (2006). Ruth DeRosa, Mandy Habib, David Pelcovitz, Jill Rathus, Jill Sonnenklar, Julian Ford, Suzanne Sunday, Christopher Layne, William Saltzman, Ayme Turnbull, Victor Labruna & Sandra Kaplan. Unpublished manual. • 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 their 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. 				

	<ul style="list-style-type: none"> • 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 1½ days 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.
<p>Pros & Cons/ Qualitative Impressions</p>	<ul style="list-style-type: none"> • 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 with 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. • 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. • Other qualitative impressions: Please see the section on "Clinical & Anecdotal Evidence" for a description of clinical impressions observed.
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